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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 private foundations)

OMB No 1545-1150

Open to Public

Department of the Treasury Internal Revenue Service

LICE AUG I G 200

▶ Do not enter social security numbers on this form as it may be made public.

Inspection Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

ΑI	A For the 2014 calendar year, or tax year beginning $04/01$, 2014, and ending						03/31, 20 15			
B	heck of ap	pplicable	C Name of organization			D E	mployer identification number			
L	Addres	ss change	hange							
Ĺ	Name	change	DAVIDSON CEMETERY ENDOWMENT FUN	AVIDSON CEMETERY ENDOWMENT FUND 7055000123						
	Initial r	return	Number and street (or P O box, if mail is not delivered to street	et address)	Room/suite	E T	elephone number			
	Final re	eturn/terminated	REGIONS BANK TRUST DEPT PO BOX	2886		(251)690-1024			
L	Amend	ded return	City or town, state or province, country, and ZIP or foreign pos	stal code		F G	roup Exemption			
\perp	Applica	ation pending	MOBILE, AL 36652-2886			N	umber >			
G	Accoun	iting Method	X Cash Accrual Other (specify) ▶		H Che	ck►	if the organization is not			
I۱	Nebsit	e: >			requ	ired to a	attach Schedule B			
J 1	ax-exemp	pt status (check only	one) - 501(c)(3) X 501(c) (13) ◀ (insert no)	4947(a)(1) or	527 (For	m 990,	990-EZ, or 990-PF).			
KF	orm of	organization.	Corporation X Trust Association	Other	-					
L	Add line	es 5b, 6c, and 7	to line 9 to determine gross receipts If gross receipts	are \$200,000 or mo	re, or if total as	sets				
(Par	t II, colu	umn (B) below)	are \$500,000 or more, file Form 990 instead of Form 9	90-EZ		▶ \$	124,381			
	rt l	Revenue, E	xpenses, and Changes in Net Assets of	r Fund Balanc	es (see the	instruc	tions for Part I)			
		Check if the	organization used Schedule O to respond to	any question in	this Part I		X			
	1	Contributions,	gifts, grants, and similar amounts received			1				
	2	Program service	e revenue including government fees and contracts .			2				
	3	Membership d	ues and assessments			3				
	4		ome			4	5,400			
	5a		from sale of assets other than inventory L		118,981.					
	ь		Less cost or other basis and sales expenses							
	C	Gain or (loss) f	5c	10,006						
	6		indraising events							
	а	Gross income	from gaming (attach Schedule G if greater than							
n e		\$15,000)								
9 2	ь	Gross income	1							
Revenue		from fundraisir	ng events reported on line 1) (attach Schedule G if the							
<u> </u>	ŀ	sum of such gi	ross income and contributions exceeds \$15,000)	6b						
Ű.	c	Less direct ex	penses from gaming and fundraising events	6c						
_	d		or (loss) from gaming and fundraising events (add	lines 6a and 6b	and subtract	1				
		line 6c)				6d				
	7 a		inventory, less returns and allowances	7a			<u> </u>			
	ь		oods sold	7b ⁻²						
	С	Gross profit or	(loss) from sales of inventory (Subtract line 70 from Jine	7a)		7c				
	8	Other revenue (describe in Schedule O)[6.1]				8				
	9	Total revenue	e. Add lines 1, 2, 3, 4, 5d, 6d , 7c, and 8	_		9	15,406			
	10	Grants and sin	nilar amounts paid (list in Schedule 0)			10	3,680			
	11	Benefits paid t	o or for members			11				
Š	12		compensation, and employee benefits			12	2,819			
Expenses	13	Professional fe	es and other payments to independent contractors			13	600			
ĝ	14	Occupancy, re	nt, utilities, and maintenance	14						
ũ	15		cations, postage, and shipping			15				
	16	Other expense	16	25						
	17		es. Add lines 10 through 16			17	7,124			
Net Assets	18		cit) for the year (Subtract line 17 from line 9)			18	8,282			
	19	Net assets or								
			ure reported on prior year's return)		_	19	175,104			
<u>e</u>	20		in net assets or fund balances (explain in Schedule O)			20	35			
	21		und balances at end of year Combine lines 18 through			21	183,421			
							200 ===			

