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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)

OMB No 1545-0047

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

Open to Public Inspection

| A | For the | e 2009 calendar year, or tax year beginning and endin | ıg | | | | | |
|-------------------------|--------------------|--|--------------------|---------------------------------|--|--|--|--|
| В | Check if | Please C Name of organization | | D Employer identif | ication number | | | |
| • | applicable | " USE IRS TERRACE HEIGHTS MEMORIAL PARK ASSN. | | | | | | |
| | Addres | ss label or print or ENDOWMENT CARE FUND | | | | | | |
| F | Name | type | | 1 91-6036085 | | | | |
| F | ichang ∏initial | See Number and street (or P.O. box if mail is not delivered to street address) Room | /custo | | | | | |
| 늗 | return Termin | | /Suite | E Telephone number 509-453-1961 | | | | |
| 늗 | lated | Instruc- DOOL TERRACE HELGHID DRIVE | | | | | | |
| ╘ | Amend | City or town, state or country, and ZiF + 4 | | G Gross receipts \$ | 327,454. | | | |
| L | Applic | ² YAKIMA, WA 98901 | | H(a) is this a group i | | | | |
| | pendir | F Name and address of principal officer:WILLIAM HUIBREGTSE | | for affiliates? | ☐Yes X No | | | |
| | | 6412 SCENIC DRIVE, YAKIMA, WA 98908 | | H(b) Are all affiliates in | cluded? Yes No | | | |
| $\overline{}$ | Tay.ove | empt status: X 501(c) (13) ◀ (insert no) 4947(a)(1) or 527 | | | a list (see instructions) | | | |
| | | te: N/A | | H(c) Group exempte | , | | | |
| - | vebsii | | Voor | | M State of legal domicile: WA | | | |
| | | | . rear (| Ji lonnadon. 1930 | M State of legal domicile. WA | | | |
| | art i | Summary | | <u> </u> | | | | |
| ø | 1 | Bnefly describe the organization's mission or most significant activities: PROVIDE | <u>A</u> | CEMETERY FO | OR THE | | | |
| JE O | | BURIAL OF THE DEAD, WITHOUT REGARD TO RACE, | CO | LOR, BELIEF | rs, etc. | | | |
| Activities & Governance | 2 | Check this box if the organization discontinued its operations or disposed of | f more | than 25% of its net a | ssets | | | |
| Š | 3 | Number of voting members of the governing body (Part VI, line 1a) | | 3 | 5 | | | |
| Ğ | 4 | Number of independent voting members of the governing body (Part VI, line 1b) | | 4 | 5 | | | |
| ο σ | | Total number of employees (Part V, line 2a) | | 5 | 0 | | | |
| ë | 1 | Total number of volunteers (estimate if necessary) | • | 6 | 0 | | | |
| ₹. | 1 | , | | | | | | |
| Ą | ŀ | Total gross unrelated business revenue from Part VIII, column (C), line 12 | | 7a | | | | |
| | Ь | Net unrelated business taxable income from Form 990-T, line 34 | | 7b | | | | |
| | | | <u> </u> | Prior Year | Current Year | | | |
| <u>o</u> | 8 | Contributions and grants (Part VIII, line 1h) | | | | | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | | | | | |
| | 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 92,001. | 84,788. | | | | |
| Œ | | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 118,386. | | | | |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 210,387. | 84,788. | | | |
| _ | + | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | + | 62,661. | 49,262. | | | |
| | ı | | - | 02,001. | 13,202. | | | |
| | | Benefits paid to or for members (Part IX, column (A), line 4) | <u> </u> | | | | | |
| Expenses | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | | | | | |
| SE. | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | <u> </u> | | | | | |
| ğ | ь | Total fundraising expenses (Part IX, column (D), line 25) | . L | | | | | |
| Ш | 17 | Other expenses (Part IX, column (A), lines 11a 11d, 11F2m)CEIVED | | 1,291. | 5. | | | |
| | 18 | Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) | | 63,952. | 49,267. | | | |
| | | Revenue less expenses Subtract line 18 from the 12 1444 + 57 2014 | | 146,435. | 35,521. | | | |
| 10,0 | 3 | (여) MAY 1 7 2010 1억 | Be | ginning of Current Year | | | | |
| Net Assets | 20 | Total assets (Part X, line 16) | - | 1,865,652. | | | | |
| SS | 3 20 | Total assets (Fait A, line 10) | \vdash | 1,000,001 | 2,032,2331 | | | |
| ## E | 21 | Total liabilities (Part X, line 26) OGDEN, UT | \vdash | 1,865,652. | 2,052,139. | | | |
| 큳 | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 1,003,032 | 2,032,133. | | | |
| Р | art II | Signature Block | | | | | | |
| | | Under penalties of perjury / declare that I have examined this return, including accompanying schedules and state and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any known of the complete of th | ments, a wledge | ind to the best of my knowle | dge and belief, it is true, correct, | | | |
| | | 11/-11 4 | | . ~ . | . • | | | |
| Sig | ın | Will Com | | 5-11 | _ <i> U</i> | | | |
| He | | Signature of officer | | Date | | | | |
| | | N WILLIAM HUIBREGTSE, PRESIDENT | | | | | | |
| | | Type or print name and title | | | | | | |
| | | Date / | 1 Che | ck if Prepa | rer's identifying number | | | |
| Pai | id | Preparer's signature Asther Astronomy and Asther Asther Asther Asther Asther Asther Asther Astronomy and Asther Astronomy as the Asther Astronomy as the Asther Astronomy as the Asther | (see ii | estructions) | | | | |
| Pre | parer's | The state of the s | Tem | ployed > 4 | 00737078 | | | |
| | e Only | Yours II (MOSS ADAMS IND | | EIN ► 9/- | 0184318 | | | |
| -50 | , | self-employed), P.O. BOX 22650 | | | | | | |
| | | ZIP+4 YAKIMA, WA 98907-2650 | | Phone no. ► 5 | 09-248-7750 | | | |
| Ma | y the II | RS discuss this return with the preparer shown above? (see instructions) | | | X Yes No | | | |

