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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)

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

	<u> </u>	or the	2000 calandar year or tay year haginging			
			2009 calendar year, or tax year beginning and ending	7		
	Bc	heck if oplicable	Please C Name of organization	D Employer ide	ntificat	tion number
			Juse HS HIGHLAND PERPETUAL MAINTENANCE SOCIETY,			
		Addres change	label or print or INC.			
		Name change	type Doing Business As		-600	54743
		Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room/suiti			
	-	Termin	Constal			16 0210
	-	Jated Amend	Instruc-C/O IOWA STATE BANK, 2301 1201H SI	_1	.5-24	
	<u> </u>	_Ireturn	City or town, state or country, and ZIP + 4	G Gross receipts \$		523413.
	L	Applica	URBANDALE, IA 50323	☐ H(a) Is this a gro	up retu	
		pendin	F Name and address of principal officer IOWA STATE BANK	for affiliates	?	Yes LX_No
			same as C above	H(b) Are all affiliate	es includ	led? Yes No
	1 T	ax-exe	mpt status X 501(c) (13) ◀ (insert no)	If "No." atta	ch a lis	t (see instructions)
			e: ► N/A	_		
			Summary	i orioriiation 193	J IVI O	tate of legal dofficile, 221
				E EINDO EO	D OI	
	ė		Briefly describe the organization's mission or most significant activities TO PROVID	E FUNDS FO	K CI	EMETERY
	au		MAINTENANCE			
9	Governance	2 (Check this box 🕨 📖 if the organization discontinued its operations or disposed of mo	re than 25% of its n	et asse	ts
2010	ŏ	3 1	Number of voting members of the governing body (Part VI, line 1a)		3	1
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		4 1	Number of independent voting members of the governing body (Part VI, line 1b)		4	8
			Total number of employees (Part V, line 2a)		5	0
	itie		Total number of volunteers (estimate if necessary)			
CENTELLINE MAY 1 4	tiv					<del></del>
$\mathbf{z}$	Ac		Total gross unrelated business revenue from Part VIII, column (C), line 12			
elope Jax bate WA		b	Net unrelated business taxable income from Form 990-T, line 34		7b	
8 8			FOUNTS	Prior Year		Current Year
	e	8	Contributions and grants Part VIRITEGETVED		$-\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!\!$	
	en.	9 1	Program service revenue (Partivilli, line 2g)	5337	2.	
海震	ev	10	Investment income (Part VII) column (A), Imper 304, and 70)	9102	0.	86245.
	α.	11 (	Investment income (Part VIII) Column (A), Imes 3,24 and 70,7			
W.		12	Total revenue - add lines 8 hrough 11 (must equal Part VIII, column (A), line 12)	14439	2.	139814.
			Grants and similar amounts paid ( A Junes 1-3)			
Ö			Benefits paid to or for members (Part IX, column (A), line 4)	7100	<del>-  </del> -	
			real control of the c	500	<u>a</u>	5868
⊆	Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	300	<del>' ' '   · </del>	3000.
	ë		Professional fundraising fees (Part IX, column (A), line 11e)		-+	
	X		Total fundraising expenses (Part IX, column (D), line 25)		_	
			Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			
20		18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)			
8		19	Revenue less expenses Subtract line 18 from line 12	<u>4691</u>	2.	<u>28002.</u>
	Ces		8	eginning of Current Y	'ear	End of Year
	sets	20	Total assets (Part X, line 16)	175086	2.	1778865.
JUL 0 9 20	ABS	21	Total liabilities (Part X, line 26)			· · ·
	8 Contribution 9 Program see 10 Investment 11 Other rever 12 Total reven 13 Grants and 14 Benefits pa 15 Salaries, of 16a Professiona 17 Other expe 18 Total exper 19 Revenue le 10 Signate 10 Investment 11 Other rever 12 Total reven 13 Grants and 14 Benefits pa 15 Salaries, of 16a Professiona 17 Other expe 18 Total exper 19 Revenue le 19 Revenue le 10 Signate 10 Under penaltit 11 Other penaltit 12 Net assets 11 Signate 12 I Off 13 I Off 14 I I I I I I I I I I I I I I I I I I I	Net assets or fund balances Subtract line 21 from line 20	175086	2.	1778865.	
	Pa	rt II	Signature Block	175000	15-246-8240	11100031
		1		s, and to the best of my kn	owledge (	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	je	### ### ### ### #####################	
			S. T. (M. 151)	Prior Year Current Year    53372.   5356     91020.   8624     A), line 12)	10	
L	Sign	ו ו	Signature of Allicon			
	Her	e	Signature of officer	Date		
			IOWA STATE BANK, TRUSTEE			<del></del>
			Type or print name and title			
	D					
	Paid	1				· · <del>- /</del>
	•	arer's	Firm's name (or KONEK P. C.			
	Use	Only	yours if self-employed), \$404 S COMMERCE DR STE 1			
			address, and PRAIRIE CITY, IA 50228	Phone no	<b>►</b> 511	5-991-2822
	NA	, the I	RS discuss this return with the preparer shown above? (see instructions)	TEHORE IIO. I	- 11	
	IVICIO	ппн н	va coscuss una return with the preparet snown above? (See Instructions)			INDIAN IND

