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Form

SCANNED MAY 12 nmg

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public Inspection

Ą	For the 2009	calendar ye	ar, or tax year beginning, and ending			
_	Check if applicable	e Please	C Name of organization	i	D Employ	er identification number
\dashv	Address change	label or	VARNVILLE CEMETERY ENDOWMENT	FUND	59-	3237254
_	Name change	print or type	Doing Business As Number and street (or P O box if mail is not delivered to street address)	Room/suite		ne number
\exists	Initial return	See	P O BOX 38			-489-2200
ل	Termination	Specific Instruc-	City or town, state or country, and ZIP + 4		G Gross receip	ots \$ 20,544
	Amended return	tions.	DUNNELLON FL 34430		į	
	Application pendi	ng F Nam	e and address of principal officer		H(a) Is this a	group return for
					affiliates H(b) Are all a	ffiliates 💳 💳
		- 1			included	? Yes No
_	Tax-exempt s	totus X	501(c) (13) ◀ (insert no.) 4947(a)(1) or 527		II NO, 7	attach a list. (see instructions)
<u>-</u>		N/A	301(c) (23) 4 (msertine.) [4347(a)(1) di		H(c) Group e	xemption number
т К	Type of organiza		rporation Trust Association Other ▶	L Year of formation		M State of legal domicite
F	art i	Summa	ry			
	1	•	he organization's mission or most significant activities:			
9	EN	•	T FUND FOR CEMETERY COMPANY OPERATED FOR TH	E BENEFIT OF	THEIR	
nan	ME	MBERS				
Governance	0 05	Is Abia bass N	If the organization discontinued its operations or disposed of more the	on DEW of its not seen	_	
ß	2 Chec	k this box	members of the governing body (Part VI, line 1a)	ian 25% of its het asset	s. 3	
ණ ගු	· •		endent voting members of the governing body (Part VI, line 1b)		4	
Activities	5 Total	-	employees (Part V, line 2a)		5	
cţį	6 Total		volunteers (estimate if necessary)		6	
٩	7a Total	gross unre	lated business revenue from Part VIII, column (C), line 12		7a	
_	b Net u	inrelated bu	siness taxable income from Form 990-T, line 34		7b	0
	0.00	-:	d accepte (Cont.) (III. June 11)	Prior Ye	ar	Current Year
en	8 Conti		d grants (Part VIII, line 1h) revenue (Part VIII, line 2g)			
Revenue	10 Inves		ne (Part VIII, column (A), lines 3, 4, and 7d)	2	2,653	20,544
å	11 Othe		Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-/	
	I .	-	add lines 8 through 1 Linust edual Part VIII, column (A), line 12)	2	2,653	20,544
			ar amounts paid (Part IX, column (A), fines 1–3)		1,000	13,000
			or for members (Flart IX, column (A), line 4)			
y.	15 Salar	ries, other c	ompensation, employed percents (Part 18, column (A), lines 5-10)			
sesued	16a Profe		draising fees (Part IX, column (A), line 11e)			
- *		l fundraising	expenses (Part IX, column (D), line 25)	<u> </u>	1 011	
ú			(Part IX, column (A), mes tra-13:11-241)		1,211	1,914
		•	Add lines 13–17 (must equal Part IX, column (A), line 25)		2,211 9,558	14,914
<u>_</u>	# Reve	enue less e	openses. Subtract line 18 from line 12	Beginning of Cu		5,630 End of Year
sets	20 Total	l assets (Pa	rt X, line 16)		7,248	492,878
t Ass	圈 21 Total	l liabilities (l	Part X, line 26)			
- S	. 22 Net a		nd balances. Subtract line 21 from line 20	48	7,248	492,878
	Part II		re Block			
			alties of perjury, I declare that I have examined this return, including accompanying sch it is true, correct, and comple@ Declaration of preparer (other than officer) is based or			
6			mes Atom			13-10
	ign ere	Sidas	ure of officer			13 10
,,	ere	1 ~		RESIDENT	Date	
		—	or print name and title			
_		Broomer		Date Check	ıf	Preparer's identifying number
	aid	Preparer's signature		03/05/10 self- employ		(see instructions) 261-48-4159
	reparer's	Escala = a	// Bishop & Draper, CPA's		EIN D	59-2861961
U	se Only	if self-emp	2100 III and Boules	, Suite 230	Phone	
		address, a	- · · ·			904-725-9226
			eturn with the preparer shown above? (see instructions)			Yes No
	or Privacy A	ct and Pap	erwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
-						

