

#### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



# •Form 990

**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 2009

**Open to Public Inspection** 

Department of the Treasury Internal Revenue Service

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

	For t	he 2009 calend	dar year, c	or tax year begin	ning		, 2009	), and e	ending				,		
В	Check	ıl applicable		C Name of organiz	ation			-			D Em	ployer Id	entificatio	on Number	
	_ ' A	ddress change	Please use IRS label	THE MIDDLE	E VERDE	CEMETARY	ASSOC	IATI	ON		8 8	6-045	53089	9	
	<b>=</b> 4	lame change	or print or type			mail is not delivere		-	Room/sui	te	E Tel	ephone n	umber		
	<b>=</b> =	nitial return	See specific	PO BOX 1							$\perp$	928)	567-	-3303	
		ermination	Instruc-	City, town or cor	untry		State	ZIP co	ode + 4		- <del> </del>				
	F 4	errimation	110/13/	CAMP VERD	·		ΑZ	863	322		G Gro	ss recei	nte \$	820	
	<del>``</del>		F Name s	and address of princip	<del> </del>			- 000		H(a) is the	s a group r				X No
	□"	application pending	1	VIDSON P.O.		CAMP VE	א מחם	z 863	ı.		ll affiliates			Yes	N₀ N₀
-			<del></del>					<del>, , , , , , , , , , , , , , , , , , , </del>		If 'No	, attach a	list (see	instructio		
Ļ.		x-exempt statu		(c) (3 )	(insert no )	4947(a	)(1) or	52				_	_		
<u> </u>		ebsite: ► N/	_		<del>-</del> -	<u> </u>	I.				exemption				
K		m of organization	X Corpora	ation Trust	Association	Other >	<u>  L</u>	Year of	Formatio	on 195	03	WI State	of legal d	omicile AZ	
P	art I	Summa													
	1	Briefly descri	be the org	janization's missi	on or most sig	gnificant activit	ies <u>C</u>	EMET	ARY						
e					- <b></b>							<del>-</del>			
Пa			- <b></b> -												
AVM CENTRACES & Governance					<del>-</del>					the 2.630 F	04 - 4 14 -				
3 8	2	Check this bo	otina mam	if the organization bers of the gover	n discontinue	a its operations	or aispe	rec.	Ed.		% of its	assets	3		
<b>≥</b> ∞	4			t voting members							7() (	4		<del> </del>	
急 š	5			yees (Part V, line		ing body (r dri	เดา			40	IRS-0S(	5			
กิ≩	6			eers (estimate if			13	APR	14	7010	10.	6			
	7 a			usinėss revenue		l, Icolumn (C),	he 12		_		ીં≅	7	a		
₹	t	Net unrelated	business	taxable income	from Form 99	0-T, line 34	1 5	$\overline{c}$ n	i NI	117	·	7	ь		
								<u>UU</u>	<u> </u>		Prior Ye	ar		Current Y	ear
OIDZ II I	8	Contributions	and gran	ts (Part VIII, line	1h)							,320			820.
≔ૐ	9		-	ue (Part VIII, line								<u> </u>			
ڇَ	10	~		rt VIII, column (/	0,	and 7d)									
<u> </u>	11	Other revenue	e (Part VI	II, column (A), lii	nes 5, 6d, 8c,	9c, 10c, and 1	1e)								
	12	Total revenue	e – add lir	nes 8 through 11	(must equal F	art VIII, colun	nn (A), Iır	ie 12)			1	,320			820.
	13			ounts paid (Part											
	14	Benefits paid	to or for r	members (Part I)	K. column (A)	. line 4)									
	15	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)													
ses	16-	16a Professional fundraising fees (Part IX, column (A), line 11e)											_		
Expenses	'0'										, ,				
Ä	·   _ r								<u> </u>						
	ł	•	•	X, column (A), lıı	·	•					622. 622.				450.
	18			nes 13-17 (must o	-		ne 25)								450.
	19	Revenue less	expenses	s. Subtract line 1	18 from line 12	2				ļ		698	-		370.
10 0										Beg	inning o	of Year		End of Ye	ar
Not Associ	20	Total assets	(Part X III	ne 16)							23	,536		23,	,906.
¥.	21	Total liabilitie	s (Part X,	line 26)						ļ				····	
žū	22	Net assets or	fund bala	ances Subtract li	ine 21 from lin	ie 20				1	23	,536	.	23	,906.
P	art II	Signati	ure Bloc	k											
		Under penaltie	es of perjury,	I declare that I have e Declaration of prepa	examined this retur	rn, including accom	panying sch	edules a	and state	ments, an	id to the be	est of my	knowledg	je and belief, i	t is
		true, correct	and complete	Declaration of prepa	rer (other than off	icer) is basēd on al	f införmation	of which	h prepare	er has any	knowledg	e			
Si	gn	トイレ	THI	E DAVÍ	PSON						4	8.	201	10	
He	ere	Signature	of officer		·	•	•			C	Date				
		► PR	ESID	F NT											
			rint name an									-			
_								Date			Check If		Prepare	r's identifying tructions)	number
Pa	aid		Λ	4							self employed	<b>-</b>	(3003	iraciioris)	
Pi	e-	Preparer's signature	on and	la Laling				04/0	06/10	i		ـــــن	ĺ		
	irer's	Firm's name (	Or VAT	LEY ACCOUN	₽¥ ITTNC			<u> </u>	, _ \	-		-	·		
	se	e yours if self								EIN ►					
O	nly	employed), PO BOX 113U address, and ZIP + 4  CAMP VERDE  AZ 86322					22			Phone no	▶ (9	281	567-33	0.3	
- A A	ny iha				chown above			<u> </u>			r none no	( )	<u> </u>		No
				with the preparer		·		ions			TEEAA	101 07		Form 99	
B₽	AA FO	r Privacy Act a	ano raper	work Reduction	ACLINOTICE, SE	e uie separate	; mstruct	iuiis.			TEEA0	101 07	/20/09	1 01111 33	U (2003)

