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

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

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

OMB No 1545-0047

2009Open to Public
Inspection**A For the 2009 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

Please use IRS label or print or type

See Specific Instructions

C Name of organization**THE WOODLAWN CEMETERY**

Doing Business As

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

233RD STREET AND WEBSTER AVENUE

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

BRONX, NY 10470**F Name and address of principal officer: JOHN P. TOALE, JR.
SAME AS C ABOVE****D Employer identification number****13-5670057****E Telephone number****(718) 920-0500****G Gross receipts \$ 69,942,701.****H(a) Is this a group return**for affiliates? ☐ Yes ☒ No**H(b) Are all affiliates included?** ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶**I Tax-exempt status:** ☒ 501(c) (13) (Insert no.) ☐ 4947(a)(1) or ☐ 527**J Website:** ▶ **WWW.THEWOODLAWNCEMETERY.ORG****K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation 1863 M State of legal domicile NY****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
1	Briefly describe the organization's mission or most significant activities: THE ORGANIZATION IS A NON-SECTARIAN CEMETERY WHICH ALSO OPERATES A CREMATORY. THE						
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	10				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	9				
5	Total number of employees (Part V, line 2a)	5	101				
6	Total number of volunteers (estimate if necessary)	6	0				
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.				
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year				
9	Program service revenue (Part VIII, line 2g)	2,000.	2,000.				
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,175,572.	5,772,342.				
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,123,779.	-3,649,866.				
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,301,351.	2,124,476.				
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)						
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)	6,871,305.	7,195,837.				
16a	Professional fundraising fees (Part IX, column (A), line 11e)						
16b	Total fundraising expenses (Part IX, column (D), line 25)						
17	Other expenses (Part IX, column (A), lines 11f-14f)	3,353,683.	3,197,446.				
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,224,988.	10,393,283.				
19	Revenue less expenses. Subtract line 18 from line 12	1,076,363.	-8,268,807.				
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year				
21	Total liabilities (Part X, line 26)	123,433,728.	146,283,673.				
22	Net assets or fund balances. Subtract line 21 from line 20	9,639,808.	9,120,553.				
		113,793,920.	137,163,120.				

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

Date

JOHN P. TOALE, JR., PRESIDENT

Type or print name and title

Paid
Preparer's
Use OnlyPreparer's
signatureFirm's name (or
yours if
self-employed),
address, and
ZIP + 4

Date

Check if
self-
employed ☐Preparer's identifying number
(see instructions)**O'CONNOR DAVIES MUNNS & DOBBINS, LLP
500 MAMARONECK AVENUE
HARRISON, NEW YORK 10528**

EIN ▶

Phone no ▶ **(914) 381-8900**

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

☐ Yes ☐ No

932001 02-04-10

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

Form **990** (2009)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

AUG 06 2010

16P

Part III Statement of Program Service Accomplishments

- 1** Briefly describe the organization's mission:
OUR MISSION IS TO MEMORIALIZE THE DECEASED IN UNIQUE AND DIGNIFIED WAYS; TO PROVIDE SENSITIVE AND COMPASSIONATE SERVICES TO THE BEREAVED; AND TO PRESERVE THE TRANQUIL RURAL BEAUTY THAT SERVES AS A REPRIEVE FROM OUR NEIGHBORING URBAN BUSTLE.
- 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 \$ 10,393,283. including grants of \$) (Revenue \$ 5,772,342.)
THE CEMETERY'S PURPOSE IS TO PROVIDE BURIAL AND CREMATION SERVICES. IN ADDITION, THE CEMETERY PROVIDES CARE AND MAINTENANCE OF GRAVES, MAUSOLEUMS, LANDSCAPE AND STONE WORK. THE CEMETERY PERFORMED 974 INTERMENTS OR ENTOMBMENTS AND 2,019 CREMATIONS.

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 ► \$ 10,393,283.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		
• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		
• Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i>		
12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Form 990 (2009)

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>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
25b 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>		
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>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
28a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	X	
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
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>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
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>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
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>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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>		
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>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	20	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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	101	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		

Form 990 (2009)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body	10	
1b Enter the number of voting members that are independent	9	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11A Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?		X
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

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: ►

JOHN P. TOALE, JR. - (718)920-0500
233RD STREET AND WEBSTER AVENUE, BRONX, NY 10470

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**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. Use Schedule J-2 if additional space is needed.