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

Pa	art Balance Sheets (see the instructions for Part II)		·			
	Check if the organization used Schedule O to re-	spond to any questic	on in this Part II	· · · · · ·		<u> [</u>
			(A) Beginning of year		(B) E	nd of year
22	Cash, savings, and investments		175,10	04. 22		183,421.
23	Land and buildings			23		NONE
24	Other assets (describe in Schedule O)			24		NONE
25	Total assets		175,10	04. 25		183,421.
26	Total liabilities (describe in Schedule O)			26		NONE
27			175,10)4 . 27		183,421.
Pa	art III Statement of Program Service Accomplishme	ents (see the instruction	ons for Part III)		Evn	enses
	Check if the organization used Schedule O to resp	ond to any question	in this Part III	(Reg	uired for	
Wh	at is the organization's primary exempt purpose? SEE SCHED	ULE O	· ·			501(c)(4)
	scribe the organization's program service accomplishments f		gest program service	orga	nizations	; optional for
as	measured by expenses. In a clear and concise manner, des	scribe the services pr	ovided, the number	of other	rs.)	
	rsons benefited, and other relevant information for each prog			•		
28	DAVIDSON CEMETERY ASSOCIATION					
	(Grants \$ 3,680.) If this amount include	s foreign grants check h	ere	_28a		3,680.
29				-4		3,000.
	(Grants \$) If this amount include	s foreign grants, check h	ere T	29a		
30				' 		
	(Grants \$) If this amount include	s foreign grants, check h	oro	30a		
31	Other program services (describe in Schedule O)			11302		
٠.	• •	s foreign grants, check h				
32	Total program service expenses (add lines 28a through 31a)					3,680.
	art IV List of Officers, Directors, Trustees, and Key Emplo				e instruc	
	Check if the organization used Schedule O to respon					
		(b) Average	(c) Reportable	(d) Health I		
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC)	contributions to		(e) Estimated amount of other compensation
		devoted to position	(if not paid, enter -0-)	deferred com		other compensation
REG	IONS BANK, TRUST DEPT					
TRU	STEE	1.00	2,819.		NONE	NONE
_						
		 				