Form **990** (2009)

Form	990 (2009)	INC.		42-60	<u> 64743</u>	Page 2
Pa	rt III Statement of	Program Service Accor	mplishments			`
1	TO PROVIDE F	anization's mission  PUNDS FOR CEMETA	RY MAINTENANCE	····		
2	the prior Form 990 or 99	90-EZ?	services during the year which	were not listed on	Yes	X No
3	Did the organization cea	new services on Schedule O. ase conducting, or make signific changes on Schedule O.	cant changes in how it conducts	s, any program services?	Yes	X No
4	Describe the exempt pu Section 501(c)(3) and 50	urpose achievements for each on 01(c)(4) organizations and sections		t program services by expenses. to report the amount of grants and reported.		
4a	(Code: PROVIDE GRAN	)(Expenses \$ ITS TO HIGHLAND	including grants of \$ MEMORY GARDENS C	105000.)(Revenue \$ EMETARY FOR MAINTE	ENANCE.	`)
4b	(Code·	) (Expenses \$	including grants of \$	) (Revenue \$		)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$		)
4d	Other program services (Expenses \$	(Describe in Schedule O.)	of\$ )(Re	venue \$		
4e	Total program service					
	_				Form <b>9</b> 9	<b>90</b> (2009)

1.1

# Form 990 (2009) INC. Part IV Checklist of Required Schedules

			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	3 4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	-		
Ü	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			37
_		8		<u> </u>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV			v
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		<u>X</u>
10	If "Yes," complete Schedule D, Part V	40		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VII, IX, or X	10		
••	as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		- 21	
	Part VI.	Ì		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			:
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.			I
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			ı
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			ı
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			ı
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			ı
	Schedule D, Parts XI, XII, and XIII.	12		<u>X</u>
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	]		_ <del>-</del>
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		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? If "Yes," complete Schedule F, Part II			v
40		15		_ <u>X</u> _
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III			v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		<u> </u>
"	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		_ <u></u>
	complete Schedule G, Part III	19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			990 (	2009)

orm 990 (2009)

INC.

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Par	t 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? If "Yes," complete Schedule I, Parts I and II	21	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? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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? If "Yes," complete			
	Schedule J	23		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
а	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	270		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		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? If "Yes," complete Schedule L, Part III	27		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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	-	X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	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? If "Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	ļ	_X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I			X
34	Was the organization related to any tax-exempt or taxable entity?  If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	33_	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34_	1	+
35	If "Yes," complete Schedule R, Part V, line 2	35		х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		
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? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note, All Form 990 filers are required to complete Schedule O.	38	x	