• 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. 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 the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(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			
JOHN P. TOALE, JR. PRESIDENT	37.50	X		X				212,321.	0.	52,978.
THOMAS L. PULLING TRUSTEE	1.00	X						20,000.	0.	0.
JAMES A. EDGAR, JR. SECRETARY	1.00	X		X				5,000.	0.	0.
ROBERT R. HALL TRUSTEE	1.00	X						20,000.	0.	0.
JONATHAN B. BUTLER TRUSTEE	1.00	X						20,000.	0.	0.
E. THOMAS WILLIAMS, JR. TRUSTEE	1.00	X						20,000.	0.	0.
ADELE C. KEOGH TRUSTEE	1.00	X						20,000.	0.	0.
CAROLYN C. CLARK CHAIRMAN	1.00	X		X				20,000.	0.	0.
RUTH ABRAM TRUSTEE	1.00	X						25,000.	0.	0.
JAMES ZIRIN TRUSTEE	1.00	X						10,000.	0.	0.
RICARDO R. FERNANDEZ TRUSTEE	1.00	X						20,000.	0.	0.
KATHLEEN DORAN TREASURER/CFO	37.50			X				142,831.	0.	11,835.
DONALD WILLIAMS VICE-PRESIDENT	37.50			X				108,294.	0.	31,774.
DENNIS WOOLARD DIRECTOR OF FAMILY SERVI	37.50				X			116,938.	0.	8,232.
DAVID N. BARLOW FAMILY SERVICE COUNSELOR	37.50				X			144,378.	0.	19,409.

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

(A) Name and title	(B) Average hours per week	(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			
1b Total								904,762.	0.	124,228.

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 **5**

- 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 for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4	X	
5		X

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
WILLIAM A. KELLY & CO. INC 87 BEDFORD ROAD, KATONAH, NY 10536	CONSTRUCTION	588,175.
BERNARD GLINSKI, INC. 90 WASHINGTON AVE., PLEASANTVILLE, NY 10570	TREE MAINTENANCE	267,915.
PINEBROOK INDUSTRIES PO BOX 723, NEW YORK, NY 10956	CONSTRUCTION, DIGGING AND PAVING	260,150.
J. STUART TODD INC. 2919 WELBORN, SUITE 101, DALLAS, TX 75219	ARCHITECTS	244,934.
FIDUCIARY TRUST CO. 600 FIFTH AVE. 4TH FL., NEW YORK, NY 10020	INVESTMENT ADVISOR	221,040.

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 **7**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,000.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		2,000.			
Program Service Revenue	2 a	SALES	Business Code 900099	3,262,608.	3,262,608.		
	b	SERVICE CHARGES	900099	2,258,039.	2,258,039.		
	c	OTHER	900099	251,695.	251,695.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		5,772,342.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		5,649,209.			5649209.
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal				
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other 58519150				
	b	Less: cost or other basis and sales expenses	67818225				
	c	Gain or (loss)	-9299075				
	d	Net gain or (loss)		-9299075.		-9299075.	
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10 a	Gross sales of inventory, less returns and allowances	a				
b	Less: cost of goods sold	b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		2,124,476.	5,772,342.	0.	-3649866.	

