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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

▶ 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

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

OMB No 1545-1150

DLN: 93492274004060

2009

Open to Public

Inspection

Department of the Treasury Internal Revenue Service

			r year, or	tax year beginning 07-01-2009	, and ending (06-30-20				
_		applicable	Please	C Name of organization SHELBYVILLE CEMETERY COMPANY				Emplo	yer ider	ntification number
_	ddress o ame cha	-	use IRS label or		not doluvored to the of	\	Doom/suits		37740	
	nitial reti	-	print or	Number and street (or P O box, if mail is 458 MOUNT EDEN ROAD	not delivered to street	address)	Room/suite E	Teleph	one num	ber
_	erminate		type. See						(502) 6	33-2750
\square	mended	l return	Specific Instruc-	City or town, state or country, and ZIP + 4 SHELBYVILLE, KY 40065	1		F		Exemption	 on
Α	pplicatio	on pending	tions.	STEEDI VILLE, KT 10003				Numbe		-
+ Se	ction			ons and 4947(a)(1) nonexempt chai mpleted Schedule A (Form 990 or 9			counting meth		Cash	T A ccrual
ı w	ebsit e:	. ► N⁄A				1			organiza	ation
			neck only on	ne)— 501(c)(13) ◄ (insert no) 49	47(a)(1) or Γ 52:	_	not required chedule B (Fo			-EZ, or 990-PF)_
				s not a section 509(a)(3) supporting						
				m 990 return is not required, but if the				sure t ► \$	o file a	
	i illes 5			etermine gross receipts, if \$500,000 or more, ses, and Changes in Net Ass					nc for B	276,404
	1			rants, and similar amounts received			(See the ms	.ructio	1	15,594
	2			nue including government fees and co	ntracts			-	2	253,597
	3			assessments	miracis			-	3	
		Investment		assessments		• •		-		7 212
	4							-	4	7,213
_	5a			ile of assets other than inventory .		5a				
Ę	Ь			isis and sales expenses		5b				
Revenue	C	•	•	le of assets other than inventory (Sub		•		-	5c	
č	6	Special ever	_	tivities (complete applicable parts of	Schedule G) If an	y amoun	t is from gam i	ng,		
	а	Gross reven	ue (not ın	cluding \$ _of contributions						
		reported on	line 1)			6a				
	ь	Less direct	expenses	other than fundraising expenses		6b				
	c		•	rom special events and activities (Su	btract line 6b from				6c	
	7a			ory, less returns and allowances .		7a		-		
	b	Less cost o		• •		7a 7b				
	-		-	from sales of inventory (Subtract line	7 h from line 7 o	76			_	
	C		, ,		7 b Holli lille 7 a)			: -	7c	
	8	Other reven	•				B .	–)	8	
	9			nes 1, 2, 3, 4, 5c, 6c, 7c, and 8 .		• •	· · · •		9	276,404
	10	Grants and s	sımılar am	nounts paid (attach schedule) .		•			10	
	11	Benefits pai	d to or for	members				L	11	
	12	Salaries, oth	ner compe	nsation, and employee benefits .				·	12	100,295
o O	13	Professiona	l fees and	other payments to independent contr	actors			. L	13	6,380
Expenses	14	Occupancy,	rent, utılı	ties, and maintenance					14	19,673
Ë	15	Printing, pub	olications,	postage, and shipping				Γ	15	
_	16	Other expen	ises (desc	cribe 🏲 🥌				_,	16	147,296
	17								17	273,644
<u></u>	18	Excess or (c	deficit) for	the year (Subtract line 17 from line 9)			-	18	2,760
Net Assets	19	•	•	lances at beginning of year (from line	•	nust agre	e with			· · · · · · · · · · · · · · · · · · ·
A.				orted on prior year's return)					19	449,259
Zet.	20	•	•	assets or fund balances (attach expla	nation)			-	20	
	21	_		lances at end of year Combine lines:	•			-		452,019
Da	rt III			·) or more	file Form 00		21	
Œ	- T	Paratice	Jueers.	—If Total assets on line 25, column (o, ale \$1,250,000	, or more	, me roim 99	o mste	au Of F	OIIII 990-EZ
			(See th	ne instructions for Part II)		(A) Beg	nnıng of year		(B) E	nd of year
22	Cash,	, savings, and	lınvestme	ents	🗀		38,17	4 22		42,260
23	Land	and buildings			🗀		516,23	4 23		712,661
24		assets (desc			,			3 24		3,516
25		assets .					559,79	1 25		758,437
26	Total	liabilities (de	scribe 🟲 '	1 9	,		110,53	_		306,418
			•	(line 27 of column (B) must agree wit	h line 21) .		449,25	+		452,019