The second secon	Form	990 (2009) INC. 42-606	<u>4743</u>	Р	age 5
1a Eter the number reported in Box 3 of form 1066, Annual Summary and Transmittal of U.S. Information Returns. Enter 4 in chapticable b. Eiter the number of Forms W20 included in line 1a. Enter 0-if not applicable on the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gamfiling) winnings to prize winners?  2a Eiter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements, field for the calendary year anding with or within the year covered by this return. Statements, field for the calendary large and 2a greater than 250, you may be required to effect the return, dise instructions?  3b Dd the organization have unrelated business gross income of \$1,000 or more during the year covered by this return. Statements, 1 11 11 11 11 11 11 11 11 11 11 11 11	Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
U.S. Information Returns. Enter 0-f in ort applicable b. Enter the number of Forms W20 included in inter 1 Enter 0-f in ort applicable c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  2a. Enter the number of employees exported on Form W3. Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.  2b. If at least one is reported on file 2b, did the organization file all required federal employment tax returns?  Note. If the sum of lines 12, and 12 is greater than 250, you may be required to 6-file this return, feee instructions)  3b. Other organization have underlied business greas incrend 61 follows from the transmitted by this return?  5b. If Yes, * has it filed a Form 990.T for this year? If *\into\operation file all required federal employment tax returns?  5c. Was 14 and 15 form 990.T for this year? If *\into\operation file all required federal employment tax returns?  5c. Was 14 and 15 form 990.T for this year? If *\into\operation file all required federal employment tax returns?  5c. Was 14 and 15 form 990.T for this year? If *\into\operation file all required federal employment tax returns.  5c. Was the organization has 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/?  5c. If *Yes,* to line 5a or 5b, do the organization that it was or as party to a prohibited tax shelter transaction?  5c. If *Yes,* to line 5a or 5b, do the organization that it was or as a party to a prohibited tax shelter transaction?  5c. If *Yes,* to line 5a or 5b, do the organization that it was or as a party to a prohibited tax shelter transaction?  5c. If *Yes,* to line 5a or 5b, do the organization that it was or as a party to a prohibited tax shelter transaction?  6c. If *Yes,* to line 5a or 5b, do the organization file Fo				Yes	No
b Eiter the number of Forms W-2G included in line 1a. Eiter -0. If not applicable	1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return.  5 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 €*/file this return. (see instructions)  8 D dit the organization have unrelated business organ some of \$1,000 or more during the year covered by this return?  8 If "Yes," has if filed a Form 990-1 for this year? If "No," provide an explanation in Schedule O  4 A fan familiar during the calendar year, did the organization have an interest in, or a significant or other authority over, a financial account; in a foreign country (such as a bank account, securities account, or other financial account)?  8 If "Yes," enter the name of the foreign country. Possible that are normally search than 30 the financial Accounts.  9 See the inertrictions for exceptions and filing requirements for Form TDF 90-22 1, Report of Foreign Bank and Financial Accounts.  9 See Was the organization aparty to a prohibited tax shelter transaction?  10 If "Yes," or line Such 50, but the organization that it was or as a party to a prohibited tax shelter transaction?  11 If "Yes," did the organization in election of the organization in Explosion by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?  12 If "Yes," did the organization michale with every solicitation an express statement that such contributions osciulations and year and the very solicitation and property for which it was required to file form 8990 and the organization shell exchange, or otherwise dispose of tangible personal property for which it was required to file form 8990 as required?  10 If "Yes," indicate the number of Forms 8282 filed du		U.S. Information Returns. Enter -0- if not applicable	0		
gambing) wnnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, flad for the calendar year ending with or within the year covered by this return.  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 hines 1 and 2a is greater than 250, you may be required to e-fife this return. (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  b if Yes, * fant filed a Form 990 for 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) over, a financial account in a foreign country (such as a bank account, securities account, or other financial account) over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  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 aparty to a prohibited at x sheller transaction?  5b Did any taxable party notify the organization that it was or is a party to a prohibited at x sheller transaction?  5c If Yes, * to line 5a or 5b, did the organization that it was or is a party to a prohibited at x sheller transaction?  5c If Yes, * to line 5a or 5b, did the organization metule with every solicitation and express statement that such contributions or gifts were not tax deductible?  5c If Yes, * did the organization metule with every solicitation an express statement that such contributions or gifts were not tax deductible?  5c If Yes, * did the organization organization organization sell, exchange, or otherwis	b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	0		
the the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the calendar year ending with or within the year covered by this return.  It least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note, if the sum of lines 1 a and 2a is greater than 250, you may be required to e-fife this return, (see instructions)  By the comparization have understed business gross income of \$1,000 or more during the year covered by this return?  It least one is reported on line 2a, 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 accountly?  If l'Yes, * hast filed a Form 990-T for this year? If *\textit{N}\textit{N}\textit{Provide an explanation in Schedule O}  Was the organization as party to a prohibited tax shefter transaction as a bank account, securities account, or other financial accountly.  By the set of the organization in the five foreign country (\$\frac{1}{2}\$ \$\frac{1}{2}\$	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
b if at least one is reported on line 2a, did the organization file all required federal employment tax returms?  Note, if the sum of lines 1a and 2a is greater than 250, you may be required to e^file this return, (see instructions)  3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?  bif 1'Yes, 1'has a filled a Form 990 fir for this year? If 1'No, 1'provide an explination in Schedule 0  3b		(gambling) winnings to prize winners?	1c	X	
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 2 as greater than 250, you may be required to 2-file this return. (see instructions)  B Od the organization have unrielated businesse gross income of \$1,000 or more during the year covered by this return?  b If "Yes," has if filed a Form 990.T for this year? If "No." provide an explanation in Schedule O  A At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country; low as a bank account, securities account, or other financial account; and a financial account in a foreign country; low see the instructions for exceptions and fining requirements for Form TD F 90.22 1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  c If "Yes," to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  C If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  c Did the organization that may receive deductible contributions under section 170(c).  a Did the organization notify the donor of the value of the goods or services provided?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization of the payor?  If If Yes, and the organization in the payor is a contribution of the payor?  To Did the organization of the payor is a contribution of th	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file this return. (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a	0		
Note. If the sum of lines 1 and 2 as greater than 250, you may be required to e-file this return. (see instructions) 3	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b if "Yes," has if filed a Form 990-T for the 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 authomy over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?)  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?  5a Was the organization aporty to a prohibited tax shelter transaction at any time during the tax year?  5b Us any stazible party notify the organization filial Form 886-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?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Organization stat were not tax deductible ontributions 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?  7b If "Yes," did the organization notify the donor of the value of the goods or services provided?  7c If Yes, indicate the number of Forms 8282 filed during the year  e Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  for all contributions of qualified mellectual property, did the organization file a Form 1098-C as required?  7f If Xi  9 For all contributions of qualified mellectual property, did the organization file a Form 1098-C as required?  9 Sponsoring organization saling donor advised funds and section 509(a)(3) supporting					
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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?  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?  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?  f Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization of qualified intellectual property, did the organization file Form 8899 as required?  f Did the organization of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?  f Did the organization or advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds.  Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributio	7	Organizations that may receive deductible contributions under section 170(c).			
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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.

