

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2003
Open to Public Inspection

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

A For the 2003 calendar year, or tax year beginning , 2003, and ending , 20

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

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 number
(570) 473-8296

F Group Exemption Number . . . ▶

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

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one)— 501(c) (13) ◀ (insert no) 4947(a)(1) or 527

K 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.

L 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. ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

| | | | |
|--|--|----|---------|
| | | 1 | |
| | | 2 | 31,555 |
| | | 3 | |
| | | 4 | 596 |
| | | 5a | |
| | | b | |
| | | 5c | |
| | | 6 | |
| | | a | |
| | | b | |
| | | 6c | |
| | | 7a | |
| | | b | |
| | | 7c | |
| | | 8 | |
| | | 9 | 32,151 |
| | | 10 | |
| | | 11 | |
| | | 12 | |
| | | 13 | 32,228 |
| | | 14 | 857 |
| | | 15 | |
| | | 16 | 829 |
| | | 17 | 33,913 |
| | | 18 | (1,762) |
| | | 19 | 227,631 |
| | | 20 | |
| | | 21 | 225,869 |

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 page 40 of the instructions)

| | (A) Beginning of year | (B) End of year |
|--|-----------------------|-----------------|
| 22 Cash, savings, and investments | 88,511 | 86,749 |
| 23 Land and buildings | 102,067 | 102,067 |
| 24 Other assets (describe ▶) | 27,053 | 37,053 |
| 25 Total assets | 227,631 | 225,869 |
| 26 Total liabilities (describe ▶) | | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 227,631 | 225,869 |

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2003)

SCANNED JUL 15 2010
FOLIO POSTMARK DATE MAY 11 2010

RECEIVED
MAY 20 2010
TPR BRANCH
OGDEN
RECEIVED
MAY 17 2010
RS-OSC
OGDEN, UT

63 520

| Part III Statement of Program Service Accomplishments (See page 41 of the instructions.) | | Expenses |
|--|---|--|
| What is the organization's primary exempt purpose? maintenance of cemetery and burial lots | | (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others.) |
| 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. | | |
| 28 | provide care, maintenance and upkeep of the cemetery properties and burial lots (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 page 41 of the instructions) | | | | |
|--|--|---|---|--|
| (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- |
| Patricia Young 750 Vista Drive Northumberland, PA | Vice President | -0- | -0- | -0- |
| Kathy Papalia 100 Manor Drive Northumberland PA | Secretary/Treasurer | -0- | -0- | -0- |

| Part V Other Information (Note the attachment requirement in General Instruction V, 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 | | <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 | | <input checked="" type="checkbox"/> |
| 39 | 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 | | <input checked="" type="checkbox"/> |
| b | Gross receipts, included on line 9, for public use of club facilities | | <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 and enter the amount of tax-exempt interest received or accrued during the tax year | | <input 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.

Dolores Zboray
Signature of officer

5/10/10
Date

DOLORES ZBORAY, SEC'T / Treas
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 5/10/10

Check if self-employed:

Preparer's SSN or PTIN (See Gen Inst W): P0840984

Firm's name (or yours if self-employed), address, and ZIP + 4: Amerman Amerman P.C. PO Box 170 Sunbury PA 17801

EIN: 23-2869528

Phone no: (570) 286-8000