	m 990 (2009) THE MIDDLE VERDE CEMETARY ASSOCIATION		86-0453089	Page 2
	rt III Statement of Program Service Accomplishments	<del></del>		
1	Briefly describe the organization's mission			
	CEMETARY		<del></del>	
2	Did the organization undertake any significant program services during the year	which were not listed on the pr	ior	_
	Form 990 or 990-EZ?		Yes X	No
	If 'Yes,' describe these new services on Schedule O			_
3		inducts, any program services?	Yes X	No
_	If 'Yes,' describe these changes on Schedule O.	, pg	L) 1 E	J
4	Describe the exempt purpose achievements for each of the organization's three and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report	largest program services by ex the amount of grants and alloc	penses Section 501(c)(3) ations to others, the total	)
	expenses, and revenue, if any, for each program service reported.			
Δ:	a (Code ) (Expenses \$ including grants of	\$ ) (Re)	venue \$	)
7.0			· · · · · · · · · · · · · · · · · · ·	
41	b (Code) (Expenses \$including grants of	\$) (Rev	venue \$	)
	(Code	¢ \/D-		
40	c (Code) (Expenses \$ including grants of	\$) (Rev	venue \$	<del></del> )
		<del>-</del>		
40	d Other program services (Describe in Schedule O)			
	(Expenses \$ including grants of \$	) (Revenue \$	)	
46	e Total program service expenses ►			

			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	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		х
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? 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		Х
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		х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X 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, 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			
	Poid 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			
	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	PDID 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 statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		х
12	Was the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Yes No			
	Is the organization a school described in section 170(b)(1)(A)(ii)? I f 'Yes,' complete Schedule E	13		Х
1 <b>4</b> a	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		х
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		х
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		X_
1 <b>7</b>	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		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		х
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		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		x

