

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)

OMB No 1545-1150

2004

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 2004 calendar year, or tax year beginning , 2004, and ending , 20

- 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: ►

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

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

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.)

Revenue		1	
1 Contributions, gifts, grants, and similar amounts received		2	36,172
2 Program service revenue including government fees and contracts		3	
3 Membership dues and assessments		4	294
4 Investment income		5a	
5a Gross amount from sale of assets other than inventory		5b	
b Less: cost or other basis and sales expenses		5c	
c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule).		6	
6 Special events and activities (attach schedule). If any amount is from gifts, check here <input type="checkbox"/>		6a	
a Gross revenue (not including \$ of contributions reported on line 1)		6b	
b Less: direct expenses other than fundraising expenses		6c	
c Net income or (loss) from special events and activities (line 6a less line 6b)		7a	
7a Gross sales of inventory, less returns and allowances		7b	
b Less: cost of goods sold		7c	
c Gross profit or (loss) from sales of inventory (line 7a less line 7b)		8	
8 Other revenue (describe ►)		9	26,466
9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)		10	
Expenses		11	
10 Grants and similar amounts paid (attach schedule)		12	
11 Benefits paid to or for members		13	25,410
12 Salaries, other compensation, and employee benefits		14	746
13 Professional fees and other payments to independent contractors		15	
14 Occupancy, rent, utilities, and maintenance		16	1,321
15 Printing, publications, postage, and shipping		17	27,477
16 Other expenses (describe ► <u>grave openings, headstones, insurance</u>)		18	8,989
17 Total expenses (add lines 10 through 16)		19	225,869
Net Assets		20	
18 Excess or (deficit) for the year (line 9 less line 17)		21	234,858
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			
20 Other changes in net assets or fund balances (attach explanation)			
21 Net assets or fund balances at end of year (combine lines 18 through 20)			

RECEIVED
MAY 20 2010
BRANCH
OGDEN

RECEIVED
MAY 17 2010
IRS-OSC
OGDEN, UT.

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	86,749	95,738
23 Land and buildings	102,067	102,067
24 Other assets (describe ►)	37,053	37,053
25 Total assets	225,869	234,858
26 Total liabilities (describe ►)		
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	225,869	234,858

SCANNED JUL 15 2010
MAY 11 2010
POSTMARK DATE

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Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)
What is the organization's primary exempt purpose? <u>maintenance of cemetery + burial lots</u>		
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	<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 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
<u>James Neitz 824 Neitz Road Northumberland PA</u>	<u>President</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>Patricia Young 750 Vista Drive Northumberland PA</u>	<u>Vice President</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>
<u>Kathy Papalia 100 Manor Drive Northumberland PA</u>	<u>Secretary/Treasurer</u>	<u>-0-</u>	<u>-0-</u>	<u>-0-</u>

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.		
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.)		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ <u>37a</u>		
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. <u>38b</u>		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 <u>39a</u>		
b	Gross receipts, included on line 9, for public use of club facilities <u>39b</u>		
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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.		
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		
41	List the states with which a copy of this return is filed. ▶		
42	The books are in care of ▶ <u>the officers of the Northumberland Cemetery</u> telephone no ▶ <u>(570) 473-8296</u> Located at ▶ <u>305 Susquehanna Road, Northumberland, PA</u> ZIP + 4 ▶ <u>17857</u>		
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 ▶ <u>43</u>		

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

Please Sign Here
 Signature of officer: Dolores Juray Date: 5/10/10
 Type or print name and title: Dolores 260way, Sec't / Treas

Paid Preparer's Use Only
 Preparer's signature: [Signature] Date: 5/10/10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: Absberman Amerman PC Preparer's SSN or PTIN (See Gen Inst W): PO 840984
 EIN: 23 2869508 Phone no: (570) 286-8900