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Form 990  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) The organization may have to use a copy of this return to satisfy state reporting requirements	OMB No 1545-0047 2010 Open to Public Inspection
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A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010		
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE WOODLAWN CEMETERY	D Employer identification number 13-5670057
	Doing Business As	E Telephone number (718) 920-0500
	Number and street (or P O box if mail is not delivered to street address) 233RD STREET AND WEBSTER AVENUE	Room/suite
	G Gross receipts \$ 54,156,554	
	City or town, state or country, and ZIP + 4 BRONX, NY 10470	
	F Name and address of principal officer JOHN P TOALE JR 233RD STREET AND WEBSTER AVENUE BRONX, NY 10470	H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (13) ◀ (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.THEWOODLAWNCEMETERY.ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 1863
		M State of legal domicile NY

Part I		Summary	
Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE ORGANIZATION IS A NON-SECTARIAN CEMETERY WHICH ALSO OPERATES A CREMATORY THE CEMETERY PROVIDES FOR THE DEATH CARE NEEDS OF THE NY METROPOLITAN AREA		
	2 Check this box <input checked="" type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	137
6 Total number of volunteers (estimate if necessary)	6	0	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 2,000	Current Year 2,000
	9 Program service revenue (Part VIII, line 2g)	5,772,342	5,261,638
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-3,649,866	5,571,731
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,124,476	10,835,369
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		7,195,837	7,090,320
16a Professional fundraising fees (Part IX, column (A), line 11e)		0	0
b Total fundraising expenses (Part IX, column (D), line 25) <input type="text" value="0"/>			
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)		3,197,446	3,194,571
18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		10,393,283	10,284,891
19 Revenue less expenses Subtract line 18 from line 12		-8,268,807	550,478
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	146,283,673	157,900,545
	21 Total liabilities (Part X, line 26)	9,120,553	12,965,413
	22 Net assets or fund balances Subtract line 21 from line 20	137,163,120	144,935,132

Part II Signature Block					
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.					
Sign Here	Signature of officer			2011-06-21 Date	
	JOHN P TOALE JR PRESIDENT				
Paid Preparer Use Only	Print/Type preparer's name	STEVEN WALTERS	Preparer's signature	STEVEN WALTERS	Date
	Firm's name ▶ O'CONNOR DAVIES MUNNS & DOBBINS LLP				Firm's EIN ▶
	Firm's address ▶ 500 MAMARONECK AVENUE HARRISON, NY 10528				Phone no ▶ (914) 381-8900
May the IRS discuss this return with the preparer shown above? (see instructions)					<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Check if Schedule O contains a response to any question in this Part III ☐

OUR MISSION IS TO MEMORIALIZE THE DECEASED IN UNIQUE AND DIGNIFIED WAYS, TO PROVIDE SENSITIVE AND COMPASSIONATE SERVICES TO THE BEREAVED, AND TO PRESERVE THE TRANQUIL RURAL BEAUTY THAT SERVES AS A REPRIEVE FROM OUR NEIGHBORING URBAN BUSTLE

If "Yes," describe these new services on Schedule O

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 \$	10,284,891	including grants of \$) (Revenue \$	5,261,638)
<p>THE CEMETERY'S PURPOSE IS TO PROVIDE BURIAL AND CREMATION SERVICES IN ADDITION, THE CEMETERY PROVIDES CARE AND MAINTENANCE OF GRAVES, MAUSOLEUMS, LANDSCAPE AND STONE WORK THE CEMETERY PERFORMED 929 INTERNMENTS OR ENTOMBMENTS AND 1,971 CREMATIONS</p>						

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)