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				
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	729,413.			
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	4,374,489.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	650,668.			
9 Other employee benefits	1,010,997.			
10 Payroll taxes	430,270.			
11 Fees for services (non-employees):				
a Management				
b Legal	98,581.			
c Accounting	35,970.			
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	520,275.			
g Other	60,277.			
12 Advertising and promotion	96,088.			
13 Office expenses	137,899.			
14 Information technology	59,078.			
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	46,500.			
20 Interest	14,239.			
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	395,796.			
23 Insurance	221,720.			
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a MAINTENANCE OF CEMETERY	756,307.			
b UTILITIES	447,806.			
c TREE SERVICE	267,588.			
d MISCELLANEOUS	39,322.			
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	10,393,283.			
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	6,589,175.	1	1,149,085.
	2 Savings and temporary cash investments	3,536,931.	2	4,183,744.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,068,503.	4	2,103,681.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,116.	8	4,789.
	9 Prepaid expenses and deferred charges	10,731.	9	31,655.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 28,716,115.		
	b Less: accumulated depreciation	10b 23,486,763.	10c	5,229,352.
	11 Investments - publicly traded securities	4,921,166.	11	89,899,020.
	12 Investments - other securities. See Part IV, line 11	105,112,119.	12	42,490,691.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,189,987.	15	1,191,656.
16 Total assets. Add lines 1 through 15 (must equal line 34)	123,433,728.	16	146,283,673.	
Liabilities	17 Accounts payable and accrued expenses	6,197,230.	17	6,041,472.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	650,000.	23	100,000.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	2,792,578.	25	2,979,081.
	26 Total liabilities. Add lines 17 through 25	9,639,808.	26	9,120,553.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	29,849,345.	27	137,163,120.
	28 Temporarily restricted net assets	9,495,924.	28	0.
	29 Permanently restricted net assets	74,448,651.	29	0.
	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		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	113,793,920.	33	137,163,120.
	34 Total liabilities and net assets/fund balances	123,433,728.	34	146,283,673.

Form 990 (2009)

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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

Form 990 (2009)

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

2009Open to Public
Inspection

Name of the organization

THE WOODLAWN CEMETERY

Employer identification number
13-5670057**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)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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	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, 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, 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 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
b ☐ Scholarly research
c ☐ Preservation for future generations

- d** ☐ Loan or exchange programs
e ☐ Other _____

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 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
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

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	103950253.	149156849.			
b Contributions	6,115,997.	791,063.			
c Net investment earnings, gains, and losses	26224348.	41301683.			
d Grants or scholarships					
e Other expenditures for facilities and programs	4,487,422.	4,695,976.			
f Administrative expenses					
g End of year balance	131803176.	103950253.			

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

a Board designated or quasi-endowment ☒ 100.00 %

b Permanent endowment ☐ %

c Term endowment ☐ %

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

(i) unrelated organizations

(ii) related organizations

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

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

Part VI Investments - 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				
b Buildings		3,426,324.	1,708,819.	1,717,505.
c Leasehold improvements				
d Equipment		1,733,947.	1,371,324.	362,623.
e Other		23,555,844.	20,406,620.	3,149,224.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,229,352.

Schedule D (Form 990) 2009

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	2,124,476.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,393,283.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-8,268,807.
4	Net unrealized gains (losses) on investments	4	30,829,313.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	808,694.
9	Total adjustments (net) Add lines 4 through 8	9	31,638,007.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	23,369,200.

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	33,242,208.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	30,829,313.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	808,694.
e	Add lines 2a through 2d	2e	31,638,007.
3	Subtract line 2e from line 1	3	1,604,201.
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	520,275.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	520,275.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,124,476.

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

1	Total expenses and losses per audited financial statements	1	9,873,008.
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	0.
3	Subtract line 2e from line 1	3	9,873,008.
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	520,275.
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	520,275.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	10,393,283.

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.

PART V, LINE 4: THE CEMETERY MAINTAINS VARIOUS STATE RESTRICTED FUNDS.

THE CEMETERY WITHDRAWS ALL INCOME EARNED LESS ONE-THIRD FEES FROM THE PERMANENT MAINTENANCE AND COMMUNITY MAUSOLEUM FUNDS TO MAINTAIN AND PRESERVE THE CEMETERY. THE OTHER FUND REPRESENTS PERMANENTLY RESTRICTED FUNDS RECEIVED FOR THE MAINTENANCE OF SPECIFIC LOTS, GRAVES AND PRIVATE MAUSOLEUMS. INVESTMENT INCOME EARNED BY THESE FUNDS IS RESTRICTED FOR THE MAINTENANCE OF INDIVIDUAL LOTS, GRAVES AND PRIVATE MAUSOLEUMS. SEPARATE ACCOUNTS ARE MAINTAINED FOR EACH INDIVIDUAL PERPETUAL CARE ENDOWMENT

Part XIV Supplemental Information (continued)

ACCOUNT.

