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Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2009

Open to Public
InspectionDepartment 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

07/01/2009, and ending

06/30/2010

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	C Name of organization MONCRIEF CEMETERY CARE FD U/A 1055001342	D Employer identification number 63-6074900
	Number and street (or P.O. box, if mail is not delivered to street address) C/O REGIONS BANK, P.O. BOX 11647	Room/suite
	City or town, state or country, and ZIP + 4 BIRMINGHAM, AL 35202-1647	
	E Telephone number (205) 264-5897	
	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).	

I Website: ►N/A

J Tax-exempt status (check only one) - 501(c) (13) (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 . . . ► \$ 374,038.

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

Revenue	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 STMT. 1 28,098.
	5 a Gross amount from sale of assets other than inventory	5a 345,940.
	b Less cost or other basis and sales expenses	5b 344,857.
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 1,083.
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6c
	a Gross revenue (not including \$ _____ of contributions 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
	7 a 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, and 8	9 29,181.
Expenses	10 Grants and similar amounts paid (attach schedule)	10 STMT. 2 23,201.
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 7,276.
	13 Professional fees and other payments to independent contractors	13
	14 Occupancy, rent, utilities, and maintenance	14
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe ►)	16 31.
	17 Total expenses. Add lines 10 through 16	17 30,508.
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 -1,327.
	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)	19 681,548.
	20 Other changes in net assets or fund balances (attach explanation)	20 977.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 681,198.

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 Cash, savings, and investments	STMT. 5	681,548.	22 681,198.
23 Land and buildings			23
24 Other assets (describe ►)			24
25 Total assets		681,548.	25 681,198.
26 Total liabilities (describe ►)			26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		681,548.	27 681,198.

JSA 9E1008 1 000 For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

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

MAINTENANCE AND CARE OF CEMETERY

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 STMT 6

28a

29

29a

30

30a

31 Other program services (attach schedule)

312

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.)

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV.)

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

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
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.	35a	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?	35b	
b If "Yes," has it filed a tax return on Form 990-T for this year?	36	X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	37a	
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:	39a	
a Initiation fees and capital contributions included on line 9	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40b	
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	40c	
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	40d	
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization	40e	X
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		
41 List the states with which a copy of this return is filed. ► _____		
42a The organization's books are in care of ►REGIONS BANK Telephone no. ► (205) 264-5897 Located at ► P.O. BOX 11647, BIRMINGHAM, AL ZIP + 4 ► 35202	42b	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)?	42c	X
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 ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	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

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**

N/A

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	
b	If "Yes," was the related organization a section 527 organization?	49a	
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."	49b	

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge			
	 Julie S Elmka		01/13/2011	
	► Signature of officer	Date		
 TRUST OFFICER	► Type or print name and title			
Paid Preparer's Name, Title	Preparer's signature 	Date	Check if self- employed  <input type="checkbox"/>	Preparer's identifying number (See instructions) 
Firm's name (or Name of corporation or partnership)				

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

Form 990-EZ (2000)

FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION

DIVIDEND INCOME	28,086.
INTEREST INCOME	12.
 TOTAL	 28,098.

STATEMENT 1

MONCRIEF CEMETERY CARE FD U/A 1055001342

63-6074900

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID OVER \$5,000

=====

RECIPIENT NAME:

MONCRIEF CEMETERY CARE FUND

ADDRESS:

P.O. BOX 425

GARDENDALE, AL 35071-0425

RELATIONSHIP:

NONE

AMOUNT OF GRANT PAID 23,201.

TOTAL GRANTS PAID OVER \$5,000:

23,201.

=====

STATEMENT 2

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FORM 990EZ, PART I - OTHER EXPENSES

=====

FOREIGN TAXES

31.

TOTAL

31.

=====

STATEMENT 3

FORM 990EZ, PART I - OTHER INCREASES IN FUND BALANCES

MUTUAL FUND POSTING	975.
ROUNDING	2.
 TOTAL	 977.

