



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

2009Open to Public
Inspection**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

FAIRMOUNT MAUSOLEUM ENDOWMENT TUA

C/O COMERICA BANK & TRUST NA, TRUSTEE

Doing Business As

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

P.O. BOX 75000 M/C 3302

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

DETROIT, MI 48275-3302

F Name and address of principal officer: COMERICA BANK & TRUST NA

P.O. BOX 75000 M/C 3302, DETROIT, MI 48275-

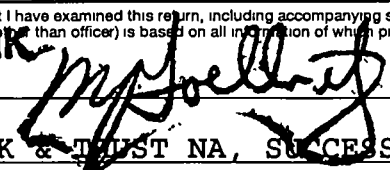
I Tax-exempt status: ☒ 501(c) (13) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ NONE**K** Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶**L** Year of formation: 1935 **M** State of legal domicile: CO**Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>MAUSOLEUM CARE AND MAINTENANCE</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	0	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0	
	5	Total number of employees (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 30,908.	Current Year 28,633.
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	269,797.	116,159.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	300,705.	144,792.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	234,434.	187,592.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (A), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	28,588.	26,353.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	263,022.	213,945.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	37,683.	-69,153.
	20	Total assets (Part X, line 16)	Beginning of Current Year 5,344,071.	End of Year 5,274,918.
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20	5,344,071.	5,274,918.

Part II Signature Block

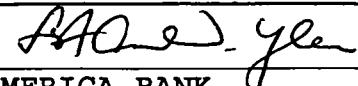
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Preparer's declaration (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

COMERICA BANK  **AUG 10 2010**
 Signature of officer Date

COMERICA BANK & TRUST NA, SUCCESSOR TRUSTEE
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature  Date **08/02/10** Check if self-employed ☐ Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 **COMERICA BANK** EIN ▶ Phone no. ▶ **586-795-2037**

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

SCANNED SEP 13 2010

913-14

18

- 1

Briefly describe the organization's mission:

MAUSOLEUM CARE & MAINTENANCE
- 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 \$ 187,592. including grants of \$) (Revenue \$)

FAIRMOUNT CEMETERY COMPANY

430 SOUTH QUEBEC ST.

CENVER, CO 80427

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 ▶ \$ 187,592.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• 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? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		X
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Part I</i>		X
15 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? <i>If "Yes," complete Schedule F, Part II</i>		X
16 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? <i>If "Yes," complete Schedule F, Part III</i>		X
17 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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Form 990 (2009)

FAIRMOUNT MAUSOLEUM ENDOWMENT TUA

Form 990 (2009)

C/O COMERICA BANK & TRUST NA, TRUSTEE

84-6016068

Page 4

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 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	X	
22 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		X
23 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		X
24a 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 line 25		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
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		
26 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		X
27 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		X
28 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):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c 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		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 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		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37 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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2009)

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

Form **990** (2009)

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
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
2 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?		X
3 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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 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		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
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?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13		X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
13 Does the organization have a written whistleblower policy?		X
14 Does the organization have a written document retention and destruction policy?		X
15 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?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
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?		

Section C. Disclosure

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

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. **COMERICA BANK - 313-222-3304**
500 WOODWARD 21ST FLOOR, DETROIT, MI 48226

2009.04011 FAIRMOUNT MAUSOLEUM ENDOWME 84-60161

FAIRMOUNT MAUSOLEUM ENDOWMENT TUA
C/O COMERICA BANK & TRUST NA, TRUSTEE

Form 990 (2009)

84-6016068 Page **9**

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	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e						
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,633.					
	g Noncash contributions included in lines 1a-1f \$							
	h Total. Add lines 1a-1f			28,633.				
Program Service Revenue			Business Code					
	2 a							
	b							
	c							
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f							
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			214,445.			214,445.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross Rents	(i) Real	(ii) Personal					
	b Less: rental expenses							
	c Rental income or (loss)							
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	679,637.				
	b Less: cost or other basis and sales expenses			777,923.				
	c Gain or (loss)			-98,286.				
	d Net gain or (loss)			-98,286.	-98,286.			
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a						
	b Less: direct expenses	b						
	c Net income or (loss) from fundraising events							
	9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities							
	10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b						
	c Net income or (loss) from sales of inventory							
	Miscellaneous Revenue			Business Code				
	11 a							
b								
c								
d All other revenue								
e Total. Add lines 11a-11d								
12 Total revenue. See instructions.				144,792.	-98,286.	0.	214,445.	