4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e	Total program service expenses	\$ 10,284,891
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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)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	No
3 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	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 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 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	Yes
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a	Yes
b 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. 	11b	Yes
c 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. 	11c	No
d 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. 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. 	11e	Yes
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X. 	11f	Yes
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12a	Yes
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional 	12b	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	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? <i>If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25</i>	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
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 during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
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-EZ? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
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? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
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	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance					
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>					
			Yes	No	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	30		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes		
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.	2a	137		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b			
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			No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
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).					
a	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			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the 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.					
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10 Section 501(c)(7) organizations. Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b			
11 Section 501(c)(12) organizations. Enter					
a	Gross income from members or shareholders.	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b			
c	Enter the amount of reserves on hand.	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?					
14a					
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b			No

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a10		
b	Enter the number of voting members included in line 1a, above, who are independent	1b9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	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 arrangement with a taxable entity during the year?	16a		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure	
17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization. JOHN P TOALE JR 233RD STREET AND WEBSTER AVENUE BRONX, NY 10470 (718) 920-0500

Part VII

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

Check if Schedule O contains a response to any question in this Part VII

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.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. 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.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JOHN P TOALE JR PRESIDENT	37.50	X		X				213,505	0	55,847
(2) THOMAS L PULLING TRUSTEE	1.00	X						20,000	0	0
(3) JAMES ZIRIN TRUSTEE	1.00	X						20,000	0	0
(4) ROBERT R HALL TRUSTEE	1.00	X						20,000	0	0
(5) JONATHAN B BUTLER TRUSTEE	1.00	X						20,000	0	0
(6) E THOMAS WILLIAMS JR TRUSTEE	1.00	X						20,000	0	0
(7) ADELE C KEOGH TRUSTEE	1.00	X						20,000	0	0
(8) CAROLYN C CLARK CHAIRMAN	1.00	X		X				20,000	0	0
(9) RUTH ABRAM TRUSTEE	1.00	X						20,000	0	0
(10) RICARDO R FERNANDEZ TRUSTEE	1.00	X						20,000	0	0
(11) KATHLEEN DORAN TREASURER/CFO	37.50			X				146,705	0	12,534
(12) MITCHELL ROSE VP OF OPERATIONS	37.50			X				134,291	0	11,142
(13) DENNIS L WOOLARD DIRECTOR OF FAMILY SERVICES	37.50					X		159,689	0	20,426
(14) DAVID N BARLOW FAMILY SERVICE COUNSELOR	37.50					X		120,845	0	13,516

Part VII

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 5

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization		
(A) Name and business address	(B) Description of services	(C) Compensation
WILLIAM A KELLY & CO INC 87 BEDFORD ROAD KATONAH, NY 10536	CONSTRUCTION	2,076,541
PINEBROOK INDUSTRIES PO BOX 723 NEW YORK, NY 10956	CONSTRUCTION, DIGGING AND PAVING	1,382,345
BERNARD GLINSKI INC 90 WASHINGTON AVE PLEASANTVILLE, NY 10570	TREE MAINTENANCE	280,144
FIDUCIARY TRUST CO 600 FIFTH AVE 4TH FL NEW YORK, NY 10020	INVESTMENT ADVISOR	225,077
HUDSON CANYON 15 EXCHANGE PLACE SUITE 1010 JERSEY CITY, NJ 07302	INVESTMENT ADVISOR	155,828
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶7		

