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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

2009

Open to Public Inspection

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

ESTHER BLESSINGTON TESTAMENTARY TR

D Employer identification number

73-6177841

E Telephone number

F Group Exemption Number

G Accounting method

☒ Cash

☐ Accrual

Other (specify)

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

I Website:

None

J Tax-Exempt status (check only one)

☒ 501(c)(13)

☐ (insert no )

☐ 4947(a)(1) or

☐ 527

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

\$

18,761

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
	2	Program service revenue including government fees and contracts . . . . .	2
	3	Membership dues and assessments . . . . .	3
	4	Investment income . . . . .	418,761
	5a	Gross amount from sale of assets other than inventory . . . . .5a	5c
	b	Less cost or other basis and sales expenses . . . . .5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	
	a	Gross revenue (not including \$ _of contributions reported on line 1) . . . . .6a	
	b	Less direct expenses other than fundraising expenses . . . . .6b	
Expenses	c	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	7c
	b	Less cost of goods sold . . . . .7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	
	8	Other revenue (describe )	8
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 . . . . .	918,761
	10	Grants and similar amounts paid (attach schedule)	106,950
	11	Benefits paid to or for members . . . . .	11
	12	Salaries, other compensation, and employee benefits . . . . .	121,000
	13	Professional fees and other payments to independent contractors . . . . .	13385
Net Assets	14	Occupancy, rent, utilities, and maintenance . . . . .	14
	15	Printing, publications, postage, and shipping . . . . .	15
	16	Other expenses (describe )	1614,356
	17	Total expenses. Add lines 10 through 16 . . . . .	1722,691
	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18-3,930
	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) . . . . .	1995,554
	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 . . . . .	2191,624

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 )

22 Cash, savings, and investments . . . . .

23 Land and buildings . . . . .

24 Other assets (describe )

25 Total assets . . . . .

26 Total liabilities (describe )

27 Net assets or fund balances (line 27 of column (B) must agree with line 21) .

(A) Beginning of year

15,554

80,000

95,554

95,554

(B) End of year

11,624

80,000

91,624

91,624

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

Cat No 10642I

Form 990-EZ (2009)

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? SUPPORT TO UNION CENTER CEMETERY			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
<b>28</b> DISTRIBUTED FUNDS FOR MAINTAINING UNION CENTER CEMETERY (Grants \$ 6,950) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	
<b>29</b>			
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	
<b>30</b>			
(Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )
Form <b>990-EZ</b> (2009)

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	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> 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	No
b	If "Yes," has it filed a tax return on <b>Form 990-T</b> 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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
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	
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		
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	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of J L CLARK CO-TRUSTEE Telephone no (580) 327-3529 453336 JACKSON ROAD Located at ALVA, OK ZIP + 4 73717		
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)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	No
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	No

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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school 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?		
49b	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 "

(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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000 . . . . . ▶

Please 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		2012-06-04 Date	
Paid Preparer's Use Only	J L CLARK CO TRUSTEE Type or print name and title			
	Preparer's signature	ALLEN L MOOSE CPA	Date 2012-06-04	Check if self-employed <input type="checkbox"/>
	Firm's name (or yours if self-employed), address, and ZIP + 4			Preparer's identifying number (See instructions)
	Moose & Stewart CPAs PC 101 E Ash PO Box 349 Fairview, OK 73737			EIN ▶  Phone no ▶ (580) 227-3749
May the IRS discuss this return with the preparer shown above? See instructions . . . . . <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				

Additional Data

Software ID:  
Software Version:  
EIN: 73-6177841  
Name: ESTHER BLESSINGTON TESTAMENTARY TR

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
J L CLARK 453336 JACKSON ROAD Alva,OK 73717	CO-TRUSTEE 0	500	0	0
JIM BUCKLES PO BOX Dacoma,OK 73731	CO-TRUSTEE 0	500	0	0

**TY 2009 Grants and Similar Amounts Paid Schedule****Name:** ESTHER BLESSINGTON TESTAMENTARY TR**EIN:** 73-6177841

<b>Item No.</b>	1
<b>Class of Activity</b>	SUPPORT FOR CEMETERY OPERATIONS
<b>Donee's Name</b>	UNION CENTER CEMETERY INC
<b>Donee's Address</b>	CO JANEAN JOHNSON PO BOX 44 Dacoma, OK 73731
<b>Amount (FMV)</b>	6,950
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	
<b>Description</b>	
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	

## TY 2009 Other Expenses Schedule

**Name:** ESTHER BLESSINGTON TESTAMENTARY TR

**EIN:** 73-6177841

Description	Amount
SEED AND FERTILIZER	13,916
BANKING EXPENSE	10
ADVALOREM TAXES	430