FAIRMOUNT MAUSOLEUM ENDOWMENT TUA

Form 990 (2009)

C/O COMERICA BANK & TRUST NA, TRUSTEE

84-6016068 Page 10

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	187,592.	187,592.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 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.)				
a TRUSTEE FEE	25,239.		25,239.	
b FOREIGN TAX	576.		576.	
c TAX PREPARATION FEE	538.		538.	
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	213,945.	187,592.	26,353.	0.
26 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				

FAIRMOUNT MAUSOLEUM ENDOWMENT TUA
C/O COMERICA BANK & TRUST NA, TRUSTEE

Form 990 (2009)

84-6016068 Page **11**

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	-500.	1	
	2 Savings and temporary cash investments	801,075.	2	1,252,248.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 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		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	4,543,496.	11	4,022,670.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	5,344,071.	16	5,274,918.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	0.	26	0.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds	5,344,071.	30	5,344,071.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0.	31	0.
	32 Retained earnings, endowment, accumulated income, or other funds	0.	32	-69,153.
	33 Total net assets or fund balances	5,344,071.	33	5,274,918.
	34 Total liabilities and net assets/fund balances	5,344,071.	34	5,274,918.

Form **990** (2009)

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** 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
- d** 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:
☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** 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?
- 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

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2009)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization **FAIRMOUNT MAUSOLEUM ENDOWMENT TUA** Employer identification number **84-6016068**
C/O COMERICA BANK & TRUST NA, TRUSTEE

Part I General information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☐ Yes ☒ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ☒

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations

3 Enter total number of other organizations

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance

[illegible]

Supplemental Information. Complete this part to provide the information required in Part 1, line 2, and any other additional information.

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

FAIRMOUNT MAUSOLEUM ENDOWMENT TUA
C/O COMERICA BANK & TRUST NA, TRUSTEE

Employer identification number

84-6016068

Form 990, Part VI, Section B, line 11: A COPY OF FORM 990 IS PROVIDED TO
THE TRUSTEE BEFORE THE RETURN IS FILED WITH THE IRS

Form 990, Part VI, Section C, Line 18: DOCUMENTS WILL BE PROVIDED UPON
REQUEST BY TELEPHONE OR MAIL

Form 990, Part VI, Section C, Line 19: DOCUMENTS WILL BE PROVIDED UPON
REQUEST BY TELEPHONE OR MAIL

REALIZED GAIN/LOSS DETAIL

DATE SOLD	QUANTITY	ASSET DESCRIPTION	COST BASIS	PROCEEDS	SHORT TERM REALIZED GAIN/LOSS	LONG TERM REALIZED GAIN/LOSS
04/15/09	50,000.000	ATLANTIC RICHFIELD 5.900% 4/15/09 50,000.0000 UNITS ACQUIRED ON 01/15/02	- \$51,661.50 51,661.50	\$50,000.00	\$0.00	- \$1,661.50
02/17/09	50,000.000	CHASE MANHATTAN CORP 6.000% 2/15/09 50,000.0000 UNITS ACQUIRED ON 09/27/01	- 50,409.50 50,409.50	50,000.00	0.00	- 409.50
05/13/09	2,400.000	DELL INC 900.0000 UNITS ACQUIRED ON 06/07/02 500.0000 UNITS ACQUIRED ON 06/28/02 1,000.0000 UNITS ACQUIRED ON 09/18/02	- 62,774.00 23,409.00 13,155.00 26,210.00	25,315.02	0.00	- 37,458.98
06/22/09	100,000.000	FED HOME LN BK 6.730% 6/22/09 100,000.0000 UNITS ACQUIRED ON 06/24/99	- 99,855.43 99,855.43	100,000.00	0.00	144.57
06/15/09	100,000.000	TARGET CORP 5.375% 6/15/09 100,000.0000 UNITS ACQUIRED ON 06/12/02	- 99,690.00 99,690.00	100,000.00	0.00	310.00
05/15/09	200,000.000	U S TREASURY NOTE 5.500% 5/15/09 50,000.0000 UNITS ACQUIRED ON 03/08/02 150,000.0000 UNITS ACQUIRED ON 06/23/04	- 211,845.70 50,917.97 160,927.73	200,000.00	0.00	- 11,845.70
08/17/09	150,000.000	U S TREASURY NOTE 6.000% 8/15/09 150,000.0000 UNITS ACQUIRED ON 11/09/00	- 151,171.88 151,171.88	150,000.00	0.00	- 1,171.88
01/06/09	0.100	WELLS FARGO & CO 0.1000 UNITS ACQUIRED ON 12/21/04	- 26.54 26.54	2.81	0.00	- 23.73
05/04/09	199.000	WELLS FARGO & CO 99.5500 UNITS ACQUIRED ON 10/13/04 99.4500 UNITS ACQUIRED ON 12/21/04	- 50,488.46 24,090.00 26,398.46	3,948.42	0.00	- 46,540.04
Total This Period			- \$777,923.01	\$679,266.25	\$0.00	- \$98,656.76