16 Enter the number of voting members of the governing body  17 Enter the number of voting members that are independent  18 Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employees to a management company or other person?  2	Sec	tion A. Governing Body and Management	-		
b Enter the number of voting members that are independent  □ Did any officer, director, trustee, or feey employee have a family relationship or a business relationship with any other  officer, director, trustee, or key employee?  2	_		r	Yes	No
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?  3 Did the organization delegate control over management duties customanly performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?  4 X  5 Did the organization become aware during the year of a material diversion of the organization rake any significant changes to its organizational documents since the prior Form 990 was filed?  4 X  5 Did the organization have members a stockholders?  5 Dess the organization have members as stockholders. Or other persons who may elect one or more members of the governing body?  5 Dess the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  6 Did the organization commempraneously document the meetings held or written actions undertaken during the year by the following:  7 Ta X  8 Did the organization commempraneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Did the organization provides and provides the provides of the provincing body?  9 Leach committee with authority to act on behalf of the governing body?  10 Dess the organization and authority to act on behalf of the governing body?  11 Describe the provincing body?  12 Dess the organization have the provincing body before the provincing body before the provincing body?  13 Dessettion B, Policies (This Section B majuests information about policies not required by the Internal Revenue Code)  14 Ves. No.  15 Describe 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?  16 Dessettion of the provincing body before filing the form?  17 Describe the organization have a written organization to eview the f	_				
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7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  7b	_				
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b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?  7b	7a		_		77
B Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  a The governing body?  b Each committee with authority to act on behalf of the governing body?  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  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?  10b If Yes,' does the organization have local chapters, branches, or affiliates?  10c 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?  11d A Describe in Schedule O the process, if any, used by the organization to review this Form 990.  12d Does the organization have a written conflict of interest policy? If 'No,' go to line 13  Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done  12d Does the organization have a written whistleblower policy?  13 Des the organization have a written whistleblower policy?  14 Does the organization have a written whistleblower policy?  15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantation of the deliberation and decision?  15 The organization is CEO, Executive Director, or top management official  16 Describe in lie 15a or 15b, describe the process in Schedule O, (See instructions.)  16 Describe in lie 15a or 15b, describe the process in Schedule O, (See instructions.)  16 Describe in lie 15a or 15b, describe the process in Schedule O, (See instructions.)  16 Describe in lie 15a or 15b					
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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 ▶IA  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 ▼X 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: ▶  ■ IOWA STATE BANK - 515-246-8240			16a		
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Section C. Disclosure  17 List the states with which a copy of this Form 990 is required to be filed ►IA  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 X 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: ►		and the court of t	40.		
List the states with which a copy of this Form 990 is required to be filed ►IA  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 X Upon request  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.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►  IOWA STATE BANK - 515-246-8240	800		116b		L
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  Will Upon request  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.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  IOWA STATE BANK - 515-246-8240					
public inspection. Indicate how you make these available Check all that apply  Own website  Another's website  X Upon request  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.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  IOWA STATE BANK - 515-246-8240		· · · · · · · · · · · · · · · · · · ·	for	_	
Own website Another's website X Upon request  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.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:  IOWA STATE BANK - 515-246-8240	ıø		; IUf		
<ul> <li>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.</li> <li>State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►</li> <li>IOWA STATE BANK - 515-246-8240</li> </ul>					
statements available to the public.  State the name, physical address, and telephone number of the person who possesses the books and records of the organization:	40	· · ·	nd for		
State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►	19		na tina	ıncıaı	
IOWA STATE BANK - 515-246-8240	20	•	tion.		
	ZU		uon: J		
		2301 128TH ST, URBANDALE, IOWA, URBANDALE, IA 50323			

Form **990** (2009)

42-6064743

Page 7

# 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.

(A)	(B)	(C)						(D)	(E)	(F) ⁻	
Name and Title	Average hours	(0	Position (check all that apply)				ly)	Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	1	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
IOWA STATE BANK TRUSTEE	1.00		x					5868.	5793.	0	
								3000	3.333		
<del></del>											
		-	-								
				· · · - ·		_					
		-					<u> -</u>				
		_									

Form **990** (2009)