Part III Statement of Program	n Service Accomplishn	nents (See the instruction	ns for Part III)		Expenses
What is the organization's primary exem CEMETERY OPERATIONS				(c)(quired for section 501 3) and 501(c)(4)
Describe what was achieved in carrying describe the services provided, the num program title	organizations and section 4947(a)(1) trusts, optional for others)				
28 TO PRESERVE AND MAINTAIN THE IN GROVE HILL CEMETERY	BURIAL GROUNDS, TOMB	STONES, AND GRAVE	SITES LOCATED		
	this amount includes foreign (grants, check here .	▶ ┌	28a	
29					
(Grants \$) If	this amount includes foreign	grants, check here .	▶┌	29a	
30					
(Grants \$) If	this amount includes foreign (grants, check here .	▶┌	30a	
31 O ther program services (attach sche (Grants \$)	dule)	grants.check here	 ▶ ⊏	31a	
32 Total program service expenses (add				32	
	Trustees, and Key Employees.		mpensated (See the ins		s for Part IV)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit p deferred compens	lans &	(e) Expense account and other allowances

Pa	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		Νο
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		Νο
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		Νο
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		Νο
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
Ь	Did the organization file Form 1120-POL for this year?	37b		Νo
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		Νo
Ь	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b	_		
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9	_		
Ь		_		
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911 ▶, section 4912 ▶, section 4955 ▶			
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		
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	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		Νo
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of 2 JG GOODMAN Telephone no 458 MOUNT EDEN ROAD Located at 5 SHELBYVILLE, KY ZIP + 4		2) 633- 0065	2750
			7003	
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		Yes	No
	account)?	42b		Νo
	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		Νo
	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 and enter the amount of tax-exempt interest received or accrued during the tax year	• •	• •	▶ Г
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ.	44		Νo
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		Νo

	70-L2 (2009)							Page •
Part \	VI Section 501(c)(3) orga All section 501(c)(3) orga 46-49b and complete the	nızatıons and sectıor	n 4947(a)(1) nonex	-			-	stions
46 Di	ıd the organızatıon engage ın dırect	or indirect political can	npaign activities on be	half of or in opp	osition to		Yes	No
са	andıdates for publıc office? If "Yes,"	complete Schedule C,	Part I			46		
47 Di	ıd the organızatıon engage ın lobbyı	ng activities? If "Yes,"	complete Schedule C	, Part II		47		
48 Is	the organization a school describe	d ın section 170(b)(1)(A)(II)? If "Yes," comple	ete Schedule E		48		
49a Di	id the organization make any transfo	ers to an exempt non-c	harıtable related orga	nızatıon?		49a		
	"Yes," was the related organization					49b		
	omplete this table for the organizati	-		ther than officers	s directors true	stees a	and kev	l
	mployees) who each received more	than \$100,000 of comp	pensation from the org	anization If the	re is none, ente	r "None	e "	
(a) Na	me and address of each employee paid more than \$100,000	(b) Title and averag hours per week devoted to position	(c) Compensati	on employee	tributions to benefit plans & compensation	a	e) Exper ccount a er allowa	and
of	omplete this table for the organization	n If there is none, ente	r "None "					
(a) Name and address of each indepe	ndent contractor paid n	nore than \$100,000	(b) Туре	e of service	(c) C	Compen	sation
51(d)	Total number of other independent o	contractors each receiv	ring over \$100,000					
	Under penalties of perjury, I declare to and belief, it is true, correct, and com	that I have examined this resplete Declaration of prepare	turn, including accompanyi er (other than officer) is ba	ng schedules and st sed on all information	atements, and to to on of which prepare	he best o er has ar	of my kno ny knowle	owledge edge
Please Sign	*****			2010-0	07-30			
Here	Signature of officer CHARLES LONG PRESIDENT			Date				
	Type or print name and title							
Paid	Preparer's signature LEONARD H BALLARD		Date 2010-08-26	Check if self-empolyed	Preparer's identif (See instructions		nber	
Prepare	la l	& COMPANY PSC CPA'S		· · · · · ·	EIN Þ			
Use Onl	address, and ZIP + 4 $\frac{1}{906 \text{ MAIN S}}$	STREET					445-	
		E, KY 400651313			Phone no 🕨 (5			
May the	IRS discuss this return with the pr	eparer shown above? S	ee instructions		•	₽ V	es l	No

