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Form **990-EZ**

OMB No 1545-1150 2009

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

Open to Public Inspection

Α	For the	e 20 3 9 calend	dar year	or tax year beginning	12/15/09 ,and	lending C	6/3	30/1	<u>) </u>						
В	Check if							D	D Employer identification number						
	Address	s change use IRS ARIZONA FUNERAL CEMETERY AND													
	Name c	hange label or print						90-0439585							
X	Initial re	i' l						Ε	E Telephone number						
	Termina	ation	See Specific	2753 E BROAL	WAY RD, STE	101-4	14				480-649-1144				
	Amende	ed return	Instruc-	City or town, state or countr	y, and ZIP + 4					F	Group Exemption				
	Applicat	tion pending	tions.	MESA		AZ 8520) 4 -:	<u> 1579</u>		<u> </u>	Number >				
	• Sec	tion 501(c)(3	3) organi	zations and 4947(a)(1) no	onexempt charitable ti	rusts must a	ttach		G Accounting	ng me	thod	X Cash Accrual			
_			a cor	npleted Schedule A (For	m 990 or <u>9</u> 90-EZ).				Other (specify						
1	Websi	te: ▶ <u>N/</u>	<u>/A</u>						H Check	X	if the organization is not ttach Schedule B (Form 990, 90-PF)				
<u>J</u>	Tax-ex	empt status (ct	heck only on	e) — X 501(c) (6) ◀ (insert no)	4947(a)(1) or		527	required t	o atta or 990	tach Schedule B (Form 990, 30-PF)				
K	Check	•	if the or	ganization is not a section	509(a)(3) supporting of	rganization ai	nd its	gross re	ceipts are nor	mally	not r	nore than \$25,000 A			
	Form 9	990-EZ or For	m 990 re	turn is not required, but if t	the organization choose	es to file a ret	urn, be	e sure to	file a comple	te re	turn				
L	Add line	 es 5b, 6b, and 7t	b, to line 9	to determine gross receipts, if	\$500,000 or more, file Forn	n 990 instead of	f Form	990-EZ			▶ \$	195,922			
F	art I	Rever	nue, Ex	penses, and Chang	es in Net Assets	or Fund B	alan	ces (S	See the inst	ruc	tions	for Part I.)			
	1			its, and similar amounts receive							1				
	2	Program sei	rvice reve	enue including governmen	it fees and contracts						2	89,344			
	3	-		nd assessments		Sec	e S	tate	ment 1	1	3	51,714			
	4	Investment									4	· · · · · · · · · · · · · · · · · · ·			
	5a			sale of assets other than in	ventory		5a			ļ					
	b				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		5b								
	C								5c						
ø	1			ities (complete applicable parts	,	•	mina	chack he	re 🕨 🗀	ιt					
nue	ಁ_					-	y,	CHOCK HC		J					
Revenue	"	a Gross revenue (not including \$ of contributions reported on line 1) 6a													
ΩĽ	Ь								\dashv						
	İ														
	70			tory, less returns and allov	•		1				6c				
	7a			• •	valices	-	7a								
	b	Less cost o	•		white of hearth trans had	J ₇₀)	7b	· · · · · · · · · · · · · · · · · · ·			7-				
	l °	c Gross profit or (loss) from sales of inventory (Subtract Intertal from line 7a) 8 Other revenue (describe ► See Statement 2)						, ŀ	7c	54,864					
		Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8							2	8	195,922				
_	9				and 8	<u> </u>					9	195,922			
	10	Grants and similar amounts paid (attach schedule) 1 8 2010						}	10						
	11							}	11						
es	12	Salaries, other compensation, and employee benefits UT							-	12	22 457				
benses	13	Professional fees and other payments to independent contractors							-	13	32,457				
200	14	Occupancy, rent, utilities, and maintenance							-	14	2,688				
201Ex	15		publications, postage, and shipping spenses (describe ► See Statement 3							15	4,373				
	l	· ·	•							2	16	44,754			
<u>ت</u> ن		_		Add lines 10 through 16							17	84,272			
S	18	-		or the year (Subtract line 17 from line 9)							18	111,650			
S	19		issets or fund balances at beginning of year (from line 27, column (A)) (must agree with							- 1					
(Š.	1	•	nd-of-year figure reported on prior year's return)							ŀ	19				
Ž	20	-	nges in net assets or fund balances (attach explanation)								20	111 (50			
<u> </u>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of the state of the									21	111,650				
<u>**</u>	art II	Balan	ce Sne			1,250,000 or r	nore,				<u>ım 99</u>				
<	, , ,	(See the instructions for Part II) (A) Beginning of year								(B) End of year					
	223 Cash, savings, and investments								22	111,150					
23 Land and buildings								23							
24 Other assets (describe See Statement 4)								24	500						
								이	25	111,650					
		liabilities (des					\			<u> </u>	26	0			
_									0	27	111,650				
Fo	r Privac	y Act and Pa	perwork	Reduction Act Notice, s	ee the separate instru	ictions.						Form 990-EZ (2009)			