0

\$100,000 in compensation from the organization

		(2009) INC.				· 	42-6064	1743 Page 9
Pa	rt VI	II Statement of Rever	nue	<del></del>				
					(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	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included abo Noncash contributions included in lines	ts, and ve 1f					
<u>0</u> <u>0</u>	h	Total. Add lines 1a-1f		<b></b>				<del> </del>
Program Service Revenue	b			Business Code 900099	53569.	53569.		
	c d							<del> </del>
	e	•	<del></del>					
	_	All other program service reve	enue					
	g	Total. Add lines 2a-2f	<u> </u>		53569.			
	3	Investment income (including	dividends, inter	est, and				
					87292.	87292.		<del>                                     </del>
1	4	Income from investment of ta	x-exempt bond ;	proceeds >				
	5	Royalties	(ı) Real	(II) Personal			·	
	6 a	Gross Rents	(i) heai	(ii) Personai				
		Less rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of	(i) Securities	(ıi) Other				
		assets other than inventory	381342	1210.				
	b	Less: cost or other basis	202200	1010				
		and sales expenses	382389					
		Gain or (loss)	•	•1	-1047.	-1047.		
		<ul><li>Net gain or (loss)</li><li>Gross income from fundraisin</li></ul>			-1047.	-1047.		<del> </del>
Other Revenue	Оа	including \$ contributions reported on line Part IV, line 18	of of See	1				
돰		Less: direct expenses	t	·				
		Net income or (loss) from fund	-	<u> </u>		-		<del></del>
1	9 а	Gross income from gaming ac Part IV, line 19						
	h	Less: direct expenses	. a					
		: Net income or (loss) from gan		<b>—</b>				
		Gross sales of inventory, less	-					
		and allowances						
	b	Less: cost of goods sold	t	<b></b>				
ļ	С	: Net income or (loss) from sale	• •					
Į		Miscellaneous Revenu	né	Business Code				
	11 a			<del></del>				
	b			<b>—</b>				<del>-</del>
	C	All other revenue				<del>                                     </del>		<del></del>
	٥	Total. Add lines 11a-11d						†
	12	Total revenue See instructions.	•		139814.	139814.	0	. 0.
93200 02-04					<u></u>			Form <b>990</b> (2009)

т	RT	$\sim$	
Т	TΑ	L	٠

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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).								
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses				
1	Grants and other assistance to governments and		-						
	organizations in the U.S. See Part IV, line 21	105000.							
2	Grants and other assistance to individuals in		•						
	the U.S. See Part IV, line 22								
3	Grants and other assistance to governments,				<del></del>				
	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	5868.							
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								
8	Pension plan contributions (include section 401(k)								
	and section 403(b) employer contributions)								
9	Other employee benefits								
10	Payroll taxes								
11	Fees for services (non-employees):								
а	Management								
b	Legal	800.							
С	Accounting								
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees				1				
g	Other								
12	Advertising and promotion								
13	Office expenses								
14	Information technology								
15	Royalties								
16	Occupancy								
17	Travel _								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials								
19	Conferences, conventions, and meetings								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization								
23	Insurance		<u> </u>						
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.)								
а	COURT COSTS	144.							
b									
C									
d									
е									
f	All other expenses								
25	Total functional expenses. Add lines 1 through 24f	111812.							
26	Joint costs. Check here   If following								
	SOP 98-2. Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	adjustional compaign and fundraising collectation	ļ		1	I				

Form 990 (2009)

INC.

42-6064743 Page 11

n 990 ( art X	· · · · · · · · · · · · · · · · · · ·	·	42-0	064/43 Page 11
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		1	
2	Savings and temporary cash investments	166670	. 2	<u>55686</u>
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	-	4	
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	Inventones for sale or use		8	
9	Prepaid expenses and deferred charges	•	9	
	Land, buildings, and equipment, cost or other			······································
	basis. Complete Part VI of Schedule D 10a			
b	Less accumulated depreciation 10b		10c	
11	Investments with laby traded according		11	
12	Investments - publicly traded securities  Investments - other securities. See Part IV, line 11			1709059
13	Investments - program-related. See Part IV, line 11	15330		14120
14	Intangible assets	. 13330	14	14120
15	Other assets. See Part IV. line 11	•	15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	1750862	<del></del>	1778865
17	Accounts payable and accrued expenses	1750002	17	1//0003
	Grants payable		18	
18	Defermed assessment		19	
19		•		
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	<del> </del>
22	Payables to current and former officers, directors, trustees, key employ			
	highest compensated employees, and disqualified persons. Complete F	rart II		
	of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	<del></del>
25	Other liabilities. Complete Part X of Schedule D	0	25	
26	Total liabilities, Add lines 17 through 25		- 26	0
	Organizations that follow SFAS 117, check here and com	plete		
	lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets		27	
28	Temporanly restricted net assets	·	28	
29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here	nd		
	complete lines 30 through 34.	155055		45555
30	Capital stock or trust principal, or current funds	1750862		<u> 1778865</u>
31	Paid-in or capital surplus, or land, building, or equipment fund	0		0
32	Retained earnings, endowment, accumulated income, or other funds	0		0
33	Total net assets or fund balances	1750862		1778865
	Total liabilities and net assets/fund balances	1750862	. 34	1778865

-orm	990 (2009) 1NC. 42-606	4/43	<u>Pa</u>	g <u>e</u> 17
Pa	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Cash 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?	2a	L	X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	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?	. 2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
đ	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			
За	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?	3a		X
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	3h		

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.