Part VIII

Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514			
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a		2,000						
	b	Membership dues	1b								
	c	Fundraising events	1c								
	d	Related organizations	1d								
	e	Government grants (contributions)	1e								
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	2,000							
	g	Noncash contributions included in lines 1a-1f \$									
	h	Total. Add lines 1a-1f									
	Program Service Revenue	2a	Business Code						2,819,685	2,819,685	
SALE OF BURIAL RIGHTS			900099								
b		SERVICE CHARGES			900099	2,225,444	2,225,444				
c		OTHER CEMETERY SERVICE			900099	216,509	216,509				
d											
e											
f		All other program service revenue									
g		Total. Add lines 2a-2f			5,261,638						
Other Revenue		3	Investment income (including dividends, interest and other similar amounts)			6,231,498					
	4	Income from investment of tax-exempt bond proceeds . .									
	5	Royalties									
	6a	(i) Real									
		(ii) Personal									
	b	Less rental expenses									
	c	Rental income or (loss)									
	d	Net rental income or (loss)									
	7a	(i) Securities									
		42,661,418									
		(ii) Other									
	b	Less cost or other basis and sales expenses									
	c	Gain or (loss)									
	d	Net gain or (loss)			-659,767			-659,767			
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18									
		a									
	b	Less direct expenses									
	c	Net income or (loss) from fundraising events . .									
	9a	Gross income from gaming activities See Part IV, line 19 . .									
a											
b	Less direct expenses										
c	Net income or (loss) from gaming activities . .										
10a	Gross sales of inventory, less returns and allowances										
	a										
b	Less cost of goods sold										
c	Net income or (loss) from sales of inventory . .										
Miscellaneous Revenue				Business Code							
11a											
b											
c											
d	All other revenue										
e	Total. Add lines 11a-11d										
12	Total revenue. See Instructions			10,835,369	5,261,638	0	5,571,731				

Part IX

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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				
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	726,550			
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 salaries and wages	4,437,575			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	538,906			
9	Other employee benefits	970,206			
10	Payroll taxes	417,083			
a	Fees for services (non-employees)				
	Management				
b	Legal	233,549			
c	Accounting	38,750			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	573,295			
g	Other	138,046			
12	Advertising and promotion	118,328			
13	Office expenses	133,277			
14	Information technology	56,804			
15	Royalties				
16	Occupancy	418,372			
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	48,373			
20	Interest	36,483			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	370,122			
23	Insurance	224,398			
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	MAINTENANCE OF CEMETERY	487,861			
b	TREE SERVICE	282,666			
c	MISCELLANEOUS	34,247			
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	10,284,891			
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

						(A)		(B)
						Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1,149,085	1	378,708
	2	Savings and temporary cash investments				4,183,744	2	4,516,578
	3	Pledges and grants receivable, net					3	
	4	Accounts receivable, net				2,103,681	4	1,981,954
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L					5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Schedule L					6	
	7	Notes and loans receivable, net					7	
	8	Inventories for sale or use				4,789	8	4,414
	9	Prepaid expenses and deferred charges				31,655	9	12,448
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	31,535,507	5,229,352	10c	6,929,996	
	b	Less: accumulated depreciation	10b	24,605,511				
	11	Investments—publicly traded securities				89,899,020	11	97,449,055
	12	Investments—other securities. See Part IV, line 11				42,490,691	12	45,225,567
	13	Investments—program-related. See Part IV, line 11					13	
	14	Intangible assets					14	
	15	Other assets. See Part IV, line 11				1,191,656	15	1,401,825
16	Total assets. Add lines 1 through 15 (must equal line 34)				146,283,673	16	157,900,545	
Liabilities	17	Accounts payable and accrued expenses				6,041,472	17	7,385,233
	18	Grants payable					18	
	19	Deferred revenue					19	
	20	Tax-exempt bond liabilities					20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D					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				100,000	23	2,465,000
	24	Unsecured notes and loans payable to unrelated third parties					24	
	25	Other liabilities. Complete Part X of Schedule D				2,979,081	25	3,115,180
	26	Total liabilities. Add lines 17 through 25				9,120,553	26	12,965,413
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.							
	27	Unrestricted net assets				137,163,120	27	144,935,132
	28	Temporarily restricted net assets					28	
	29	Permanently restricted net assets					29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.							
	30	Capital stock or trust principal, or current funds					30	
	31	Paid-in or capital surplus, or land, building or equipment fund					31	
	32	Retained earnings, endowment, accumulated income, or other funds					32	
	33	Total net assets or fund balances				137,163,120	33	144,935,132
34	Total liabilities and net assets/fund balances				146,283,673	34	157,900,545	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,835,369
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,284,891
3	Revenue less expenses Subtract line 2 from line 1	3	550,478
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	137,163,120
5	Other changes in net assets or fund balances (explain in Schedule O)	5	7,221,534
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	144,935,132

