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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury

SCANNED JUN 1

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

For the 2013 calendar year, or tax year beginning and ending LEDGELAWN CEMETERY INC D Employer identification number Check if applicable: C Name of organization Doing Business As Address change Number and street (or P.O box if mail is not delivered to street address) Room/suite 01-0206454 Name change 33 LEDGELAWN AVE Telephone number Initial return ZIP code City or town BAR HARBOR 04609 Terminated Foreign country name Foreign province/state/county Foreign postal code 47,186 Amended return F Name and address of principal officer Yes X No Application pending H(a) is this a group return for subordinates? DEBORAH DYER HANCOCK STREET, BAR HARBOR, ME 04609 H(b) Are all subordinates included? if "No," attach a list. (see instructions) 501(c)(3) X 501(c) (13) ◀ (insert no) Tax-exempt status 4947(a)(1) or Website: ► N/A H(c) Group exemption number X Corporation K Form of organization Trust Association Other > L Year of formation M State of legal domicite ME Summary SALES AND MAINTENANCE OF CEMETERY LOTS. Briefly describe the organization's mission or most significant activities: Activities & Governance DEVELOPING EXISTING LAND FOR FUTURE LOTS. Check this box | 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) Number of independent voting members of the governing body (Part VI, line 1b) 9 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 0 Total number of volunteers (estimate if necessary) . . . 6 7a 0 Total unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990-T, line 34 **Current Year** Contributions and grants (Part VIII, line 1h) . 19,323 17,562 9,700 Program service revenue (Part VIII, line 2g). 1,650 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 16,613 19.574 Other revenue (Part VIII, column (A), lines 5, 6d, 8c 9c 100, and 1e) 11 0 Total revenue—add lines 8 through 11 (must equal PartVIII, column (A), line to 12 45.636 38,786 Grants and similar amounts paid (Part IX, column (A), tines 1-3) 13 0 Benefits paid to or for members (Part IX, column (A), line 4) & 2014 14 0 0 Salaries, other compensation, employee benefits (Part M Column (A), lines. 15 0 16a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (0), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d 124e) 38,917 30,790 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 38,917 30,790 19 Revenue less expenses. Subtract line 18 from line 12 6.719 7,996 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16). 716,937 848,142 21 Total liabilities (Part X, line 26) . . Net assets or fund balances. Subtract line 21 from line 20 716,937 848,142 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 Weborns 4 Sian Signature of officer Here **DEBORAH DYER TREASURER** Type or print name and title Print/Type preparer's name Do W Brown **Paid** 5/12/2014 LEE W BROWN self-employed **Preparer** Firm's name ► LEE W BROWN INC Firm's EIN > 01-0464004 **Use Only** Firm's address ▶ 150 OAK POINT ROAD, TRENTON, ME 04605 207-667-1227 Phone no. May the IRS discuss this return with the preparer shown above? (see instructions) . . . No

	90 (2013)		-0200454	Page Z
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly d	escribe the organization's mission:		
	SALES	AND MAINTENANCE OF CEMETERY LOTS. DEVELOPING EXISTING LAND FOR FUTURE LOTS.		
2		organization undertake any significant program services during the year which were not listed on		
	the prior	Form 990 or 990-EZ?	. Yes	X No
	If "Yes,"	describe these new services on Schedule O.		
3	Did the	organization cease conducting, or make significant changes in how it conducts, any program		
	services	?	Yes	X No
	If "Yes,"	describe these changes on Schedule O		
4	Describe	e the organization's program service accomplishments for each of its three largest program services, as	measured by	
	expense	s. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocat	ions to others,	
	the total	expenses, and revenue, if any, for each program service reported.		
4a) (Expenses \$ 30,283 including grants of \$) (Revenue \$		
	SALES	AND MAINTENANCE OF CEMETERY LOTS DEVELOPING EXISTING LAND FOR FUTURE LOTS.		
				