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Form 990-EZ (2009) ARIZONA 1	FUNERAL CEMETERY A	IND 90	0-0439585				Page
Part III Statement of Progr	am Service Accomplishme	nts (See the instruc	tions for Part I	<u>II.)</u>		Ex	penses
What is the organization's primary exempt	purpose?				(Req	nited (for section
EDUCATIONAL SERVICES FOR THE	FUNERAL, CEMETERY AND CREM	ATION INDUSTRY.	· =		501(d	:)(3) <i>a</i>	ind 501(c)(4)
Describe what was achieved in carrying or	• • • • • • • • • • • • • • • • • • • •				orgar	ıızatıo	ns and section
manner, describe the services provided, the	ne number of persons benefited, or c	other relevant information	for		4947	(a)(1)	trusts, optional
each program-title		<u> </u>			for ot	hers_)	<u> </u>
28 CONTINUING EDUCATION PROGR	AMS FOR THE FUNERAL, CEMETI	ERY AND CREMATION					
INDUSTRY.							
							0.44
(Grants \$	If this amount includes foreign grain		<u> </u>	<u> </u>	28a		849
29 ANNUAL EDUCATIONAL CONVENT	ION FOR FUNERAL, CEMETERY	AND CREMATION INDUS	TRY.				
				Щ			41 500
(Grants \$	If this amount includes foreign grain	nts, check here	<u> </u>		29a		41,500
30							
					ŀ		
	If this amount includes foreign grain	nts, check here	<u> </u>		30a		
31 Other program services (attach sched	•			$\overline{}$			
	If this amount includes foreign grai	nts, check here	<u> </u>	ĻĻ	31a		40 246
32 Total program service expenses (ac				<u> </u>	32		42,349
Part IV List of Officers, Director	rs, Trustees, and Key Employees.		compensated (See		Instruction Contribution		
(a) Name	e and address	hours per week	(If not paid,	emplo	yee benefit p	olans &	(e) Expense account and
		devoted to position	enter -0)	defe	rred compens	ation	other allowances
CRAIG HANSEN	SCOTTSDALE	PRESIDENT	•				
6500 E BELL ROAD	AZ 85254	···	0	1		0	
DENNIS SPARKS	SCOTTSDALE	VICE PRESIDE	NT			İ	
401 N HAYDEN ROAD	AZ 85257		0	-		0	
WILLIAM B ADDISON JR	TUCSON	SECRETARY					
3015 N ORACLE ROAD	AZ 85705		0	┝		- 0	
JIM DECASTRO	TUCSON	TREASURER	_				
3555 N ORACLE ROAD	AZ 85705		0	-		9	
JIM AHEARNE	SCOTTSDALE	DIRECTOR	_				
9300 E SHEA BLVD	AZ 85260		0	 		- 0	
GARY BROWN	PHOENIX	DIRECTOR					_
2033 N 48TH STREET	AZ 85008		0	┢		의	
DANIEL SALTER	PHOENIX	DIRECTOR					_
2300 W VAN BUREN	AZ 85009			├		읙	
HENRY "BUTCH" HAMPTON JR	PRESCOTT	DIRECTOR					_
240 S CORTEZ STREET	AZ 86303		0	┼		0	
KURTIS LAUFFER	SCOTTSDALE	DIRECTOR					_
401 n hayden road STEVE PALMER	AZ 85257	DIDIGEOD	0	├─		- 0	
PO BOX 3820	COTTONWOOD AZ 86326	DIRECTOR	_				,
ED O'SULLIVAN	TUCSON	DIRECTOR	0	┢		9	
3015 N ORACLE ROAD	AZ 85705	DIRECTOR				ا	
3013 R CRACHE ROAD	AZ 65/05		<u> </u>	 	··········	읙	
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				1			

Form **990-EZ** (2009)