PART X: THE CEMETERY IS SUBJECT TO THE PROVISIONS OF THE NEW YORK STATE CEMETERY LAW AND IS EXEMPT FROM FEDERAL INCOME TAX UNDER INTERNAL REVENUE CODE SECTION 501(C)(13). MANAGEMENT HAS DETERMINED THAT THE CEMETERY HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. THE CEMETERY IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO DECEMBER 31, 2006

PART XI, LINE 8 - OTHER ADJUSTMENTS:

PENSION AND POST RETIREMENT CHANGES OTHER THAN NET PERIODIC

PENSION COST: 695919.

NET CHANGE IN TRUST PRINCIPAL: 73712.

MUTUAL FUND CAPITAL GAIN: 39063.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PENSION AND POST RETIREMENT CHANGES OTHER THAN NET PERIODIC

PENSION COST: 695919.

NET CHANDE IN TRUST PRINCIPAL: 73712.

MUTUAL FUND CAPITAL GAIN: 39063.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

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

OMB No 1545-0047

2009

**Open to Public
Inspection**

Name of the organization

THE WOODLAWN CEMETERY

Employer identification number

13-5670057

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

☐ First-class or charter travel

☒ Travel for companions

☐ Tax indemnification and gross-up payments

☐ Discretionary spending account

☒ Housing allowance or residence for personal use

☐ Payments for business use of personal residence

☐ Health or social club dues or initiation fees

☐ Personal services (e.g., maid, chauffeur, chef)

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

☐ Compensation committee

☐ Independent compensation consultant

☒ Form 990 of other organizations

☐ Written employment contract

☒ Compensation survey or study

☒ Approval by the board or compensation committee

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

a Receive a severance payment or change-of-control payment?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

a The organization?

b Any related organization?

If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

a The organization?

b Any related organization?

If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

Yes No

1b

X

2

X

4a

X

4b

X

4c

X

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2009

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ **Complete if the organization answered**
"Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c,
or Form 990-EZ, Part V, line 38a or 40b.
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

**Open To Public
Inspection**

Name of the organization

THE WOODLAWN CEMETERY

Employer identification number

13-5670057

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c) Original principal amount	(d) Balance due	(e) In default?		(f) Approved by board or committee?		(g) Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount and type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
E. THOMAS WILLIAMS, JR.	BOARD DIRECTOR	221,040.	INVESTMENT		X
JAMES ZIRIN	BOARD DIRECTOR	26,251.	LEGAL FEES		X

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Schedule L (Form 990 or 990-EZ) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE WOODLAWN CEMETERY

Employer identification number
13-5670057

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CEMETERY PROVIDES FOR THE DEATH CARE NEEDS OF THE NY METROPOLITAN AREA.

FORM 990, PART VI, SECTION A, LINE 6: MEMBERS ARE OWNERS OF BURIAL RIGHTS. ALL INDIVIDUALS WHO PURCHASE BURIAL RIGHTS AND HAVE PAID IN FULL ARE ISSUED A DEED. OWNERSHIP OF THE BURIAL RIGHT PASSES IN ACCORDANCE WITH NYS LAW IF NOT SPECIFICALLY DEvised IN A WILL OR BY COURT ORDER.

FORM 990, PART VI, SECTION A, LINE 7A: THE CEMETERY HAS AN ANNUAL MEETING IN ACCORDANCE WITH NYS DIVISION OF CEMETERIES AND THE CEMETERY'S BY-LAWS. AT THIS MEETING, THE MEMBERS ELECT THE BOARD OF TRUSTEES SEATS WHOSE TERMS HAVE EXPIRED. EACH MEMBER/OWNER IS ENTITLED TO ONE VOTE.

FORM 990, PART VI, SECTION A, LINE 7B: THE DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL FROM THE MEMBERS. THE MEMBERS VOTE DURING THE ANNUAL MEETING.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM 990 IS PREPARED BY THE CFO/TREASURER AND REVIEWED BY THE PRESIDENT AND INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM. SUBSEQUENT TO THOSE REVIEWS A DRAFT RETURN IS EMAILED TO THE FULL BOARD FOR REVIEW. BOARD MEMBERS WILL CONTACT THE TREASURER WITH ANY QUESTIONS OR COMMENTS. ONCE THE REVIEW BY THE BOARD MEMBERS IS COMPLETE, THE RETURN WILL BE FILED.

