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Film 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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total
assets less than \$2,500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2008

Open to Public Inspection

Dep	Department of the Treasury assets less than \$2,500,000 at the end of the year may use this form.  The organization may have to use a copy of this return to satisfy state reporting requirements.  Inspection						
A	A For the 2008 calendar year, or tax year beginning , and ending						
В		applicable	D Employer identification num				
	Address	change					
	Name ch	hange	label or print or	OAK GROVE CEMETERY CORP. OF CHELSEA	38-	-0888264	
X	Initial ret	turn	type.	Number and street (or P.O box, if mail is not delivered to street address) Room/suite E	E Telephone number		
	Termina	ition	See	P.O. BOX 416	734-475-3322		
	Amende	d return	Specific Instruc-	City or town, state or country, and ZIP + 4	Grou	p Exemption	
	Applicati	ion pending	tions.	CHELSEA MI 48118	Numi	ber 🕨	
	• Sec	tion 501(c)(3	) organiz	ations and 4947(a)(1) nonexempt charitable trusts must attach G Accounting me	ethod:	X Cash Accrual	
			а сог	npleted Schedule A (Form 990 or 990-EZ). Other (specify)			
ı	Websit	· · · · · · · · · · · · · · · · · · ·		H Check ▶	if the	organization is not	
<u>J</u>	Organi	ization type (	check only	one)— X 501(c) ( 13 ) ◀ (insert no ) 4947(a)(1) or 527 required to att	ich Sche )-PF)	edule B (Form 990,	
K	Check	▶ ∐ if th	ne organı	ration is not a section 509(a)(3) supporting organization and its gross receipts are normally not	more th	an \$25,000. A return	
	is not re	equired, but if	the orga	nization chooses to file a return, be sure to file a complete return			
<u>L</u>	Add line	s 5b, 6b, and 7t	b, to line 9	to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	329,341	
	art I	Rever	<u>iue, Ex</u>	penses, and Changes in Net Assets or Fund Balances (See the instruct	ions f	or Part I.)	
	1			ts, and similar amounts received	1	<u> </u>	
	2			nue including government fees and contracts	2	33,940	
	3	Membership	dues an	d assessments	3		
	4	Investment i			4	36,801	
	5a	Gross amou	int from s	ale of assets other than inventory			
	Ь			isis and sales expenses 5b 278,525			
	C	Gain or (loss)	from sale	of assets other than inventory (Subtract line 5b from line 5a) (attach sch ) SEE STMT 1	5c	-57,425	
Ž	6	Special events	s and activ	ities (complete applicable parts of Schedule G) If any amount is from gaming, check here			
Revenue	a	Gross reven	nue (not i	of contributions			
ď		reported on	line 1)	6a		•	
	Ь	Less: direct	expense	s other than fundraising expenses			
	С	Net income	or (loss)	from special events and activities (Subtract line 6b from line 6a)	6c	<u>.</u>	
	7a	Gross sales	of inven	ory, less returns and allowances 7a 37,500			
	b	Less: cost o	_	·····			
	c			from sales of inventory (Subtract line 7b from line 7a)	7c	37,500	
	8	Other reven	•		8	FO 04.8	
	9			ines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	50,816	
	10			nounts paid (attach schedule)	10		
	11	Benefits paid		members	11	20 555	
88	12			ensation, and employee benefits	12	30,555	
Expense	13			ties, and maintenance OGDEN, UT	13	21,120	
Š	14			ties, and maintenanceUSUEN, .U.	14	32 230	
w	1	_		postage, and shipping	15	22,239	
	16	-	-	cribe SEE STATEMENT 2	16 17	25,207 99,121	
- 0	17	-		lines 10 through 16	18	-48,305	
1 U Liiri Net Assets	18	•	•	the year (Subtract line 17 from line 9)  ces at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	879,491	
S S	19			20	-77,98 <u>4</u>		
y ₹	21	_	-	assets or fund balances (attach explanation)  SEE STATEMENT 3  lances at end of year. Combine lines 18 through 20	21	753,202	
-	art II			ets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form			
3	41.5.11	Balaii		the instructions for Part II.)  (A) Beginning of year	11 330	(B) End of year	
1 22	Cash	savinos, and i	•	nts	22	753,202	
		ind buildings			23	,	
•		assets (descri	ıbe ▶		24		
	Total a	-		879,491		753,202	
		iabilities (des		··············	+	0	
,		-		s (line 27 of column (B) must agree with line 21)		753,202	
						222 57	