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$		· · · · · · · · · · · · · · · · · · ·
40	(Code.	/ (expenses #) (nevenue #		/

		•••••••••••••••••••••••••••••••••••••		

4d	Other p	ogram services. (Describe in Schedule O.)		····
	(Expens		0)	
				

Form **990** (2013)

Part	Checklist of Required Schedules			
_	le the commission decorded in continue 504/2//01 or 40/27/21/41 (although a continue 504/21/21)		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.			
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	1 2		X
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		l ~
	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,	l		
	Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ :		١.,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a	8		 ^
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			ļ
	negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI	11a	X	
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		X
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, tine 16? If "Yes," complete Schedule D, Part VIII.	11c		X
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.			v
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11d 11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	<u> </u>		
	Schedule D, Parts XI and XII	12a	1	х
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 and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
45	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	ا ۔ ,		J
16	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
10	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	'' '		X
••	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			<u> </u>
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			<u> </u>
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		I .	
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States	i		l
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1	1	
04-	employees? If "Yes," complete Schedule J	23		X
243	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	1	'	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			۱
_	24b through 24d and complete Schedule K. If "No," go to line 25a	24a	<u> </u>	X
	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	 		1
_	to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
23 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a discussified person during the years of 500 and 501			ĺ
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I.	25a	 	
U	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			1
	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.			l
26	•	25b		
20	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or			l
	disqualified persons? If so, complete Schedule L, Part II	20		V
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	26		X
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L.	21		 ^-
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).			l
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	200		- ^- -
-	Schedule L, Part IV	28b		Х
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? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	- <u></u> -		
	conservation contributions? If "Yes," complete Schedule M	30	1	х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part 1	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		х
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? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			
	III, or IV, and Part V, line 1	34		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled			
	entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		İ
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? If "Yes," complete Schedule R, Part			
	VI	37		_X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
		Form	990 ((2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or note to any line in this Part V

	Check it Schedule O contains a response of note to any line in this Part V		•	<u> </u>
4.	Establica and the property of the second of		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-		1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		!
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
•	gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ĺ
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
2-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, 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	1	ł	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	١. ١		.,
b	,	4a		X
D	If "Yes," enter the name of the foreign country			
5a	See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>-</u>	i	
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a		X
C		5b		Х
6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
-	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	- Sa		
_	gifts were not tax deductible?	6ь	- 1	
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		
þ	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		
ď	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
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		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
			l	
a b	Initiation fees and capital contributions included on Part VIII, line 12	1 1		
11	Section 501(c)(12) organizations. Enter:	1 1	ļ	
	Gross income from members or shareholders	1 1	1	
ь	Gross income from other sources (Do not net amounts due or paid to other sources	1	ł	
_	against amounts due or received from them.)	1 1	- 1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	- 1	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		_	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1 1	1	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	
	the organization is licensed to issue qualified health plans]		
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b	i	

	and openitions persone, comparability data, and contemporaneous cabotalitation of the delibertation and decision:			
а	The organization's CEO, Executive Director, or top management official.	15a		X
b	Other officers or key employees of the organization	15b		X
	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		1	
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			_
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard	1		
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
47	List the states with which a come of this Form 000 is required to be filed	-,		

18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9	90-T (Section 501(c)(3)s only)
	available for public inspection. Indicate how you made these available. Check all that apply.	
	Own website Another's website X Upon request Other (e	xplain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents.	conflict of interest policy, and
	financial statements available to the public during the tax year.	•
20	State the name, physical address, and telephone number of the person who possesses the book	s and records of the
	organization: DEBORAH DYER	(207) 288-3807

Form 990 (2013)	LEDGELAWN CEMETERY INC									01-02064	154 Page 7
Part VII	Compensation of Officers, Dire Employees, and Independent C Check if Schedule O contains a r	Contractors	-	•		•		•		ensated	
Section A.	Officers, Directors, Trustees, Key E	mployees, and	High	est	Cor	npe	nsat	ed E	mployees		
1a Complete to organization's	his table for all persons required to be tax year.	listed. Report co	mper	nsat	ion	for t	he ca	len	dar year ending	with or within the	
of compensati List all o List the who received organization a List all o \$100,000 of re List all o organization, r List persons in compensated	of the organization's current officers, don. Enter -0- in columns (D), (E), and (of the organization's current key emploorganization's five current highest conreportable compensation (Box 5 of Fornd any related organizations. of the organization's former officers, keyportable compensation from the organization's former directors of the following order individual trustees employees; and former such persons.	F) if no compensivees, if any. Seinpensated employers mw-2 and/or Being employees, are itzation and any or trustees that ensation from the cordirectors; instantial instantial ensations in the cordirectors; instantial ensations in the cordinate ensation	satior e instroyees ox 7 c and hig relate receir e orga stitution	n wa ruct s (of Fi ghes ed o ved ved aniz	is pa ions ther orm st co rgar , in t atio	aid. for thai 109 mpo izat the on ar	definance 9-MI ensat tions. capad and an	ition offic SC) ed (city re cen	of "key employer, director, trust of more than \$1 employees who r as a former direct lated organizations; key employees	ee." ee, or key emplo 00,000 from the eceived more th tor or trustee of ns. s; highest	yee) an the
Check un	s box if helither the organization nor an	y related organiz	auon	COI			ted a	ny c	turrent omcer, dir	ector, or trustee.	
	(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	rson	n of sight Highest compensated	an	(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
(4) DEDOD	411 D. (ED.	 	ļ	<u> </u>	 	<u> </u>	-	_			
(1) DEBOR	AH DYER	1 00	1				ł				ļ
TREASURER	LAMADEDT	0.00	X	-	X.						
(2) CLAIRE CLERK	LAWDERI	1.00 0.00	v		x						1
(3) DONAL	DALLEN	1.00	_	 	 ^		-	\vdash			
DIRECTOR		0.00	•								1
(4) HOYT F	IAMOR	1.00				H	 	-			
DIRECTOR		0.00	1		}						1
(5) BERTH	A GRAY	1 00		Н							
DIRECTOR		0.00									1
(6) HENRI	AGNESE	1.00									
DIRECTOR		0 00	X								1
(7) RICHAF	RD RECKHOLTZ	1.00		Г							
DIRECTOR		0.00	X	L							ı
(B) SHERW	OOD CARR	1.00									
PRESIDENT		0.00	X	L	X			_			
(9)											
(10)											
				,							