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2009)

| Par | t III Statement of Program Service Accomplishments |
|-----|--|
| 1 | Briefly describe the organization's mission. PROVIDE A CEMETERY FOR THE BURIAL OF THE DEAD, WITHOUT REGARD TO RACE, |
| | COLOR, BELIEFS, ETC. |
| | |
| | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No |
| | If "Yes," describe these new services on Schedule O. |
| 3 | Did the organization cease conducting, or make significant changes in how it conducts, any program services? |
| - | If "Yes," describe these changes on Schedule O. |
| 4 | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses |
| | Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and |
| | allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| | |
| 4a | (Code) (Expenses \$ including grants of \$) (Revenue \$) THE ENDOWMENT CARE FUND HOLDS INVESTMENTS FROM WHICH THE INTEREST HELPS |
| | TO FUND TERRACE HEIGHTS MEMORIAL PARK. |
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| 4b | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
| 7.7 | (Code.) (Expenses w including grains of w) (Nevertible w) |
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| 4c | (Code:) (Expenses \$ including grants of \$) (Revenue \$) |
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| 4d | Other program services (Describe in Schedule O) |
| 74 | (Expenses \$ including grants of \$) (Revenue \$) |
| 4e | Total program service expenses ▶\$ |

932002 02-04-10

ENDOWMENT CARE FUND Page 3 Form 990 (2009) 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)? X If "Yes." complete Schedule A \mathbf{X} 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Х 8 Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? X 10 If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, VIII, IX, or X 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 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 X 12 Schedule D, Parts XI, XII, and XIII. Yes No 12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A $\overline{\mathbf{x}}$ 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization X or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 1c and 8a? If "Yes," complete Schedule G, Part II . .

Form **990** (2009)

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X

X

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

complete Schedule G, Part III

Part IV Checklist of Required Schedules (continued)