		•				
		-				

Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
33 Ut the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schodule O 34 Were any significant change mass to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if the yellow in the copy of the warned documents if the yellow in the copy of the warned documents if the yellow in the copy of the warned documents if the yellow in the copy of the warned documents if the yellow in the copy of the warned documents if the yellow in the copy of the warned documents if the yellow in the copy of the warned documents if the yellow in the copy of the yellow in the copy of the copy of the copy of the yellow in the		mistractions for Fart V) Check if the organization used Schedule O to respond to any question in this	raity		M _O
34 Ware any spontifient changes made to the organizing or governing documents? If "Yes," catach a conformed change on Schedule O Less intervictions). 34 X X 35 34 X 34 X 35 35 35 35 35 35 35	33	Did the organization engage in any significant activity not previously reported to the IRS2 If "Ves." provide a		165	140
34 Were any significant changes made to the organizing or govering documents? If Yes, attach a conformed copy of the amended documents if they reflect a change to the organizations name. Otherwise, explain the copy of the amended of common structions. See the common structions of the copy of	-		33		y
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others?) b If 'Yes,' to line 35a, has the organization of section 501(e)(4), 501(e)(5) organization subject to section 603(e)(e), 55c Was the organization activities of the design of the year? If 'Yes,' complete Schedule C, Part III	34		"		
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others?) b If 'Yes,' to line 35a, has the organization of section 501(e)(4), 501(e)(5) organization subject to section 603(e)(e), 55c Was the organization activities of the design of the year? If 'Yes,' complete Schedule C, Part III	•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	34		x
activities (such as those reported on lines 2, 6a, and 7a, among others)? b If "we," to lim 35a, has the organization of a form 930-1 for the year?! If "Ne," provide an explanation in Schedule 0 c Was the organization a section 501(c)(1), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year?! If "Yes," complete Schedule C, Part III	35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
b If "Yes," to line 35a, has the organization acception 5016(14), 5016(16) or 5016(16) organization subject to section 603(6), 605(6), 5016(16) organization subject to section 603(6), 605(6), 5016(6) organization subject to section 603(6), 605(6), 5016(6) organization subject to section 603(6), 605(6), 5016(6), 5016(6) organization subject to section 603(6), 605(6), 5016(6), 50			35a		Х
Section 501(cl(3), 501(cl(4), and 501(cl(29) organizations. Enter amount of tax imposed on organization undergo al included on line 9 cection 501(cl(3), 501(cl(4), and 501(cl(29) organizations. Enter amount of tax imposed on organization in sort of any that has a prior year and 88£7. List the states with which a copy of this return is filed better the amount of the reganization has a foreign country: ▶ Section 501(cl(3), 501(cl(4), and 501(cl(29) organizations. Enter amount of tax imposed on organization in a foreign country is research. At any time during the calendar year, did the organization has core of the foreign country: ▶ Section 501(cl(3), 501(cl(4), 501(cl(4)), 501(cl(29) organizations. Enter amount of tax imposed on the organization in a prior year and selection for the organization in a prior year and selection for the organization in a prior year that has not been reported on any of its prior forms 990 or 990-E27 if "Yes," complete Schedule L, Part 1 List the states with which a copy of this return is filed ▶ List the states with which a copy of this return is filed ▶ Located at ▶ 11 N. RIFER TISERT, 251F TIONS, 1901ILE, AL. List the states with which a copy of this return is filed ▶ 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: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). C At any time during the calendar year, did the organization maintain an office outside the U S ?. List the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did th	ь		35b		
Job the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N. Jan 27a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b X 38b Did the organization file Form 1120-POL for this year? By Did the organization brown 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 tax year covered by this return?	c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
during the year? If "Yes," complete applicable parts of Schedule N. 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 37b Did the organization file Form 1120-POL for this year? 37b 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 tax year covered by this return? 37b If "Yes," complete Schedule L. Part II and enter the total amount involved 37c School 15(cl)? Organizations. Enter and the term of the text year covered by this return? 37d Initiation fees and capital contributions included on line 9. 38d Section 501(cl)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶		reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
The ramount of political expenditures, direct or indirect, as described in the instructions ▶ 37a Did the organization file Form 1120-PDL for this year?	36				
b Did the organization file Form 1120-PQL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b 39a 30a 39a 30a 30		1	36		X
Did the organization borrow from, or make any loans to, any officer, director, frustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?					