(13)

(A) Name and title		(B) Average hours per	(C) Position (do not check more than o box, unless person is both officer and a director/truste				is boti	n an lee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other ompensa from th organizat and relar organizat	ation te tion ted
(15)												-	
(16)													
(17)											+		
(18)													
(19)								┢			+		
(20)								-					
(21)								-			\dagger		
(22)						-		-			+		
(23)					-			-			+-		
(24)											+		
(25)								\vdash			+		
	Sub-total								0		0	· · · ·	0
c d	Total from continuation sheets to Part VII, Se Total (add lines 1b and 1c).								0		0 0		<u>0</u>
2	Total number of individuals (including but not lin reportable compensation from the organization	nited to those lis	ted a	bov	e) v 0	vho	recer	ved	more than \$100	,000 of			
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Schedu					е, о	r higl	nest	t compensated		3	Yes	No
4	For any individual listed on line 1a, is the sum of the organization and related organizations great	of reportable con	pens	satio	n a				•	ל		-	
5	individual	-			_			_			4	+	X
Sect	for services rendered to the organization? If "Ye ion B. Independent Contractors	es," complete Sc	hedu	le J	for	SUC	n per	SOF	<u>!</u>	-:-:	5	<u> </u>	X
1	Complete this table for your five highest compe compensation from the organization. Report coyear.										s tax		
	(A) Name and business addr	ess							(B) Description of ser	vices		(C) ensation	1
													0
								 					<u>0</u> 0
													0
2	Total number of independent contractors (include	fing but not limit	ed to	tho	se li	sted	d abo	ve)	who received				0

Part VIII S

			onue

		Check if Schedule O contains a response or note to	any line in	this Part VIII			🔲
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 n	1a	Federated campaigns	0				•
in in	ь	Membership dues 1b	0				1
e, E	C	Fundraising events 1c	0				j
E E	d	Related organizations	3,587	i			
ë E	е	Government grants (contributions) 1e	0				ĺ
e g	f	All other contributions, gifts, grants, and					
tributions, Gifts, Grants Other Similar Amounts		similar amounts not included above 1f	13,975				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f: \$	0				
-	h	Total. Add lines 1a-1f	🕨	17,562			
9		Busin	ess Code				1
9	2a			1,650	1,650		
8	b			0			
8	C			0			
Ser	d			0			<u> </u>
E	e			. 0			
Program Service Revenue	f	All other program service revenue		0			
	g	Total. Add lines 2a–2f	▶	1,650		·-··· , -·· -· · · · · · · · · · · · · ·	
	3	Investment income (including dividends, interest, and					
		other similar amounts)		19,574			
	4	Income from investment of tax-exempt bond proceeds .	▶	0			
	5	Royalties	▶	0			
		· · · · · · · · · · · · · · · · · ·	Personal				İ
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)	0				ł
	d	Net rental income or (loss)	•	0			ļ <u>.</u>
	7a		Other		ļ		
		assets other than inventory 0	0				
1	Ь	Less: cost or other basis					
į	_	and sales expenses 0 Gain or (loss) 0					
	C		0		-	-	
	d	Net gain or (loss)	🟲	0			
Other Revenue	8a	Gross income from fundraising					
ě		events (not including \$ 0	1				
8		of contributions reported on line 1c).	1				
.		See Part IV, line 18 a	0				
돌	b	Less: direct expenses b	0				
	C		🕨	0			
İ	9a	Gross income from gaming activities.					
	_	See Part IV, fine 19	0				İ
	Ь	Less: direct expenses b	0				
	C	Net income or (loss) from garning activities	▶	0			ļ
İ	10a	Gross sales of inventory, less					
	_	returns and allowances a	8,400				
		Less: cost of goods sold b	8,400			-	-
	C	Net income or (loss) from sales of inventory		0			
			ess Code	-	ļ		ł
	11a			0			ļ
	b			0			
	C	All other records		0			
	d	All other revenue		0			ļ
	e	Total. Add lines 11a-11d	🔁	0			· · · · · · · · · · · · · · · · · · ·
	19	Total revenue See instructions	► 1	38 786	1 ครกใ	n	ı n