| 21 bd the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, commine (A), iner 17 "IX", "complete Schedule (). Parts and ill and ill to the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), ine 21 "IX" somplete Schedule (). Parts a fall ill and the organization answer "Vis" to Part VIII. Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, its times the section \$2.000 as of the stat day of the year, that was issued after December 31, 2002? If "Yes," answer lanes 24b through 24d and complete Schedule K. If "No"; go to line 25 D off the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? O off the organization animatian an escrow account other than a refunding secrow at any time during the year? D off the organization animatian an escrow account other than a refunding secrow at any time during the year? D off the organization animatian an escrow account other than a refunding secrow at any time during the year? D off the organization animatian an escrow account other than a refunding secrow at any time during the year? D off the organization animatian an escrow account other than a refunding secrow at any time during the year? D off the organization animatian an escrow account other than a refunding secrow at any time during the year? D off the organization animatian an escrow account other than a refunding secrow at any time during the year? D off the organization animatian an escrow account other than a refunding secrow at any time during the year? D off the organization animatian an escrow account other than a refunding secrow at any time during the year? D off the organization animatian an escrow account other than a refunding secrow at any time during the year? D off the organization animatian an escrow account other than a refunding secrow at a se | | | | res | NO |
|---|-----|---------------------------------------|--|--|----------------|
| Did the organization report more than \$5,000 of grains and other assistance to individuals in the United States on Part IX. 22 X 23 Did the organization answer "Yes" to Part VIII, Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J. 24 Did the organization have a tax exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization and \$510(14) organizations. Did the organization exception? Did the organization aware that it engaged in an excess benefit transaction with a disqualified period period period period period period did the organization and period period of any of the organization with a disqualified period pe | 21 | | | v | |
| column (A), line 27 if "Yes," complete Schedule I, Parts I and III 2 Did the organization aswer "Yes 1 Part IVI). Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24 through 24d and complete Schedule K. If "No", go to the ne 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax-exempt bonds outstanding at any time during the year? Did the organization are as an "on behalf of" issuer for bonds outstanding as any time during the year? Section 501(6)) and 501(6) and 501(6) did organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a principal part of the reganizations. Did the organization with a disqualified person in a principal part of the organization is the part of the organization with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Mas the organization provide a grant or other assistance to an officer, director, trustee, key employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part IV Mas the organization party to a business transaction with one of the following parties, (see Schedule L, Part IV Mas the organization receive more than 250,000 in non-cas | | | 21 | Λ | |
| Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule Little Views, "answer lines 24b through 24d and complete Schedule K. If "No", go to line 25 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list 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 Did the organization maintain an escrow account other than a refunding escrow at any time during the year of the organization and so the organization and so the organization enters and the transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I be the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part I be the organization aware that it engaged in an excess benefit transaction with a disqualified person on a proof year, and that the transaction has not been reported on any of the organization spot person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II 25b Schedule L. Part II at the transaction has not been reported on any of the organization's provide a grant or other assistance to an officer, director, frustee, key employee, highly compensated employee, or dequalified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part IV 25b Schedule L. Part IV 32b Schedule Schedule R. Part IV 32b Schedule R. Part IV 32b | 22 | · · · · · · · · · · · · · · · · · · · | 1 | | - v |
| and former officers, fursetors, fustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," ariswer lines 24b through 24d and complete Schedule K. If "No", go to hie 25 5 Did the organization inwest any proceeds of tax-exempt bonds beyond a temporary period exception? C Did the organization mentian an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" sisser for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" sisser for bonds outstanding at any time during the year to defease any tax-exempt bonds? 5 Section 501((24)) and 501((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 I b is the organization was 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 pnor Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I I Was a loan to or by a current of 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 I IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization on a notificer, director, trustee, or key employee in the part I IV yes, "complete Schedule L, Part I IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former | | | 22 | | |
| Schedule J 24a Dut the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25 Do the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization acts as in on behalf of "issuer for bonds outstanding at any time during the year? If "Yes," complete Schedule person out in a principal and that the transaction with a disqualified person on a principal and that the transaction has not been reported on any of the organization with a disqualified person in a principal and that the transaction has not been reported on any of the organization with a disqualified person in a principal and that the transaction has not been reported on any of the organization with a disqualified person in a principal and that the transaction has not been reported on any of the organization with a disqualified person in a principal and that the transaction has not been reported on any of the organization with a disqualified person in a principal and that the transaction with a disqualified person in a principal and that the transaction with a disqualified person in a principal and that the transaction with a disqualified person in a principal and that the transaction with a disqualified person in a principal and that the transaction with a disqualified person in a principal and that the transaction with a disqualified person in a princ | 23 | · | | | |
| Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Pes," answer lines 24b through 24d and complete Schedule K. If "No", go to him 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization invest any proceeds of tax-exempt bonds beyond a temporary peniod exception? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? defease any tax-exempt bonds? Was a lacend of provided person during the year? If "Yes," complete Schedule L, Part I or bis the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's provided person outstanding as of the end of the organization's provided person outstanding as of the end of the organization's provided person outstanding as of the end of the organization is tax year? If "Yes," complete Schedule L, Part IV Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV Another organization applicable filting thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A nemtry 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 key | | | | | v |
| as taday 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 b) Old the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-event bonds? c) Old the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-event bonds? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person unit and that the transaction was 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-E27 if "Yes," complete Schedule L, Part II 25b 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 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part II 27 Did the organization aparty to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions) a A current or former officer, director, fustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A nentity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 A transplantation engage the major and the parties of the organization for a family member) was an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the org | | · | 23 | | |
| Schedule K. If *No*, go to line 25 Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization mixes any proceeds of tax exempt bonds beyond a temporary period exception? 246 247 258 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? 259 Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or sent that the engage 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 or 990 corporated exception that the transaction has not been reported on any of the organization or 990 corporated exception that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization or 990-E27 if *Yes,* complete Schedule L, Part III 250 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 or a fine transaction with a disqualified person in a prior year, and that a fine prior and that a current or former officer, director, trustee, the prior of the following parties, (see Schedule L, Part IV 270 In the organization or recomment of former officer, director, trustee, or key employee? If *Yes,* complete Schedule L, Part IV 281 In the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contribu | 24a | · · · · · · · · · · · · · · · · · · · | | | |
| 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 any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24c 24d 22s Section 501(s)(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 1 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 E27 If "Yes," complete Schedule L, Part II 25b 27b 27b 27b 27b 27b 27b 27b 27b 27b 27 | | | | | v |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 901(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 b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person on a pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II 25b 25b 25c | | | | | |
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| 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 I Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E2? If "Yes," complete Schedule L, Part I I | | | - | | ļ |
| disqualified person during the year? If "Yes," complete Schedule L, Part I b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E2? If "Yes," complete Schedule L, Part II 25b 25b 27b 28b 28c 27b | | | 24d | _ | |
| 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 pnor Forms 990 or 990-EZ? If "Yes," complete Schedule I, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IIV 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 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 instructions for a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV is an officer, director, trustee, or key employee? If "Yes," complete Schedule M is officer, director, trustee, or key employee? If "Yes," complete Schedule M is officer, director, trustee, or key employee? If "Yes," complete Schedule M is officer, director, trustee, key employee? If "Yes," complete Schedule M is officer, director, trustee, key employee? If "Yes," complete Schedule M is officer, director, trustee, key employee? I | 25a | | | | |
| that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E27 // "yes," complete Schedule L, Part I/ 25b 25b 25chedule L, Part I/ 26 | | | 25a | | |
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| Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 X 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 X 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II 33 X 34 Was 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 II 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, IV, and V, line 1 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organizati | | | | | |
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| Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part IV 27 | 26 | | ٔ ہے ا | | l _v |
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| Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28b X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization iquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I 31 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 32 Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part V, line 2 33 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 33 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O | | | 07 | | l _w |
| 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 b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M. 29 | | | | <u> </u> | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee? If "Yes," complete Schedule M 29 | 26 | | | | |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 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 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 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, II, IV, and V, line 1 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 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | _ | | 290 | | × |
| 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 28c | | | | ├ | |
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| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701.3? If "Yes," complete Schedule R, Part I Was the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, line 2 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 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | C | | 280 | | x |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 | 20 | | - | <u> </u> | |
| contributions? If "Yes," complete Schedule M 30 | | · | 25 | | |
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| 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 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 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note, All Form 990 filers are required to complete Schedule O 38 X | ٠. | · · · · · · · · · · · · · · · · · · · | 34 | Х | |
| If "Yes," complete Schedule R, Part V, line 2 35 | 35 | | | | |
| Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | • | | 35 | | х |
| If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | 36 | | <u> </u> | | |
| Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | | | 36 | | |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | 37 | | | | |
| Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O 38 X | | · | 37 | | Х |
| Note. All Form 990 filers are required to complete Schedule O | 38 | | | | |
| | | | 38 | X | |
| | | | Form | 990 (| 2009) |

