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Form **990-EZ**

# Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

**2009****Open to Public  
Inspection**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)  
▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form  
▶ 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**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <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</b> Name of organization  MUSCOTT TOW FBO FAIRVIEW NORTHSIDE 1012001691 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite P O BOX 2886 City or town, state or country, and ZIP + 4 MOBILE, AL 36652-2886	<b>D</b> Employer identification number  63-6127112
			<b>E</b> Telephone number  (205) 276-5827
			<b>F</b> Group Exemption Number . . . ▶

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

**G** Accounting method: ☒ Cash ☐ Accrual  
Other (specify) ▶

**I Website:** ▶ N/A

**J** Tax-exempt status (check only one) - ☐ 501(c) ( ) ◀ (insert no.) ☒ 4947(a)(1) or ☐ 527

**H** Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 155,537.

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

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	27,929.
	<b>5 a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	127,608.
	<b>b</b> Less cost or other basis and sales expenses . . . . .	<b>5b</b>	157,959.
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	-30,351.
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here . . . . .		
	<b>a</b> Gross revenue (not including \$ of contributions reported on line 1) . . . . .	<b>6a</b>	
	<b>b</b> Less direct expenses other than fundraising expenses . . . . .	<b>6b</b>	
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>		
<b>7 a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>		
<b>8</b> Other revenue (describe ▶ ) . . . . .	<b>8</b>		
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	<b>9</b>	-2,422.	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	21,506.
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	5,000.
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	1,000.
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ ) . . . . .	<b>16</b>	25.
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	27,531.
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-29,953.
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	610,950.
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	580,997.

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	610,950.	580,997.
<b>23</b> Land and buildings . . . . .		
<b>24</b> Other assets (describe ▶ ) . . . . .		
<b>25</b> <b>Total assets</b> . . . . .	610,950.	580,997.
<b>26</b> <b>Total liabilities</b> (describe ▶ ) . . . . .		
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	610,950.	580,997.

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

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## Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28 STMT 7

(Grants \$ ) If this amount includes foreign grants, check here . . . . . ►

**28a**

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

(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

[illegible]

**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .		X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes . . . . .		X
<b>35</b> 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.		
<b>a</b> 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? . . . . .		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .		
<b>36</b> 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. . . . .		X
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <b>37a</b>		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		X
<b>38a</b> 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? . . . .		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . . <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . . <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . . <b>39b</b>		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
<b>b</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 . . . . .		
<b>c</b> 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 . . . . . ▶		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . ▶		
<b>e</b> 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 . . . . .		X
<b>41</b> List the states with which a copy of this return is filed. ▶		
<b>42a</b> The organization's books are in care of ▶ <b>STMT 9</b> Telephone no. ▶ Located at ▶ <b>STMT 9</b> ZIP + 4 ▶		
<b>b</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)? . . . . .	Yes	No
If "Yes," enter the name of the foreign country: ▶		X
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . . . .		X
If "Yes," enter the name of the foreign country: ▶		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> - Check here . . . . . ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . ▶ <b>43</b>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		X

Form **990-EZ** (2009)

**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.

N/A

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

**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."

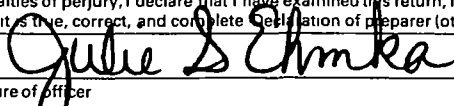
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

**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

**d** Total number of other independent contractors receiving over \$100,000 . . . . . ▶

<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, 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		05/13/2010 Date	
<b>Paid Preparer's Use Only</b>	TRUST OFFICER Type or print name and title		Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) EIN ▶ Phone no. ▶
	Preparer's signature ▶			
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶			
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No				

Form 990-EZ (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

MUSCOTT TUV FBO FAIRVIEW NORTHSIDE 1012001691

Employer identification number

63-6127112

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I      b ☐ Type II      c ☐ Type III - Functionally integrated      d ☒ Type III - Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
SEE STATEMENT 10									
<b>Total</b>									

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**  
 (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

N/A

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4</b> <b>Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . . . .						
<b>6</b> <b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11</b> <b>Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b> <b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>		%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>		%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>			
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>			
<b>17a 10%-facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>			
<b>b 10%-facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>			
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>			

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**  
(Complete only if you checked the box on line 9 of Part I.)

