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Form **990****Return of Organization Exempt From Income Tax**

OMB No 1545-0047

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)**2010****Open to Public
Inspection**

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20																							
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization SUNSET HILLS ASSOCIATION</td> <td>D Employer identification number 38-1083400</td> </tr> <tr> <td colspan="2">Doing Business As</td> <td rowspan="3">E Telephone number 810-238-3685</td> </tr> <tr> <td colspan="2">Number and street (or P O box if mail is not delivered to street address) Room/suite 3400 W BRISTOL RD</td> </tr> <tr> <td colspan="2">City or town, state or country, and ZIP + 4 FLINT, MI 48507-3112</td> </tr> <tr> <td colspan="3"> F Name and address of principal officer KATHRYN KOEGEL, PRESIDENT (SAME ADDRESS AS C ABOVE) </td> </tr> <tr> <td colspan="2"> I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (13) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 </td> <td> G Gross receipts \$ 6,162,827 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶ </td> </tr> <tr> <td colspan="3"> J Website: ▶ NONE </td> </tr> <tr> <td colspan="2"> K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ </td> <td> L Year of formation 1953 M State of legal domicile MI </td> </tr> </table>	C Name of organization SUNSET HILLS ASSOCIATION		D Employer identification number 38-1083400	Doing Business As		E Telephone number 810-238-3685	Number and street (or P O box if mail is not delivered to street address) Room/suite 3400 W BRISTOL RD		City or town, state or country, and ZIP + 4 FLINT, MI 48507-3112		F Name and address of principal officer KATHRYN KOEGEL, PRESIDENT (SAME ADDRESS AS C ABOVE)			I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (13) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		G Gross receipts \$ 6,162,827 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶	J Website: ▶ NONE			K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1953 M State of legal domicile MI
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Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>OPERATION OF A CEMETERY</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)	3	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	7
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	11
	6	Total number of volunteers (estimate if necessary)	6	0
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b	Net unrelated business taxable income from Form 990-B, line 34	7b	0	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	730,557	773,679
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	484,547	786,206
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	202,227	207,083
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,417,331	1,766,968
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,000	5,000
	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)	670,971	708,499
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	232,326	374,906
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	908,297	1,088,405
19	Revenue less expenses. Subtract line 18 from line 12	509,034	678,563	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	44,282,879	46,570,109
	22	Net assets or fund balances. Subtract line 21 from line 20	41,361,644	43,100,413
			2,921,235	3,469,696

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 Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	 Signature of officer	5-2-2011 Date			
	A. J. KOEGEL, TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no			

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☒ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2010)

SCANNED MAY 31 2011

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Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐

- 1**
- Briefly describe the organization's mission:

OPERATION OF A CEMETERY

- 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 \$ 1,088,405 including grants of \$) (Revenue \$)

OPERATION OF A CEMETERY

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 ► 1,088,405

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)? If "Yes," complete Schedule A	1	✓
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	✓
3 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	3	✓
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	N/A
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	N/A
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? If "Yes," complete Schedule D, Part I	6	✓
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	✓
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	✓
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? If "Yes," complete Schedule D, Part IV	9	✓
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	✓
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	✓
b 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? If "Yes," complete Schedule D, Part VII	11b	✓
c 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? If "Yes," complete Schedule D, Part VIII	11c	✓
d 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? If "Yes," complete Schedule D, Part IX	11d	✓
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	✓
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	✓
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	✓
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	✓
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	✓
14 a Did the organization maintain an office, employees, or agents outside of the United States?	14a	✓
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? If "Yes," complete Schedule F, Parts I and IV	14b	✓
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? If "Yes," complete Schedule F, Parts II and IV	15	✓
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? If "Yes," complete Schedule F, Parts III and IV	16	✓
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? If "Yes," complete Schedule G, Part I (see instructions)	17	✓
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	✓
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	✓
20 a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	✓
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	N/A

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	✓
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	✓
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? <i>If "Yes," complete Schedule J</i>	23	✓
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	24a	✓
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	✓
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?	24c	✓
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	✓
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	N/A
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? <i>If "Yes," complete Schedule L, Part I</i>	25b	✓
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? <i>If "Yes," complete Schedule L, Part II</i>	26	✓
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? <i>If "Yes," complete Schedule L, Part III</i>	27	✓
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	✓
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	✓
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	✓
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	✓
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	✓
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	✓
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	✓
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? <i>If "Yes," complete Schedule R, Part I</i>	33	✓
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	✓
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	✓
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> ☐ Yes ☐ No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	N/A
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	✓
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	38	✓