Information technology		Statement of Functional Expenses		····		
Do not include amounts reported on lines 6b, 75, 8b, 9b, and 10b of Part VIII. Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Secti				omplete column (A)	·
Total expenses Proguant service Arrants and other assistance to governments and organizations in the United States. See Part IV, line 21 Grants and other assistance to individuals in the United States. See Part IV, line 21 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 21 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 21 Grants and other assistance to governments Organizations, and individuals outside the United States. See Part IV, lines 15 and 16. George Benefits Grants and other assistance to governments Organization of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and key employees. Compensation of current officers, directors, trustees, and current officers, directors, trustees, and current officers, directors, trustees, and current officers, directors, and current officers, directo		Check if Schedule O contains a response or note	to any line in this Pa	rt IX		
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 21 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, line 15 and 16 4 Benefits poid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation of current officers, directors, trustees, and key employees 7 Compensation of current officers, directors, trustees, and key employees 8 Compensation of included above, to disqualified persons (se defined under section 4958(f)(f)) and persons described in section 4958(f)(f)) and persons described in section 4958(f)(f)) and persons described in section 4958(f)(f)(f) and persons described in section 4958(f)(f)(f) and persons described in section 4958(f)(f)(f) and persons described in section 4958(f)(f)(f) and persons described in section 4958(f)(f)(f) and persons described in section 4958(f)(f)(f) and persons described in section 4958(f)(f)(f) and persons described in section 4958(f)(f)(f) and persons described in section 4958(f)(f)(f) and persons described in section 4958(f)(f)(f) and persons described in section 4958(f)(f)(f) and persons described in section 4958(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(f)(Program service	Management and	Fundraising
2 Grants and other assistance to individuals in the United States. See Part N. line 22. 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part N. lines 15 and 16. 4 Benefits post do no for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4958(N(1)) and persons described in section 4958(N(1)) and persons described in section 4958(N(1)) and persons described in section 4958(N(1)) and persons described in section 4958(N(1)) and persons described in section 401(N) and 403(N) employer contributions (include section 401(N) and 403(N) employer contributions). 9 Other engloyee benefits 10 Payroll taxes 10 O	1	Grants and other assistance to governments and				
United States. See Part N, line 22.		organizations in the United States. See Part IV, line 21	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(1) and persons described in section 4958(f)(3)(8). 7 Other salanes and wages. 9 Pension plan accrusia and contributions (include section 401(k) and 403(b) employee contributions). 9 Other supployee benefits. 10 Payroli taxes. 10 Payroli taxes. 10 Payroli taxes. 10 Dayroli						
organizations, and individuals outside the United States. See Part IV, lines 15 and 16 0 0		United States. See Part IV, line 22	0			
United States. See Part IV, lines 15 and 16. 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees. 6 Compensation not included above, to disqualified persons (as defined under section 4958(n)(1)) and persons described in section 4958(n)(1) and persons described in section 4958(n)(1) and persons described in section 4958(n)(1) and persons described in section 4958(n)(1) and persons described in section 4958(n)(1) and persons described in section 4958(n)(1) and persons described in section 4958(n)(1) and persons described in section 4958(n)(1) and persons described in section 4918(n) and 492(b) employer contributions). 7 Other salanes and vages. 8 Pension plan accrusia and contributions (include section 4918(n) and 492(b) employer contributions). 9 Other services (non-emptoyeess): 10 Payroll taxes. 10 Payroll taxes. 10 Payroll taxes. 10 Payroll taxes. 10 D D D D D D D D D D D D D D D D D D D	3					
4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees 6 Compensation in included above, to disqualified persons (as defined under section 4956()(11) and persons described in section 4956()(11) and persons described in section 4956()(3)(8) 7 Other employee benefits 8 Pension plan accruals and contributions (include section 401(k) and 402(b) employer contributions) 9 Other employee benefits. 10 Payroll taxes. 11 Fees for services (non-employees): 1						
5 Compensation of current officers, directors, trustees, and key employees 6 Compensation not included above, to disqualified persons (as defined under section 4956(f)(1) and persons (as defined under section 4956(f)(1) and persons (as defined under section 4956(f)(1) and persons (as defined under section 4956(f)(3)(8) 7 Other salanes and wages 8 Pension plan accrusia sand contributions (include section 401(k) and 403(b) employer contributions 9 Other employee benefits 10 Payroll taxes 11 Pees for services (non-employees):		United States. See Part IV, lines 15 and 16				
trustees, and key employees	4	*	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(n)(1) and persons described in section 4958(c)(3)(8). 0 7 Other salaries and wages	5					
persons (as defined under section 4958(h(1)) and persons described in section 4958(c)(3)(8). 0 7 Other salames and wages. 0 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 0 9 Other employee benefits. 0 10 Payroll taxes. 0 11 Fees for services (non-employees): a Management. 0 b Legal. 0 c Accounting. 375 375 d Lobbying. 0 e Professional fundraising services. See Part IV, line 17. 0 f Investment management fees. 32 g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 13 Office expenses 132 132 131 14 Information technology. 0 15 Royalites 0 16 Cocupancy. 29,967 17 Travel. 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials. 0 19 Conferences, conventions, and meetings. 1 10 Conferences, conventions, and meetings. 0 10 List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 10 Agrantian described in the converse of the conve			0			