Gain/Loss information is un-audited and should not be used for tax preparation, estate and/or retirement planning purposes.



Account Statement For:
FAIRMOUNT MAUSOLEUM ENDOWMENT TUA

Period Covered: January 1, 2009 - December 31, 2009

Account Number 1115220508

ASSET DETAIL

ASSET DESCRIPTION

Cash & Equivalents

MONEY MARKET

WELLS FARGO ADVANTAGE CASH
INVESTMENT MONEY MARKET SERVICE
#250

Total Money Market

Total Cash & Equivalents

QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	CURRENT YIELD
1,252,247.620		\$1,252,247.62	\$1,252,247.62	\$0.00	\$125.24	0.01%
		\$1,252,247.62	\$1,252,247.62	\$0.00	\$125.24	0.01%
		\$1,252,247.62	\$1,252,247.62	\$0.00	\$125.24	0.01%

ASSET DESCRIPTION

Fixed Income

CORPORATE OBLIGATIONS

ALLSTATE LF GLB FN TRST
MED TERM NOTE
DTD 04/30/08 5.375 04/30/2013
CUSIP: 02003MBQ6
MOODY'S RATING: A1
STANDARD & POOR'S RATING: AA-
AMERICAN EXPRESS
DTD 08/28/2007 6.150 08/28/2017
CUSIP: 025816AX7
MOODY'S RATING: A3
STANDARD & POOR'S RATING: BBB+
BANK OF AMERICA CORP
DTD 11/18/03 5.250 12/01/2015
CUSIP: 060505BG8
MOODY'S RATING: A3
STANDARD & POOR'S RATING: A-

PAR VALUE	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	YIELD TO MATURITY
100,000,000	\$106.747	\$106,747.00	\$101,664.00	\$5,083.00	\$5,375.00	3.22%
100,000,000	104.510	104,510.00	99,282.00	5,228.00	6,150.00	5.42
100,000,000	100.625	100,625.00	103,152.00	- 2,527.00	5,250.00	5.13



Account Number 1115220508

ASSET DETAIL (continued)

ASSET DESCRIPTION	PAR VALUE	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	YIELD TO MATURITY
Fixed Income (continued)							
CORPORATE OBLIGATIONS (continued)							
BELLSOUTH CORP DTD 09/13/04 5.200 09/15/2014 CUSIP: 079860AG7 MOODY'S RATING: A2 STANDARD & POOR'S RATING: A	100,000.000	107.099	107,099.00	100,372.00	6,727.00	5,200.00	3.55
BELLSOUTH CORP DTD 11/15/04 4.750 11/15/2012 CUSIP: 079860AJ1 MOODY'S RATING: A2 STANDARD & POOR'S RATING: A	50,000.000	106.781	53,390.50	50,397.50	2,993.00	2,375.00	2.30
BOEING CAP CORP DTD 07/25/02 5.800 01/15/2013 CUSIP: 097014AH7 MOODY'S RATING: A2 STANDARD & POOR'S RATING: A	100,000.000	108.900	108,900.00	102,441.00	6,459.00	5,800.00	2.73
CATERPILLAR FINL SVCS CORP MED TERM NOTE TRANCHE # TR 00791 DTD 03/10/06 5.500 03/15/2016 CUSIP: 14912L2Y6 MOODY'S RATING: A2 STANDARD & POOR'S RATING: A	100,000.000	105.623	105,623.00	103,214.00	2,409.00	5,500.00	4.45
CISCO SYSTEMS INC DTD 02/22/06 5.500 02/22/2016 CUSIP: 17275RAC6 MOODY'S RATING: A1 STANDARD & POOR'S RATING: A+	200,000.000	109.790	219,580.00	202,820.00	16,760.00	11,000.00	3.70
CITIGROUP INC DTD 08/15/2007 6.000 08/15/2017 CUSIP: 172967EH0 MOODY'S RATING: A3 STANDARD & POOR'S RATING: A	100,000.000	99.962	99,962.00	100,163.00	- 201.00	6,000.00	6.01