Open to Public Inspection

Name of the organization

HIGHLAND PERPETUAL MAINTENANCE SOCIETY, TNC

Employer identification number 42-6064743

Pa	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 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 v	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		used only
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Pa		ganization answered "Yes" to Form 990, I	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p	· · · · · · · · · · · · · · · · · · ·	storically important land area
	Protection of natural habitat		trified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stri	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06	2d
3	Number of conservation easements modified, transferred, rel	-	e organization during the tax
	year ▶		· ·
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements of	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	e satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describes	the organization's accounting for
	conservation easements		
Pa	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	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, no	t to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pu	iblic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i	tems.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	nce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, of	r research in furtherance of public servic	e, provide the following amounts relating to
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
	(ii) Assets included in Form 990, Part X		. \$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>&gt;</b> \$

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

	edule D (Form 990) 2009 INC •						<u>606474</u>		
Pa	rt III Organizations Maintaining C	collections of A	rt, Historical T	reasures, c	or Othe	r Similar As	sets (cont	inued)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check any of the	e following tha	it are a sig	ınıficant use of	rts collectio	n item:	s
	(check all that apply):								
а	Public exhibition	c	Loan or exe	change progra	ams				
b	Scholarly research	e	e U Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	n how they further	the organizati	on's exem	npt purpose in i	Part XIV.		
5	During the year, did the organization solicit of	r receive donations	of art, historical trea	asures, or oth	er sımılar a	assets			_
	to be sold to raise funds rather than to be ma						Yes		No
Pa	rt IV Escrow and Custodial Arran		ete if organization a	answered "Ye	s" to Form	n 990, Part IV, I	ne 9, or		
	reported an amount on Form 990, Pa	rt X, line 21.						•	
1a	Is the organization an agent, trustee, custod	an or other intermed	diary for contributio	ons or other as	sets not i	ncluded			
	on Form 990, Part X?		•				Yes		No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:						
							Amoun	t	
С	Beginning balance					1c			
d	Additions during the year					1d			
е					•	1e			
f	Ending balance						<del></del>	·	
	Did the organization include an amount on F		21?				Yes	L	No
_	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete i		i	1			. 1 -		
		(a) Current year	(b) Prior year	(c) Two yea	rs back (	d) Three years ba	ack (e) Fou	r years	back
1a	Beginning of year balance			_					
b	Contributions	<del></del>		+	-				
С	Net investment earnings, gains, and losses			+				-	
d	Grants or scholarships			<del> </del>					
е	Other expenditures for facilities				İ				
_	and programs			<del></del>					
T	Administrative expenses								
g	End of year balance			1					
2	Provide the estimated percentage of the year								
a	Board designated or quasi-endowment		%						
Ь	Permanent endowment	%							
C		%							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are neld	and administe	erea for th	e organization		, I	
	by:						<b>a</b> m	Yes	<u>No</u>
	(i) unrelated organizations		• •				3a(i)	<del> </del>	
	(ii) related organizations	 - !	Cabadula DO		•		3a(ii)		
D 4	If "Yes" to 3a(ii), are the related organization:	-			•	• • • •	_3b_	ll	
Pa	Describe in Part XIV the intended uses of the rt VI Investments - Land, Building			O Part V line	10				
<u> </u>							(-D.D		
	Description of investment	(a) Cost or o	', '	st or other s (other)	, , ,	cumulated reciation	( <b>d</b> ) Boo	ik valu	<del>U</del>
1-	Land	540.0 (1114030		- (5101)	аср				
ıa b	' '								
D	Leasehold improvements		<del></del>	<del> </del>					
ن بہ	Equipment .		<del></del>	<del>.</del> .					
	Other		<del></del>						
	I. Add lines 1a through 1e. (Column (d) must e		<del></del>	<del></del>	<u> </u>				0.

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 INC.	5 000 D 17 1 10		42-6064743	Page
Part VII Investments - Other Securities. So (a) Description of security or category			Method of valuation:	
(including name of security)	(b) Book value		end-of-year market value	
Financial derivatives				
Closely-held equity interests				
Other		-		
PUBLICLY TRADED SECURITIES	1709059.	Cost		
			<del></del>	
	<del></del>			
	<del>                                     </del>			
		· <del></del> .		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	1709059.			
Part VIII Investments - Program Related. S	See Form 990, Part X, line 1	3.		
(a) Description of investment type	(b) Book value		Method of valuation	
	ļ , , ,	Cost or	end-of-year market value	
			<del> </del>	
	<u> </u>			
		-		
7.00	· <del></del> -			
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line			<u>,</u>	
(a	) Description		(b) Book va	lue
		<del></del>		
	·-··	·		
	<del></del>	<del></del>		
	-			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 15.)			
Part X Other Liabilities. See Form 990, Part X	, line 25			
1 (a) Description of liability		(b) Amount		
Federal income taxes	_			
<u> </u>				
· · · · · · · · · · · · · · · · · · ·				
	<del></del>			
	<del></del>			
Total. (Column (b) must equal Form 990, Part X, col (B) lin	ne 25.)			
2. FIN 48 Footnote In Part XIV, provide the text of the fo		financial statements tha	t reports the organization's liabili	tv for
uncertain tax positions under FIN 48			,	,
932053 02-01-10			Schedule D (Form 9	90) 20

