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DLN: 93492134026340

OMB No 1545-1150

Form 990-EZ

Short Form

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

2009

Department of the Treasury Internal Revenue Service

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than Open to Public \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

Inspection

Mother change Kerner change Committed Marche and street (or P G box, if mail to not delivered to street address) Roomylaute Tatesphum number PO BOX 482 PO BO			e 2009 calenda <u>r y</u> e			12-31-2009					
The change Part of print or print	B Check if applicable Address change				C Name of organization PROVIDENCE CEMETARY INC			-	-		
Training Section Space			nange lat	bel or	Number and street (or P O box, if mail is not delivered to stre	et address) Room/	suite				
Security	$\sqsubseteq_{^{\mathrm{I}}}$	nitial ret	turn pr	pe.				Е ГСІСРІ	·		
### Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attack a completed Schedule A (Form 990 or 990-82). ### Check F	_		l cn		City or town state or country, and ZIP ± 4			F C		<u></u>	
Website: No.	_		d return In:	struc-							
Website: No.						G A scount	ına mot	·hod	-	ch Cacrual	
Table Tabl	♦ Se	ction					_		Ca	Sii i Acciuai	
Track-tempt status (cieck only one) — M SOL(c) (31)	I W	ebsit e	<u>► WA</u>						_	nization	
125,000 A Form 930 i.22 or Form 930 return is not required, but if the organization chooses to file a return, be sure to file a complete return divides be \$6,00 and \$7,0 to 10 et 90 technique 50 te	J Ta	x-Exe	mpt status (check	only on	e)— 501(c) (13) ◀(Insert no) 4947(a)(1) or 5					90-EZ, or 990-PF)	
No.			_			-					
1 Contributions, gifts, grants, and similar amounts received 2 0.0							cuin, b		10 1110		
1 Contributions, gifts, grants, and similar amounts received 2 0.0							the in	struction	ons fo	or Part I)	
Membership dues and assessments 3					· · · · · · · · · · · · · · · · · · ·						
Membership dues and assessments 3		2	Program service	ereven	ue including government fees and contracts			-	2	0	
## 170 17			_							0	
Sa 27,839		_	•					-		122 326	
b Less cost or other basis and sales expenses		-			le of accets other than inventory		· ·	, , , ,	-	122,320	
C Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . Sc O O Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶	a.	_ 5a			,						
check here	Ĕ	Ь			·		2 /	7,839			
check here	ğ	С	• •		. ,	•		.	5c	0	
reported on line 1	œ	6	•	and act	tivities (complete applicable parts of Schedule G) If a	ny amount is fro	om gam	ning,			
b Less direct expenses other than fundraising expenses		а	Gross revenue (not inc	cluding \$ _of contributions						
C Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 6c 0			reported on line	1)		6a		0			
7a		ь									
7a		_c	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)						6c	0	
b Less cost of goods sold		72							-		
C Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0		'a									
S		ן ו	_			76		\dashv		0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 128,406 10 Grants and similar amounts paid (attach schedule) 10 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 613 14 Occupancy, rent, utilities, and maintenance 14 13,455 15 Printing, publications, postage, and shipping 15 84 16 Other expenses (describe			, ,	-				•			
10			•				. •	一'	_	128.406	
11 Benefits paid to or for members 11		_								2207.00	
12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 613 14 Occupancy, rent, utilities, and maintenance 14 13,455 15 Printing, publications, postage, and shipping 15 84 16 Other expenses (describe					·		•	-			
13			•					-			
14 Occupancy, rent, utilities, and maintenance 14 13,455 15 Printing, publications, postage, and shipping 15 84 16 Other expenses (describe 17 15,664 17 15,664 17 Total expenses. Add lines 10 through 16 17 15,664 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 112,742 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 862,366 20 Other changes in net assets or fund balances (attach explanation) 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 975,108 Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 862,366 22 975,108 23 Land and buildings 24 24 Other assets (describe 24 25 Total assets 862,366 25 975,108 26 Total liabilities (describe 26 26 26			ŕ					•			
16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16 17 15,664 17 Total expenses. Add lines 10 through 16 18 12,742 19 Net assets or (ind balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 862,366 20 Other changes in net assets or fund balances (attach explanation) 20 21 975,108 Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 862,366 22 975,108 23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 862,366 25 975,108 26 Total liabilities (describe ►) 26	<u>8</u>	13			•			.	13		
16 Other expenses (describe ► 17 Total expenses. Add lines 10 through 16 17 15,664 17 Total expenses. Add lines 10 through 16 18 12,742 19 Net assets or (ind balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 862,366 20 Other changes in net assets or fund balances (attach explanation) 20 21 975,108 Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 862,366 22 975,108 23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 862,366 25 975,108 26 Total liabilities (describe ►) 26	듄	14						.	14	13,455	
17 Total expenses. Add lines 10 through 16	Ě	15	·					-	15	84	
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		16	Other expenses	(desc	ribe 🏲 😇			,	16	1,512	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ (See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe 26 Total assets 27 Total assets 28 62,366 29 975,108		17	Total expenses.	Add III	nes 10 through 16		. •	•	17	15,664	
21 Net assets or fund balances at end of year Combine lines 18 through 20	ற	18	Excess or (defic	it) for	the year (Subtract line 17 from line 9)			. [18	112,742	
21 Net assets or fund balances at end of year Combine lines 18 through 20	NetAssets	19	Net assets or fu	ınd balı	ances at beginning of year (from line 27, column (A)) (must agree with	ו	ſ			
21 Net assets or fund balances at end of year Combine lines 18 through 20			end-of-year figure reported on prior year's return)						19	862,366	
See the instructions for Part II (A) Beginning of year (B) End of year		20	Other changes i	n net a	assets or fund balances (attach explanation)				20		
(See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments		21	Net assets or fu	ınd bala	ances at end of year Combine lines 18 through 20		▶		21	975,108	
22 Cash, savings, and investments	Pa	rt II	Balance Sh	eets-	—If Total assets on line 25, column (B) are \$1,250,00	0 or more, file	Form 99	90 ınst	ead c	of Form 990-EZ	
22 Cash, savings, and investments			((See th	ne instructions for Part II)	(A) Beginning	of year	r	(B	B) End of year	
23 Land and buildings 23 24 Other assets (describe 24 25 Total assets 862,366 25 975,108 26 Total liabilities (describe) 26	22	Cash			· · · · · · · · · · · · · · · · · · ·			_	T-	<u> </u>	
24 Other assets (describe							-,-	_	+		
25 Total assets			_	e 🕨	,				+		
26 Total liabilities (describe) 26			•		<u> </u>		862 ३	_	+-	975 108	
				ıbe 🟲	, ,		, -		1	2.3,100	
			•	-	(line 27 of column (B) must agree with line 21)		862.3	_	+	975.108	