ENDOWMENT CARE FUND

91-6036085 Page 5

| Par | t 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 | | Γ | |
| | U.S. Information Returns. Enter ·0· if not applicable | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable 1b 0 | | | |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming | | l | |
| | (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements, | | | |
| | filed for the calendar year ending with or within the year covered by this return | | ļ | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | 3a | | Х |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | <u> </u> | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a | | | |
| | financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and | | | |
| | Financial Accounts. | | | لييا |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| C | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited | | ļ | |
| | 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 organization solicit | | ł | _v |
| | any contributions that were not tax deductible? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts | . | | |
| | were not tax deductible? | 6b | | ├─┐ |
| 7 | Organizations that may receive deductible contributions under section 170(c). | ļ | - | J |
| а | 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? | 7a | ├ | X |
| | 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 | | | x |
| | to file Form 8282? | 7c | ├ | <u> </u> |
| | If "Yes," indicate the number of Forms 8282 filed during the year | ł | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | 70 | <u> </u> | X |
| | benefit contract? | 7e 7f | | X |
| 1 | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| 9 | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 79 7h | - | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the | - ' ' ' - | | |
| U | supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings | | | |
| | at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | <u> </u> | | |
| а | Did the organization make any taxable distributions under section 4966? | 9a | l | l |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | | T | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | 1 | 1 | |
| 11 | Section 501(c)(12) organizations. Enter: | 1 | | |
| а | Gross income from members or shareholders | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against | 1 | | |
| | amounts due or received from them.) | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | <u> </u> |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| | | Form | 990 | (2009) |