Part IV Checklist of Required Schedules (continued) Yes No 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 Х 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 Х 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 23 Х Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through complete Schedule K. If 'No, 'go to line 25. If 'Yes,' answer lines 24b through 24d and 24 a Х 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a X 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 25b Х Schedule L. Part I 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 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If Yes, complete Schedule L. Part III 27 Χ Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28 a Х b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV 28b Х c 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 28 c Х Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 Х 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M Х Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I 31 Х 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II 32 32 Х 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 Х 34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 Х line 1 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 35 Х 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 36 Х 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 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 38 Note. All Form 990 filers are required to complete Schedule O 38 Х

BAA

Form 990 (2009)

	t v jotatomento regarantig ettier inte i inige and tax eempire.			
	E I II I I I I I I I I I I I I I I I I		Yes	No
1 a	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 0			
t	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	х	
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
2 5	olf at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3 <i>a</i>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
t	olf 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b		
4 a	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)?	4a		Х
t	olf '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			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
t	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5ь		Х
c	: If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6 a	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?	6a		х
t	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
ā	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?	7 a		х
t	of the yalue of the goods or services provided?	7 b		
	: Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		Х
c	If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
e	e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
ç	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
t	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		х
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a	1	х
	Did the organization make any distribution to a donor, donor advisor, or related person?	9ь		X
	Section 501(c)(7) organizations. Enter			
	a Initiation fees and capital contributions included on Part VIII, line 12	1		
	o Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter	1		
	a Gross income from other members or shareholders	1		
	O Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12 <i>a</i>	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	of 'Yes,' enter the amount of tax-exempt interest received or accrued during the year   12b			

BAA Form 990 (2009)

86-0453089

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.

<u>_</u>	criedule O See Instructions.				
Section A.	Governing Body and Management				
	1	1		Yes	No
	number of voting members of the governing body	1a 3			
	number of voting members that are independent	1b 3			
	ficer, director, trustee, or key employee have a family relationship or a business relat ector, trustee or key employee?	ionship with any other	2		<u>x</u>
	ganization delegate control over management duties customarily performed by or und , directors or trustees, or key employees to a management company or other person?		3		_X
	ganization make any significant changes to its organizational documents		4		Χ_
	prior Form 990 was filed? ganization become aware during the year of a material diversion of the organization's	accete?	5	,	Х
	organization become aware during the year of a material diversion of the organization's	233013	6		X
	organization have members, stockholders, or other persons who may elect one or mo	re members of the			
governing			7a		X
<b>b</b> Are any d	ecisions of the governing body subject to approval by members, stockholders, or othe	r persons?	7Ь		<u>X</u>
8 Did the ord the following	ganization contemporaneously document the meetings held or written actions underta ng	ken during the year by			
a The gover	ning body?		8a		<u>X</u>
<b>b</b> Each com	mittee with authority to act on behalf of the governing body?		8ь		Х
9 Is there ar organizati	ny officer, director or trustee, or key employee listed in Part VII, Section A, who canni on's mailing address? <i>If 'Yes,' provide the names and addresses in Schedule O</i>	ot be reached at the	9		х
Section B.	Policies (This Section B requests information about policies not r	equired by the Internal			
Revenue Code	)		r		
10 - Dans Han	arrangel and have been been been as affiliated.		10-	Yes	No
	organization have local chapters, branches, or affiliates?	ala ala ada sa affil alaa	10 a		<u>X</u>
and brand	pes the organization have written policies and procedures governing the activities of sines to ensure their operations are consistent with those of the organization?		10b		
	rganization provided a copy of this Form 990 to all members of its governing body bef	ore filing the form?	11	X	
	n Schedule O the process, if any, used by the organization to review this Form 990	,	12-		
	organization have a written conflict of interest policy? If 'No,' go to line 13 is, directors or trustees, and key employees required to disclose annually interests the	at could awa rice	12a		<u>X</u>
to conflict	5?	J	12b		
	organization regularly and consistently monitor and enforce compliance with the policy O how this is done	יף If 'Yes,' describe in	12c		<u>.</u>
	organization have a written whistleblower policy?		13		<u>X</u>
	organization have a written document retention and destruction policy?		14		X
	ocess for determining compensation of the following persons include a review and appropriately and contemporaneous substantiation of the deliberation and decis	proval by independent ion?			
a The organ	ization's CEO, Executive Director, or top management official		15a		<u>X</u>
	ers of key employees of the organization		15Ь		<u>X</u>
	line 15a or 15b, describe the process in Schedule O (See instructions.)		1		
	ganization invest in, contribute assets to, or participate in a joint venture or similar ar ng the year?	rangement with a taxable	16 a		<u> </u>
ın joi <b>n</b> t vei	as the organization adopted a written policy or procedure requiring the organization to nture arrangements under applicable federal tax law, and taken steps to safeguard th n respect to such arrangements?	evaluate its participation e organization's exempt	16b		
<del></del>	Disclosures				
17 List the st	ates with which a copy of this Form 990 is required to be filed <u>Arizona</u>				
18 Section 67 inspection	04 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and Indicate how you make these available Check all that apply.	990-T (501(c)(3)s only) availa	ble fo	r publ	IC
	vebsite Another's website X Upon request				
	n Schedule O whether (and if so, how) the organization makes its governing documer s available to the public	its, conflict of interest policy,	and fir	nancia	I
	name, physical address, and telephone number of the person who possesses the boo ACCOUNTING P.O. BOX 1130 CAMP VERDE A	•		67-3	3303
- 25550		=	='_4		