Part IIII Statement of Program	Expenses			
What is the organization's primary exempt	(Required for section 501 (c)(3) and 501(c)(4)			
SEE STATEMENT BELOW Describe what was achieved in carrying ou	t the organization's evenui	t nurnos es. In a clear a	nd concise manner	organizations and section
describe the services provided, the numbe program title	4947 (a)(1) trusts, optional for others)			
28 SALES OF BURIAL PLOTS TO THE GE CEMETARY THROUGH DONATIONS, BE	QUESTS & INVESTMENTS			
(Grants \$) If the	ıs amount ıncludes foreıgn (grants, check here .	<u> ▶ ┌</u>	28a
29				
(Grants \$) If the	ıs amount ıncludes foreıgn (grants, check here .	▶ ┌	29a
30				
(Grants \$) If the	ıs amount ıncludes foreıgn (grants, check here .	▶┌	30a
31 O ther program services (attach schedu (Grants \$) If th	le)	grants, check here		31a
32 Total program service expenses (add lin	es 28a through 31a) .			32
Part IV List of Officers, Directors, Tru	stees, and Key Employees.	List each one even if not co	npensated (See the inst	ructions for Part IV)
	(b) Title and average	(c) Compensation	(d) Contributions	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee benefit pl deferred compensa	
THOMAS DURWOOD JR				
POBOX 773 RINGGOLD, LA 71068	PRESIDENT 0 00	0		
CATHY EDWARDS				
PO BOX 773 RINGGOLD, LA 71068	SECRETARY 0 00	0		
ROGER V MOSELEY				
PO BOX 482				
RINGGOLD, LA 71068	TREASURER 0 00	0		

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No		
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed					
	description of each activity	33		No		
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νo		
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T					
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No		
ь	If "Yes," has it filed a tax return on Form 990-T for this year?	35b				
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Νο		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a					
ь	Did the organization file Form 1120-POL for this year?	37b		No		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were					
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		No		
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b					
39	Section 501(c)(7) organizations. Enter	1				
а	Initiation fees and capital contributions included on line 9					
ь	Gross receipts, included on line 9, for public use of club facilities 39b	1				
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under	1				
	section 4911, section 4912, section 4955					
b	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I					
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958					
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization					
e	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T					
41	List the states with which a copy of this return is filed 🕨					
42a	The organization's books are in care of ▶ ROGER V MOSELEY	► <u>(31</u>	8)894	-3655		
	PO BOX 482 Located at RINGGOLD, LA ZIP + 4	<u>7:</u>	106804	82		
Ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	1	Yes	No		
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	163	No		
	account)?	420		NO		
	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.					
С	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No		
	If "Yes," enter the name of the foreign country 🕨			_		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	• •	▶ [
			Yes	No		
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of					
	Form 990-EZ.	44		No		
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No		
			00 E 7	/ /2000		

