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## Short Form

## Return of Organization Exempt From Income Tax

OMB No 1545-1150

Form 990-EZ

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)

2009

Open to Public  
Inspection

► 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 and ending

B Check if applicable.

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization

NETTA BELLE STEPHENSON WATSON TRUST  
FBO COLLINSVILLE CEMETERY ASSN.

Number and street (or P.O. box, if mail is not delivered to street address)

WELLS FARGO BANK, N.A., P. O. BOX 41629

City or town, state or country, and ZIP + 4

AUSTIN, TX 78704-9926

D Employer identification number

74-6503469

E Telephone number

(940) 766-8300

F 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)(3) ► (insert no.)  4947(a)(1) or  527K 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 ► \$ 124,225.30

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

1	Contributions, gifts, grants, and similar amounts received	1
2	Program service revenue including government fees and contracts	2
3	Membership dues and assessments	3
4	Investment income	4 4,525.70
5a	Gross amount from sale of assets other than inventory	STMT 2 5a 119,699.60
b	Less: cost or other basis and sales expenses	5b 118,046.33
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	5c 1,653.27
a	Gross revenue (not including \$ reported on line 1)	6a
b	Less: direct expenses other than fundraising expenses	6b
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
7a	Gross sales of inventory, less returns and allowances	7a
b	Less: cost of goods sold	7b
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
8	Other revenue (describe ► )	8
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 6,178.97
10	Grants and similar amounts paid (attach schedule)	10 3,210.00
11	Benefits paid to or for members	11
12	Salaries, other compensation, and employee benefits	12 1,322.01
13	Professional fees and other payments to independent contractors	13 1,410.00
14	Occupancy, rent, utilities, and maintenance	14
15	Printing, publications, postage, and shipping	15
16	Other expenses (describe ► )	16 22.00
17	Total expenses. Add lines 10 through 16	17 5,964.01
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 214.96
19	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)	19 124,350.25
20	Other changes in net assets or fund balances (attach explanation)	20
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21 124,565.21

## 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
22	124,350.25	22 124,565.21
23		23
24		24
25	124,350.25	25 124,565.21
26		0.00 26 0.00
27	124,350.25	27 124,565.21

932171  
02-08-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

21 PEP

## NETTA BELLE STEPHENSON WATSON TRUST

**Form 990-EZ (2009)**

FBO COLLINSVILLE CEMETERY ASSN.

74-6503469

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

What is the organization's primary exempt purpose? **SEE STATEMENT 5**

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.

## Expenses

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

**28 FINANCIAL SUPPORT OF (DISTRIBUTIONS TO) COLLINSVILLE  
CEMETERY ASSOCIATION, INC.**

(Grants \$ 3,210.00 ) If this amount includes foreign grants, check here

28a 3,210.00

29

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

29a

30

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

30a

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**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

**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
WELLS FARGO BANK, N.A., 2301 KELL	TRUSTEE	1,322.01	0.00	0.00
BOULEVARD, WICHITA FALLS, TX	1.00			

NETTA BELLE STEPHENSON WATSON TRUST  
FBO COLLINSVILLE CEMETERY ASSN.

Form 990-EZ (2009)

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  
 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.

Yes	No
33	X
34	X

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?  
 b If "Yes," has it filed a tax return on Form 990-T for this year?

35a	X
35b	N/A

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

36	X
37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a 0.00

38a	X
38b	N/A

b Did the organization file Form 1120-POL for this year?  
 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?

38b	N/A
39a	N/A

39b	N/A
-----	-----

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

section 4911 ► 0.00 ; section 4912 ► 0.00 ; section 4955 ► 0.00

40b	X
40c	0.00

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

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

40c	0.00
40e	X

41 List the states with which a copy of this return is filed. ► NONE

42a The organization's books are in care of ► WELLS FARGO BANK, N.A. Telephone no. ► (940) 766-8300  
 Located at ► 2301 KELL BOULEVARD, WICHITA FALLS, TX ZIP + 4 ► 76308-1007

Yes	No
42b	X
42c	X

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.

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: ►

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	□
N/A	

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ

Yes	No
44	X
45	X

45 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

45	X
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Form 990-EZ (2009)

NETTA BELLE STEPHENSON WATSON TRUST  
Form 990-EZ (2009) FBO COLLINSVILLE CEMETERY ASSN.

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**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  X  
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 46  X  
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 47  X  
49a Did the organization make any transfers to an exempt non-charitable related organization?  
b If "Yes," was the related organization a section 527 organization? 48  X  
49b 49a  X  
49c 49b  X

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."