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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 separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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 Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE D
(Form 990)

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
THE WOODLAWN CEMETERY

Employer identification number
13-5670057

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4

Number of states where property subject to conservation easement is located ▶ _____

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1▶ \$ _____

(ii) Assets included in Form 990, Part X▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a

Revenues included in Form 990, Part VIII, line 1▶ \$ _____

b

Assets included in Form 990, Part X▶ \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2010

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

If "Yes," explain the arrangement in Part XIV

Part V

Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a	Beginning of year balance	131,803,176	103,950,253	149,156,849	
b	Contributions	887,571	6,115,997	791,063	
c	Investment earnings or losses	13,947,600	26,224,348	-41,301,683	
d	Grants or scholarships				
e	Other expenditures for facilities and programs	4,784,843	4,487,422	4,695,976	
f	Administrative expenses				
g	End of year balance	141,853,504	131,803,176	103,950,253	

2

Provide the estimated percentage of the year end balance held as

a

Board designated or quasi-endowment ▶ 100 000 %

b

Permanent endowment ▶

c

Term endowment ▶

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i)

unrelated organizations

3a(i)

Yes

No

(ii)

related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

4

Describe in Part XIV the intended uses of the organization's endowment funds

Part VI

Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,621,571	1,912,055	1,709,516
c Leasehold improvements				
d Equipment		1,793,957	1,485,496	308,461
e Other		26,119,979	21,207,960	4,912,019
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				6,929,996

Part XI

Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,835,369
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,284,891
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	550,478
4	Net unrealized gains (losses) on investments	4	9,434,626
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-2,213,092
9	Total adjustments (net) Add lines 4 - 8	9	7,221,534
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	7,772,012

Part XII

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	19,696,700
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	9,434,626
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	9,434,626
3	Subtract line 2e from line 1	3	10,262,074
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	573,295
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	573,295
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,835,369

Part XIII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	9,711,596
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	9,711,596
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	573,295
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	573,295
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,284,891

Part XIV

Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE CEMETERY MAINTAINS VARIOUS STATE RESTRICTED FUNDS. THE CEMETERY WITHDRAWS ALL INCOME EARNED LESS ONE-THIRD FEES FROM THE PERMANENT MAINTENANCE AND COMMUNITY MAUSOLEUM FUNDS TO MAINTAIN AND PRESERVE THE CEMETERY. THE OTHER FUND REPRESENTS PERMANENTLY RESTRICTED FUNDS RECEIVED FOR THE MAINTENANCE OF SPECIFIC LOTS, GRAVES AND PRIVATE MAUSOLEUMS. INVESTMENT INCOME EARNED BY THESE FUNDS IS RESTRICTED FOR THE MAINTENANCE OF INDIVIDUAL LOTS, GRAVES AND PRIVATE MAUSOLEUMS. SEPARATE ACCOUNTS ARE MAINTAINED FOR EACH INDIVIDUAL PERPETUAL CARE ENDOWMENT ACCOUNT.
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE CEMETERY RECOGNIZES THE EFFECT OF INCOME TAX POSITIONS ONLY IF THOSE POSITIONS ARE MORE LIKELY THAN NOT OF BEING SUSTAINED. MANAGEMENT HAS DETERMINED THAT THE CEMETERY HAD NO UNCERTAIN TAX POSITIONS THAT WOULD REQUIRE FINANCIAL STATEMENT RECOGNITION. THE CEMETERY IS NO LONGER SUBJECT TO AUDITS BY THE APPLICABLE TAXING JURISDICTIONS FOR PERIODS PRIOR TO DECEMBER 31, 2007.
PART XI, LINE 8 - OTHER ADJUSTMENTS		POST RETIREMENT AND PENSION BENEFITS LIABILITY ADJUSTMENT 34,123. NET CHANGE IN TRUST PRINCIPAL 126,335. MUTUAL FUND CAPITAL GAIN 87,514. PROVISION FOR UNION WITHDRAWAL LIABILITY -852,704. SITE REMEDIATION -1,608,360.