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 8		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
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	2a 12		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		N/A
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)?	4a		✓
b If "Yes," enter the name of the foreign country: ► See instructions for 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?	5a		✓
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		N/A
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?	6a		✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		N/A
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?	7a		✓
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		N/A
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		✓
d If "Yes," indicate the number of Forms 8282 filed during the year	7d N/A		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		✓
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		N/A
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		N/A
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?	8		N/A
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		✓
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		✓
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a N/A		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b N/A		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a N/A		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b N/A		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		N/A
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b N/A		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		N/A
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b 0		
c Enter the amount of reserves on hand	13c 0		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		✓
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		N/A

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.

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b Enter the number of voting members included in line 1a, above, who are independent	1b 7	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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?	2	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	3	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Does the organization have members or stockholders?	6	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
a The governing body?	8a	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Each committee with authority to act on behalf of the governing body?	8b	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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	9	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	N/A
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.	<input type="checkbox"/>	<input type="checkbox"/>
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Does the organization have a written whistleblower policy?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 Does the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
a The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Other officers or key employees of the organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	N/A

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **N/A**

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: ► **ALBERT J KOEGEL TREASURER 3400 W BRISTOL RD, FLINT, MI 48507-3112 810-238-3685**

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHRYN KOEGEL 3400 W BRISTOL RD FLINT, MI 48507	VARIOUS	✓		✓				1,200	0.00	0.00
(2) ELIZABETH M NEITHERCUT 3400 W BRISTOL RD FLINT, MI 48507	VARIOUS	✓		✓				1,200	0.00	0.00
(3) JEFFRY D ROCCO 3400 W BRISTOL RD FLINT, MI 48507	VARIOUS	✓		✓				1,200	0.00	0.00
(4) ALBERT J KOEGEL 3400 W BRISTOL RD FLINT, MI 48507	VARIOUS	✓		✓				1,200	0.00	0.00
(5) EDWARD J NEITHERCUT 3400 W BRISTOL RD FLINT, MI 48507	VARIOUS	✓						1,200	0.00	0.00
(6) BARBARA L KOEGEL 3400 W BRISTOL RD FLINT, MI 48507	VARIOUS	✓						1,200	0.00	0.00
(7) JOHN C KOEGEL 3400 W BRISTOL RD FLINT, MI 48507	VARIOUS	✓						1,200	0.00	0.00
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										
1b Sub-total								8,400	0	0
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								8,400	0	0

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		✓
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		✓
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
N/A		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ **0**

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	1a	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				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f ▶					
Program Service Revenue	Business Code						
	2a	INTERMENT & ENDOWMENT FEES (NET)		284,501	284,501		
	b	CREMATION FEES (NET)		135,086	135,086		
	c	DEED TRANSFER INCOME		1,860	1,860		
	d	INCOME FROM ENDOWMENT TR		347,342	347,342		
	e	CONTRACT CANCELLATION		4,890	4,890		
	f	All other program service revenue .					
	g	Total. Add lines 2a-2f ▶		773,679			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) ▶		603,615	603,615		
	4	Income from investment of tax-exempt bond proceeds ▶					
	5	Royalties ▶					
	6a	(i) Real	(ii) Personal				
		Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
	7a	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory SEE SIMI 1	4,202,396	143,952			
	b	Less: cost of other basis and sales expenses		4,019,805	143,952		
	c	Gain or (loss)		182,591	0		
	d	Net gain or (loss) ▶		182,591	182,591		
	8a	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 . . ▶				
	9a	Gross income from gaming activities. See Part IV, line 19 a					
b		Less: direct expenses b					
c		Net income or (loss) from gaming activities . . ▶					
10a	Gross sales of inventory, less returns and allowances a		439,185				
	b	Less: cost of goods sold b		232,102			
	c	Net income or (loss) from sales of inventory . . ▶		207,083	207,083		
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d ▶						
12	Total revenue. See instructions. ▶		1,766,968	1,766,968	0	0	