FORM 990, PART VI, SECTION B, LINE 12C: DURING THE LAST BOARD MEETING OF THE YEAR, USUALLY HELD WITHIN THE MONTH OF DECEMBER, BOARD MEMBERS AND

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Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2009

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Inspection

Name of the organization

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13-5670057

OFFICERS COMPLETE AND SIGN OFF ON THE CONFLICT OF INTEREST POLICY. THIS IS WHERE ANY CONFLICTS ARE DISCLOSED. ALL BOARD MEMBERS AND OFFICERS ARE AWARE OF THIS POLICY AND KNOW TO DISCLOSE ANY CONFLICTS THAT MAY ARISE OVER THE COURSE OF THE YEAR. A NEW CONFLICT OF INTEREST STATEMENT WOULD BE COMPLETED AND/OR UPDATED, IF NECESSARY. ALL POTENTIAL CONFLICTS ARE ADDRESSED BY THE BOARD AND MANAGEMENT ON A CASE BY CASE BASIS.

FORM 990, PART VI, SECTION B, LINE 15: THE COMPENSATION OF THE CEO/PRESIDENT OF THE CEMETERY IS REVIEWED AND DETERMINED BY THE BOARD OF TRUSTEES. THEY REVIEW AND COMPARE COMPENSATION PACKAGES OF SIMILAR POSITIONS AND REVIEW INDUSTRY GENERATED COMPENSATION SURVEYS. THE PRESIDENT OF THE CEMETERY REVIEWS INDUSTRY GENERATED COMPENSATION SURVEYS, AND MAKES INQUIRIES OF OTHER LOCAL CEMETERIES FOR THE OFFICERS AND KEY EMPLOYEE POSITIONS. THE PRESIDENT HAS THE AUTHORITY FROM THE BOARD TO ESTABLISH COMPENSATION FOR THE OTHER OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19: THE PRESIDENT AND THE SECRETARY MAINTAIN THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY. THE TREASURER MAINTAINS ALL FINANCIAL RECORDS. THE FORM 990 IS MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST. ADDITIONALLY, AT THE ANNUAL MEETING, A SUMMARY OF THE OPERATING RESULTS ARE PRESENTED AND THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW, WITH COPIES OF THE FINANCIAL STATEMENTS GIVEN TO ALL LOT OWNERS/MEMBERS PRESENT AT THE MEETING.

FORM 990, PART XI, LINE 2C

THE FINANCIAL STATEMENTS OF THE CEMETERY ARE AUDITED ANNUALLY BY AN

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932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

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Employer identification number
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INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM THAT IS ENGAGED BY THE
CEMETERY'S AUDIT COMMITTEE. THE AUDIT COMMITTEE MEETS WITH THE
INDEPENDENT AUDITORS PRIOR TO THEIR ENGAGEMENT TO REVIEW THE TERMS OF
AN ENGAGEMENT LETTER. AT THE CONCLUSION OF THE AUDIT, THE AUDIT
COMMITTEE AGAIN MEETS WITH THE INDEPENDENT AUDITORS TO REVIEW THE
AUDITED FINANCIAL STATEMENTS, THE AUDITORS REQUIRED COMMUNICATION TO
THOSE CHARGED WITH GOVERNANCE AND MANAGEMENT LETTER. THIS PROCESS HAS
BEEN IN PLACE AND HAS NOT CHANGED FROM THE PREVIOUS YEAR.

FORM 990, PART VI, LINE 14

THE CEMETERY DOES NOT HAVE A FORMAL WRITTEN DOCUMENT RETENTION AND
DESTRUCTION POLICY. THE CEMETERY FOLLOWS THE RETENTION SCHEDULE FOR
BUSINESS RECORDS AS PROVIDED TO THEM FROM AN INDEPENDENT CERTIFIED
PUBLIC ACCOUNTING FIRM. THE CEMETERY PLANS ON DEVELOPING AND WRITING A
FORMAL POLICY FOR BOTH PAPER AND ELECTRONIC DOCUMENTS.