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
THE WOODLAWN CEMETERY

Employer identification number
13-5670057

Part I

Questions Regarding Compensation

		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
	<div><div><input type="checkbox"/> First-class or charter travel</div><div><input checked="" type="checkbox"/> Housing allowance or residence for personal use</div></div> <div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div></div> <div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div></div> <div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply		
	<div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div></div> <div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div></div> <div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment from the organization or a related organization?		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	
b	Any related organization?	5b	
	If "Yes," to line 5a or 5b, describe in Part III		
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	
b	Any related organization?	6b	
	If "Yes," to line 6a or 6b, describe in Part III		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9	

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN P TOALE JR	(i) (ii)	172,817 0	15,000 0	25,688 0	35,999 0	19,848 0	269,352 0	 0
(2) KATHLEEN DORAN	(i) (ii)	115,151 0	15,000 0	16,554 0	6,091 0	6,443 0	159,239 0	 0
(3) DENNIS L WOOLARD	(i) (ii)	118,943 0	10,000 0	30,746 0	3,469 0	16,957 0	180,115 0	 0
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part IIISupplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 1A	DENNIS WOOLARD RECEIVED A HOUSING ALLOWANCE FROM THE ORGANIZATION IN THE AMOUNT OF \$14,898. THIS IS TREATED AS TAXABLE COMPENSATION ON HIS W-2. THE HOUSING ALLOWANCE INCLUDES RENT, CABLE, AND UTILITIES. MITCHELL ROSE RECEIVED A HOUSING ALLOWANCE IN THE AMOUNT OF \$2,700. THIS IS ALSO TREATED AS TAXABLE COMPENSATION IN HIS W-2.

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

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Open to Public Inspection

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization
THE WOODLAWN CEMETERY

Employer identification number
13-5670057

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected?	
			Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No
Total ▶ \$										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b)Relationship between interested person and the organization	(c)Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) E THOMAS WILLIAMS JR	BOARD DIRECTOR	225,077	INVESTMENT MANAGEMENT FEES		No
(2) JAMES ZIRIN	BOARD DIRECTOR	23,738	LEGAL FEES		No

Part V Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE L, PART IV	BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS	A TRUSTEE OF THE CEMETERY IS ALSO ON THE BOARD OF DIRECTORS OF FIDUCIARY TRUST COMPANY INTERNATIONAL THIS RELATIONSHIP IS DISCLOSED AS PART OF THE CEMETERY'S CONFLICT OF INTEREST POLICY THIS TRUSTEE IS NOT ON THE FINANCE COMMITTEE OF THE CEMETERY, NOR DOES HE MAKE DECISIONS REGARDING THE CEMETERY'S INVESTMENTS THE CEMETERY HAS AN INVESTMENT ADVISOR WHO REPORTS ON THE PERFORMANCE OF ALL MONEY MANAGERS ENGAGED BY THE CEMETERY MR WILLIAMS DOES NOT SHARE IN THE INVESTMENT FEES PAID BY THE CEMETERY TO FIDUCIARY TRUST COMPANY INTERNATIONAL THE OTHER TRUSTEE, MR ZIRIN, IS A PARTNER AT A LAW FIRM THAT WAS ENGAGED BY THE CEMETERY TO PROVIDE SERVICES FOR ONE PARTICULAR INSTANCE MR ZIRIN ABSTAINED FROM THE BOARD VOTE TO APPROVE THE USE OF THE LAW FIRM WHERE HE IS A CURRENT PARTNER