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

ENDOWMENT	FUND	FOR	CEMETERY	COMPANY	OPERATED	FOR	THE	BENEFIT	OF	THEIR
MEMBERS										

(Expens) (Expenses \$ rogram services. (Describe in Schedule Oses \$ include rogram service expenses ▶	including grants of \$) (Revenue \$)
4d Other p	rogram services. (Describe in Schedule O)
4c (Code:) (Expenses \$	including grants of \$) (Revenue \$)
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Ac (Code:) (Expenses \$	including grants of \$) (Revenue \$	
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		·		
		•		
4b (Code:) (Expenses \$	including grants of \$) (Revenue \$)
			•	
		• • • • •		
		• • •		
	•	·		•
		•		
	•			
-			•	,
4a (Code:) (Expenses \$	including grants of \$) (Revenue \$	

Part IV Checklist of Required Schedules

				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A				
2	Is the organization required to complete Schedule B, Schedule of Contributors?		1	 	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		2		^
-	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		3_	_	
	Schedule C, Part II		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 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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part				
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,]		
	VII, VIII, IX, or X as applicable		11		X
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete				
	Schedule D, Part VI.				
•	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 related 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.				
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII.		12	 †	X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A X		1	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13	Ť	x
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? 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		15	1	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?				
	If "Yes," complete Schedule G, Part III		19		<u>x</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20		<u> </u>
			Eam	990	(2000)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations)		
	in the United States on Part IX, column (A), line 1? 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	1		
	United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the]		Ì
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a				
	\$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		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a)]	1
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	L	L
þ	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	<u> </u>	<u> </u>
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,	ļ		
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?	İ		
	If "Yes," complete Schedule L, Part III	27	L	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		[]	ļ
	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	<u> </u>	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	ļ	ł	
	Schedule L, Part IV	28b	L	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,	ĺ		
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ļ		
	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,	ļ		
	Part I	31	-	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	ļ		
	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	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	į į		
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			ļ
	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,			<u></u>
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			<u>. </u>
	19? Note. All Form 990 filers are required to complete Schedule O	38		X
		E0	. uun	COORD

Form 990 (2009) VARNVILLE CEMETERY ENDOWMENT FUND 59-3237254 Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a	_		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able			
٥-	gaming (gambling) winnings to prize winners?		1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	20			
_	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2a			
b	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see		2b		
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	v			
-	this return?	•	3a	•	х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ial			
	account)?		4a		х
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 Bar	k			
	and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards	ng			
	Prohibited Tax Shelter Transaction?	•	5c	<u> </u>	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				•
L	organization solicit any contributions that were not tax deductible?		<u>6a</u>	 -	<u> </u>
р	If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?	Ot]	
7	Organizations that may receive deductible contributions under section 170(c).		6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	ds			
_	and services provided to the payor?		7a	•	İ
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	•	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal control of the organization.	onal			
	benefit contract?		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				
	required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		1.		
0	organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.		8		
9	Did the organization make any taxable distributions under section 4966?				
a b	Did the organization make a distribution to a donor, donor advisor, or related person?		9a 9b		
10	Section 501(c)(7) organizations. Enter:		30		_
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1		
11	Section 501(c)(12) organizations. Enter:		1		
	Gross income from members or shareholders	11a			
ь	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a	Li	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2_		_X_
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	_ 5		X
6	Does the organization have members or stockholders?	_6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		.,	
a	The governing body?	_8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b_	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			3.7
500	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O etion B. Policies (This Section B requests information about policies not required by the Internal	9		X
	venue Code.)			
1101	ende Gode.		V	
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	No X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	I Va		^
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		
	form?	11		x
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	_15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ▶ JHON I BISHOP CPA 3100 UNIV BLVD S	 = -		
J	ACKSONVILLE FL 32216	904-72	5-9	226

DAA

Form 990 (2009)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organizat	ion did not compen	sate a	any c	curre	nt of	ficer,	dire	ctor, or trustee	, <u> </u>	
(A) Name and Title	(B) Average	Pos	ition ((C checl	(C) (D) eck all that apply) Reportable		(E) Reportable	(F) Estimated		
	hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
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Par	· (A)	(B)			- (0				(D)	(E)		(F)	
	Name and Title	Average hours per week	S Individual trustee or director		Officer	a Key employee	a Highest compensated memployee		- componention	Reportable compensation from related organizations (W-2/1099-MISC)	C:	Estimated amount of other compensation from the organization and related organizations	
		<u></u>			_			<u> </u>		_			
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1b	Total		<u>.</u>	<u> </u>	l		<u> </u>	<u> </u>					_
2	Total number of individuals (in reportable compensation from			to th	ose	liste	d abo	ove)	who received more than \$1	00,000 in			
3	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on lin the organization and related of individual	complete Sched e 1a, is the sum of	ule J of rep	for s	uch ole c	indiv omp	ridual ensat	lion	and other compensation fro	m		3	es No X
5	Did any person listed on line 1 services rendered to the organ											5	X
	ction B. Independent Contract	tors								- \$100,000 -6			
1	compensation from the organi	ization.	nsau	20 IN			nt co	nurad					<u>(1)</u>
	Name an	(A) nd business address					_	-	Descrip	(B) tion of services		Compe	C) ensation
				_									
													_
													