candidates for public office? If "Yes," complete Schedule C, Part II 47	Part	VI Section 501(c)(3) orga All section 501(c)(3) orga 46-49b and complete the	nizations and section	4947(a)(1) nonexe	•			-	stions
47 Out the organization as chool described in section 170(b)(1)(a)(iii)? If "Yes," complete Schedule C, Part 11 48 Is the organization a school described in section 170(b)(1)(a)(iii)? If "Yes," complete Schedule E 49	46 D	ıd the organızatıon engage ın dırect	or indirect political cam	paign activities on beh	alf of or in oppo	osition to		Yes	No
### Is the organization in engage in lounging activities 17 (%) Compensation (%) Compensati	ca	andidates for public office? If "Yes,"	complete Schedule C, F	Part I			46		
49a Did the organization and any transfers to an exempt non-chartable related organization? 49a Did the organization as extins 17 (pt.) (47 D								
50 If "Yes," was the related organization a section \$27 organization? 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "Nine" (c) Compensation from the organization of the paid more than \$100,000 of compensation from the organization. If there is none, enter "Nine" (c) Compensation from the organization of the position of the paid more than \$100,000 of compensation from the organization. If there is none, enter "Nine" (c) Compensation of the property of the paid more than \$100,000 of compensation from the organization. If there is none, enter "Nine" (e) Expense account and other allowances of compensation from the organization of the position of the paid more than \$100,000 of compensation from the organization. If there is none, enter "Nine" (e) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization. If there is none, enter "Nine" (e) Name and address of each independent contractor paid more than \$100,000 of compensation. 51. Complete this table for the organization. If there is none, enter "Nine" (e) Organization of compensation of the property of the paid of	48 Is	the organization a school describe	d in section 170(b)(1)(λ)(ιι)? If "Yes," complete	e Schedule E		48		
b If "Yes," was the related organization a section 527 organization? 50 Complete this table for the organization of the highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization if there is none, entire "None" (a) Name and address of each employee paid more than \$100,000 of compensation from the organization of the paper of the relation of the paper of the relationship of the organization of the paper of the organization of organization of organization of organization of the organization of organization organization of organization of organization of organization of organization of organization organization of organi	49a D								
Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "No. (a) Name and address of seath employee hours per week devoted to position. 50(f) Total number of other employees paid over \$100,000	b If								
Solid Total number of other employees paid over \$100,000 Solid		Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key							
Complete this table for the organization of the highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation 51(d) Total number of other independent contractors each receiving over \$100,000	(a) Na	Name and address of each employee hours per week (c) Compensation (d) Contributions to employee benefit plans				benefit plans &	account and		
Solution of the companies of penjury, 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. Date ROGER V MOSELEY TREASURER Type or print name and title									
Complete this table for the organization if there is none, enter "None" (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation (d) Total number of other independent contractors each receiving over \$100,000 (d) Total number of other independent contractors each receiving over \$100,000 (e) Compensation (f) Type of service (g) Compensation (h) Type of service (h) Type of									
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. ****** Signature of officer ROGER V MOSELEY TREASURER Type or print name and title Preparer's signature BARBARA COUCH Date Date 2010-05-14 Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 BARBARA COUCH CPA 1953 E 70TH ST SHREVEPORT, LA 71105 Phone no (318) 797-3633	of	compensation from the organizatio	n Ifthere is none, enter	"None"					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge ****** Signature of officer ROGER V MOSELEY TREASURER Type or print name and title Preparer's signature BARBARA COUCH Date 2010-05-14 Check if self-employed Firm's name (or yours if self-employed), address, and ZIP + 4 BARBARA COUCH CPA 1953 E 70TH ST SHREVEPORT, LA 71105 Phone no (318) 797-3633									
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 *******	51(d)								
Signature of officer ROGER V MOSELEY TREASURER Type or print name and title Preparer's signature BARBARA COUCH Date 2010-05-14 Check if self-empolyed		and belief, it is true, correct, and com	ne best o er has ar	of my knowk	owledge edge				
Paid Preparer's Jse Only Paid Preparer's Jse Only Piper and Self-employed part of self-e	Sign Here	Signature of officer Date ROGER V MOSELEY TREASURER							
Jse Only If self-employed), address, and ZIP + 4 1953 E 70TH ST SHREVEPORT, LA 71105 EIN Phone no (318) 797-3633	Paid	signature BARBARA COUCH		2010-05-14	self-	(See instructions)			
SHREVEPORT, LA 71105	-	nly If self-employed), address, and ZIP + 4 1953 E 70TH ST EIN							
		SHREVEPOI	RT, LA 71105			Phone no 🕨 (31	<u> </u>		

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492134026340

TY 2009 Other Expenses Schedule

Name: PROVIDENCE CEMETARY INC

EIN: 58-1650549

Description	Amount
INSURANCE	777
MEMORIAL EXPENSES	325
SAFE DEPOSIT BOX	25
INVESTMENT EXPENSES	385