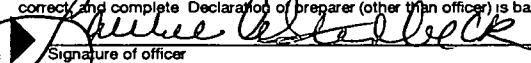
(a) Name and address of each employee paid more than \$100,000 <b>NONE</b>	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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."

**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 each 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 knowledge			<b>5-6-10</b>
	<b>Signature of officer</b> 	<b>Type or print name and title</b> <b>LAURIE A. STENBECK, VICE PRESIDENT</b>	Date <b>5/3/10</b>	
<b>Paid Preparer's Use Only</b>	Preparer's signature <b>Berry Plaza, CPA</b>	Date <b>5/3/10</b>	Preparer's identifying number (See instr) <b>EIN ► (940) 723-1471</b>	Preparer's identifying number (See instr) <b>Phone no. (940) 723-1471</b>
Firm's name (or yours if self-employed, address, and ZIP + 4) <b>MATHIS, WEST, HUFFINES &amp; CO., P.C. P.O. BOX 97000 WICHITA FALLS, TX 76307-7000</b>				

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

Form 990-EZ (2009)

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

## Public Charity Status and Public Support

OMB No 1545-0047

2009

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**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.

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

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

**Name of the organization** NETTA BELLE STEPHENSON WATSON TRUST  
FBO COLLINSVILLE CEMETERY ASSN. **Employer identification number** 74-6503469

**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	<input type="checkbox"/> A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2	<input type="checkbox"/> A school described in section 170(b)(1)(A)(ii). (Attach Schedule E)
3	<input type="checkbox"/> A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7	<input type="checkbox"/> 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	<input type="checkbox"/> A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9	<input type="checkbox"/> 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	<input type="checkbox"/> An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
11	<input checked="" type="checkbox"/> 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 <input type="checkbox"/> Type I      b <input type="checkbox"/> Type II      c <input type="checkbox"/> Type III - Functionally integrated      d <input checked="" type="checkbox"/> Type III - Other
e	<input checked="" type="checkbox"/> 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 <input type="checkbox"/>
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? _____
h	Provide the following information about the supported organization(s).

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

**LHA 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.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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 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
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc. (see instructions)</b>					<b>12</b>	

**13 First five years.** 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 **stop here** ►

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

**14** Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) **14** %

**15** Public support percentage from 2008 Schedule A, Part II, line 14 **15** %

**16a 33 1/3% support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

**b 33 1/3% support test - 2008.** 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 **stop here**. The organization qualifies as a publicly supported organization ►

**17a 10% -facts-and-circumstances test - 2009.** 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 **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

**b 10% -facts-and-circumstances test - 2008.** 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 **stop here**. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ►

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ►

**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.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 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
9 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)						

**14 First five years.** 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 stop here ►

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

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

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

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	%
<b>19a 33 1/3% support tests - 2009.</b> 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 ► <input type="checkbox"/>		
<b>b 33 1/3% support tests - 2008.</b> 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 ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
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DESCRIPTION	AMOUNT
PORTFOLIO DEDUCTIONS - POWERSHARES DB COMMODITY INDEX TRACKING FUND (DBC)	22.00
TOTAL TO FORM 990-EZ, LINE 16	22.00

FORM 990-EZ	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT 2
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
HUSSMAN INV'T TR 38SH	470.06	589.00	0.00	-118.94
HUSSMAN INV'T TR 15SH	198.75	232.50	0.00	-33.75
ISHARES TR 133SH	13,437.64	13,539.39	0.00	-101.75
ISHARES MSCI EMERGING MKTS INDEX				
FD 33SH	765.46	857.46	0.00	-92.00
ISHARES TR 5SH	508.36	493.33	0.00	15.03
ISHARES MSCI EAFE				
INDEX FD 52SH	2,056.09	2,336.24	0.00	-280.15
ISHARES TR RUSSELL				
MIDCAP INDEX FD 23SH	1,292.25	1,358.34	0.00	-66.09
ISHARES TR S&P				
MIDCAP 400 INDEX FD 22SH	1,307.27	1,114.81	0.00	192.46
ISHARES TR S&P				
MIDCAP 400 INDEX FD 1SH	70.85	50.67	0.00	20.18
ISHARES TR 128SH	5,887.20	6,306.11	0.00	-418.91
ISHARES TR 13SH	586.21	625.18	0.00	-38.97
ISHARES TR DJ US				
REAL ESTATE 132SH	4,172.58	4,993.14	0.00	-820.56
ISHARES TR S&P SMALL CAP 600 21SH	852.42	827.82	0.00	24.60
KEELEY SMALL CAP VAL FD CL I #2251 9.74SH	196.20	138.95	0.00	57.25
POWERSHARES DB				
COMMODITY INDEX 30SH	667.26	703.06	0.00	-35.80
SPDR INDEX SHS FDS 41SH	1,245.14	975.39	0.00	269.75
SPDR INDEX SHS FDS 8SH	294.97	190.32	0.00	104.65
TEMPLETON GLOBAL BD				
FD ADV CL 26SH	288.08	307.32	0.00	-19.24
TEMPLETON GLOBAL BD				
FD ADV CL 18SH	212.40	212.76	0.00	-0.36