2	Total number of independent more than \$100,000 in compe						to th	nose	e listed above) who received				· · · · · ·
DAA		siisauon nom ule	orga	ıı∠dl	1011							Form 9	90 (2009)

Form 990 (2009) VARNVILLE CEMETERY ENDOWMENT FUND 59-3237254 Page 9 Statement of Revenue (C) Unrelated (A) Total revenue (B) Related or (D) Revenue excluded from tax under sections exempt function business revenue 512, 513, or 514 revenue 1a Federated campaigns 1a gifts, grants lar amounts 1b **b** Membership dues 1c c Fundraising events 1d d Related organizations Contributions, and other simi e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f Program Service Revenue Busn. Code 2a b f All other program service revenue \triangleright Total. Add lines 2a-2f Investment income (including dividends, interest, and 20,544 20,544 other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (ii) Personal (ı) Real 6a Gross Rents Less rental exps Rental inc or (loss) Net rental income or (loss) 7a Gross amount from (II) Other (i) Securities sales of assets other than inventor b Less cost or other basis & sales exps c Gain or (loss) \blacktriangleright d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses \triangleright c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less: cost of goods sold þ c Net income or (loss) from sales of inventory Busn. Code Miscellaneous Revenue 11a b C All other revenue

20,544

20,544

Total. Add lines 11a-11d

Total Revenue. See instructions

Form 990 (2009) Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	13,000			
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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):	1		 	·—-
а	Management .				
b	Legal	150			
С	Accounting	1,000			
d	Lobbying		· · · · · · · · · · · · · · · · · · ·		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	7.64			
9	Other	764		······································	
12	Advertising and promotion				
13	Office expenses		- 1		
14	Information technology .		· · · · · · · · · · · · · · · · · · ·		
15	Royalties				
16 17	Occupancy . Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences conventions and mactings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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					
b					
С					
d					
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	14,914			
26	Joint costs. Check here ▶ ☐ If following	1			
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and				1
	fundraising solicitation				

Part X **Balance Sheet** (A) (B) Beginning of year End of year Cash-non-interest bearing 487,248 2 Savings and temporary cash investments 2 492,878 3 Pledges and grants receivable, net 3 Accounts receivable, net 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 Assets Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less accumulated depreciation 10b 10c 11 Investments—publicly traded securities 11 Investments—other securities. See Part IV, line 11 12 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 487,248 16 Total assets. Add lines 1 through 15 (must equal line 34) 492,878 16 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities Complete Part X of Schedule D 25 Total liabilities. Add lines 17 through 25 26 Net Assets or Fund Balances Organizations that follow SFAS 117, check here complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets Temporarily restricted net assets 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 487,248 Retained earnings, endowment, accumulated income, or other funds 492,878 32 32 487,248 492,878 33 Total net assets or fund balances

492,878 Form 990 (2009)

487,248

34

Total liabilities and net assets/fund balances

orm	1990 (2009) VARNVILLE CEMETERY ENDOWMENT FUND 59-3237254		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		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			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
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	36		

Form **990** (2009)

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SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22.

▶ Attach to Form 990.

VARNVILLE CEMETERY ENDOWMENT FUND

Employer identification number

59-3237254

OMB No 1545-0047 2009

Open to Public Inspection

ŝ X Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (h) Purpose of grant or assistance ☐ Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to non-cash assistance (g) Description of Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (c) IRC (d) Amount of cash grant (e) Amount of non-cash section assistance 13,000 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part IV and Schedule I-1 (Form 990) if additional space is needed General Information on Grants and Assistance (p) EIN Enter total number of section 501(c)(3) and government organizations the selection criteria used to award the grants or assistance? SC 29944 (a) Name and address of organization Enter total number of other organizations VARNVILLE CEMETERY ASSN or government P O BOX 707 VARNVILLE Part III Part

Schedule I (Form 990) 2009

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Schedule I (F	Schedule 1 (Form 990) 2009 VARNVILLE CEMETERY ENDOWMENT FUND	METERY ENDOWN		59-3237254		Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.	to Individuals in the	United States. Con	nplete if the organiza	ation answered "Yes" to Fo	
	Use Part IV and Schedule I-1 (Form 990) if additional space is needed	(Form 990) If additic	onal space is needer	ď.		
1	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance.
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	4
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to	provide the information	on required in Part I	, line 2, and any other add	itional information.

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

Name of the organization

VARNVILLE CEMETERY ENDOWMENT FUND

Employer identification number

59-3237254

Form 990, Part III, Line 4d - All Other Achievements CASH TO VARNVILLE CEMETERY

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public