Account Statement For:
FAIRMOUNT MAUSOLEUM ENDOWMENT TUA

Period Covered: January 1, 2009 - December 31, 2009

Account Number 1115220508

ASSET DETAIL (continued)

ASSET DESCRIPTION

Fixed Income (continued)

CORPORATE OBLIGATIONS (continued)

ASSET DESCRIPTION	PAR VALUE	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	YIELD TO MATURITY
CONOCOPHILLIPS DTD 05/21/09 6.000 01/15/2020 CUSIP: 20825CAU8 MOODY'S RATING: A1 STANDARD & POOR'S RATING: A	25,000,000	110.802	27,700.50	24,811.75	2,888.75	1,500.00	4.64
COSTCO WHOLESALE CORP DTD 02/20/07 5.300 03/15/2012 CUSIP: 22160KAB1 MOODY'S RATING: A2 STANDARD & POOR'S RATING: A	100,000,000	107.876	107,876.00	100,776.00	7,100.00	5,300.00	1.65
CREDIT SUISSE FB USA INC DTD 11/06/01 6.125 11/15/2011 CUSIP: 22541LAB9 MOODY'S RATING: AA1 STANDARD & POOR'S RATING: A+	50,000,000	107.838	53,919.00	49,402.00	4,517.00	3,062.50	1.85
GLAXOSMITHKLINE CAP INC DTD 04/06/04 4.375 04/15/2014 CUSIP: 37732AA5 MOODY'S RATING: A1 STANDARD & POOR'S RATING: A+	50,000,000	104.900	52,450.00	51,938.00	512.00	2,187.50	3.14
GOLDMAN SACHS GROUP LP DTD 06/28/05 4.500 06/15/2010 CUSIP: 38143UBEO MOODY'S RATING: A1 STANDARD & POOR'S RATING: A	100,000,000	101.802	101,802.00	99,184.00	2,618.00	4,500.00	4.42
HOUSEHOLD FINANCE CORP DTD 11/27/02 6.375 11/27/2012 CUSIP: 441812KA1 MOODY'S RATING: A3 STANDARD & POOR'S RATING: A	75,000,000	108.903	81,677.25	83,183.25	- 1,506.00	4,781.25	3.14



Account Statement For:
FAIRMOUNT MAUSOLEUM ENDOWMENT TUA

Period Covered: January 1, 2009 - December 31, 2009

Account Number 1115220508

ASSET DETAIL (continued)

ASSET DESCRIPTION

Fixed Income (continued)

CORPORATE OBLIGATIONS (continued)

ASSET DESCRIPTION	PAR VALUE	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	YIELD TO MATURITY
INTERNATIONAL BUSINESS MACHINES CORP DTD 06-15-93 7.5000 06/15/2013 CUSIP: 459200ALS MOODY'S RATING: A1 STANDARD & POOR'S RATING: A+	75,000,000	115.886	86,914.50	90,704.25	- 3,789.75	5,625.00	2.66
METLIFE INC DTD 06/03/04 5.500 06/15/2014 CUSIP: 59156RAH1 MOODY'S RATING: A3 STANDARD & POOR'S RATING: A-	100,000,000	106.046	106,046.00	98,946.00	7,100.00	5,500.00	4.00
MORGAN STANLEY MED TERM NOTE DTD 04/28/08 6.000 04/28/2015 CUSIP: 61747YCE3 MOODY'S RATING: A2 STANDARD & POOR'S RATING: A	100,000 000	106.522	106,522.00	100,926.00	5,596.00	6,000.00	4.60
ORACLE CORP DTD 01/13/06 5.250 01/15/2016 CUSIP: 68402LAC8 MOODY'S RATING: A2 STANDARD & POOR'S RATING: A	100,000 000	107.986	107,986.00	100,691.00	7,295.00	5,250.00	3.76
PEPSICO INC DTD 05/28/08 5.000 06/01/2018 CUSIP: 713448BH0 MOODY'S RATING: AA2 STANDARD & POOR'S RATING: A+	50,000,000	103.823	51,911.50	51,053.00	858.50	2,500.00	4.45