91-6036085 Form 990 (2009) Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| Sec | tion A. Governing Body and Management | | | | | | | | | |
|------------|--|-----------|----------------------|------------|-----------|------------|---------------|--|--|--|
| | | 1 | ı | – F | | Yes | No | | | |
| 1a | Enter the number of voting members of the governing body | <u>1a</u> | | 5 5 | | | | | | |
| b | Enter the number of voting members that are independent | 1b | <u> </u> | _리 | | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship | p with | any other | İ | | | | | | |
| | officer, director, trustee, or key employee? | | | ļ | _2_ | | <u>X</u> | | | |
| 3 | Did the organization delegate control over management duties customanly performed by or under the | ne dire | ct supervision | | | | 37 | | | |
| | of officers, directors or trustees, or key employees to a management company or other person? | | | ŀ | 3 | | X | | | |
| 4 | Did the organization make any significant changes to its organizational documents since the prior Fo | | 0 was filed? | . | 4 | | X | | | |
| 5 | Did the organization become aware during the year of a material diversion of the organization's asse | ts? | | ļ | 5 | | X | | | |
| 6 | Does the organization have members or stockholders? | | | ŀ | 6 | | Х | | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect one or more me | ember | s of the | ŀ | | | | | | |
| | governing body? | | _ | ŀ | 7a 7b | | X | | | |
| _ | b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | | | | | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken | dunn | g the year | | | | | | | |
| | by the following: | | | | | v | ــــــا | | | |
| а | The governing body? | | - | | 8a | X | | | | |
| ь | Each committee with authority to act on behalf of the governing body? | | | ŀ | 8b | ^ | | | | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real | ached | at the | | _ | х | | | | |
| <u> </u> | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | O | | 9 | Λ | | | | |
| <u>Sec</u> | tion B. Policies (This Section B requests information about policies not required by the Internal F | revenu | ie Code) | | | V | - NI - | | | |
| | D. H | | | ſ | 40- | Yes | No X | | | |
| | Does the organization have local chapters, branches, or affiliates? | | | ŀ | 10a | | <u> </u> | | | |
| b | If "Yes," does the organization have written policies and procedures governing the activities of such | cnap | ters, aniliates, | | 40h | | | | | |
| | and branches to ensure their operations are consistent with those of the organization? | idaa el | | } | 10b 11 | | Х | | | |
| 11 | Has the organization provided a copy of this Form 990 to all members of its governing body before f | illing u | ie ioiiii: | | | | | | | |
| 11A | 0.000 | | | | 12a | | X | | | |
| 12a | Are officers, directors or trustees, and key employees required to disclose annually interests that co | uld an | io neo | | 120 | | | | | |
| b | to conflicts? | ulu gi | 76 1136 | | 12b | | | | | |
| _ | Does the organization regularly and consistently monitor and enforce compliance with the policy? If | *Ves | describe | | 120 | | | | | |
| С | in Schedule O how this is done | , 00, | acsonbe | | 12c | | | | | |
| 13 | Does the organization have a written whistleblower policy? | | • | | 13 | | X | | | |
| 14 | Does the organization have a written document retention and destruction policy? | | | ı | 14 | | X | | | |
| 15 | Did the process for determining compensation of the following persons include a review and approve | al by i | ndenendent | | -17 | | - | | | |
| 15 | persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | паоренасти | | | | | | | |
| | The organization's CEO, Executive Director, or top management official | ' | | | 15a | | X | | | |
| b | Other officers or key employees of the organization | | | Ì | 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 arrange | ment | 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 eva | aluate | its participation | | | | | | | |
| _ | in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org | | • | | | | <u> </u> | | | |
| | exempt status with respect to such arrangements? | , | | | 16b | | | | | |
| Sec | tion C. Disclosure | | | | | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶WA | | | | | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990- | T (501 | (c)(3)s only) availa | able | for | | | | | |
| | public inspection. Indicate how you make these available. Check all that apply. | • | | | | | | | | |
| | Own website Another's website X Upon request | | | | | | | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or | conflic | t of interest polic | y, ar | nd fina | ıncıal | | | | |
| | statements available to the public. | | • | | | | | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books a | and re | cords of the orga | nızat | tion: | . _ | | | | |
| | LYDIA WEBB - 509-453-1961 | | | | | | | | | |
| | 3001 TERRACE HEIGHTS DR., YAKIMA, WA 98901 | | | | | | | | | |
| | | | | | Form | 990 | (2009) | | | |