persons described in section 4958(c)(3)(B)	6	·				
7 Other salanes and wages 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 Other employee benefits 10 Payroll taxes 11 Fees for services (non-employees): 12 Accounting 13 C Accounting 14 Lobbying 15 Legal 1					İ	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . 0 9 Other employee benefits . 0 10 Payroll taxes . 0 11 Fees for services (non-employees): a Management . 0 b Legal . 0 c Accounting . 375 . 375 d Lobbymg . 0 Professional fundraising services. See Part IV, line 17 . 0 g Other . (if the 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 Advertising and promotion . 0 13 Office expenses . 132 . 132 14 Information technology . 0 15 Royaltes . 0 16 Occupancy . 29,987 . 29,987 17 Travel . 0 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . 0 19 Conferences, conventions, and meetings . 0 10 Interest . 0 10 Insurance . 284 . 284 10 Other . (if the 25 column (A) amount, list line 24e expenses on Schedule O.) 20 Interest . 0 21 Payments to affiliates . 0 22 Depreciation, depletion, and amortization . 0 0 0 23 Insurance . 284 . 284 284 284 285 Other . (if the 25 column (A) amount, list line 24e expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses not covered above (List miscellaneous expenses in line 24e. If line 24e expenses in line 24e. If line 24e expenses in line 24e. If line 24e expenses on Schedule O.) a			0			
section 401(k) and 403(b) employer contributions)	7	Other salaries and wages	0			
9 Other employee benefits	8	Pension plan accruals and contributions (include				
10 Payroll taxes 11 Fees for services (non-employees): a Management b Legal		section 401(k) and 403(b) employer contributions).	0			
Fees for services (non-employees): a Management 0 0 0 0	9	Other employee benefits	0			
a Management	10	Payroll taxes	0			
b Legal	11					
C Accounting	a	Management	0			
d Lobbying	b	Legal	0			
e Professional fundraising services. See Part IV, line 17 f Investment management fees	C	Accounting	375		375	
e Professional fundraising services. See Part IV, line 17 f Investment management fees	d		0			
f Investment management fees 32 32 32 g Other. (if line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 0 12 Advertising and promotion 0 0 13 Office expenses 132 13 1 Information technology 0 0 15 Royalties 0 0 29,967 16 Occupancy 29,967 29,967 17 Travel 0 1 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 0 0 19 Conferences, conventions, and meetings 0 0 10 Interest 0 0 0 21 Payments to affiliates 0 0 0 22 Depreciation, depletion, and amortization 0 0 0 21 Insurance 284 284 284 24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e, if line 24e amount, exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a b	е		0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 2 Advertising and promotion. 3 Office expenses. 132	f		32	32		***************************************
(A) amount, list line 11g expenses on Schedule O.) Advertising and promotion Office expenses 132 14 Information technology Royalities Occupancy Travel Occupancy Payments of travel or entertainment expenses for any federal, state, or local public officials For any federal, state, or local public officials Oconferences, conventions, and meetings Olinterest Payments of affiliates Depreciation, depletion, and amortization Depreciation, depletion, and amortization Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount, list line 24e expenses on Schedule O.) All other expenses All other expenses All other expenses All other expenses Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Information O O Insurance O O O O O O O O O O O O O	g					
12 Advertising and promotion	_		ol			
132	12		0			
Information technology	13		132		····	132
15 Royalties 0 29,967 29,967 29,967 17 17 17 18 29,967 18 29,967 18 29,967 18 29,967 19 18 29,967 19 18 29,967 19 19 19 19 19 19 19 1	14					
16 Occupancy 29,967 29,967 17 Travel 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	15		0			· · · · · · · · · · · · · · · · · · ·
Travel	16		29.967	29.967		
Payments of travel or entertainment expenses for any federal, state, or local public officials	17					
for any federal, state, or local public officials 0 Conferences, conventions, and meetings 0 Interest 0 Payments to affiliates 0 Depreciation, depletion, and amortization 0 0 0 0 0 Insurance 0 284 284 Cother expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a 0 0 0 c 0 0 0 All other expenses 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	18					· · · · · · · · · · · · · · · · · · ·
19 Conferences, conventions, and meetings		· · · · · · · · · · · · · · · · · · ·	o			
Interest	19		0			
Payments to affiliates						·
Depreciation, depletion, and amortization 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	21		0			
Insurance	22	•		o	0	0
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a	23	· · · · · · · · · · · · · · · · · · ·	284	284		
above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a	24			<u> </u>		······
line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) a b C All other expenses All other expenses. Add lines 1 through 24e		·	İ			
(A) amount, list line 24e expenses on Schedule O.) a						
a 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		•				
b 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	а		0			
c 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_					
d e All other expenses Total functional expenses. Add lines 1 through 24e	_					
e All other expenses 0 25 Total functional expenses. Add lines 1 through 24e . 30,790 30,283 375 13 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	_					
Total functional expenses. Add lines 1 through 24e . 30,790 30,283 375 13 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if	_					
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	_			30 283	375	122
organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here			50,150	30,230	5,5	132
from a combined educational campaign and fundraising solicitation. Check here						
fundraising solicitation. Check here 🕨 🔲 if						
<u> </u>		· · · · · · · · · · · · · · · · · · ·				
following SOP 98-2 (ASC 958-720)		following SOP 98-2 (ASC 958-720)				