Account Statement For:
FAIRMOUNT MAUSOLEUM ENDOWMENT TUA

Period Covered: January 1, 2009 - December 31, 2009

Account Number 1115220508

ASSET DETAIL (continued)

ASSET DESCRIPTION

Fixed Income (continued)

CORPORATE OBLIGATIONS (continued)

ASSET DESCRIPTION	PAR VALUE	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	YIELD TO MATURITY
TARGET CORP DTD 07/14/06 5.875 07/15/2016 CUSIP: 87612EANG MOODY'S RATING: A2 STANDARD & POOR'S RATING: A+	50,000,000	110.007	55,003.50	52,797.50	2,206.00	2,937.50	4.11
UNITED TECHNOLOGIES CORP DTD 04/29/05 4.875 05/01/2015 CUSIP: 913017BH1 MOODY'S RATING: A2 STANDARD & POOR'S RATING: A	100,000,000	107.339	107,339.00	101,287.00	6,052.00	4,875.00	3.36
Total Corporate Obligations			\$2,053,583.75	\$1,969,205.25	\$84,378.50	\$106,668.75	
Total Fixed Income			\$2,053,583.75	\$1,969,205.25	\$84,378.50	\$106,668.75	

ASSET DESCRIPTION

Equities

CONSUMER DISCRETIONARY

FORTUNE BRANDS INC SYMBOL: FO CUSIP: 349631101	500,000	\$43.200	\$21,600.00	\$33,677.88	-\$12,077.88	\$380.00	1.76%
HOME DEPOT INC SYMBOL: HD CUSIP: 437076102	700,000	28.930	20,251.00	6,972.00	13,279.00	630.00	3.11
MCDONALDS CORP SYMBOL: MCD CUSIP: 580135101	2,000,000	62.440	124,880.00	43,840.00	81,040.00	4,400.00	3.52
NORDSTROM INC SYMBOL: JWN CUSIP: 655664100	1,000,000	37.580	37,580.00	23,325.00	14,255.00	640.00	1.70
TARGET CORP SYMBOL: TGT CUSIP: 87612E106	1,200,000	48.370	58,044.00	42,470.00	15,574.00	816.00	1.41
Total Consumer Discretionary			\$262,355.00	\$150,284.88	\$112,070.12	\$6,866.00	2.62%
							11 of 57

ASSET DETAIL (continued)

ASSET DESCRIPTION

Equities (continued)

CONSUMER STAPLES

DIAGEO PLC - ADR
SPONSORED ADR
SYMBOL: DEO CUSIP: 25243Q205
PEPSICO INC
SYMBOL: PEP CUSIP: 713448108
PROCTER & GAMBLE CO
SYMBOL: PG CUSIP: 742718109

Total Consumer Staples

ENERGY

BP PLC - ADR
SPONSORED ADR
SYMBOL: BP CUSIP: 055622104
CHEVRON CORP
SYMBOL: CVX CUSIP: 166764100
CONOCOPHILLIPS
SYMBOL: COP CUSIP: 20825C104
EXXON MOBIL CORPORATION
SYMBOL: XOM CUSIP: 30231G102
ROYAL DUTCH SHELL PLC
SPONSORED ADR REPSTG A SHS
SYMBOL: RDSA CUSIP: 780259206

Total Energy

QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	CURRENT YIELD
1,000,000	\$69.410	\$69,410.00	\$45,741.72	\$23,668.28	\$2,265.00	3.26%
1,200,000	60.800	72,960.00	54,640.00	18,320.00	2,160.00	2.96
2,000,000	60.630	121,260.00	86,202.21	35,057.79	3,520.00	2.90
		\$263,630.00	\$186,583.93	\$77,046.07	\$7,945.00	3.01%
2,000,000	\$57.970	\$115,940.00	\$83,748.72	\$32,191.28	\$6,720.00	5.80%
1,800,000	76.990	138,582.00	40,698.00	97,884.00	4,896.00	3.53
1,600,000	51.070	81,712.00	51,992.00	29,720.00	3,200.00	3.92
1,400,000	68.190	95,466.00	61,316.36	34,149.64	2,352.00	2.46
1,000,000	60.110	60,110.00	57,404.00	2,706.00	2,856.00	4.75
		\$491,810.00	\$295,159.08	\$196,650.92	\$20,024.00	4.07%