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization THE WOODLAWN CEMETERY	Employer identification number 13-5670057
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Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6		MEMBERS ARE OWNERS OF BURIAL RIGHTS ALL INDIVIDUALS WHO PURCHASE BURIAL RIGHTS AND HAVE PAID IN FULL ARE ISSUED A DEED OWNERSHIP OF THE BURIAL RIGHT PASSES IN ACCORDANCE WITH NYS LAW IF NOT SPECIFICALLY DEvised IN A WILL OR BY COURT ORDER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A		THE CEMETERY HAS AN ANNUAL MEETING IN ACCORDANCE WITH NY S DIVISION OF CEMETERIES AND THE CEMETERY'S BY-LAWS AT THIS MEETING, THE MEMBERS ELECT THE BOARD OF TRUSTEES SEATS WHOSE TERMS HAVE EXPIRED EACH MEMBER/OWNER IS ENTITLED TO ONE VOTE

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B		THE DECISIONS OF THE GOVERNING BODY ARE SUBJECT TO APPROVAL FROM THE MEMBERS THE MEMBERS VOTE DURING THE ANNUAL MEETING

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		THE FORM 990 IS PREPARED BY THE CFO/TREASURER AND REVIEWED BY THE PRESIDENT AND INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM. SUBSEQUENT TO THOSE REVIEWS A DRAFT RETURN IS EMAILED OR MAILED TO THE FULL BOARD FOR REVIEW. BOARD MEMBERS WILL CONTACT THE TREASURER WITH ANY QUESTIONS OR COMMENTS. ONCE THE REVIEW BY THE BOARD MEMBERS IS COMPLETE, THE RETURN WILL BE FILED.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	DURING THE LAST BOARD MEETING OF THE YEAR, USUALLY HELD WITHIN THE MONTH OF DECEMBER, BOARD MEMBERS AND OFFICERS COMPLETE AND SIGN OFF ON THE CONFLICT OF INTEREST POLICY THIS IS WHERE ANY CONFLICTS ARE DISCLOSED ALL BOARD MEMBERS AND OFFICERS ARE AWARE OF THIS POLICY AND KNOW TO DISCLOSE ANY CONFLICTS THAT MAY ARISE OVER THE COURSE OF THE YEAR A NEW CONFLICT OF INTEREST STATEMENT WOULD BE COMPLETED AND/OR UPDATED, IF NECESSARY ALL POTENTIAL CONFLICTS ARE ADDRESSED BY THE BOARD AND MANAGEMENT ON A CASE BY CASE BASIS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE CEO/PRESIDENT OF THE CEMETERY IS REVIEWED AND DETERMINED BY THE BOARD OF TRUSTEES THEY REVIEW AND COMPARE COMPENSATION PACKAGES OF SIMILAR POSITIONS AND REVIEW INDUSTRY GENERATED COMPENSATION SURVEYS THE PRESIDENT OF THE CEMETERY REVIEWS INDUSTRY GENERATED COMPENSATION SURVEYS, AND MAKES INQUIRIES OF OTHER LOCAL CEMETERIES FOR THE OFFICERS AND KEY EMPLOYEE POSITIONS THE PRESIDENT HAS THE AUTHORITY FROM THE BOARD TO ESTABLISH COMPENSATION FOR THE OTHER OFFICERS AND KEY EMPLOYEES

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE PRESIDENT AND THE SECRETARY MAINTAIN THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY THE TREASURER MAINTAINS ALL FINANCIAL RECORDS THE FORM 990 IS MADE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST ADDITIONALLY , AT THE ANNUAL MEETING, A SUMMARY OF THE OPERATING RESULTS ARE PRESENTED AND THE AUDITED FINANCIAL STATEMENTS ARE AVAILABLE FOR REVIEW, WITH COPIES OF THE FINANCIAL STATEMENTS GIVEN TO ALL LOT OWNERS/MEMBERS PRESENT AT THE MEETING