32

33

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 48.925 1 37.388 2 2 3 Pledges and grants receivable, net 0 3 0 4 0 4 0 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Loans and other 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). Complete Part II of Schedule L. 6 7 0 7 0 8 Inventories for sale or use 8 Prepaid expenses and deferred charges . . . 9 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a **b** Less: accumulated depreciation . . . 10b 61,949 10c 61,949 11 11 606,063 748.805 12 Investments—other securities. See Part IV, line 11 . . . 0 12 0 13 Investments—program-related. See Part IV, line 11 0 13 14 ol 14 0 Other assets. See Part IV, line 11 15 0 15 0 16 Total assets. Add lines 1 through 15 (must equal line 34) 716.937 16 848,142 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D . . . 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and Secured mortgages and notes payable to unrelated third parties 23 0 23 24 Unsecured notes and loans payable to unrelated third parties . ol 24 0 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete 0 25 0 26 Total liabilities. Add lines 17 through 25 . _ 0 26 O Organizations that follow SFAS 117 (ASC 958), check here Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117 (ASC958), check here complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31

Retained earnings, endowment, accumulated income, or other funds . . .

Total liabilities and net assets/fund balances

848,142

848,142

848,142

716,937

716,937

716,937

32

33

34

-onn e	90 (2013) LEDGELAWN CEMETERY INC	01	1 <u>-020</u> 6454	Pag	je 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			.	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		38	3,786
2	Total expenses (must equal Part IX, column (A), line 25)	2			7,790
3	Revenue less expenses. Subtract line 2 from line 1	3			7,996
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		716	3,937
5	Net unrealized gains (losses) on investments	5		123	3,209
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Pnor period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		848	3,142
² art	· · · · · · · · · · · · · · · · · · ·				
	Check if Schedule O contains a response or note to any line in this Part XII			. [
	<u></u>			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		_	i	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	Ĺ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:		1 1	- 1	
	X Separate basis			Į	. 1
b	Were the organization's financial statements audited by an independent accountant?		. 2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			一	
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis			- 1	. 1
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		1 1		. !
٠	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	$\overline{\mathbf{x}}$	
	If the organization changed either its oversight process or selection process during the tax year, explain in	•	20	^	
	Schedule O.			- 1	
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?		3a		х
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.		3b	ĺ	·
	, and the second		Form 9	90 (2013)
			r Ontil 6	(,,