Additional Data

Software ID: Software Version:

EIN: 61-0337740

Name: SHELBYVILLE CEMETERY COMPANY

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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
CHARLES LONG 458 MOUNT EDEN ROAD SHELBYVILLE, KY 40065	PRESIDENT 0	0		
BOB WALTERS 458 MOUNT EDEN ROAD SHELBYVILLE, KY 40065	VICE PRES 0	0		
JG GOODMAN 458 MOUNT EDEN ROAD SHELBYVILLE, KY 40065	SEC /TREAS 0	4,961		
ELLEN TOPMILLER 458 MOUNT EDEN ROAD SHELBYVILLE, KY 40065	DIRECTOR O	0		
ANN KINSOLVING 458 MOUNT EDEN ROAD SHELBYVILLE, KY 40065	DIRECTOR O	0		
EDGAR VAUGHAN 458 MOUNT EDEN ROAD SHELBYVILLE, KY 40065	DIRECTOR O	0		
GEORGE BEST 458 MOUNT EDEN ROAD SHELBYVILLE, KY 40065	DIRECTOR 0	0		

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Depreciation and Amortization

(Including Information on Listed Property)

DLN: 93492274004060

OMB No 1545-0172

Form **4562**

Department of the Treasury Internal Revenue Service	•	See separate instruct	tions.	Attach t	o your	tax r	et ur	n.			Attachment Sequence No. 67
Name(s) shown on return		Business	or activ	ity to which	this fo	rm rel	ates	5	Ider	nt if y in	g number
SHELBYVILLE CEMETER	RY COMPANY	INDIREC	T DEPR	ECIATION					61-	03377	40
Part I Election	To Expense (Certain Property						<u> </u>			
Note: If	you have any li	sted property, con	nplete F	Part V befo	re yo	u con	nple	ete Part	I.		T
1 Maxımum amount Se	e the instructions	for a higher limit for	certaın l	ousinesses						1	250,000
2 Total cost of section	179 property plac	ed in service (see in	structio	ns) .						2	
3 Threshold cost of sec	tion 179 property	/ before reduction in l	ımıtatıoı	n (see instr	uctions) .				3	800,000
4 Reduction in limitatio	n Subtract line 3	from line 2 If zero or	r less, er	nter - 0 -						4	
5 Dollar limitation for ta	ax year Subtract	line 4 from line 1 If z	ero or le	ss, enter -0)- Ifm	arried	filir	ng			
separately, see instru	uctions									5	
				1							
6 (a)	Description of pr	operty		(b) Cost ((busine only)	ss us	e	(c) Elec	cted	cost	
6				`	,,,,						
7 Listed property Ente	r the amount from	line 29				7	Τ				T'
8 Total elected cost of			column	(c). lines 6	and 7		<u>' </u>			8	
9 Tentative deduction			_		_				_	9	
10 Carryover of disallow			· · · · · · · · · · · · · · · · · · ·	562	-		•	-	-	10	
11 Business income limitation		•			e instruc	tions)	•			11	
										12	
12 Section 179 expense		•			i iine 1			•	•	12	
13 Carryover of disallow					se Par	13					
Note: Do not use Part Part II Special D							Linc	·ludo liet	od n	roporti	y) (See instructions)
14 Special depreciation											y y (See mistractions)
tax year (see instruct		mica property (other)	chan not	cu property	, piace	u 111 5 (-1710	e dannig		14	
15 Property subject to se	ection 168(f)(1) e	election								15	
16 Other depreciation (ii										16	11,554
		Oo not include liste	ed prop	ertv.) (Se	e inst	ructio	ns.)			
	,		Section					,			
17 MACRS deductions fo	or assets placed i	n service in tax years	beginni	ng before 2	009				•	17	
18 If you are electing	to group any a	ssets placed in ser	vice du	iring the ta	ax yea	ır ınto	o on	ne or mo	ore		
general asset acco	unts, check her	e							Г		
Section B-Ass	sets Placed in	Service During	2008 T	ax Year	Using	the	Ge	neral [Dep	recia	tion System
	(Is) Month and	(c) Basis for									
(a) Classification of	(b) Month and year placed in	depreciation (business/investme	_{nt} (d)	Recovery	(e) C	nveni	tion	(f) M	1etho	, l	(g)Depreciation
property	service	use		period	- 7 -						deduction
		only—see instruction	ns)								
19a 3-year property											
b 5-year property										-	
c 7 - year property d 10 - year property											
e 15-year property											
f 20-year property											
g 25-year property			2	25 yrs				S/	/L		
h Residential rental			2	7 5 yrs	N	1 M		S/	/L		
property			2	7 5 yrs	N	1 M		S/	/L		
i Nonresıdentıal real			3	39 yrs	١	1 M		S	/L		
property						1 M		S/			
	ion C—Assets Plac	ced in Service During	2009 Tax	(Year Using	the A	lterna	t ive			1 Syste	em
20a Class life	4			1.3					<u>/L</u>		
b 12-year	+			12 yrs	 .	<u> М</u> М			/L	+	
c 40-year Part IV Summa	<u> </u>	l tions)		40 yrs	<u> </u>	-1 1*1		<u> </u>	/L	1	
21 Listed property Ente		•								21	
22 Total. Add amounts fi			19 and	20 ın colum	ın (a). z	and lin	e 21	1 Enterl	here		
and on the appropriat										22	11,554
23 For assets shown abo	•	_	rrent yea	ar, enter the	1						
portion of the basis a	ttributable to sect	tion 263A costs .				23					