Identifier	Return Reference	Explanation
	FORM 990, PART VII, SECTION A, COLUMN B	ESTIMATE OF THE AVERAGE HOURS PER WEEK (IF ANY) DEVOTED TO RELATED ORGANIZATION THREE OF THE WOODLAWN CEMETERY BOARD TRUSTEES ARE ALSO BOARD MEMBERS OF THE RELATED 501(C)(3) ORGANIZATION, FRIENDS OF THE WOODLAWN CEMETERY , INC THE BOARD MEMBERS ARE RICARDO R FERNANDEZ, E THOMAS WILLIAMS, JR , AND RUTH ABRAM, THEY AVERAGE ABOUT ONE AND A QUARTER HOURS PER WEEK BRIAN SAHD IS THE EXECUTIVE DIRECTOR OF FRIENDS OF THE WOODLAWN CEMETERY , INC HE DEVOTES 100% OF HIS TIME TO THAT POSITION, AN AVERAGE OF 37 5 HOURS PER WEEK HIS COMPENSATION IS PAID BY THE WOODLAWN CEMETERY AND IS REIMBURSED TO THE CEMETERY FROM FRIENDS OF THE WOODLAWN CEMETERY , INC THE PRESIDENT OF THE WOODLAWN CEMETERY , JOHN P TOALE, JR IS ALSO ON THE BOARD OF FRIENDS OF THE WOODLAWN CEMETERY , INC HE DEVOTES ON AVERAGE AN HOUR PER WEEK THE TREASURER OF THE WOODLAWN CEMETERY , KATHLEEN DORAN, HELPS TO COMPILE THE FINANCIAL RECORDS OF FRIENDS OF THE WOODLAWN CEMETERY , INC SHE DEVOTES ON AVERAGE A HALF-HOUR PER WEEK

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED GAINS ON INVESTMENTS 9,434,626 POST RETIREMENT AND PENSION BENEFITS LIABILITY ADJUSTMENT 34,123 NET CHANGE IN TRUST PRINCIPAL 126,335 MUTUAL FUND CAPITAL GAIN 87,514 PROVISION FOR UNION WITHDRAWAL LIABILITY -852,704 SITE REMEDIATION - 1,608,360 TOTAL TO FORM 990, PART XI, LINE 5 7,221,534

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE FINANCIAL STATEMENTS OF THE CEMETERY ARE AUDITED ANNUALLY BY AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM THAT IS ENGAGED BY THE CEMETERY'S AUDIT COMMITTEE. THE AUDIT COMMITTEE MEETS WITH THE INDEPENDENT AUDITORS PRIOR TO THEIR ENGAGEMENT TO REVIEW THE TERMS OF AN ENGAGEMENT LETTER. AT THE CONCLUSION OF THE AUDIT, THE AUDIT COMMITTEE AGAIN MEETS WITH THE INDEPENDENT AUDITORS TO REVIEW THE AUDITED FINANCIAL STATEMENTS, THE AUDITORS REQUIRED COMMUNICATION TO THOSE CHARGED WITH GOVERNANCE AND MANAGEMENT LETTER. THIS PROCESS HAS BEEN IN PLACE AND HAS NOT CHANGED FROM THE PREVIOUS YEAR.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 14	THE CEMETERY DOES NOT HAVE A FORMAL WRITTEN DOCUMENT RETENTION AND DESTRUCTION POLICY THE CEMETERY FOLLOWS THE RETENTION SCHEDULE FOR BUSINESS RECORDS AS PROVIDED TO THEM FROM AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM THE CEMETERY PLANS ON DEVELOPING AND WRITING A FORMAL POLICY FOR BOTH PAPER AND ELECTRONIC DOCUMENTS