TEMPLETON GLOBAL BD				
FD ADV CL 10SH	126.80	120.40	0.00	6.40
VANGUARD INTL EQUITY				
INDEX FD 11SH	325.92	245.97	0.00	79.95
VANGUARD INTL EQUITY				
INDEX FD 37SH	1,253.57	827.34	0.00	426.23
VANGUARD REIT VIPER				
50SH	1,575.04	1,516.48	0.00	58.56
VANGUARD REIT VIPER				
27SH	1,129.42	816.12	0.00	313.30
WELLS FARGO FDS TR				
INTL EQUITY FD				
57.76SH	574.66	491.49	0.00	83.17
WF ADV INDEX FUND				
ADMIN #88 5.87SH	237.36	184.82	0.00	52.54
WF ADV STABLE INC FD				
ADMIN #79 1137SH	10,403.55	11,417.35	0.00	-1,013.80
WF ADV STABLE INC FD				
ADMIN #79 2053.93SH	19,594.44	18,904.27	0.00	690.17
WF ADV C&B LARGE CAP				
VAL ADM #1867				
57.63SH	420.67	370.55	0.00	50.12
WELLS FARGO ADV				
TOTAL RETURN BD FD				
CL I 684SH	8,201.16	8,180.64	0.00	20.52
WELLS FARGO ADV				
TOTAL RETURN BD FD				
CL I 643SH	8,063.22	7,857.46	0.00	205.76
WELLS FARGO ADV				
TOTAL RETURN BD FD				
CL I 1122.36SH	14,377.48	13,503.51	0.00	873.97
WF ADV CAP GROWTH FD				
ADMIN CL #3603 26.SH	354.78	317.95	0.00	36.83
WELLS FARGO ADV HI				
INC INS #3110 57SH	343.71	412.04	0.00	-68.33
WELLS FARGO ADV HI				
INC INS #3110 36SH	226.80	260.24	0.00	-33.44
WF ADV GOVT				
SECURITIES ADM #3708				
293SH	3,123.38	3,058.09	0.00	65.29
WF ADV GOVT				
SECURITIES ADM #3708				
27SH	289.98	281.41	0.00	8.57
WF ADV GOVT				
SECURITIES ADM #3708				
1290SH	13,996.50	13,428.41	0.00	568.09
CAPITAL GAIN				
DIVIDENDS	4.97	0.00	0.00	4.97
CAPITAL GAIN -				
POWERSHARES DB				
COMMODITY INDEX	60.00	0.00	0.00	60.00
SECTION 1256 -				
POWERSHARES DB				
COMMODITY INDEX	507.00	0.00	0.00	507.00
TO FORM 990-EZ, LINE 5	119,699.60	118,046.33	0.00	1,653.27

FORM 990-EZ

PAYMENTS TO AFFILIATES

STATEMENT 3

## AFFILIATE'S NAME

## AFFILIATES ADDRESS

COLLINSVILLE CEMETERY ASSOCIATION, INC.

P. O. BOX 323  
COLLINSVILLE, TX 76233-0323

## PURPOSE OF PAYMENT

## AMOUNT

NONPROFIT CEMETERY UPKEEP

3,210.00

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

3,210.00

**FORM 990-EZ**

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

**STATEMENT 4**

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

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990-EZ PG 2

STATEMENT 5

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TO PROVIDE FINANCIAL SUPPORT AND BENEFITS TO COLLINSVILLE CEMETERY ASSOCIATION, INC., A NONPROFIT CORPORATION THAT MAINTAINS THE NON-PERPETUAL CARE PUBLIC CEMETERY FOR THE CITY OF COLLINSVILLE, TEXAS.