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

OMB No. 1545-0047 2013

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name	of the organization		Employer identification number				
LEDGELAWN CEMETERY INC			ļ	01-0206454			
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	T	(b) Funds and other accounts			
1	Total number at end of year		1				
2	Aggregate contributions to (during year)		1				
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and do	nor advisors in writing that the assets held	in don	or advised			
	funds are the organization's property, subject	to the organization's exclusive legal contr	ol?	Yes . No			
6	Did the organization inform all grantees, done	ors, and donor advisors in writing that grar	nt funds	can be			
	used only for charitable purposes and not for	the benefit of the donor or donor advisor,	or for a	ny other			
	purpose conferring impermissible private ber	refit?		Yes . No			
Part	Conservation Easements.						
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line	7.				
1	Purpose(s) of conservation easements held I	by the organization (check all that apply).					
	Preservation of land for public use (e.g., recr	eation or education) Preservation	on of ar	historically important land area			
	Protection of natural habitat	Preservation	on of a	certified historic structure			
	Preservation of open space						
2	Complete lines 2a through 2d if the organizat	ion held a qualified conservation contribut	ion in t	ne form of a conservation			
-	easement on the last day of the tax year	son field a qualified conservation constitute	u	Held at the End of the Tax Year			
а	Total number of conservation easements			2a			
b	Total acreage restricted by conservation ease	ements		2b			
C	Number of conservation easements on a cert			2c			
ď	Number of conservation easements included						
	historic structure listed in the National Regist			2d			
3	Number of conservation easements modified		rminate	d by the organization			
	during the tax year	_					
4	Number of states where property subject to o						
5	Does the organization have a written policy n		on, hand	lling of			
_	violations, and enforcement of the conservati			<u> </u>			
6	Staff and volunteer hours devoted to monitor	ing, inspecting, and enforcing conservation	n easen	nents during the year			
7	Amount of expenses incurred in monitoring, i	paparting and anforming componentian age	omont	duine the year			
•	\$	inspecting, and emorcing conservation eas	sements	s during the year			
8	Does each conservation easement reported	on line 2(d) above satisfy the requirements	s of sec	tion			
•	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?.			Yes No			
9	In Part XIII, describe how the organization re						
	balance sheet, and include, if applicable, the						
	the organization's accounting for conservatio						
Part	Organizations Maintaining College	ections of Art, Historical Treasures	, or O	ther Similar Assets.			
	Complete if the organization answ	vered "Yes" to Form 990, Part IV, line	8.				
1a	If the organization elected, as permitted under	er SFAS 116 (ASC 958), not to report in its	revenu	e statement and balance sheet			
	works of art, historical treasures, or other sim						
	of public service, provide, in Part XIII, the tex						
b	If the organization elected, as permitted under						
	works of art, historical treasures, or other sim						
	of public service, provide the following amount		•				
	(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 as	sets for	financial gain, provide the			
	following amounts required to be reported un			3			
а	Revenues included in Form 990, Part VIII, lin			▶ \$			
ь	Assets included in Form 990 Part X			• •			