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age 7

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A) | (B) | | | _ (C | | | | (D) | (E) | (F) |
|----------------------------|---------------|--------------------------------|-----------------------|----------|----------|------------------------------|----------|--|--|--|
| Name and Title | Average hours | Position (check all the | | | | | lv) | Reportable compensation | Reportable compensation | Estimated amount of |
| | per week | Individual trustee or director | Institutional trustee | Officer | | Highest compensated employee | | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| WILLIAM HUIBREGTSE | | | | | | | | | _ | _ |
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| WILLIAM PERRI | 1 1 00 | x | | | | | | 0. | 0. | ۸ ا |
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| KEVIN ROY | | | | | | | H | , , | - 1 | |
| TRUSTEE | 1.00 | X | | | | | | 0. | 0. | 0 |
| RICHARD GRAF | | | | | | | | | | |
| TRUSTEE | 1.00 | X | | | _ | <u> </u> | <u> </u> | 0. | 0. | 0 |
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| Pan | Section A. Officers, Directors, Tru | stees, Key Er | nplo | yee | s, a | <u>nd l</u> | ligh | est | Compensated Employ | ees (continued) | | | | | |
|-----|--|------------------------|--------------------------------|--|----------|---------------|---------------------------------|--------------|--------------------------------|----------------------------|-------------|--------|----------------|---------|--|
| | (A) | (B) | | | (C | >) | | | (D) | (E) | | | (F) | | |
| | Name and title | Average | ١., | | Pos | | | | Reportable | Reportable | 1 | | | | |
| | | hours | (cl | neck | all | that | арр | ly) | compensation | compensatio | | | | | |
| | | per week | gg | | | | | | from the | from related organization: | · | | other pensa | | |
| | | "" | Individual trustee or director | a | | | Highest compensated employee | | organization | (W-2/1099-MIS | | | om th | | |
| | | | ustee | Institutional trustee | | 8 | Dens | | (W-2/1099-MISC) | | İ | org | anıza | tion | |
| | | | lan D | toonal | _ | Key employee | st con | <u> </u> | | | | | d rela | | |
| | | i | ğ | Instit | Officer | ě | Highe | Former | | | | orga | ınızat | ions | |
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| | | | | | | | | | | | | | | | |
| 1b | Total | | | | | | ▶ | | 0. | | 0. | | | 0. | |
| 2 | Total number of individuals (including but r | ot limited to th | ose | liste | ed a | bov | e) wł | no r | eceived more than \$100 |),000 in reportabl | е | | | 0 | |
| | compensation from the organization | | | | | | | | | | | | Yes | 0 No | |
| 3 | Did the organization list any former officer, | director or tru | etes | ko | , en | nnin | V00 | or h | nichaet companeatad ai | mplovee on | | | | | |
| 3 | line 1a? If "Yes," complete Schedule J for s | | | , KO | y 611 | ıρισ | ycc, | 0, 1 | ilgitest compensated er | ilbioyee on | | 3 | | X | |
| 4 | For any individual listed on line 1a, is the si | | | omp | ensa | atıor | n and | d ot | her compensation from | the organization | | | | | |
| | and related organizations greater than \$15 | 0,000? <i>If</i> "Yes, | " co | mple | ete S | Sch | edule | e <i>J 1</i> | for such individual | • | | 4 | | X | |
| 5 | Did any person listed on line 1a receive or | | | | rom | any | unr/ | elat | ted organization for serv | ices rendered to | | | | | |
| | the organization? If "Yes," complete Scheo | ule J for such | pers | on | | | | | | | | 5 | | Х | |
| | tion B. Independent Contractors | | L | | | | | | Nhat was a suited as a suited. | #100 000 -£ - | | | | | |
| 1 | Complete this table for your five highest counties organization. NONE | mpensated in | uep | ende | erit C | ont | acto | Jrs t | uiat received more than | TOU,UUU OT COM | ipens | auon I | IOITI | | |
| — | (A) | | | | | | | П | (B) | | | (0 | ;) | | |
| | Name and business | address | | | | | | | Description of s | ervices | С | ompe | nsatio | n | |
| _ | | | | | | | | ١ | | | | | | | |
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| | | | | | | | | | <u> </u> | | | | | | |
| 2 | Total number of independent contractors (| _ | ot li | mite | d to | | se II O | stec | d above) who received n | nore than | | | | | |
| | \$100,000 in compensation from the organi | zation 🚩 | | | _ | | | | | | | Form | 990 | (2009) | |
| | | | | | | | | | | | | | | | |

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84,788.

Form **990** (2009)

932009 02-04-10 d All other revenuee Total. Add lines 11a-11d

Total revenue. See instructions.

ENDOWMENT CARE FUND

Part IX | Statement of Functional Expenses

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

| | All other organizations must comp | | | | |
|----|---|-----------------------|------------------------------------|-------------------------------------|--|
| | not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S See Part IV, line 21 | 49,262. | | | |
| 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 salanes and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | - | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | • | | |
| b | Legal | | | | |
| С | Accounting | | | | |
| d | Lobbying | | | | |
| е | Professional fundraising services. See Part IV, line 17 | | | | |
| f | Investment management fees | 5. | | | |
| 9 | Other . | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy . | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | <u> </u> | | |
| 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 | 49,267. | | | |
| 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 fundraising solicitation | 1 | | I | I |

932010 02-04-10

Form **990** (2009)

Form 990 (2009)

| artA | Balance Sheet | (4) | | (D) |
|----------------------------------|--|--------------------------|-----|----------------------|
| | _ | (A) Beginning of year | | (B) End of year |
| 1 | Cash - non-interest-bearing . | | 1 | 5.40 |
| 2 | Savings and temporary cash investments | 356,416. | 2 | 540,228 |
| 3 | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | | 4 | |
| 5 | Receivables from current and former officers, directors, trustees, key | | | |
| | employees, and highest compensated employees. Complete Part II | | | · |
| ı | of Schedule L | | 5 | |
| 6 | Receivables from other disqualified persons (as defined under section | | | |
| | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete | | | |
| | Part II of Schedule L | | 6 | |
| 7 | Notes and loans receivable, net | - | 7 | |
| 8 | Inventories for sale or use | | 8 | |
| 9 | Prepaid expenses and deferred charges | | 9 | |
| | Land, buildings, and equipment: cost or other | | | |
| " | basis Complete Part VI of Schedule D 10a | | | |
| Ь | Less: accumulated depreciation 10b | | 10c | |
| 11 | Investments · publicly traded securities | 1,509,236. | 11 | 1,511,911 |
| 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) | 1,865,652. | 16 | 2,052,139 |
| 17 | Accounts payable and accrued expenses | | 17 | |
| 18 | Grants payable . | | 18 | |
| 19 | Deferred revenue | | 19 | |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 1 | Escrow or custodial account liability. Complete Part IV of Schedule D | - | 21 | |
| 21 22 | Payables to current and former officers, directors, trustees, key employees, | | | |
| - | highest compensated employees, and disqualified persons. Complete Part II | | | |
| | of Schedule L | | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | Other liabilities. Complete Part X of Schedule D | | 25 | |
| 26 | Total liabilities. Add lines 17 through 25 | 0. | | |
| 120- | Organizations that follow SFAS 117, check here | | | |
| . 1 | lines 27 through 29, and lines 33 and 34. | | | |
| 27 | Unrestricted net assets | | 27 | |
| 27 | Temporanly restricted net assets | - | 28 | |
| 28 | Permanently restricted net assets | | 29 | |
| 29 | Organizations that do not follow SFAS 117, check here | | 23 | <u> </u> |
| | complete lines 30 through 34. | | | |
| | • | 0. | 30 | C |
| 30 | Capital stock or trust principal, or current funds | 0. | 31 | C |
| 31 | Paid-in or capital surplus, or land, building, or equipment fund | 1,865,652. | 32 | 2,052,139 |
| 27 28 29 30 31 32 | Retained earnings, endowment, accumulated income, or other funds | 1,865,652. | | 2,052,139 |
| 33 | Total net assets or fund balances | 1,865,652. | 33 | 2,052,139 |
| 34 | Total liabilities and net assets/fund balances | 1,000,002. | 34 | Form 990 (200 |