ASSET DETAIL *(continued)*

ASSET DESCRIPTION

Equities *(continued)*

FINANCIALS

ALLSTATE CORP
SYMBOL: ALL CUSIP: 020002101
AMERICAN EXPRESS CO
SYMBOL: AXP CUSIP: 025816109
AMERIPRISE FINL INC
SYMBOL: AMP CUSIP: 03076C106
BANK OF AMERICA CORP
SYMBOL: BAC CUSIP: 060505104
CITIGROUP INC
SYMBOL: C CUSIP: 172967101
JPMORGAN CHASE & CO
SYMBOL: JPM CUSIP: 46625H100
METLIFE INC
SYMBOL: MET CUSIP: 59156R108
TRAVELERS COMPANIES, INC
SYMBOL: TRV CUSIP: 89417E109
US BANCORP DEL NEW
SYMBOL: USB CUSIP: 902973304

QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	CURRENT YIELD
800.000	\$30.040	\$24,032.00	\$39,051.00	-\$15,019.00	\$640.00	2.66%
1,000.000	40.520	40,520.00	48,684.19	-8,164.19	720.00	1.78
200.000	38.820	7,764.00	6,935.81	828.19	136.00	1.75
2,000.000	15.060	30,120.00	64,826.00	-34,706.00	80.00	0.27
1,500.000	3.310	4,965.00	64,855.43	-59,890.43	0.00	0.00
2,250.000	41.670	93,757.50	54,391.17	39,366.33	450.00	0.48
2,200.000	35.350	77,770.00	69,123.50	8,646.50	1,628.00	2.09
1,700.000	49.860	84,762.00	72,689.42	12,072.58	2,244.00	2.65
2,200.000	22.510	49,522.00	52,718.75	-3,196.75	440.00	0.89
Total Financials		\$413,212.50	\$473,275.27	-\$60,062.77	\$6,338.00	1.53%



ASSET DETAIL (continued)

ASSET DESCRIPTION

Equities (continued)

HEALTH CARE

ABBOTT LABS
SYMBOL: ABT CUSIP: 002824100
BECTON DICKINSON & CO
SYMBOL: BDV CUSIP: 075887109
JOHNSON & JOHNSON
SYMBOL: JNJ CUSIP: 478160104
MEDTRONIC INC
SYMBOL: MDT CUSIP: 585055106
NOVARTIS AG - ADR
SPONSORED ADR
SYMBOL: NVS CUSIP: 66987V109
PFIZER INC
SYMBOL: PFE CUSIP: 717081103

Total Health Care

INDUSTRIALS

EMERSON ELECTRIC CO
SYMBOL: EMR CUSIP: 291011104
GENERAL ELECTRIC CO
SYMBOL: GE CUSIP: 369604103
3M CO
COM
SYMBOL: MMM CUSIP: 88579Y101

Total Industrials

QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	CURRENT YIELD
1,800,000	\$53.990	\$97,182.00	\$69,794.97	\$27,387.03	\$2,880.00	2.96%
1,200,000	78.860	94,632.00	45,000.00	49,632.00	1,776.00	1.88
2,200,000	64.410	141,702.00	9,773.50	131,928.50	4,312.00	3.04
1,500,000	43.980	65,970.00	39,005.62	26,964.38	1,230.00	1.86
300,000	54.430	16,329.00	12,108.72	4,220.28	436.20	2.67
3,000,000	18.190	54,570.00	7,116.87	47,453.13	2,160.00	3.96
		\$470,385.00	\$182,799.68	\$287,585.32	\$12,794.20	2.72%
1,400,000	\$42.600	\$59,640.00	\$36,589.00	\$23,051.00	\$1,876.00	3.15%
3,600,000	15.130	54,468.00	12,599.00	41,869.00	1,440.00	2.64
800,000	82.670	66,136.00	55,648.00	10,488.00	1,632.00	2.47
		\$180,244.00	\$104,836.00	\$75,408.00	\$4,948.00	2.75%