# 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

- 1 a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
  organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not	compensa	te any	y cu	rren	t off	icer, d	irec	tor, or trustee		
(A)	(B)	(c)						(D)	(E)	(F)
Name and Title	Average hours	Position (check all that app						Reportable	Reportable	Estimated amount of other
	per week	adividi el frastee or director	anshlutiossal trustee	Offi 🕶	Key employee	Highest cointensaled employee	では、口管	compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	compensation from the organization and related organizations
RUTH DAVIDISON										
PRESIDENT	1.00			X	<u> </u>			0.	0.	0.
ALVIN A TEAGUE										
V-PRESIDENT	1.00			Х				0.	0.	0.
JEAN WELLS										
SECRETARY	1.00			Х				0.	0.	0.
									•	
			-							
				-						
				<u> </u>	L					
				   	-					
			<u> </u>		_	-	-			

Part VII   Section A. Officers, Directors, Trust (A)	(B)	<u> </u>			c)	<u> </u>		(D)	(E)	1	(F)
Name and Title	Average	age Position (check all that					pply)	Reportable	Reportable	i	imated
value and thie	hours per week			Officer		Highest compensated employee		compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	amou comp fro orga and	nt of other pensation om the inization I related nizations
	-										
											•
	-										
					ļ						
	-										
	-										
											<del></del>
								_			
1b Total							_	0.	0.		C
Total number of individuals (including but not limited from the organization	to those	list	ed a	DOV	e) w	no r	ecei	ved more than \$10	UU,UUU in reportable	compen	
3 Did the organization list any <b>former</b> officer, director on line 1a? If 'Yes,' complete Schedule J for such in	dıvıdual		•	•	•		•			3	Yes No
4 For any individual listed on line 1a, is the sum of rep the organization and related organizations greater the individual	ortable o an \$150,	moo, 000,	ens	atio f 'Ye	n ai	nd of	ther olete	compensation froi Schedule J for su	m ch	4	x
5 Did any person listed on line 1a receive or accrue co rendered to the organization? If 'Yes,' complete Sch	mpensa edule J	tion for s	fron uch	n an per	y ur son	rela	ted	organization for se	ervices	5_	X
Section B. Independent Contractors	al				251	II			#100 000 -f		
Complete this table for your five highest compensate compensation from the organization	a indepe	ende	nt C	ontra	acto	rs th	iat r	·	Γ		
(A) Name and business addres	S					_		Description o	of Services	Comper	
				-			_				
Total number of independent contractors (including by	out not li	mite	d to	thos	se li	sted	aho	ove) who received	more than		<del></del>
\$100,000 in compensation from the organization											