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

compl	ete only	24a, 24b, colui	mns (a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectioi	n B, a	nd Se	ction (C if ap	oplicat	ile.
Section A—Deprec																
24a Do you have evidenc	e to support	the business/investi	ment use	claime	d? ┌ Yes	. ⊢ _{No}			24b If	"Yes," ı	s the ev	/ idence	written?		sГNo)
										1						
(a) Type of property (list Distorbicles first)	(b) Pate placed II service	(c) Business/ In investment use percentage	(d) Cost or ot basıs	ther	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		(g) Method/ conventio		(h Deprec dedud	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busine			olaced in s	service (during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	ıness u:	s e							- 1					
		%														
		%									_					
	orless in a		ss use													
		%							S/L	-						
		%							S/L]		
20 0 dd		%	7 5-4			21			S/L		_			+-		
28 Add amounts in col		_				ne 21,	page .	1 .	•		8		20	+		
29 Add amounts in col	umn (I), IIr				mation	·	· ·	• Va	biol	•			29			
Complete this section f	or vehicle:										r relat	ed per	son			
f you provided vehicles to y	our employe	es, first answer the q	uestions	ın Sectio	on C to see	ıf you n	neet ar	exce	otion t	o comple	ting this	section	for thos			
30 Total business/inve		-	the _	-	a) icle 1	V e hı	•	V	(c) ehic		V e h i	d) cle 4	V ehı	-	V e hı	f) cle 6
31 Total commuting m	ıles drıven	during the year	. -													
32 Total other persona	ıl(noncomr	muting) miles driv	en													
33 Total miles driven o	during the	year Add lines 3	。													
through 32			· _													
34 Was the vehicle ava	aılable for	personal use		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs? .													<u> </u>		<u> </u>
35 Was the vehicle use owner or related pe	rson?	· · · · ·	5%													
36 Is another vehicle a	avaılable f	or personal use?														
Section Answer these questions 5% owners or related p	s to detern										-				not moi	re tha
37 Do you maintain a vemployees?		•	t prohib	ıts all	personal •	use of	vehic	les,ı	nclud	ling cor	nmutir	ig, by y	our •	Y	es	No
38 Do you maintain a vemployees? See the																
39 Do you treat all use	ofvehicle	s by employees a	as perso	nal us	e? .											
40 Do you provide mor vehicles, and retain	e than five	vehicles to your	•			rmatio	n fron	n your	r emp	loyees	about	the us	e of the	e 🗀		
41 Do you meet the red			· Ified aut	 tomobı	le demor	- nstratio	n use	? (Se	e ins	tructio	ns)		·		-+	
Note: If your answe	r to 37, 38	3, 39, 40, or 41 is	s "Yes,"	do no	t comple	te Sect	ion B	for th	ne co	vered v	ehicle:	S				
Part VI Amortiz		<u> </u>													I	
		(b)		(0	-)			(d)		(e	:)			(f)		
(a)		Date		A mort	-			ode		A morti			A mo	rtızatı	on for	
Description of co	STS	amortization begins		amo	unt		se	ction		perio percei			t	hıs yea	ar	
42 A mortization of cos	ts that be		2009 ta:	x year	(see ins	truction	ns)				<u> </u>					
43 A mortization of cos	ts that be	gan before your 2	009 tax	year						•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44