N/A

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12) . . . . .						
<b>14 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	%
<b>18</b> Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	<b>18</b>	%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ► ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► ☐

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions.

SEE ATTACHMENT

FORM 990EZ, PART I - INVESTMENT INCOME  
=====DESCRIPTION  
-----DIVIDEND INCOME  
INTEREST INCOME27,879.  
50.

TOTAL

-----  
27,929.

=====

MUSCOTT TUW FBO FAIRVIEW NORTHSIDE 1012001691 63-6127112  
FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID OVER \$5,000  
=====

RECIPIENT NAME:

FAIRVIEW HGTS NORTHSIDE BAPT CH  
ATTN: CHAIRMAN FINANCE COMM.

ADDRESS:

3827 GEORGE STREET  
ANNISTON, AL 36201-2115

RELATIONSHIP:

NONE

AMOUNT OF GRANT PAID ..... 21,506.

TOTAL GRANTS PAID OVER \$5,000: 21,506.  
=====

## FORM 990EZ, PART I - OTHER EXPENSES

=====

FOREIGN TAXES ON QUALIFIED FOREIGN DIVIDENDS	20.
FOREIGN TAXES ON NONQUALIFIED FOREIGN DIVIDENDS	5.
	-----
TOTAL	25.
	=====

MUSCOTT TUW FBO FAIRVIEW NORTHSIDE 1012001691

63-6127112

FORM 990EZ, PART I - OTHER DECREASES IN FUND BALANCES  
=====

ROUNDING ADJUSTMENT

TOTAL

-----  
=====

STATEMENT 4

## FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
SAVINGS	19,113.	20,993.
INVESTMENTS - OTHER	591,837.	560,004.
TOTALS	610,950.	580,997.
	=====	=====

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

PURPOSE OF TRUST IS TO PROVIDE SUPPORT TO FAIRVIEW HEIGHTS  
NORTHSIDE BAPTIST CHURCH IN ANNISTON, ALABAMA

MUSCOTT TUW FBO FAIRVIEW NORTHSIDE 1012001691

63-6127112

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS  
=====

DESCRIPTION  
-----

GRANTS AND  
ALLOCATIONS  
-----

SUPPORT PROVIDED TO FAIRVIEW HEIGHTS NORTHSIDE BAPTIST CHURC

21,506.

TOTAL

-----  
21,506.  
=====

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

=====

OFFICER NAME:

REGIONS BANK

ADDRESS:

1901 6TH AVENUE NORTH

BIRMINGHAM, AL 35203

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION ..... 5,000.

TOTAL COMPENSATION: 5,000.  
=====

MUSCOTT TUW FBO FAIRVIEW NORTHSIDE 1012001691

63-6127112

FORM 990EZ, PART V, LINE 42a - BOOKS ARE IN THE CARE OF  
=====

NAME: REGIONS BANK  
TRUSTEE

ADDRESS: 1901 6TH AVENUE NORTH  
BIRMINGHAM, AL 35203

TELEPHONE NUMBER: (205)276-5827

STATEMENT 9

## SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

=====

## NAME OF SUPPORTED ORGANIZATION:

FNH BAPTIST CHURCH

EIN: 63-1115067

TYPE OF ORGANIZATION FROM PART I: 170(b)(1)(A)(i)

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 21,506.

TOTAL SUPPORT:

-----  
21,506.

=====

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION  
ATTACHMENT TO FORM 990-EZ  
MUSCOTT TUW FBO FAIRVIEW NORTHSIDE  
TIN: 63-6127112

TRUST FUNDED UNDER WILL AND TESTAMENT OF ANNIE MUSCOTT, WHICH WAS ADMITTED TO PROBATE IN CALHOUN COUNTY, ALABAMA ON APRIL 25, 1947. JUDGEMENT ENTERED IN CALHOUN COUNTY, ALABAMA COURT IN 1955 CHANGED THE PAYEE TO THE SUCCESSOR OF THE ORIGINAL CHURCH. THE GOVERNING MEMBER OF THE TRUST IS THE CORPORATE TRUSTEE, REGIONS BANK. TRUSTEE AND SUPPORTED ORGANIZATION HAVE A HISTORIC AND CONTINUING RELATIONSHIP OF SUPPORT WITH THE ORIGINAL CHURCH NAMED IN ANNIE MUSCOTT'S WILL, AND WITH ITS SUCCESSOR.