Identifier	Return Reference	Explanation
RESTRICTIONS ON NET ASSETS	FORM 990, PART X, LINES 27, 28 AND 29	THE CEMETERY MAINTAINS FUNDS THAT ARE RESTRICTED BY NEW YORK STATE LAW FOR THE PERPETUAL CARE OF THE CEMETERY (PERMANENT MAINTENANCE AND COMMUNITY MAUSOLEUM FUNDS) AND FUNDS RESTRICTED FOR THE CARE OF SPECIFIC GRAVES, LOTS OR PARTS THEREOF WHICH THROUGH DECEMBER 31, 2008 HAD BEEN REFLECTED ON THE CEMETERY'S FINANCIAL STATEMENTS AS TEMPORARILY AND PERMENENTLY RESTRICTED NET ASSETS IN 2009, IT WAS DETERMINED THAT THESE FUNDS, THOUGH RESTRICTED BY NEW YORK STATE LAW, WERE NOT RESTRICTED NET ASSETS AS DEFINED BY GENERALLY ACCEPTED ACCOUNTING PRINCIPALS AS SUCH, THESE NEW YORK STATE RESTRICTED NET ASSETS ARE NOW INCLUDED ON LINE 27 OF PART X

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
THE WOODLAWN CEMETERY

Employer identification number
13-5670057

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) THE FRIENDS OF THE WOODLAWN CEMETERY INC 4199 WEBSTER AVENUE BRONX, NY 10470 31-1695037	THE PRESERVATION OF THE HISTORY, ARCHITECTURE AND WILDLIFE OF THE CEMETERY	DE	501(C)3	7	THE WOODLAWN CEMETERY	Yes	

Part III

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

(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, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations

(Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

Yes

Yes

No

Yes

No

No

2 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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) THE FRIENDS OF THE WOODLAWN CEMETERY INC	P	112,028	COST
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2010

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
	FORM 990, SCHEDULE R, PART V, LINE 2	THE CEMETERY PAYS OPERATING EXPENSES FOR FRIENDS OF THE WOODLAWN CEMETERY, INC A RELATED 501(C)(3) ORGANIZATION THE CEMETERY RECORDS CONTRIBUTION EXPENSE OF \$59,162 AND FRIENDS OF THE WOODLAWN CEMETERY, INC RECORDS AN IN-KIND CONTRIBUTION THE IN-KIND CONTRIBUTION REPRESENTS EXPENSES OF SALARY, PAYROLL TAXES AND FRINGE BENEFITS, UTILITIES,SUPPLIES, PROFESSIONAL FEES, INSURANCE, DUES, PRINTING AND POSTAGE, MEETINGS AND CONFERENCES AND OTHER MISCELLANEOUS EXPENSES THERE ARE CERTAIN EXPENSES PAID BY THE CEMETERY ON BEHALF OF THE RELATED ORGANIZATION THAT ARE REIMBURSED BACK TO THE CEMETERY THESE EXPENSES ARE RECORDED THROUGH THE DUE TO/FROM RELATED ORGANIZATION ALSO, THERE ARE RECEIPTS THAT THE CEMETERY RECEIVES THROUGH ITS CREDIT CARD MACHINE ON BEHALF OF THE RELATED ORGANIZATION THESE RECEIPTS ARE ALSO RECORDED THROUGH THE DUE TO/FROM RELATED ORGANIZATION WHEN BALANCES ARE MATERIAL ACTUAL CASH WILL BE TRANSFERRED BETWEEN THE ORGANIZATIONS TO SETTLE THE BALANCE IN THE ACCOUNT TYPICAL EXPENSES INCLUDE SALARY EXPENSE, PAYROLL TAXES, EMPLOYEE BENEFITS, ACCOUNTING FEES, STATE FILING FEES AND BOOK PURCHASES TYPICAL CASH RECEIPTS INCLUDE MEMBERSHIPS OR DONATIONS PROCESSED ON THE CEMETERY'S CREDIT CARD MACHINE, THAT IS DUE TO THE RELATED ORGANIZATION