11 41	VIII   Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns  b Membership dues  c Fundraising events  d Related organizations  e Government grants (contributions)  f All other contributions, gifts, grants, and similar amounts not included above  1 a  1 b  1 b  1 c  1 d  8 2 0 .				
AND	g Noncash contribns included in lns 1a-1f h Total. Add lines 1a-1f	820.			
	Business Code	020.			
PROGRAM SERVICE REVENUE	2a				
E RE	b				
PVIC	c				
M.SE	d e		·		
GRA	f All other program service revenue		<del></del>		
PRC	g Total. Add lines 2a-2f				
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>				
	5 Royalties (i) Real (ii) Personal				
	6a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss)				
	7 a Gross amount from sales of assets other than inventory (i) Securities (ii) Other				
	b Less cost or other basis and sales expenses c Gain or (loss)				
	d Net gain or (loss)				
OTHER REVENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses b				
_	c Net income or (loss) from fundraising events				
	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 b				
	c Net income or (loss) from sales of inventory	İ			]
	Miscellaneous Revenue Business Code				
	11a				
	b				-
	d All other revenue			<del> </del>	-
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	820.			

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). (B) (C) (D) (A) Program service Fundraising Management and Do not include amounts reported on lines Total expenses general expenses expenses expenses 6b, 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 2 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 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) a Management **b** Legal 130. 130. 0. 0. c Accounting d Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion 13 Office expenses 14 Information technology Royalties 15 16 Occupancy 17 Travel Payments of travel or entertainment 18 expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 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) 0. 218 218 0. a APS 0. b BANK CHARGE 0. 6. 6 c REPAIR\_\_\_ 68 68. 0. 0. 0. 18 18. 0. d POSTAGE e AZ CORP COMMISSION 0. 0. 10. 10. f All other expenses 0 0. 450 450 Total functional expenses Add lines 1 through 24f 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 educational campaign and fundraising solicitation

Form 990 (2009)

art X	Balance Sheet		<del>,</del>		
			(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		23,536.	1	23,906
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directors, to and highest compensated employees. Complete Part II of			5	
6	Receivables from other disqualified persons (as defined u	inder section 4958(f)(1))			
	and persons described in section 4958(c)(3)(B) Complete	e Part II of Schedule L		6	
7	Notes and loans receivable, net			7	
7 8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	<del>-</del> -
10a	Land, buildings, and equipment cost or other basis	10a			
	Complete Part VI of Schedule D	·			
l b	Less accumulated depreciation	10Ь		10 c	
11	Investments – publicly-traded securities	· · · · · · · · · · · · · · · · · · ·		11	
12	Investments – other securities See Part IV, line 11			12	
13	Investments - program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11		15		
16	Total assets Add lines 1 through 15 (must equal line 34)		23,536.	16	23,90
17	Accounts payable and accrued expenses			17	
18	Grants payable			18	
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	··· · - <del>-</del>
21	Escrow or custodial account liability Complete Part IV o	of Schedule D		21	
22	Payables to current and former officers, directors, trustee highest compensated employees, and disqualified person	es, key employees,			
	of Schedule L	5 55p. 5.5. 5 a.v		22	
23	Secured mortgages and notes payable to unrelated third	narties		23	
24	Unsecured notes and loans payable to unrelated third pai	•		24	
25	Other liabilities Complete Part X of Schedule D			25	<del></del>
26	Total liabilities. Add lines 17 through 25		0.	26	(
+	Organizations that follow SFAS 117, check here	and complete lines	0.		
	27 through 29 and lines 33 and 34.				
27	Unrestricted net assets			27	
1	Temporarily restricted net assets			28	
29	Permanently restricted net assets			29	
23	Organizations that do not follow SFAS 117, check here	► X and complete		23	
	lines 30 through 34.	A and complete			
30	_	22 526	20	22 004	
1	Capital stock or trust principal, or current funds	at fund	23,536.	30 31	23,900
31	Paid-in or capital surplus, or land, building, and equipme			_	
32	Retained earnings, endowment, accumulated income, or	other tunds	22 526	32	22 00
31 32 33 34	Total net assets or fund balances		23,536.	33	23,906
34     34	Total liabilities and net assets/fund balances		23,536.	34	23,906 Form <b>990</b> (200