Sche	dule D (Form 990) 2009 INC.	щСБ	500	.11.11	,	42-	60647	43 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audit	ed Fir	nancia	l State	emen	its	45 rage v
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1				
2	Total expenses (Form 990, Part IX, column (A), line 25)		••	2				
3	Excess or (deficit) for the year Subtract line 2 from line 1	•	••	3				
4	•			4	- i		_	
-	Net unrealized gains (losses) on investments	•						<del></del>
5			•	. 5	1			
6	Investment expenses			<u>  6</u>	1		-	<del></del>
7	Prior period adjustments	••••		. —	1		_	<del></del>
8 9	Total adjustments (not) Add lines A through 9		•	. 8			_	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10				
$\overline{}$	t XII Reconciliation of Revenue per Audited Financial Statemer		ith Re				n	
1	Total revenue, gains, and other support per audited financial statements		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, vollar	роп	1	· ·	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	•-	•		- <del>'</del> -		
a	Net unrealized gains on investments	2a						
b	Donated services and use of facilities	2b				1	,	
c	Recovenes of prior year grants	2c				1		
d	Other (Describe in Part XIV)	2d				1		
e	Add lines 2a through 2d					2e		
3	Subtract line 2e from line 1		•	•	•	3	<u> </u>	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	•	•		•			-
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b				1		
c	Add lines 4a and 4b					4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•	••	•		5	· · · · · ·	
Pa	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts V	Vith E	xpens	es pei	Retu	ım	
1	Total expenses and losses per audited financial statements					1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	•		•				
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b				7		
С	Other losses	2c						
d	Other (Describe in Part XIV)	2d						
е	Add lines 2a through 2d					2e		
3	Subtract line 2e from line 1					3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:							
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
b	Other (Describe in Part XIV.)	4b						
С	Add lines 4a and 4b					4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5	<u> </u>	<del></del>
Pa	t XIV Supplemental Information							
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1	1a and 4	4; Part I	√, lines '	lb and	2b; Part V	', line 4, Part
X, lın	e 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also compl	ete this	s part to	provide	e any ac	Iditiona	al informat	on.
	<del></del>	-						
							-	

Schedule I (Form 990) 2009 Employer identification number å 42-6064743 Open to Public Inspection (h) Purpose of grant or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization if applicable cash grant assistance or government assistance are an addressed more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (if) Method of valuation (book, non-cash assistance or assistance other) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. : Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ► Attach to Form 990. : HIGHLAND PERPETUAL MAINTENANCE SOCIETY, 105000 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(c)(3) Enter total number of section 501(c)(3) and government organizations 42-0309460 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization HIGHLAND MEMORY GARDENS CEMETARY DES MOINES IN 50313-1401 Name of the organization Department of the Treasury Internal Revenue Service 1 NE 60TH AVE SCHEDULE (Form 990) Part Part

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Schedule I (Form 990) 2009 INC.

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Part III

(f) Description of non-cash assistance								
(e) Method of valuation (book, FMV, appraisal, other)			r additional information	GRANT IS TO HIGHLAND MEMORY GARDENS				
(d) Amount of non- cash assistance			line 2, and any other	HLAND MEMC				
(c) Amount of cash grant			n required in Part I, I	IS TO HIG				
(b) Number of recipients			de the information	ILY GRANT	Į.			į
(a) Type of grant or assistance			Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information	Schedule I, Part I, Line 2: THE ONLY	CEMETARY FOR CEMETARY MAINTENANCE			Lagran Lagran

1)

### **SCHEDULE O**

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

2009

Open to Public Inspection

Internal Revenue Service		► At	ttach to Form 990.		Inspection
Name of the organization	HIGHLAN	D PERPETUAL	MAINTENAN	CE SOCIETY,	Employer identification number 42-6064743
Form 990, Par	rt VI, <u>Sect</u>	ion B, line	11: FORM	990 IS REVIEW	ED BY THE TRUSTEE
PRIOR TO FILE	ING.				
					<u></u>
Form 990, Par	rt VI, Sect	ion C, Line	19: THE D	OCUMENTS OF I	HE ORGANIZATION
ARE AVAILABLI	E FOR PUBLI	C INSPECTIO	N AT THE O	FFICES OF THE	TRUSTEE AND ARE
PROVIDED UPOR	N REQUEST.				
				-	
	1				
					<u> </u>
-		· · · · · · · · · · · · · · · · · · ·		<del></del> .	
		<del></del>			

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Related Organizations and Unrelated Partnerships

2009 Open to Public Inspection

OMB No 1545-0047

▶ See separate instructions. HIGHLAND PERPETUAL MAINTENANCE SOCIETY, ► Attach to Form 990. Name of the organization

Employer identification number 42-6064743

> Identification of Disregarded Entities (Complete of the organization answered "Yes" to Form 990, Part IV, line 33.) Part

INC.