DLN: 93492274004060

OMB No 1545-0172

Depreciation and Amortization (Including Information on Listed Property)

Sequence No 67

Department of the Treasury Internal Revenue Service

See separate instructions.

Attach to your tax return.

Name(s) shown on return Business or activity to which this form relates **Identifying number** SHELBYVILLE CEMETERY COMPANY 292 OLD MOUNT EDEN ROAD 61-0337740 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. **1** Maximum amount. See the instructions for a higher limit for certain businesses. 250.000

2 2 Total cost of section 179 property placed in service (see instructions) 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 800,000 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions (b) Cost (business use (a) Description of property 6 (c) Elected cost only)

6 **7** Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 **10** Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 **16** Other depreciation (including ACRS) 3.833

MACRS Depreciation (Do not include listed property.) (See instructions.)

17 MACRS deductions for assets placed in service in tax years beginning before 2009

18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (c) Basis for (b) Month and depreciation (a) Classification of (d) Recovery (g)Depreciation year placed in (business/investment (e) Convention (f) Method deduction property period service use only—see instructions) 19a 3-year property **b** 5-year property c 7 - year property d 10-year property e 15-year property **f** 20-year property S/L g 25-year property h Residential rental 27 5 yrs ММ S/L property 27 5 yrs ΜМ S/L 39 yrs S/L i Nonresidential real property S/L

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L **b** 12-year 12 yrs S/L c 40-year 40 yrs ΜМ S/L

Part IV **Summary** (see instructions)

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here 3,833 and on the appropriate lines of your return Partnerships and S corporations—see instructions

23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Part V
Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense,