TEEA0111 01/30/10

form 990 (2009) THE MIDDLE VERDE CEMETARY ASSOCIATION 86-04530	189	Pa	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 🗓 Cash 🗌 Accrual 📗 Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>x</u>
b Were the organization's financial statements audited by an independent accountant?	2b		Х
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2с		
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		х
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	3ь		

BAA

Form 990 (2009)

#### **SCHEDULE A** (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OVB No 1545 0047 2009

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

Employer identification number

Name of the organization					Employer	identificati	on number					
THE MIDDLE VERDE CEMETARY ASSOCIATION	)											
Part I Reason for Public Charity Status (All organi	zations must co	omplet	e this	part.)	See <u>in</u>	structio	ns					
The organization is not a private foundation because it is (For line	es 1 through 11, che	eck only	one box	i.)								
1 A church, convention of churches or association of church												
2 A school described in section 170(b)(1)(A)(ii). (Attach S												
3 A hospital or cooperative hospital service organization de	escribed in section	n 170(b)	(1)(A)(ii	).								
4 A medical research organization operated in conjunction					ьх1хах	(iii) Ente	r the hospi	lal's				
name, city, and state			-	`								
5 An organization operated for the benefit of a college or u 170(b)(1)(A)(iv). (Complete Part II)	iniversity owned or	operate	d by a g	overnm	ental un	it describ	ed in se	ction				
6 A federal, state, or local government or governmental un												
7 An organization that normally receives a substantial part in section 170(b)(1)(A)(vi). (Complete Part II)			rnmenta	il unit oi	from th	ie genera	ıl public de	scribed	i			
= '	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
An organization that normally receives (1) more than 33-1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions — subject to certain exceptions, and (2) no more than 33-1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)												
10 An organization organized and operated exclusively to te	•											
11 An organization organized and operated exclusively for the more publicly supported organizations described in sect describes the type of supporting organization and complete.	lion 509(a)(1) or sei	ction 509	e functio 9(a)(2)	ons of, o See <b>s</b> e	or carry of	out the pi <b>09(a)(3)</b> .	urposes of Check the	one or box th	at			
a Type I b Type II c	Type III – Func	tionally	ntegrate	ed		d 🗌	Type III-	Other				
e By checking this box, I certify that the organization is not than foundation managers and other than one or more pi 509(a)(2)	it controlled directly publicly supported o	or indiri rganizat	ectly by ions des	one or i cribed i	more dis n section	qualified n 509(a)(	persons o	ther on				
f If the organization received a written determination from check this box	the IRS that is a T	ype I, T	pe II or	Туре II	suppor	ting orga	nization,					
g Since August 17, 2006, has the organization accepted ar	ny gift or contribute	ion from	any of	he follo	wing pei	rsons?						
								Yes	No			
<ul> <li>a person who directly or indirectly controls, either a below, the governing body of the supported organiz</li> </ul>	zation?	th perso	ns desc	ribed in	(II) and	(111)	11 g (i)					
(ii) a family member of a person described in (i) above	∕e <sup>?</sup>						11 g (ii)					
(iii) a 35% controlled entity of a person described in (i)	or (II) above?						11 g (m)					
h Provide the following information about the supported or	ganizations											
(i) Name of Supported (ii) EIN (iii) Type of org (described on above or IRC (see instruc	lines 1 9 organizati C section (i) listed	on in col in your rnina	(v) Did yo the organ col ( your su	zation in	(vi) le organizati (i) organiz U S	on in col	(vii) Amoun	t of Supp	port			
	Yes	No	Yes	No	Yes	No						
							·					
					,	-						
Total  BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instruction	ons for Form 990 or 990-	EZ			Schedul	e <b>A</b> (Forr	m 990 or 99	90-EZ)	2009			