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	5,000	5,000		
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	8,400	8,400		
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	481,123	481,123		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	37,255	37,255		
9	Other employee benefits	152,307	152,307		
10	Payroll taxes	29,414	29,414		
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting (AUDITING)	450	450		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	3,126	3,126		
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	1,195	1,195		
20	Interest	48,203	48,203		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	154,346	154,346		
23	Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a	SEE STATEMENT 2 ATTACHED	167,586	167,586		
b					
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	1,088,405	1,088,405	0	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,300	1	1,300
	2 Savings and temporary cash investments	326,469	2	291,425
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,810	4	3,420
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net	103,937	7	102,645
	8 Inventories for sale or use	526,648	8	4,552,104
	9 Prepaid expenses and deferred charges	20,084	9	6,188
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,514,710		
	b Less: accumulated depreciation	10b 2,326,154		
	11 Investments—publicly traded securities	4,388,471	10c	3,188,556
	12 Investments—other securities. See Part IV, line 11	15,821,178	11	15,464,810
	13 Investments—program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34)	23,088,982	15	22,959,661	
	44,282,879	16	46,570,109	
Liabilities	17 Accounts payable and accrued expenses	167,941	17	135,381
	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	310,516	21	325,977
	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	40,883,187	25	42,639,055
	26 Total liabilities. Add lines 17 through 25	41,361,644	26	43,100,413
	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 type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds		150,000	30	150,000
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds		2,771,235	32	3,319,696
33 Total net assets or fund balances		2,921,235	33	3,469,696
34 Total liabilities and net assets/fund balances		44,282,879	34	46,570,109

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,766,968
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,088,405
3	Revenue less expenses. Subtract line 2 from line 1	3	678,563
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,921,235
5	Other changes in net assets or fund balances (explain in Schedule O)	5	(130,102)
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,469,696

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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.		N/A
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 separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?		N/A
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		N/A

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► **Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

► **Attach to Form 990. ► See separate instructions.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

Employer identification number

SUNSET HILLS ASSOCIATION

38-1083400

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
☐ Preservation of land for public use (e.g., recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

Part III	Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** ☐ Public exhibition **d** ☐ Loan or exchange programs
- b** ☐ Scholarly research **e** ☐ Other _____
- c** ☐ Preservation for future generations
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☒ No

- b** If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

- 2a** Did the organization include an amount on Form 990, Part X, line 21? ☒ **Yes** ☐ **No**
b If "Yes," explain the arrangement in Part XIV.

Part V	Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.
---------------	--

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	23,088,982	24,083,715	24,294,560		
b Contributions					
c Net investment earnings, gains, and losses	(129,321)	(994,733)	(210,845)		
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	22,959,661	23,088,982	24,083,715		

- 2** Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ 100 %
c Term endowment ▶ _____ %

- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i)	✓	
3a(ii)		✓
3b		N/A

- b** If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

- 4** Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		1,240		1,240
b Buildings		3,013,467	307,814	2,705,653
c Leasehold improvements vehicles		85,819	75,343	10,476
d Equipment machinery, furniture, computers		454,789	359,365	95,424
e Other roads, sculptures, utilities		1,959,395	1,583,632	375,763
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				3,188,556

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ►		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) TRUST FUND - BANK OF AMERICA, N.A. ASSETS REPORTED AT COST	4,995,145
(2) TRUST FUND - CITIZENS BANK WEALTH MANAGEMENT, N.A. ASSETS REPORTED AT COST	15,288,943
(3) TRUST FUND - J P MORGAN CHASE, N.A. ASSETS REPORTED AT COST	2,675,573
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ►	

22,959,661

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) MAINTENANCE RESERVE - GROUNDS	38,261,960
(3) MAINTENANCE RESERVE - MAUSOLEUM	478,253
(4) MAINTENANCE RESERVE - MARKERS	2,357,471
(5)	
(6) LINE OF CREDIT	1,541,371
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

42,639,055

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PARTS V, 3a(1) ENDOWMENT FUNDS**SUNSET HILLS ASSOCIATION TRUSTS**

US TRUST BANK OF AMERICA

EIN 38-6218608

CITIZENS BANK WEALTH MANAGEMENT, N.A.

EIN 38-6041332

J P MORGAN CHASE BANK, N.A.

