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Form **990-EZ****Short Form
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)

- ▶ 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

Department of the Treasury
Internal Revenue Service

OMB No. 1545-1150

2009**Open to Public
Inspection****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	Please use IRS label or print or type See Specific Instructions	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) Room/suite C/O REGIONS BANK, P.O. BOX 11647		E Telephone number (205) 264-5897
		City or town, state or country, and ZIP + 4 BIRMINGHAM, AL 35202-1647		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) ▶**H Check** ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).**I Website:** ▶ N/A**J Tax-exempt status** (check only one) - ☒ 501(c) (13) ◀ (insert no.) 4947(a)(1) or 527**K Check** ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ** . . . ▶ \$ **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	28,098.
	5a	Gross amount from sale of assets other than inventory	5a	345,940.
	5b	Less cost or other basis and sales expenses	5b	344,857.
	5c	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		
	6a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6b	Less direct expenses other than fundraising expenses	6b		
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
Expenses	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less cost of goods sold	7b	
	7c	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	29,181.
Expenses	10	Grants and similar amounts paid (attach schedule)	10	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	681,548.	681,198.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	681,548.	681,198.
26 Total liabilities (describe ▶)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	681,548.	681,198.

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

Form **990-EZ** (2009)

KQ9291 9155 01/13/2011 17:51:36

1055001342

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SCANNED MAY-20-2009

Expenses

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

28	STMT 6		
	(Grants \$) If this amount includes foreign grants, check here ▶		28a
29			
	(Grants \$) If this amount includes foreign grants, check here ▶		29a
30			
	(Grants \$) If this amount includes foreign grants, check here ▶		30a
31	Other program services (attach schedule)		
	(Grants \$) If this amount includes foreign grants, check here ▶		31a
32	Total program service expenses (add lines 28a through 31a) ▶	32	23,201

[illegible]

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		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		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.		
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?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
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.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____		
b Did the organization file Form 1120-POL for this year?		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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b _____		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a _____		
b Gross receipts, included on line 9, for public use of club facilities 39b _____		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
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		X
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		
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)?		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.?		X
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		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		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

- 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 **46** ☐ Yes ☐ No
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II **47** ☐ Yes ☐ No
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☐ No
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☐ No
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☐ No
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

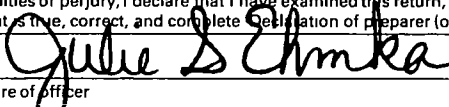

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 **f**

- 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 **d**

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.		
	 Signature of officer		Date 01/13/2011
Paid Preparer's Use Only	Preparer's signature 		Date _____
	Firm's name (or yours if self-employed), address, and ZIP + 4 _____		Check if self-employed <input type="checkbox"/>
	Preparer's identifying number (See instructions) EIN _____ Phone no. _____		Preparer's identifying number (See instructions) _____

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

Form 990-EZ (2009)

FORM 990EZ, PART I - INVESTMENT INCOME
=====

DESCRIPTION

DIVIDEND INCOME
INTEREST INCOME

28,086.
12.

TOTAL

28,098.

=====

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

MONCRIEF CEMETERY CARE FD U/A 1055001342

63-6074900

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
ROUNDING

975.

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.
	=====	=====

1055001342 MONCRIEF CEMETERY CARE FD U/A 63-6074900

ATTACHMENT 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-
5827

Account: 1055001342
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 DEPOSIT ACCOUNT	25,100.490	1.000	25,100.49
	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

ATTACHMENT 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-
5827

Account: 1055001342
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
	FIXED			
<u>ACBPX</u>	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
	INTERNATIONAL			
<u>AEAFX</u>	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

EXPENSES

PERPETUAL CARE/MAINTENANCE OF MONCRIEF CEMETERY

23,201.

TOTAL

23,201.
=====

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

COMPENSATION 7,276.

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.

=====