2753 E BROADWAY RD, STE 101-414	Pa	tt V Other information (Note the statement requirements in the instructions for Part V.)							
description of each actively Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes 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 967. Tatch a statement explaning why the organization dnot report the income on Form 990-T 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? If "Yes," has it filled a tax return on Form 990-T for this year? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete appricable parts of Schedule N The amount of political expenditures, direct or indirect, as described in the instr 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? If "Yes," complets Schedule, Light I and enter the total amount involved Section 501(c)(7) organizations. Enter initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities Gross receipts, included on line 9, for public use of club facilities Section 501(c)(3) organizations. Enter amount of fax imposed on the organization during the year under section 4911				Yes	No				
34 Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes 36 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 explaning why the organization durity the income on Form 990-T on Port 1 or 1 organization had income from 900-T or 1 organization had income from 900-T for this year? 37 Did the organization and ergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 38 Enter amont of political expenditures, direct or indirect, as described the instit 39 Did the organization file Form 1120-POL for this year? 39 Did the organization file Form 1120-POL for this year? 39 Did the organization file Form 1120-POL for this year? 39 Did the organization brown from, or make any losans 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 peniod covered by this return? b if "Yes," complete Schedule I, Part II and eiter the total amount involved 39 Section 501(c)(?) organizations Enter amount of tax imposed on the organization during the year under section 4911 ≥ general section 501(c)(3) and 501(c)(4) organizations but 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 organizations prior Forms 990 or 990-EZ7 if "Yes," complete Schedule I, Part I c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified person far party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 10 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization should be an entile to t					٠,,				
fithe 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 explaning why the organization of not report the income on Form 990-T attach a statement explaning why the organization of not report the income on Form 990-T and proxy tax requirements? b if "Yes," has it filed a tax return on Form 990-T for this year? Children's active the comparization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N The tax amount of political expenditures, direct or indirect, as described in the ristration of the organization for Port 1120-PDL for this year? 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? b if "Yes," complete Schedule L, Part II and enter the total amount involved 38 Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ►		\cdot	33		X				
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The Enter amount of political expenditures, direct or indirect, as described in the mistr b Did the organization file Form 1120-POL for this year? and the organization for form 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? b If "Yes," complete Schedule I, Part II and enter the total amount involved Section 501(c)(7) organizations Enter initiation fees and capital contributions included on line 9 Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶ section 4911 ▶ section 4912 ▶ section 4912 ▶ section 4915 ▶ section 4916 section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4955 ▶ section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4956 secess 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 590-E.27 (if "Yes," complete Schedule I, Part I 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 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction if if "Yes," and 501(c)(4) organization shelf and the variation of the foreign country over a financial account in a foreign country (such as a bank account, securities account, or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account			36		x				
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39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 b Gross receipts, included on line 9, for public use of club facilities 39a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶	h		30a						
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45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If	+**	·	,,		v				
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100, 1 0 m 000 must be completed instead of Fulfil 350*EZ	7.5		45		x				
		100, 1 0 000 must be completed instead of 1 0mm 330-EZ	Form 99						

orm 9	90-EZ (2	009) ARIZONA	FUNERAL	CEMETERY	AND	90	0-0439585		1	Page 4
Part	VI	Section 501(c)(3)	organizations	s and section	4947(a)(1)	nonexemp	t charitable tr	usts only. All s	ection	
		501(c)(3) organiz								9b
		and complete the	tables for line	s 50 and 51.	•	•		•		
16 C	old the or	ganization engage in di	rect or indirect pol	itical campaign ac	tivities on beh	alf of or in opp	osition to		Yes	No
		s for public office? If "Ye							46	
		ganization engage in lo	•		Schedule C, F	art II			47	
_		anization operating a so					Schedule E		48	1
	-	ganization make any tra		• •		•			49a	T
		as the related organiza		•					49b	+-
		this table for the organi		•	molovees (oth	er than officer	s. directors, trustee	es and kev	L	
	•	s) who each received m	•	•				•		
	<u> </u>	(a) Name and addres			(b)	Title and average		(d) Contributions to	(e) Expe	
			n \$100,000			hours per week evoted to position		employee benefit plans & deferred compensation	account a other allow	
						votos to position		Colored Compensation	Other dilotte	<u> </u>
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		haf -th		20	<u>-</u>		L			
f T	Olai IIUIII	ber of other employees	paid over \$100,00	00		_		-		
\$		of compensation from t				(b)	Type of service	(c) C	ompensation	
	.,					()	, , , , , , , , , , , , , , , , , ,	(0) 0		
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	-		•••							
d T	otal num	ber of other independe	nt contractors each	receiving over \$	100.000	•				
u .	Oldi ildiii	ber or other macpende	in contractors each	Treceiving over \$	100,000					
		Under penalties of perjury,	I declare that I have	evamined this return	uncluding acco	mpanung sebad	ulas and statements	and to the best of my		
		and belief, it is true, correct	t, and complete Dec	laration of preparer (other than office	r) is based on al	l information of which	preparer has any know	wledge	
Sign		Ny Greeny	140	resen				12-2010	-	
lere		Signature of officer .		. 00	~		Date	0	 -	
		CEAIG' L	. , HAKSEX	1 PR	ES 105/47		54.5			
		Type or print name an	id title	-			·			
		Preparer's	0			Date	Check if	Preparer's Ident	ifying Number (S	See instr)
Paid		Preparer's signature	Cura	L.		7/28/	self-			
repa	'				ana .		employed		C 05.66	
Jse C	_l.	Firm's name (or yours	CAROL J'.	•	CPA, I	·. C.			6-0763	1044
,3 c (· 1	if self-employed),	PO Box 2		1212			Phone	004 -	
		address, and ZIP + 4	Mesa, AZ			·			-834-7	_
viay th	e IKS dis	cuss this return with the	preparer shown a	above? See instru	ctions			> _	Yes	No
								Fo	m 990-E2	Z (2009)