EIN 38-6243829

PART V, LINE 4

ENDOWMENT FUNDS ARE USED TO PROVIDE:

Part XIV Supplemental Information *(continued)*

1. SERVICE RELATED TO CEMETERY OPERATIONS IN ACCORDANCE WITH ITS CHARITABLE BY-LAWS,
2. FOR THE CONTINUOUS AND PERPETUAL CARE AND MAINTENANCE OF THE BUILDING AND GROUNDS, AND
3. PRODUCTS FOR SALE RELATED TO A CEMETERY IN ACCORDANCE WITH ITS CHARITABLE BY-LAWS.

SCHEDULE D, PART IV ESCROW AND CUSTODIAL AGREEMENTS

LISTED BELOW ARE THE VARIOUS ESCROW ACCOUNTS AND BALANCES WHICH TOTAL \$325,976.75.

CUSTOMER DEPOSITS \$64,888.75

ESCROW - INTERMENTS/ENTOMBMENTS \$224,800.00

ESCROW - CREMATIONS \$29,490.00

ESCROW - MARKERS \$1,087.00

ESCROW - INSCRIPTIONS \$3,975.00

ESCROW - GRAVE BLANKETS \$1,736.00

FUNDS ARE HELD BY A FIDUCIARY



SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization
SUNSET HILLS ASSOCIATION

Employer identification number
38-1083400

NOTE: FORM 990 SCHEDULES A & B ARE NOT SUBMITTED BECAUSE THEY ARE NONAPPLICABLE.

PAGE 6, PART VI, SECTION A, LINE 2

NAME	RELATIONSHIP WITH RESPECT TO ALBERT J. KOEGEL
KATHRYN KOEGEL	DAUGHTER
ELIZABETH M. NEITHERCUT	SISTER
ALBERT J. KOEGEL	SELF
EDWARD J. NEITHERCUT	BROTHER-IN-LAW
BARBARA L. KOEGEL	SPOUSE
JOHN C. KOEGEL	SON
JEFFRY D. ROCCO	SON-IN-LAW

PAGE 6, PART VI, SECTION A, LINE 11b

THE FORM 990 IS PREPARED IN HOUSE BY AN OFFICER OF THE CORPORATION. IT IS SUBJECT TO DISCUSSION AND IS REVIEWED BY THE OTHER OFFICERS AND DIRECTORS. AT THE ANNUAL MEETING, ALL BOARD MEMBERS HAVE AN OPPORTUNITY TO REVIEW THE RETURN.

PART VI, SECTION B, LINE 15b

COMPENSATION IS COMMENSURATE WITH JOB RESPONSIBILITIES AND ANNUAL EMPLOYEE REVIEW. POLICY IS SET BY THE SUNSET HILLS ASSOCIATION BOARD.

PART VI, SECTION C, LINE 19

IN THE EVENT OF A REASONABLE REQUEST MADE IN WRITING, INFORMATION IS MADE AVAILABLE.

PART XI, RECONCILIATION OF NET ASSETS

\$(130,102.00) REPRESENTS CONTRIBUTION TO MAINTENANCE RESERVE- GROUNDS.