	(a)	(q)	(0)	<del>(</del> 0	(e)	E)
	Name, address, and EIN	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
	of disregarded entity		foreign country)			entity
				-		
Part II	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax-exempt	ions (Complete if the organization ans	swered "Yes" to Form 990, Par	t IV, line 34 because	it had one or more re	lated tax-exempt

organizations during the tax year)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
HIGHLAND PERPETUAL MAINTENANCE - 42-6064744 2301 128TH STREET URBANDALE IA 50323	PROVIDE FUNDS FOR CEMETARY MAINTENANCE	Iowa	501(c)(13)		HIGHLAND PERPETUAL MAINTENANCE SOCIETY, INC.
AINTENANCE TRUST - IH STREET, URBANDALE, IA	PROVIDE FUNDS FOR CEMETARY MAINTENANCE	Iowa	501(c)(13)		HIGHLAND PERPETUAL MAINTENANCE SOCIETY, INC.

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

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 INC.

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Part III

1,

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General or managing partner? Yes No Percentage ownership 8 800 Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Ö Share of end-of-year assets <u>6</u> ate allocations? Disproportion-Yes No Ξ Share of total income Share of end-of-year assets **6** Type of entity (C corp, S corp, or trust) ፱ Share of total income FRUST rrust ε Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) **e** Legal domicile (state or foreign country) IA IA <u>ပ</u> Direct controlling entity CEMETARY MAINTENANCE CEMETARY MAINTENANCE PROVIDING FUNDS FOR ROVIDING FUNDS FOR Primary activity 9 Legal domicile (state or foreign country) 42-6083280 Primary activity HIGHLAND PERPETUAL MAINTENANCE - 42-6064744 9 HIGHLAND PERPETUAL MAINTENANCE TRUST Name, address, and EIN of related organization Name, address, and EIN of related organization 50323 URBANDALE, IA 50323 2301 128TH STREET 2301 128TH STREET IA 932162 02-04-10 URBANDALE Part IV

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Schedule R (Form 990) 2009 INC.

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.				×	Yes No
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?	e 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		:		12	×
h Giff grant or canital contribution to other organization(s)				- 4p	×
	:	•		;	>
c cirt, grant, or capital contribution from other organization(s)				2	4
<b>d</b> Loans or loan guarantees to or for other organization(s) .	:	,	•	<b>1</b> 9	×
					×
	•	:			
(a) managed and the settlem and and company of the settlem of the				*	>
T care of assets to other organization(s)	:::	:		  -  -	4 3
g Purchase of assets from other organization(s)	: : : : : : : : : : : : : : : : : : : :	•		19	4
h Exchange of assets .			:	ŧ	×
i Lease of facilities, equipment, or other assets to other organization(s)			. :	<b>;</b>	×
	:				
: I amon of familiary and attended on the state of the st				;	×
Lease of idelinities, equipment, or only assets not only or gallization (s)	:	:	;		*
k Performance of services or membership or fundraising solicitations for other organization(s)				¥	4
<ul> <li>Performance of services or membership or fundraising solicitations by other organization(s)</li> </ul>		:		=	×
m Sharing of facilities, equipment, mailing lists, or other assets				T E	×
n Sharing of paid employees	:			t t	×
				_	
				ç	×
O Neimbursement paid to other organization to expenses	• • • • • • • • • • • • • • • • • • • •	•		2 .	4
p Reimbursement paid by other organization for expenses		:		40	*
q Other transfer of cash or property to other organization(s)				1	×
	:	:	•	<b>+</b>	×
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.	complete this line, including co	vered relationships and t	ransaction thresholds.		
1	S				
(a) Name of other organization(s)			(b) Transaction type (a-r)	(c) Amount involved	olved
(1)					
(2)					
(3)					
(4)					
(5)					
(0) 000140 00104-10	22		Schedu	Schedule R (Form 990) 2009	90) 2009
822 103 02-04-10				,	

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Schedule R (Form 990) 2009

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment bartnerships

that was not a related organization. See instructions regarding exclusion for certain investment partnerships	usion for certain investment partners	sdilys					
(a)	<b>(</b> Q)	(0)	Đ	(e)	ε	(b)	Ē
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI amount in box 20	General or managing
Sauce			Yes No	Joan account	Yes No	of Schedule K·1 (Form 1065)	1 - 1
					-		
					-		
				i			
							_
							<del></del>

Schedule R (Form 990) 2009