FORM 990, PART VII, SECTION A, COLUMN B

PART VII, SECTION A, COLUMN B - ESTIMATE OF THE AVERAGE HOURS PER WEEK
(IF ANY) DEVOTED TO RELATED ORGANIZATION. FOUR OF THE WOODLAWN
CEMETERY BOARD TRUSTEES ARE ALSO BOARD MEMBERS OF THE RELATED 501(C)(3)
ORGANIZATION, FRIENDS OF THE WOODLAWN CEMETERY, INC. THE BOARD MEMBERS
ARE RICARDO R. FERNANDEZ, E. THOMAS WILLIAMS, JR., JAMES A. EDGAR, JR.
AND RUTH ABRAM, THEY AVERAGE ABOUT ONE AND A QUARTER HOURS PER WEEK.
BRIAN SAHD IS THE EXECUTIVE DIRECTOR OF FRIENDS OF THE WOODLAWN
CEMETERY, INC. HE DEVOTES 100% OF HIS TIME TO THAT POSITION, AN

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2009
Open to Public
Inspection

Name of the organization

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Employer identification number
13-5670057

AVERAGE OF 37.5 HOURS PER WEEK. HIS COMPENSATION IS PAID BY THE
WOODLAWN CEMETERY AND IS REIMBURSED TO THE CEMETERY FROM FRIENDS OF THE
WOODLAWN CEMETERY, INC. THE PRESIDENT OF THE WOODLAWN CEMETERY, JOHN P.
TOALE, JR. IS ALSO ON THE BOARD OF FRIENDS OF THE WOODLAWN CEMETERY,
INC. HE DEVOTES ON AVERAGE AN HOUR PER WEEK. THE TREASURER OF THE
WOODLAWN CEMETERY, KATHLEEN DORAN, HELPS TO COMPILE THE FINANCIAL
RECORDS OF FRIENDS OF THE WOODLAWN CEMETERY, INC. SHE DEVOTES ON
AVERAGE A HALF-HOUR PER WEEK.

FORM 990, SCHEDULE R, PART V, LINE 2

THE CEMETERY PAYS OPERATING EXPENSES FOR FRIENDS OF THE WOODLAWN
CEMETERY, INC. A RELATED 501(C)(3) ORGANIZATION. THE CEMETERY RECORDS
CONTRIBUTION EXPENSE OF \$130,133 AND FRIENDS OF THE WOODLAWN CEMETERY,
INC. RECORDS AN IN-KIND CONTRIBUTION. THE IN-KIND CONTRIBUTION
REPRESENTS EXPENSES OF SALARY, PAYROLL TAXES AND FRINGE BENEFITS,
UTILITIES, SUPPLIES, PROFESSIONAL FEES, INSURANCE, DUES, PRINTING AND
POSTAGE, MEETINGS AND CONFERENCES AND OTHER MISCELLANEOUS EXPENSES.

THERE ARE CERTAIN EXPENSES PAID BY THE CEMETERY ON BEHALF OF THE
RELATED ORGANIZATION THAT ARE REIMBURSED BACK TO THE CEMETERY. THESE
EXPENSES ARE RECORDED THROUGH THE DUE TO/FROM RELATED ORGANIZATION.
ALSO, THERE ARE RECEIPTS THAT THE CEMETERY RECEIVES THROUGH ITS CREDIT
CARD MACHINE ON BEHALF OF THE RELATED ORGANIZATION. THESE RECEIPTS ARE
ALSO RECORDED THROUGH THE DUE TO/FROM RELATED ORGANIZATION. WHEN
BALANCES ARE MATERIAL ACTUAL CASH WILL BE TRANSFERRED BETWEEN THE
ORGANIZATIONS TO SETTLE THE BALANCE IN THE ACCOUNT. TYPICAL EXPENSES

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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OMB No 1545-0047

2009

Open to Public
Inspection

Name of the organization

THE WOODLAWN CEMETERY

Employer identification number

13-5670057

INCLUDE SALARY EXPENSE, PAYROLL TAXES, EMPLOYEE BENEFITS, ACCOUNTING
FEES, STATE FILING FEES AND BOOK PURCHASES. TYPICAL CASH RECEIPTS
INCLUDE MEMBERSHIPS OR DONATIONS PROCESSED ON THE CEMETERY'S CREDIT
CARD MACHINE, THAT IS DUE TO THE RELATED ORGANIZATION.