## REGIONS BANK

Run on 5/13/2010 10:31:08 AM

## Asset Details

As of 12/31/2009

Combined Portfolios

Settlement Date Basis

Account: 1012001691

TRUSTEE OF THE  
TESTAMENTARY T/U/W OF  
ANNIE MUSCOTT DATED  
JULY 16, 1943 FOR FAIRVIEW  
HEIGHTS NORTHSIDE BAPTIST  
CHURCH

Administrator: JENNIFER DAVIS @ 800-276-5822

Investment Officer: MORGAN ASSET MANAGEMENT

Investment Authority: Joint with Individual  
Investment Objective: CURRENT INCOME (25E/75F)

Lot Select Method: LTHC

Sort By: CUSIP

Ticker	CUSIP/ Description	Units	Price	Tax Cost	Book Value	Market Value	Unrealized Gain/Loss	% of Portfolio	Est. Income	Yield	Pricing Date
	CASH									0.00	
ALVSX	025076779 AMERICAN CENTURY LARGE CO VALUE-IS	2,315.665000	5.060	15,072.86	15,072.86	11,717	3,356-	2.01	245	2.09	12/31/2009
AEPFX	29875E100 AMERICAN EUROPACIFIC GRTH-F2	158 908000	38.310	4,346.25	4,346.25	6,088	1,742	1.05	116	1.90	12/31/2009
MRSIX	552983470 MFS RESH INTL FD CL I	424.375000	14.320	6,793.01	6,793.01	6,077	716-	1.04	97	1.60	12/31/2009
PTTRX	693390700 PIMCO TOTAL RETURN INSTL FD #35	3,964.099000	10.800	41,809.28	41,809.28	42,812	1,003	7.36	2,410	5.63	12/31/2009
PFUIX	722005220 PIMCO FOREIGN BOND FUND-IN	4,630.697000	10.010	42,833.95	42,833.95	46,353	3,519	7.97	1,681	3.63	12/31/2009
PICYX	723622403 PIONEER BOND FUND CLASS Y FD #0703	42,849.283000	9.040	380,836.83	380,836.83	387,358	6,521	66.59	24,767	6.39	12/31/2009
PYCGX	72375Q405 PIONEER MID CAP VALUE FUND CLASS Y FD #0710	220.569000	18.820	4,889.62	4,889.62	4,151	739-	0.71	43	1.05	12/31/2009
ORIGX	72387T108 PIONEER SMALL CAP GROWTH FUND CLASS A FD #0044	187.268000	22.480	4,445.13	4,445.13	4,210	235-	0.72		0.00	12/31/2009
PMTYX	72387T793 PIONEER SELECT MID CAP GROWTH Y	286.780000	14.940	4,629.07	4,629.07	4,284	345-	0.74		0.00	12/31/2009

PORYX	72387T801 PIONEER LARGE CAP GROWTH FUND CLASS Y FD #0748	1,136.830000	11.360	15,474.68	15,474.68	12,914	2,560-	2.22	32	0.25	12/31/2009
PIWYX	72387T868 PIONEER GROWTH FUND Y	731.580000	17.650	13,812.60	13,812.60	12,912	900-	2.22	83	0.64	12/31/2009
GROYX	72387W762 PIONEER GROWTH OPPORTUNITIES FD CL Y #760	179.351000	23.390	4,888.55	4,888.55	4,195	694-	0.72		0.00	12/31/2009
CVFYX	72387X406 PIONEER CULLEN VALUE FUND CLASS Y FD #0765	707.964000	16.720	12,615.76	12,615.76	11,837	779-	2.04	165	1.39	12/31/2009
PVIFYX	724010509 PIONEER VALUE FUND CLASS Y FD #0702	551.772000	10.590	7,556.15	7,556.15	5,843	1,713-	1.00	105	1.80	12/31/2009
	999990146 REGIONS TRUST MONEY MARKET DEPOSIT ACCOUNT	20,993.070000	1.000	20,993.07	20,993.07	20,993		3.61	6	0.03	01/01/1901

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 Total Portfolio

---

 580,996.81 580,996.81 581,746 749 100.00 29,751 5.11
 

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