



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-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

2009Open to Public
Inspection**A** For the 2009 calendar year, or tax year beginning **APR 1, 2009** and ending **MAR 31, 2010**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	Please use IRS label or print or type See Specific Instructions	C Name of organization EDGEWOOD CEMETERY		D Employer identification number 62-0443899
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite		E Telephone number (865) 546-7311
		229 S. GALLAHER VIEW ROAD		F Group Exemption Number ▶
		City or town, state or country, and ZIP + 4 KNOXVILLE, TN 37919		

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: ☒ Cash ☐ Accrual
Other (specify) ▶

I Website: ▶ **N/A**

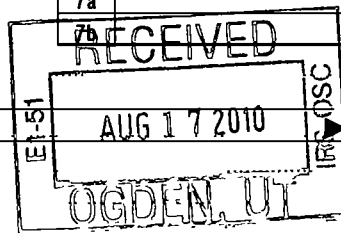
J Tax-exempt status (check only one) — ☒ 501(c) (**13**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527 required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ **\$ 125,009.**

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	50,872.	
	2	Program service revenue including government fees and contracts	2	74,137.	
	3	Membership dues and assessments	3		
	4	Investment income	4		
	5a	Gross amount from sale of assets other than inventory	5a		
	5b	Less: cost or other basis and sales expenses	5b		
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ☐			
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a		
	6b	Less: direct expenses other than fundraising expenses	6b		
	6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
	7a	Gross sales of inventory, less returns and allowances	7a		
	7b	Less: cost of goods sold	7b		
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other revenue (describe ▶)	8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	125,009.	
	Expenses	10	Grants and similar amounts paid (attach schedule)	10	
11		Benefits paid to or for members	11		
12		Salaries, other compensation, and employee benefits	12	39,200.	
13		Professional fees and other payments to independent contractors	13	24,847.	
14		Occupancy, rent, utilities, and maintenance	14	12,987.	
15		Printing, publications, postage, and shipping	15		
16		Other expenses (describe ▶ SEE STATEMENT 1)	16	27,547.	
17		Total expenses. Add lines 10 through 16	17	104,581.	
Net Assets		18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	20,428.
		19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	5,919.
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	26,347.	

**Part II** **Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	5,919.	26,347.
23 Land and buildings		
24 Other assets (describe ▶)		
25 Total assets	5,919.	26,347.
26 Total liabilities (describe ▶)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	5,919.	26,347.

932171
02-08-10

LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)65
6

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 BURIAL SERVICES

28a	15,000.
-----	---------

29

29a

30

30a

(Grants \$ _____) If this amount includes foreign grants, check here

32	15,000.
----	---------

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
RAY JENKINS, 9631 DENNING LANE, KNOXVILLE, TN 37931	PRESIDENT 20.00	0.	0.	0.
WILLIAM E. ANDERSON, 8725 GROSPONT DRIVE, KNOXVILLE, TN 37923	VICE PRESIDENT 15.00	0.	0.	0.
JOE FOX, 1734 BURNSIDE DRIVE, MARYVILLE, TN 37801	SECRETARY/TREASURER 1.00	0.	0.	0.
J.V. HILYER, 204 NORFOLK DRIVE, KNOXVILLE, TN 37922	BOARD MEMBER 1.00	0.	0.	0.
MARGARET A. JONES 32 RIVER RUN WAY, OAK RIDGE, TN 37830	BOARD MEMBER 1.00	0.	0.	0.
WANDA KEAR, 2604 CEDAR COVE POINT, KNOXVILLE, TN 37932	BOARD MEMBER 1.00	0.	0.	0.
CHUCK LANKFORD, 7317 BEECH MEADOW LANE, POWELL, TN 37849	BOARD MEMBER 1.00	0.	0.	0.
A.J. SMITH, JR., 4859 NEW HOPE ROAD, SWEETWATER, TN 37874	BOARD MEMBER 1.00	0.	0.	0.
GEORGE SMITH, 11739 TURKEY CREEK ROAD, KNOXVILLE, TN 37922	BOARD MEMBER 1.00	0.	0.	0.
J.D. WALKER, 8322 MIDDLEBROOK PIKE, KNOXVILLE, TN 37923	BOARD MEMBER 1.00	0.	0.	0.
ANGELA WELLS, 210 GOLF TRACE DR., GREENEVILLE, TN 37743	BOARD MEMBER 1.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36	X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. 37a 0.		
b Did the organization file Form 1120-POL for this year?	37b	X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A
39 Section 501(c)(7) organizations. Enter:	39a	N/A
a Initiation fees and capital contributions included on line 9	39b	N/A
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 N/A ; section 4912 N/A ; section 4955 N/A		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 N/A		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization N/A		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	X
41 List the states with which a copy of this return is filed. NONE		
42a The organization's books are in care of ERIC ANDERSON Telephone no. (865) 546-7311 Located at 229 S. GALLAHER VIEW ROAD, KNOXVILLE, TN ZIP + 4 37919		
b 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)?	42b	X
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.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	X
If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		
43 and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	X

Form 990-EZ (2009)

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 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
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		
47		
48		
49a		
49b		

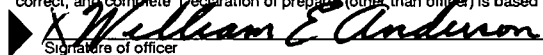
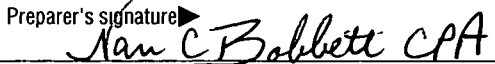
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date 8-13-2010	
	WILLIAM E ANDERSON VICE PRESIDENT Type or print name and title			
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed ☐
	 Firm's name (or yours if self-employed), address, and ZIP + 4		Preparer's identifying number (See instr.) EIN COULTER & JUSTUS, P.C. 9717 COGDILL ROAD, SUITE 201 KNOXVILLE, TN 37932	Phone no. (865) 637-4161

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

Form 990-EZ (2009)

FORM 990-EZ

OTHER EXPENSES

STATEMENT 1

DESCRIPTION

AMOUNT

GRAVE OPENING/CLOSING

15,000.

BANK CHARGES

1,126.

INSURANCE

3,190.

GRAVE MARKERS AND CEMETERY SUPPLIES

8,211.

EXEMPT FEES

20.

TOTAL TO FORM 990-EZ, LINE 16

27,547.