Form 990 (2009)

ENDOWMENT CARE FUND

91-6036085 Page 12

| | | 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 | ļ | 1 | <u> </u> |
| 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 | | 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? | 2c | | |
| If the organization changed either its oversight process or selection process during the tax year, explain in Schedule C |). | | |
| 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 | l | 1 | 1 |
| consolidated basis, separate basis, or both: | 1 | 1 | |
| 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 Au | dit | | |
| Act and OMB Circular A-133? | 3a | <u></u> | X |
| b if "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit | dit | | |
| or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | 3ь | | |
| | Form | 990 | (2009) |

SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▼ Attach to Form 990.

OMB No 1545-0047

Open to Public Inspection

Schedule I (Form 990) 2009 ² [OR THE INTEREST FROM THE Employer identification number 91-6036085 INDOMMENT CARE FUND IS (h) Purpose of grant UND TO PROVIDE THE THE PURPOSE OF THE or assistance X Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ame and address of organization (below if applicable cash grant assistance or government or go Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States 49,262 TERRACE HEIGHTS MEMORIAL PARK ASSN. 501(C)(13) Enter total number of section 501(c)(3) and government organizations ENDOWMENT CARE FUND 91-0437850 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations ASSOCIATION - 3001 TERRACE HEIGHTS 1 (a) Name and address of organization TERRACE HEIGHTS MEMORIAL PARK DRIVE - YAKIMA, WA 98901 Name of the organization Part I Part Ⅱ

ENDOWMENT CARE FUND

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009

Part III Grants and Oth

Page 2

91-6036085

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (b) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---|--------------------------|--------------------------|---------------------------------------|---|--|
| | | | | | |
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| Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. | de the informatio | n required in Part I, | line 2, and any other | additional information. | |
| SCHEDULE I, PART I, LINE 2: THE EN | ENDOWMENT | CARE FUND | IS SET UP | BASED ON | |
| WASHINGTON STATE LAW, AND THE STATE | LAW | DICTATES THE | PROCEDURES | S FOR THE USE | |
| OF THE FUNDS. | | | | | |
| | | | | | |
| PART II, LINE 1, COLUMN (H): | | | | | |
| NAME OF ORGANIZATION OR GOVERNMENT: | <i>:</i> : | | | | |

TERRACE HEIGHTS MEMORIAL PARK ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: THE PURPOSE OF THE ENDOWMENT CARE

FUND IS FOR THE INTEREST FROM THE FUND TO PROVIDE THE SUPPORT NECESSARY

932102 02-02-10

| Sche | dule I (Form 9 | 90) | 2009 | END | DAMEN. | r CAI | RE FUND | | | | 91- | <u>-6036085</u> | Page 2 |
|----------|----------------|------|-------|-----------------------|---------|-------|----------|----|----|--|---------------------------------------|------------------|---------------|
| Pa | rt IV Sup | plei | menta | ENDO I Information | | | | | | | | | |
| m^ | 1/2 T1TD2 | | mm | OTHER PROPERTY. | MILLONI | mite | OPMERDY | TO | NO | I ONGED | a CIMT VID | MTMI | |
| TO | MAINTA | TM | THE | CEMETERY | MHEN | THE | CEMETERY | 12 | NO | LUNGER | ACTIVE | MIIH | |
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SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