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . If "Yes," complete Schedule L, Part II and enter the total amount involved . Initiation fees and capital contributions included on line 9 . Initiation fees and capital contributions included on line 9 . Initiation fees and capital contributions included on line 9 . Initiation fees and capital contributions included on line 9 . Initiation fees and capital contributions included on line 9 . Initiation fees and capital contributions included on line 9 . Initiation fees and capital contributions included on line 9 . Initiation fees and capital contributions line 9 . Initiation fees and capital contributions line 9 . Initiation fees and capital contributions line 40 . Section 501(c)(3) granizations. Enter amount of tax imposed on the organization during the year under that has not been reported on any of its prior forms 990 or 990-E27 if "Yes," complete Schedule L, Part I . Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40 reimbursed by the organization. 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 . It is the states with which a copy of this return is filed ▶ The organization's books are in care of ▶ REGIONS NORGAN REBEAN TRUST Telephone no. ▶ (25)1590-1024 tocated a ▶ 11 N. MATRER STREET, 25TR \$1,008; NORGAN REBEAN TRUST Telephone no. ▶ (25)1590-1024 tocated a ▶ 11 N. MATRER STREET, 25TR \$1,008; NORGAN REBEAN TRUST Telephone no. ▶ (25)1590-1024 tocated a ▶ 11 N. MATRER STREET, 25TR \$1,008; NORGAN REBEAN TRUST Telephone no. ▶ (25)1590-1024 tocated a ▶ 11 N. MATRER STREET, 25TR \$1,008; NORGAN REBEAN TRUST Telephone no. ▶ (25)1590-1024 tocated a ▶ 11 N. MATRER STREET, 25TR \$1,008; NORGAN REBEAN TRUST Telephone no. ▶ (25)1590-1024 tocated a ▶ 11 N. MATRER STREET, 25TR \$1,008; NORGAN REBEAN TRUST Telephone		· · · · · · · · · · · · · · · · · · ·	37b		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38a			·	37
Section 501c(c)7) organizations. Enter: a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities section 501c(c)3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			38a		X
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 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ;section 4912 ▶ ;section 4915 ▶ Setion 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 List the states with which a copy of this return is filed ▶ List the states with which a copy of this return is filed ▶ Located at ▶ 11 N. MATER STREET, 25TB FLOOR; MOBILER, AL. Located at ▶ 11 N. MATER STREET, 25TB FLOOR; MOBILER, AL. ZIP + 4 ▶ 36602 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; ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U S ?. 42b	_				
b Section 4911 ▶ ;section 4912 ▶ ;section 4955 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-E27! if "Yes," complete Schedule L, Part I c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disquelified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 1 List the states with which a copy of this return is filed ▶ 1 The organization's books are in care of ₱ XEGIONS MORBLE, AL 2 The organization's books are in care of ₱ XEGIONS MORBLE, AL 2 The 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: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U S?. 42c X If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U S?. 42c X If "Yes," enter the name of the foreign country: ▶ 23 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b					
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c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
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Sections 4912, 4955, and 4958. d Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 8866-T 41 List the states with which a copy of this return is filed ▶ List the states with which a copy of this return is filed ▶ Located at ▶ 11 N. MATER STREET, 25TE FLOOR; MOBILE, AL. ZIP + 4 ▶ 36602 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U S ?	C				
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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 List the states with which a copy of this return is filed ▶ 42a The organization's books are in care of ▶ REGIONS MORGAN REBON TRUST Located at ▶ 11 N. WATER STREET, 25TH FLOOR, MORILLE, AL. 2IP + 4 ▶ 36602 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: See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U S?. d If "Yes," enter the name of the foreign country: ▶ 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). 45b X	ū				!
transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ▶ The organization's books are in care of ▶ REGIONS MORGAN XEEGAN TRUST Telephone no. ▶ (251) 690-1024 Located at ▶ 11 N. MATRR STRERT, 25TE FLOOR; MOBILE, AL At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	6				
List the states with which a copy of this return is filed ▶ The organization's books are in care of ▶ RRGIONS MORGAN KERGAN TRUST Telephone no. ▶ (251)690-1024 Located at ▶ 11 N. WATER STREET, 25TE FLOOR; MORLIE, AL ZIP + 4 ▶ 36602 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ▶ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U S ?	·		40e		X
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See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U S?			42b		X
Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the U S?					
the transport of the calendar year, did the organization maintain an office outside the US?					
If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. and enter the amount of tax-exempt interest received or accrued during the tax year. Yes No 143 144 Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Did the organization have a controlled entity within the meaning of section 512(b)(13)? Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). Section 4947(a)(1) nonexempt charitable trusts filling form 990-EZ in lieu of Form 1041 - Check here. Yes No Yes No 44a X X 44b X 44b X 44c X 45c X 44c X 45a X 45d X	_		40.		v
Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	G		42C		Α_
and enter the amount of tax-exempt interest received or accrued during the tax year. Yes No	43				
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	. •	· · · · · · · · · · · · · · · · · · ·			
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		to the same and th		Yes	No
completed instead of Form 990-EZ	44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ			44a		X
c Did the organization receive any payments for indoor tanning services during the year?	b				
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			44b		
explanation in Schedule O	C		44c		<u> X</u>
b Did the organization have a controlled entity within the meaning of section 512(b)(13)?	ď				
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			\vdash		
meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)			45a		X
Form 990-EZ (see instructions)	b				
			454		v
LA WILE/ (2012)).F7 /	

