

Short Form

Form 990-EZ

Return of Organization Exempt From Income Tax

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

For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year

2000

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2000 calendar year, or tax year beginning 2000, and ending 20

B Check if applicable

- Change of address
Change of name
Initial return
Final return
Amended return

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

C Name of organization

Northumberland Cemetery Company

Number and street (or P O box, if mail is not delivered to street address) Room/suite

305 Susquehanna Road

City or town, state or country, and ZIP + 4

Northumberland, PA 17857

D Employer identification number

24 0676973

E Telephone no

(570) 473-8296

F Check if application pending

G Accounting method Cash Accrual Other (specify)

H Enter 4-digit group exemption no (GEN)

I Organization type (check only one) 501(c) (13) 527 or 4947(a)(1)

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

J Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

K Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ.

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 34.)

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes handwritten entries for revenue items like '33,987' and '662', and expense items like '543' and '20,838'. Total revenue is 34,649 and total expenses is 24,431. Net assets at end of year is 206,158.

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Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See Specific Instructions on page 37.)

Table with 3 columns: Line number, Description, (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

For Paperwork Reduction Act Notice, see page 1 of the separate instructions.

Cat No. 106421

Form 990-EZ (2000)

ENVELOPE MAY 1 2010 POSTMARK DATE

SCANNED JUL 15 2010

63 7w

Part III Statement of Program Service Accomplishments (See Specific Instructions on page 38.)

What is the organization's primary exempt purpose? maintenance of cemetery and burial lots
 Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

	Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)
28 <u>provide care, maintenance and upkeep of the cemetery properties and burial lots</u> (Grants \$)	28a
29 (Grants \$)	29a
30 (Grants \$)	30a
31 Other program services (attach schedule) (Grants \$)	31a
32 Total program service expenses (add lines 28a through 31a)	32

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See Specific Instructions on page 38.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
James Neitz 824 Neitz Road Northumberland, PA	President	-0-	-0-	-0-
Charles Snyder Northumberland, PA 17857	Vice President	-0-	-0-	-0-
Kathy Pappalio 100 Manor Drive, Northumberland, PA	Secretary/Treasurer	-0-	-0-	-0-

Part V Other Information (See Specific Instructions on page 38 and General Instruction V on page 14.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		<input checked="" type="checkbox"/>
34 Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		<input checked="" type="checkbox"/>
35 If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but NOT reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		<input checked="" type="checkbox"/>
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?		<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		<input checked="" type="checkbox"/>
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee OR were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		<input checked="" type="checkbox"/>
39 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		<input checked="" type="checkbox"/>
b Gross receipts, included on line 9, for public use of club facilities 39b		<input checked="" type="checkbox"/>
40a 501(c)(3) organizations Enter: Amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ , section 4955 ▶		<input checked="" type="checkbox"/>
b 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation		<input checked="" type="checkbox"/>
c Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		<input checked="" type="checkbox"/>
d Enter. Amount of tax on line 40c, above, reimbursed by the organization ▶		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶		<input checked="" type="checkbox"/>
42 The books are in care of ▶ the officers of the Northumberland Cemetery Telephone no. ▶ (570) 473-8296 Located at ▶ 305 Susquehanna Road, Northumberland, PA ZIP + 4 ▶ 17857		<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		<input checked="" type="checkbox"/>

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. (Important: See General Instruction IV on page 14.)

Signature of officer: Dolores Zburay Date: 5/10/10 Type or print name and title: DOLORES ZBURAY, sec'y/treas

Paid Preparer's Use Only

Preparer's signature: [Signature] Date: 5/10/10 Check if self-employed: Preparer's SSN or PTIN: P0840984
 Firm's name (or yours if self-employed) and address, and ZIP code: Amerman + Amerman P.C. PO Box 170 Sunbury PA 17801 EIN: 23-2869508 Phone no: (570) 286-8000