STATEMENT 1

CAPITAL GAINS SUMMARY

(i) Securities

Description	Proceeds	Cost	Gain (Loss)
General Motors Securities Litigation	679.05	0.00	679.05
Gain on sale of #24 vehicle	700.00	0.00	700.00
PSI Distribution Fund	226.18	0.00	226.18
Alabama Power Co. 5.625% of '34 4,000 shrs	100,000.00	100,000.00	0.00
Indiana MI Power 6% of '32 4,000 shrs	100,000.00	100,000.00	0.00
Astoria Financial Corp. 6,018 shrs	74,818.13	97,969.43	(23,151.30)
Celanese Corp. Del Ser A 3,200 shrs	90,161.48	98,968.82	(8,807.34)
CMS Energy Corp. 2,904 shrs	41,997.39	68,610.55	(26,613.16)
Colfax Corp 6,025 shrs	67,480.95	75,543.94	(8,062.99)
Continental Resources 2,100 shrs	85,046.61	75,564.00	9,482.61
E-House (China) Holdings 3,550 shrs	58,516.04	75,235.50	(16,719.46)
Eldorado Gold Corp New 6,200 shrs	75,298.07	50,654.00	24,644.07
Express Scripts, Inc 1,600 shrs + 2,960 shrs	211,269.39	152,313.29	58,956.10
F5 Networks Inc. 2,100 shrs	129,181.12	76,397.79	52,783.33
Imperial Tobacco GRP SPS ADR 250 shrs	15,491.60	2,442.81	13,048.79
International Paper Co 590 shrs	13,571.25	18,405.29	(4,834.04)
Janus Capital Group Inc 4,130 shrs	48,400.51	57,574.68	(9,174.17)
J Crew Group, Inc 1,800 shrs	71,516.39	83,251.00	(11,734.61)
Lincoln Educational 2,700 shrs	52,645.22	50,591.44	2,053.78
MSCI Inc 3,300 shrs	111,274.45	98,719.50	12,554.95
Netgear, Inc. 4,200 shrs	90,836.48	75,611.63	15,224.85
Panera Bread Co. CI A 1,350 shrs	99,039.73	98,654.91	384.82
Philip Morris Int'l 1,500 shrs	66,046.88	13,472.40	52,574.48
Prudential PLC ADR 3,800 shrs	66,398.84	51,283.00	15,115.84
Riverbed Technology, Inc. 3,400 shrs	143,791.39	100,821.22	42,970.17
Sandisk Corp. Inc 2,755 shrs	94,861.87	75,270.73	19,591.14
Sempra Energy 1,500 shrs	72,826.93	49,783.44	23,043.49
Veeco Instruments, Inc. 2,856 shrs	113,748.85	119,490.47	(5,741.62)
American Cap World 10,298.504 shrs	319,665.56	289,982.58	29,682.98
Claymore China Cap 3,070 shrs	75,140.68	75,068.14	72.54
Elements Rogers Metals T 13,400 shrs	119,562.16	100,567.00	18,995.16
First Tr ISE Chindia Inx 4,100 shrs	77,901.88	75,235.00	2,666.88
Franklin Adj US Gov't Securities Fd 33,805.437	301,273.52	301,876.85	(603.33)
ISHARES S&P GLBL Health 1,160 shrs	55,655.86	50,146.80	5,509.06
SPDR S P Emerging Europe 1,800 shrs	71,099.10	76,716.00	(5,616.90)
SPDR Index Shs FDS 3,550 shrs	83,033.10	75,992.00	7,041.10
ISHARES S&P LATIN America 1,781 shrs	83,563.46	88,136.35	(4,572.89)
ISHARES MSCI AUSTRALIA 3,100 shrs	63,704.19	51,583.97	12,120.22
SPDR Gold Trust 1,125 shrs	116,042.06	104,294.69	11,747.37
Transamerica ST Bond Fund 29,155.013	300,000.00	296,798.14	3,201.86
SEC Fair Fund Settlement AIM Distribution	92.23	0.00	92.23
TransAmerica ST Bond Fund Long Term CG	937.18	0.00	937.18
Templeton World Fund Class A	462,623.61	566,777.71	(104,154.10)
GAMCO Westwood Mighty Mites Short Term CG	546.30	0.00	546.30
Vaughn Nelson Small Cap Value Fd Long Term CG	4,059.09	0.00	4,059.09

STATEMENT 1

CAPITAL GAINS SUMMARY

(i) Securities

Description	Proceeds	Cost	Gain (Loss)
First Eagle Overseas Fund LTCG	390.56	0.00	390.56
	-----	-----	-----
	4,231,115.34	4,019,805.07	211,310.27
	=====	=====	
STATE BANK Recognized Capital Loss			(28,719.39)

Total line 7c(i) Securities			182,590.88
			=====

(ii) Other, line 7a, b, c

Sales of Burial Spaces		143,951.55
Less:		
Cost of Land		(2,104.00)
Transferred to Reserve For Maintenance		(141,847.55)

Total line 7c (ii) Other		0.00
		=====

STATEMENT 2

Equipment Rental & Maintenance	11,134.40
Telephone	1,381.20
Postage	1,133.02
Taxes & Licenses	961.00
General Insurance	19,685.56
Office Building Expense	5,370.05
Dues & Subscriptions	1,209.68
Advertising	7,358.10
Banking Services/Investment Quarterly Advisory Fees	29,702.83
Escrow Expense	5,035.00
Miscellaneous Expenses	2,087.99
Grounds Maintenance	14,269.27
Small Tools	1,005.21
Maintenance Building Expense	25,200.20
Mausoleum Maintenance Expense	14,608.83
Road Maintenance	2,000.00
Vehicle Fuel	19,193.18
Vehicle Maintenance Expense	3,863.74
Vandalism Expense	2,386.38
Total PART IX, Line 24a	167,585.64

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