FORM 990, PART X, LINES 27, 28 AND 29

RESTRICTIONS ON NET ASSETS

THE CEMETERY MAINTAINS FUNDS THAT ARE RESTRICTED BY NEW YORK STATE LAW
FOR THE PERPETUAL CARE OF THE CEMETERY (PERMANENT MAINTENANCE AND
COMMUNITY MAUSOLEUM FUNDS) AND FUNDS RESTRICTED FOR THE CARE OF
SPECIFIC GRAVES, LOTS OR PARTS THEREOF WHICH THROUGH DECEMBER 31, 2008
HAD BEEN REFLECTED ON THE CEMETERY'S FINANCIAL STATEMENTS AS
TEMPORARILY AND PERMENENTLY RESTRICTED NET ASSETS. IN 2009, IT WAS
DETERMINED THAT THESE FUNDS, THOUGH RESTRICTED BY NEW YORK STATE LAW,
WERE NOT RESTRICTED NET ASSETS AS DEFINED BY GENERALLY ACCEPTED
ACCOUNTING PRINCIPALS. AS SUCH, THESE NEW YORK STATE RESTRICTED NET
ASSETS ARE NOW INCLUDED ON LINE 27 OF PART X.

PART IV, LINE 28C AND SCHEDULE L, PART IV

BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS

A TRUSTEE OF THE CEMETERY IS ALSO ON THE BOARD OF DIRECTORS OF
FIDUCIARY TRUST COMPANY INTERNATIONAL. THIS RELATIONSHIP IS DISCLOSED
AS PART OF THE CEMETERY'S CONFLICT OF INTEREST POLICY. THIS TRUSTEE IS
NOT ON THE FINANCE COMMITTEE OF THE CEMETERY, NOR DOES HE MAKE
DECISIONS REGARDING THE CEMETERY'S INVESTMENTS. THE CEMETERY HAS AN
INVESTMENT ADVISOR WHO REPORTS ON THE PERFORMANCE OF ALL MONEY MANAGERS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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OMB No 1545-0047

2009

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Name of the organization

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ENGAGED BY THE CEMETERY. MR. WILLIAMS DOES NOT SHARE IN THE INVESTMENT
FEES PAID BY THE CEMETERY TO FIDUCIARY TRUST COMPANY INTERNATIONAL.
THE OTHER TRUSTEE, MR. ZIRIN, IS A PARTNER AT A LAW FIRM THAT WAS
ENGAGED BY THE CEMETERY TO PROVIDE SERVICES FOR ONE PARTICULAR
INSTANCE. MR. ZIRIN ABSTAINED FROM THE BOARD VOTE TO APPROVE THE USE
OF THE LAW FIRM WHERE HE IS A CURRENT PARTNER.

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to other organization(s)**c** Gift, grant, or capital contribution from other organization(s)**d** Loans or loan guarantees to or for other organization(s)**e** Loans or loan guarantees by other organization(s)**f** Sale of assets to other organization(s)**g** Purchase of assets from other organization(s)**h** Exchange of assets**i** Lease of facilities, equipment, or other assets to other organization(s)**j** Lease of facilities, equipment, or other assets from other organization(s)**k** Performance of services or membership or fundraising solicitations for other organization(s)**l** Performance of services or membership or fundraising solicitations by other organization(s)**m** Sharing of facilities, equipment, mailing lists, or other assets**n** Sharing of paid employees**o** Reimbursement paid to other organization for expenses**p** Reimbursement paid by other organization for expenses**q** Other transfer of cash or property to other organization(s)**r** Other transfer of cash or property from other organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved	
			Yes	No
(1)				X
(2)				X
(3)				X
(4)				X
(5)				X
(6)				X