**WELLS
FARGO**

ASSET DETAIL *(continued)*

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	CURRENT YIELD
Equities <i>(continued)</i>							
INFORMATION TECHNOLOGY							
AMPHENOL CORP CL A SYMBOL: APH CUSIP: 032095101	2,000,000	\$46.180	\$92,360.00	\$40,860.00	\$51,500.00	\$120.00	0.13%
CISCO SYSTEMS INC SYMBOL: CSCO CUSIP: 17275R102	3,000,000	23.940	71,820.00	26,375.00	45,445.00	0.00	0.00
HEWLETT PACKARD CO SYMBOL: HPQ CUSIP: 428236103	3,100,000	51.510	159,681.00	60,758.96	98,922.04	992.00	0.62
INTEL CORP COMMO	3,200,000	20.400	65,280.00	65,152.44	127.56	1,792.00	2.74
SYMBOL: INTC CUSIP: 458140100							
INTERNATIONAL BUSINESS MACHS CORP COM	500,000	130.900	65,450.00	42,425.00	23,025.00	1,100.00	1.68
SYMBOL: IBM CUSIP: 459200101							
MICROSOFT CORP SYMBOL: MSFT CUSIP: 594918104	2,800,000	30.480	85,344.00	6,978.12	78,365.88	1,456.00	1.71
Total Information Technology			\$539,935.00	\$242,549.52	\$297,385.48	\$5,460.00	1.01%
MATERIALS							
AIR PRODS & CHEMS INC COM SYMBOL: APD CUSIP: 009158106	500,000	\$81.060	\$40,530.00	\$26,420.00	\$14,110.00	\$900.00	2.22%
DU PONT E I DE NEMOURS & CO SYMBOL: DD CUSIP: 263534109	1,300,000	33.670	43,771.00	55,426.00	-11,655.00	2,132.00	4.87
PRAXAIR INC COM SYMBOL: PX CUSIP: 74005P104	500,000	80.310	40,155.00	18,975.00	21,180.00	800.00	1.99
Total Materials			\$124,456.00	\$100,821.00	\$23,635.00	\$3,832.00	3.08%
TELECOMMUNICATION SERVICES							
AT & T INC SYMBOL: T CUSIP: 00206R102	1,900,000	\$28.030	\$53,257.00	\$70,105.00	-\$16,848.00	\$3,192.00	5.99%
VERIZON COMMUNICATIONS SYMBOL: VZ CUSIP: 92343V104	1,900,000	33.130	62,947.00	81,119.71	-18,172.71	3,610.00	5.73
Total Telecommunication Services			\$116,204.00	\$151,224.71	-\$35,020.71	\$6,802.00	5.85%

15 of 57

Account Statement For:
FAIRMOUNT MAUSOLEUM ENDOWMENT TUA

Period Covered: January 1, 2009 - December 31, 2009

**WELLS
FARGO**

Account Number 115220508

ASSET DETAIL (continued)

ASSET DESCRIPTION

Equities (continued)

UTILITIES

DOMINION RES INC VA
SYMBOL: D CUSIP: 25746U109
PUBLIC SVC ENTERPRISE GROUP INC
SYMBOL: PEG CUSIP: 744573106

Total Utilities

Total Equities

	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	CURRENT YIELD
	2,400,000	\$38.920	\$93,408.00	\$71,148.00	\$22,260.00	\$4,200.00	4.50%
	4,000,000	33.250	133,000.00	80,792.00	52,208.00	5,320.00	4.00
			\$226,408.00	\$151,940.00	\$74,468.00	\$9,520.00	4.20%
			\$3,088,639.50	\$2,039,474.07	\$1,049,165.43	\$84,529.20	2.74%

ASSET DESCRIPTION

Alternative Investments

OTHER

IPATH DOW JONES-UBS COMMODITY INDEX
TOTAL RETURN ETN DUE JUNE 12, 2036
SYMBOL: DJP CUSIP: 06738C778
ISHARES COMEX GOLD TRUST
SYMBOL: IAU CUSIP: 464285105

Total Other

Total Alternative Investments

	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME	CURRENT YIELD
	150,000	\$42.260	\$6,339.00	\$5,178.90	\$1,160.10	\$0.00	0.00%
	100,000	107.370	10,737.00	8,812.54	1,924.46	0.00	0.00
			\$17,076.00	\$13,991.44	\$3,084.56	\$0.00	0.00%
			\$17,076.00	\$13,991.44	\$3,084.56	\$0.00	0.00%

TOTAL ASSETS

	ACCOUNT VALUE AS OF 12/31/09	COST BASIS	UNREALIZED GAIN/LOSS	ESTIMATED ANNUAL INCOME
	\$6,411,546.87	\$5,274,918.38	\$1,136,628.49	\$191,323.19