compl	ete only	24a, 24b, colui	mns (a) thro	ugh (c)	of Sec	ction	A, al	ll of .	Sectioi	n B, a	nd Se	ction (C if ap	oplicat	ile.
Section A—Deprec																
24a Do you have evidenc	e to support	the business/investi	ment use	claime	d? ┌ Yes	. ⊢ _{No}			24b If	"Yes," ı	s the ev	/ idence	written?		sГNo)
										1						
(a) Type of property (list Distorbicles first)	(b) Pate placed II service	(c) Business/ In investment use percentage	(d) Cost or ot basıs	ther	(busines	(e) deprecia s/investr e only)	- 11	(f) Recove period		(g) Method/ conventio		(h Deprec dedud	ation/		(i) Elected section 1 cost	
25Special depreciation allow 50% in a qualified busine			olaced in s	service (during the	tax year	and u	sed mo	re tha	in 25						
26 Property used more	•	•	ıness u:	s e							- 1					
		%														
		%									_					
	orless in a		ssuse													
		%							S/L	-						
		%							S/L]		
20 0 dd		%	7 5-4			21 .		4	S/L		_			+-		
28 Add amounts in col		_				ne 21,	page .	1 .	•		8		20	+		
29 Add amounts in col	umn (I), IIr				mation	·	· ·	• Va	· biol	•			29			
Complete this section f	or vehicle:										r relat	ed per	son			
f you provided vehicles to y	our employe	es, first answer the q	uestions	ın Sectio	on C to see	ıf you n	neet ar	exce	otion t	o comple	ting this	section	for thos			
30 Total business/inve		-	the _	-	a) icle 1	V e hı	•	V	(c) ehic		V e h i	d) cle 4	V ehı	-	V e hı	f) cle 6
31 Total commuting m	ıles drıven	during the year	. -													
32 Total other persona	ıl(noncomr	muting) miles driv	en													
33 Total miles driven o	during the	year Add lines 3	。													
through 32			· _													
34 Was the vehicle ava	aılable for	personal use		Yes	No	Yes	No	Ye	es	No	Yes	No	Yes	No	Yes	No
during off-duty houi	rs? .													<u> </u>		<u> </u>
35 Was the vehicle use owner or related pe	rson?	· · · · ·	5%													
36 Is another vehicle a	avaılable f	or personal use?														
Section Answer these questions 5% owners or related p	s to detern										-				not moi	re tha
37 Do you maintain a vemployees?		•	t prohib	ıts all	personal •	use of	vehic	les,ı	nclud	ling cor	nmutir	ig, by y	our •	Y	es	No
38 Do you maintain a vemployees? See the																
39 Do you treat all use	ofvehicle	s by employees a	as perso	nal us	e? .											
40 Do you provide mor vehicles, and retain	e than five	vehicles to your	•			rmatio	n fron	n your	r emp	loyees	about	the us	e of the	e 🗀		
41 Do you meet the red			· Ified aut	 tomobı	le demor	- nstratio	n use	? (Se	e ins	tructio	ns)		·		-+	
Note: If your answe	r to 37, 38	3, 39, 40, or 41 is	s "Yes,"	do no	t comple	te Sect	ion B	for th	ne co	vered v	ehicle:	S				
Part VI Amortiz		<u> </u>													I	
		(b)		(0	-)			(d)		(e	:)			(f)		
(a)		Date		A mort	-			ode		A morti			A mo	rtızatı	on for	
Description of co	STS	amortization begins		amo	unt		se	ction		perio percei			t	hıs yea	ar	
42 A mortization of cos	ts that be		2009 ta:	x year	(see ins	truction	ns)				<u> </u>					
43 A mortization of cos	ts that be	gan before your 2	009 tax	year						•	43					

44 Total. Add amounts in column (f) See the instructions for where to report . . .

44

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TY 2009 Compensation Explanation

Name: SHELBYVILLE CEMETERY COMPANY

Person Name	Explanation
CHARLES LONG	
BOB WALTERS	
JG GOODMAN	
ELLEN TOPMILLER	
ANN KINSOLVING	
EDGAR VAUGHAN	
GEORGE BEST	

TY 2009 Other Assets Schedule

Name: SHELBYVILLE CEMETERY COMPANY

Description	Beginning of Year Amount	End of Year Amount
EQUIPMENT	89,109	89,563
LESS ACCUMULATED DEPRECIATION	83,726	86,047
	5,383	3,516

TY 2009 Other Expenses Schedule

Name: SHELBYVILLE CEMETERY COMPANY

EIN: 61-033//40	
Description	Amount
292 OLD MOUNT EDEN ROAD	
NON-INVESTMENT DEPRECIATION	3,833
EXPENSES	
OFFICE EXPENSE	2,238
INTEREST EXPENSE	10,520
INSURANCE	7,772
GAS AND OIL	3,764
MATERIALS	11,557
MISCELLANEOUS	2,955
MOWING	70,400
OTHER TAXES	59
PLANTING FUND	9,230
REFUNDS	3,070
REPAIRS AND MAINTENANCE	12,896
SUPPLIES	2,341
TELEPHONE	4,561
EQUIPMENT RENTAL	2,100

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TY 2009 Other Liabilities Schedule

Name: SHELBYVILLE CEMETERY COMPANY

Description	Beginning of Year Amount	End of Year Amount
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	8,695	9,067
MORTGAGE AND OTHER NOTES PAYABLE	101,837	297,351
	110,532	306,418