Form 990	-EZ (2014)								Page 4	
40	District the second second								Yes No	
	Did the organization engage, directly or									
	to candidates for public office? If "Yes," co				<u> </u>	• • •	<u> </u>	. 46	<u> </u>	
Part V	Section 501(c)(3) organization All section 501(c)(3) organization			/A - 47 40h	and E2 o	nd 00	malete the t	ablaa fa	e linon	
	50 and 51.	nis iliuşt	answer questions	5 47-49D	anu 52, a	na coi	inpiete the ta	ables to	riines	
	Check if the organization used S	Schodulo	O to respond to a	יחיי מיוסרי	tion in thic	Dart \	/1		_	
								• • • •	T	
47	Did the organization engage in lobbying a year? If "Yes," complete Schedule C, Part	activities o	r have a section 50)1(h) elec	tion in effec	t durin	g the tax	47	Yes No	
	s the organization a school as described									
									 	
	id the organization make any transfers to an exempt non-charitable related organization?									
								. 49b	oo ond koy	
	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."									
	employees, who each received more tha	11 \$100,00	(b) Average		portable	(d) +	lealth benefits,			
	(a) Name and title of each employee		hours per week devoted to position	comp	ensation 2/1099-MISC)	benefit p	tions to employee plans, and deferred empensation		ted amount of mpensation	
		-								
										
									· · · · · · · · · · · · · · · · · · ·	
				l						
			<u></u>	l						
51 (Total number of other employees paid ov Complete this table for the organization \$100,000 of compensation from the org	n's five hi	ghest compensated	d indeper ter "None	ndent contr	actors	who each re	eceived	more than	
	(a) Name and business address of each indepen	dent contract	or	(b) Type	e of service		(c) Co	mpensatio	on	
						Ī				
ď	Total number of other independent contr	actors eac	h receiving over \$1	00,000 .	▶			_		
52	Did the organization complete Sched	lule A? N	lote. All section	501(c)(3)	organizat	ions r	nust attach	a	_	
(completed Schedule A	<u> </u>	<u> </u>	· · · · ·			· · · · · · •	►Ye		
true, corre	nalties of perjury, I declare that I have examined this	s return, incit n officer) is ba	oing accompanying scr ased on all information o	equies and f which prep	statements, an arer has any kr	a to the owledge	best of my knowl	edge and	beliet, it is	
	The Court of the C	m 10	0	<u></u>		T				
C:	Julie 25 Civ	<u>~</u>			08/11/2015					
Sign Here						Date				
iicie	REGIONS BANK, TRUSTEE	T	RUST OFFICER							
	Type or print name and title	[D			T .	т	 _			
Paid	Print/Type preparer's name	Preparer's s	ignature		Date	}	CHECK II	TIN		
Prepare		L				نـــــ	self-employed			
Use Or						Fırm's	EIN ►			
	Firm's address					Phone	no			
						_				
May the	IRS discuss this return with the prepare	r shown al	bove? See instruction	ons	<u> </u>		<u> </u>	►Yes		
							1	Form 99 (0-EZ (2014)	

TOTAL

25.

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Schedule O (Form 990 or 990-EZ) 2014 Page 2 Name of the organization Employer identification number DAVIDSON CEMETERY ENDOWMENT FUND 7055000123 75-6186460 FORM 990EZ, PAGE 1, PART I, LINE 20-OTHER INCREASES IN FUND BALANCES DESCRIPTION AMOUNT -----ROUNDING ADJUSTMENT 4. TIMING ADJUSTMENT 31. TOTAL

8

35.

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DAVIDSON CEMETERY ENDOWMENT FUND 7055000123

75-6186460

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

CARE, UPKEEP, AND BEAUTIFICATION OF DAVIDSON CEMETERY