TERRACE HEIGHTS MEMORIAL PARK ASSN. ENDOWMENT CARE FUND

Employer identification number 91-6036085

| FORM 990, PART VI, SECTION B, LINE 11: THE GENERAL MANAGER REVIEWS THE |
|--|
| FORM 990 WITH THE INTERNAL FINANCIAL STATEMENTS. |
| |
| FORM 990, PART VI, SECTION C, LINE 19: TERRACE HEIGHTS MEMORIAL PARK |
| ASSOCIATION ENDOWMENT DOES NOT HAVE A CONFLICT OF INTEREST POLICY. |
| GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST AND THE ORGANIZATION DOES |
| NOT MAINTAIN FINANCIAL STATEMENTS THAT ARE AVAILABLE TO THE PUBLIC. |
| |
| FORM 990, PART VII CONTACT ADDRESSES FOR OFFICERS, DIRECTORS, ETC: |
| WILLIAM HUIBREGTSE - 6412 SCENIC DR., YAKIMA, WA 98908 |
| |
| WILLIAM PERRI - 171 HILLSTONE DR., YAKIMA, WA 98908 |
| |
| J. MURRAY JUDGE - 4710 SCENIC DR., YAKIMA, WA 98908 |
| |
| KEVIN ROY - 1790 SELAH HEIGHTS ROAD, SELAH, WA 98942 |
| |
| RICHARD GRAF - P.O. BOX 100, SELAH, WA 98942 |
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Department of the Treasury Internal Revenue Service **SCHEDULE R** (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

► See separate instructions.

TERRACE HEIGHTS MEMORIAL PARK ASSN. ENDOWMENT CARE FUND

Schedule R (Form 990) 2009 Employer identification number 91-6036085 Direct controlling Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) ε Ξ status (if section 501(c)(3)) End-of-year assets Public charity <u>e</u> **Exempt Code** Total income section 501(C)(13) Ð ত্ত Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) WASHINGTON LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. Primary activity Primary activity CEMETERY TERRACE HEIGHTS MEMORIAL PARK ASSOCIATION 91-0437850, 3001 TERRACE HEIGHTS DR., Name, address, and EIN Name, address, and EIN of related organization of disregarded entity Name of the organization 98901 YAKIMA, WA Part II Parti

ENDOWMENT CARE FUND

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Schedule R (Form 990) 2009 Part III

Page 2

91-6036085

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, excluded from tax under sections 512-514) | | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | (i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing e partner? S) Yes No |
|--|---|---|-------------------------------------|--|-------------------------------|------------------------------|--|-----------------------------------|---|---|
| | | | | | - | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | _ | | |
| Part IV Identification of Related Organizations treated as a cor | Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) | poration or c year.) | Trust (Complete if t | he organizatior | n answered "Ye | s" to Form 990, | Part IV, line 34 | 4 because I | t had one or mor | e related |
| (a) Name, address, and EIN of related organization | Ni: | Prii | (b) Primary activity | Legal domicile (state or foreign country) | (d) Direct controlling entity | (C corp., S corp., or trust) | | (f) are of total income | (g) Share of end-of-year assets | (h) Percentage ownership |
| | | | | | | | | | | |

| (a) | (q) | (0) | (p) | (p) | (μ) | (6) | (F) |
|---|------------------|--|--|---|-----------------------|-----------------------------|-------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign country) | Legal domicile Direct controlling Type of entity (C corp., S corp., country) | Type of entity (C corp, S corp, or trust) | Share of total income | Share of end-of-year assets | Percentage ownership |
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Schedule R (Form 990) 2009

932162 02-04-10

91-6036085 Page 3

Schedule R (Form 990) 2009 ENDOWMENT CARE FUND

Schedule R (Form 990) 2009 Amount involved Yes છ 4 j Ē 두 무 ဍ 욘 ₽ ပ္ þ e 1a ¥ Ŧ ¥ 7 ÷ If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds (b)
Transaction
type (a-r) 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36) Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) (a)
Name of other organization(s) a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Lease of facilities, equipment, or other assets from other organization(s) Lease of facilities, equipment, or other assets to other organization(s) Sharing of facilities, equipment, mailing lists, or other assets Other transfer of cash or property from other organization(s) Gift, grant, or capital contribution from other organization(s) q Other transfer of cash or property to other organization(s) Gift, grant, or capital contribution to other organization(s) p Reimbursement paid by other organization for expenses Reimbursement paid to other organization for expenses d Loans or loan guarantees to or for other organization(s) e Loans or loan guarantees by other organization(s) g Purchase of assets from other organization(s) Sale of assets to other organization(s) Sharing of paid employees h Exchange of assets 932163 02-04-10 Part V 0 7 9 롈 크 ন্ত ପ୍ର ₹

91-6036085

Page 4

TERRACE HEIGHTS MEMORIAL PARK ASSN.

ENDOWMENT CARE FUND

Schedule R (Form 990) 2009

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

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

| (h) General or managing partner? | Ves No | | | | 90) 2009 |
|---|-------------|------|------|------|----------------------------|
| | | | | | orm 99 |
| (g) Code V.UBI amount in box 20 of Schedule K·1 | (Form 1065) | | | | Schedule R (Form 990) 2009 |
| | Yes No | | | | |
| (e) Share of end-of- year assets | | | | | |
| | Yes No | | | | |
| eli: ngii | country) | | | | |
| (b) Primary activity | | | | | |
| (a) Name, address, and EIN of entity | | | | | |