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

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
-----	-----	-----
SAVINGS	24,525.	25,100.
INVESTMENTS - SECURITIES	657,023.	656,098.
-----	-----	-----
TOTALS	681,548.	681,198.
=====	=====	=====

STATEMENT 5

1055001342 MONCRIEF CEMETERY CARE FD U/A 63-6074900

ATTACHEMENT TO FORM 990-EZ FOR THE YEAR ENDED 06/30/2010
PART II, BALANCE SHEETS

REGIONS MORGAN KEEGAN
TRUST

REGIONS BANK
Asset Statement

End Date
06/30/2010

Administrator:
BLAIR LIGGINS
@ 800-276-

Account: 1055001342 5827
AS TRUSTEE U/A EXECUTED
12/01/70 BY MONCRIEF BURIAL
SOCIETY FOR
THE PERPETUAL CARE AND
MAINTENANCE OF THE MONCRIEF
CEMETERY

ASSET
SCHEDULE



Ticker	Description	Units	Price	Book Value
CASH AND EQUIVALENTS				
	CASH			0.00
	REGIONS TRUST MONEY MARKET	25,100.490	1.000	25,100.49
	DEPOSIT ACCOUNT			
	TOTAL FOR CASH AND EQUIVALENTS			25,100.49
EQUITIES				
ALVSX	AMERICAN CENTURY LARGE CO VALUE-IS	4,886.797	4.600	28,059.42
ACVIX	AMERICAN CENTURY SMALL CAP VALUE INST CL	1,080.737	7.260	8,228.09
FUNYX	PIONEER FUNDAMENTAL GROWTH CL Y	2,528.595	9.670	27,084.22
PYCGX	PIONEER MID CAP VALUE FUND CLASS Y FD #0710	448.935	18.030	8,944.45
ORIGX	PIONEER SMALL CAP GROWTH FUND CLASS A FD #0044	362.870	22.130	8,397.20
PMTYX	PIONEER SELECT MID CAP GROWTH Y	576.991	14.130	8,626.88
PORYX	PIONEER LARGE CAP GROWTH FUND CLASS Y FD #0748	2,343.792	10.280	24,813.52
CVFYX	PIONEER CULLEN VALUE FUND CLASS Y FD #0765	2,291.707	15.340	37,243.51
	TOTAL FOR EQUITIES			151,397.29

1055001342 MONCRIEF CEMETERY CARE FD U/A 63-6074900

ATTACHEMENT TO FORM 990-EZ FOR THE YEAR ENDED 06/30/2010
PART II, BALANCE SHEETS

REGIONS MORGAN KEEGAN
TRUST

REGIONS BANK
Asset Statement

End Date
06/30/2010

Administrator:
BLAIR LIGGINS
@ 800-276-

Account: 1055001342 5827
AS TRUSTEE U/A EXECUTED
12/01/70 BY MONCRIEF BURIAL
SOCIETY FOR
THE PERPETUAL CARE AND
MAINTENANCE OF THE MONCRIEF
CEMETERY

ASSET
SCHEDULE

Ticker	Description	Units	Price	Book Value
<u>ACBPX</u>	FIXED AMERICAN CENTURY DIVERSIFI BOND- INS	12,875.038	10.890	138,148.67
<u>PTTRX</u>	PIMCO TOTAL RETURN INSTL FD #35	4,160.057	11.260	43,805.40
<u>PFUIX</u>	PIMCO FOREIGN BOND FUND-IN	5,219.348	10.070	48,278.97
<u>PICYX</u>	PIONEER BOND FUND CLASS Y FD #0703	29,795.009	9.360	248,219.81
	TOTAL FOR FIXED			478,452.85
<u>AEPFX</u>	INTERNATIONAL AMERICAN EUROPACIFIC GRTH-F2	377.393	33.990	11,505.41
<u>MRSIX</u>	MFS RESH INTL FD CL I	1,017.975	12.530	14,741.95
	TOTAL FOR INTERNATIONAL			26,247.36
	TOTAL PORTFOLIO			<u>681,197.99</u>

MONCRIEF CEMETERY CARE FD U/A 1055001342

63-6074900

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

DESCRIPTION

PERPETUAL CARE/MAINTENANCE OF MONCRIEF CEMETERY

EXPENSES

23,201.

TOTAL

23,201.

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STATEMENT 6

MONCRIEF CEMETERY CARE FD U/A 1055001342

63-6074900

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

=====

OFFICER NAME:

REGIONS BANK

ADDRESS:

P O BOX 11647
BIRMINGHAM, AL 35202

TITLE:

CORP TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

7,276.

COMPENSATION

COMPENSATION EXPLANATION:

TRUSTEE FEES

=====

OFFICER NAME:

STEVE HANCOCK

ADDRESS:

241 WEST SHUGERT RD
GARDENDALE, AL 35071-2422

TITLE:

PRESIDENT OF BOARD OF TRUSTEES

=====

OFFICER NAME:

BARTEE WORTHINGTON

ADDRESS:

P.O. BOX 425
GARDENDALE, AL 35071-0425

TITLE:

TREASURER

=====

TOTAL COMPENSATION:

7,276.

=====

STATEMENT 7