	edule <b>A</b> (Form 990 or 990-EZ) 2009		OLE VERDE C			86-04530		ge <b>2</b>
Pa	Complete only if you checke				b)(1)(A)(iv) and	170(b)(1)(A)	(vi)	
Sec	ction A. Public Support	d the box on line	5, 7, 01 0 011 ait 1	)				
beg	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')							
	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf							
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge							
	Total. Add lines 1-through 3  The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)	:				-		
6	Public support. Subtract line 5 from line 4	:						
Sec	ction B. Total Support							
Cale beg	endar year (or fiscal year inning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
11	Total support Add lines 7 through 10							
12	Gross receipts from related activi	ties, etc. (see inst	ructions)			12		
13	First five years. If the Form 990 is organization, check this box and		ion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(3	) 	П
	tion C. Computation of Pub						- <del></del>	
	Public support percentage for 200 Public support percentage from 2	•	.,	11, column (f)		14 15		<u>%</u> %
16	a 33-1/3 support test — 2009. If the and stop here. The organization of				ne line 14 is 33-1/3	3 % or more, che	ck this box	
,	o 33-1/3 support test — 2008. If the and stop here. The organization of	organization did i qualifies as a publ	not check a box or icly supported org	i line 13, or 16a, a anization	and line 15 is 33-1	/3% or more, ch	eck this box	
17 a	a 10%-facts-and-circumstances tes or more, and if the organization n the organization meets the 'facts-	neets the 'facts-ar	id-circumstances'	test, check this bo	ox and stop here	. Explain in Part	IV how	
!	o 10%-facts-and-circumstances tes or more, and if the organization n organization meets the 'facts-and	neets the 'facts-ar	id-circumstances'	test, check this bo	ox and stop here	. Explain in Part	5 is 10% IV how the	

18 Private foundation. If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions

BAA

# Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Par
--

Sec	tion A. Public Support							
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
	Total Add lines 1 through 5 a Amounts included on lines 1, 2, 3 received from disqualified persons							
1	and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year							
•	c Add lines 7a and 7b							
8	Public support (Subtract line	:						
	7c from line 6)							
Sec	tion B. Total Support							
Cale	endar year (or fiscal yr beginning in) 🕨	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total	
9	Amounts from line 6							
10 a	a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources							
١	b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
11	Add lines 10a and 10b  Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on							
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)							
13	Total support. (add Ins 9, 10c, 11, and 12)		]					
14	First five years. If the Form 990 is	s for the organiza	tion's first, second	, third, fourth, or	fifth tax year as a	section 501(c)(	3)	
Sac	organization, check this box and ction C. Computation of Pub		ercentage			<del></del>	- 1	
				13 column (5)		1 1	5 %	
	Public support percentage for 200		•	13, COMMIN (1))		10	<del></del>	
16 Sec	Public support percentage from 2 ction D. Computation of Inve			<del></del>		<u> </u>	1 /6	
	Investment income percentage for			hy line 13 colum	n (fl)	1:	7   %	
		11	<del></del>					
18 19:	· -				line 15 is more the	\	<del></del>	
	a 33-1/3 support tests — 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization  b 33-1/3 support tests — 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18							
	is not more than 33-1/3%, check	this box and stor	here. The organiz	ration qualifies as	a publicly suppor	ted organization	, and line to	
20	Private foundation. If the organiz	ation did not chec	k a box on line 14	, 19a, or 19b, che	ck this box and se	e instructions	<u>► X</u>	

Schedule A	• <b>A</b> (Form 990 or	990-EZ) 2009	THE MIDE	LE VERDE	CEMETARY	ASSOCIATIO	N 86-04	153089	Page 4
Part IV	Supplemer	ntal Informa	tion. Comple	te this part	to provide the	ne explanations ther additional	required by	Part II, line 10	, , ,s
	- art ii, iirie	178 01 176		, 11110 12.11		ther additional	THOMAS TO THE	- Instruction	
							- <b></b>	<del>-</del>	
			. <b></b>						
<del>-</del>							. <b>.</b>		
			. – – – – –						- <del></del>
		- <del></del>							
		- <b>-</b>							
				<del>-</del>			- <b>-</b>		
				<del>-</del>					
							<del></del>		
					<del>-</del>				