Sched	ute D (Form 990) 2013 LEDGELAWN CEMET	FRY INC					01-020	16454	Page 2
Par			rt. Hist	orical Tr	easures. o	r Other			
3	Using the organization's acquisition, acce								,500/
	use of its collection items (check all that a	pply):					•		
а	Public exhibition		d [Loan	or exchange	program	s		
ь	Scholarly research		e	Other					
С	Preservation for future generations			•					
4	Provide a description of the organization's Part XIII.		explain h	ow they fu	irther the org	anization	n's exempt pur	oose in	
5	During the year, did the organization solic assets to be sold to raise funds rather tha							☐ Ye	s No
Part	Complete if the organization ar 990, Part X, line 21.		o Form	990, Par	t IV, line 9,	or repo	rted an amou	nt on Fo	rm
1a	Is the organization an agent, trustee, cust	odian or other int	ermediar	y for contr	ibutions or o	ther ass	ets not		
	included on Form 990, Part X?							Ye	s 🔲 No
b	If "Yes," explain the arrangement in Part X	(III and complete	the follow	ving table:	:	_	<u> </u>	·	
						-	<u> </u>	Amount	
C	Beginning balance					1c	- 	 	0
d e	Additions during the year					1e	 		
f	Ending balance					1f			0
2a	Did the organization include an amount or					<u> </u>		□ ve	s X No
b	If "Yes," explain the arrangement in Part X							_	°₩
Part		dir. Check here ii	the expi	anauom	is been provi	ided III F	all Alli	· · · · ·	
P art	Complete if the organization ar	swered "Ves" t	o Form	QQN Par	t IV line 10	1			
	Complete ii the organization ar	(a) Current year	(b) Pra		(c) Two years		(d) Three years bac	k (e) Fox	ır years back
1a	Beginning of year balance	0	(-,,	0	(-, ,	0			
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses							1	
g	End of year balance	0		0		0		0	0
2	Provide the estimated percentage of the c	current year end b	oalance (lıne 1g, co	lumn (a)) he	ld as:			
a	Board designated or quasi-endowment	>	%						
Ь	Permanent endowment	<u>%</u>							
C	Temporarily restricted endowment The percentages in lines 2a, 2b, and 2c s	%	,						
3a	Are there endowment funds not in the pos	-		n that are	held and ad	ministera	ed for the		
••	organization by:		90.1200	iii didi di o	7,0,0 0,10 00	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50 101 210	Γ	Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(li)	
b	If "Yes" to 3a(ii), are the related organization							3b	
4	Describe in Part XIII the intended uses of		s endow	nent funds	S				· ·-··
Part			_						
	Complete if the organization ar	1				T	1		
	Description of property	(a) Cost or oth (investme	ent)		st or other s (other)	de	Accumulated epreciation	(d) Bo	ok value
1a	Land		0		61,949	• 		·····	61,949
b	Buildings		0		0		0		0
4	Leasehold improvements		0		0	 	0		<u>0</u> 0
d e	Other		0		0		0		0

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

61,949

Part VII	Investments—Other Securiti Complete if the organization a		0. Part IV. line 11b. See Form	n 990. Part X. line 12.	
(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuation: Cost or end-of-year market value		
(1) Financial (denvatives	0	ļ		
• •	eld equity interests	0			
(D)					
(E)					
(F)					
(G)					
(H)				· · · · · · · · · · · · · · · · · · ·	
	must equal Form 990, Part X, col (8) line 12)	0	<u> </u>		
Part VIII	Investments—Program Rela				
	Complete if the organization a	nswered "Yes" to Form 99			
	(a) Description of investment	(b) Book value	(c) Method of ve Cost or end-of-year r		
(1)				· · · · · · · · · · · · · · · · · · ·	
(2)				······································	
(3)	· · · · · · · · · · · · · · · · · · ·				
(4)				·	
_(5)					
(6)					
(7)					
(8)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>		
(9)					
Part IX	must equal Form 990, Part X, col (B) line 13) Other Assets.		· · · · · · · · · · · · · · · · · · ·		
	Complete if the organization a		0, Part IV, line 11d. See Forn		
		(a) Description	 	(b) Book value	
(1)					
(2)					
<u>(3)</u> (4)		· · · · · · · · · · · · · · · · · · ·			
			*		
(5) (6)					
(7)			to the thirt is a second of the second of th	· · · · · · · · · · · · · · · · · · ·	
(8)					
(9)					
	nn (b) must equal Form 990, Part X, c	ol. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization a		O Port IV line 41e er 11f Se	o Form 000 Post V	
	line 25.	ilsweied les to Folill 99	o, raitiv, line the of thi. Se	e Folili 990, Falt A,	
1.	(a) Description of liability	(b) Book value			
	income taxes	0			
(2)			1		
(3)	· · · · · · · · · · · · · · · · · · ·		ł		
(4)			ł		
<u>(5)</u>	· · · · · · · · · · · · · · · · · · ·	 			
(6)			1		
<u>(7)</u>			1		
(8)	· · · · · · · · · · · · · · · · · · ·		1		
(9)	nust equal Form 990, Part X, col. (B) line 25.)	0	1		
	uncertain tax positions. In Part XIII. provi		 	that reports the	

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

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0

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Schedule D (Form		LEDGELAWN CEMETERY INC	01-0206454	Page 5
Part XIII	Supple	emental Information (continued)		
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Inspection Employer identification number

LEDGELAWN CEMETERY INC	01-0206454
Form 990, Part III, Line 4A. SALES AND MAINTENANCE OF CEMETERY LOTS. DEVELOPING E	EXISTING LAND
FOR FUTURE LOTS	
•	
	
	

Schedule O (Form 990 or 990-EZ) (2013)	Page	2
Name of the organization	Employer identification number	_
LEDGELAWN CEMETERY INC	01-0206454	
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Schedule O (Form 990 or 990-EZ) (2013)