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

Form 990-EZ (2008)

Form 990-22 (2008) OAK GRO	JAR CEWE	TERY CORP. OF C	HELSEA 38	1-0888264			Page	<u> </u>		
Part III Statement of Pro	ogram Servi	ce Accomplishments (S	ee the instruct	ons for Part III	.)	Ex	penses	<del>,</del>		
What is the organization's primary exen	npt purpose?			_		(Require	d for 501(c)(3)			
SEE STATEMENT 4							and (4) organizations			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner,							'(a)(1) trusts;			
describe the services provided, the nun	nber of persons	benefited, or other relevant info	rmation for each pr	ogram title.		optional t	for others.)	ĩ		
28 N/A										
					_					
(Grants \$	) If this amo	unt includes foreign grants, che	ck here	🕨		28a	<del> </del>			
29					.					
								i		
(Grants \$	) If this amo	unt includes foreign grants, che	ck here	<b>•</b>	$\Box\Box$	29a		<u> </u>		
30								į		
					<u>                                   </u>					
(Grants \$		unt includes foreign grants, che	ck here ,	<u> , ▶</u>	┸┸╂	30a		<del>.</del>		
31 Other program services (attach sch					۳l.					
(Grants \$		unt includes foreign grants, che				31a		<u>:</u>		
32 Total program service expenses Part IV List of Officers, Direct			h and aven if not a			32	5-4 IV ( )	÷		
List of Officers, Direc	ctors, Trustees,	and Key Employees. List eac	(b) Title and average	(c) Compensation		Contributions to	(e) Expense	Ť		
(a) N	Name and address		hours per week devoted to position	(If not paid, enter -0)		e benefit plans & d compensation		7		
JERRY WENK		CHELSEA	PRESIDENT					,		
19 SYCAMORE STREET		MI 48118	. 8	4,080		0		0		
NANCY MYERS			SECT/TREAS					,		
306 WILKINSON STREET		MI 48118	10	6,080		0		_0		
PAUL BOLLINGER			TRUSTEE					:		
19430 BUSH RD.		MI 48118	2	0	1	0		0		
TOM BUST			TRUSTEE				]	′.		
100 SILVER MAPLES DRIVE		MI 48118	TRUSTEE	•	<del> </del>	0		0		
TOM FRANKLIN 250 WILKINSON, APT 110		MI 48118	1RUSTEE 2	١ .		0				
RICHARD STEELE			TRUSTEE	<u>~</u>						
211 LINCOLN STREET		MI 48118	2	۱ .	1	0		0		
DANDY CETTO		CHELSEA	TRUSTEE	ľ				<u> </u>		
110 W MIDDLE STREET		MI 48118	2	. ا		0		0		
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			-		<del>                                     </del>		<del>                                     </del>	<u>:</u>		
					<u> </u>					
								•		

T a	tt V Other Information (Note the statement requirements in the instructions for Part VI.)			
•			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	33		X
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	34_		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,			•
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
	complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr			
	Did the organization file Form 1120-POL for this year?	37b		X.
	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?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved [38b]			
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9			1
	Gross receipts, included on line 9, for public use of club facilities	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		;
	section 4911 ▶			`
b	Section 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," complete Schedule			`
	L, Part I	40ь	ĺ	
c	Enter amount of tax imposed on organization managers or disqualified persons during			
	the year under sections 4912, 4955, and 4958			:
d	Enter amount of tax on line 40c reimbursed by the organization			1
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
•	transaction? If "Yes," complete Form 8886-T	40e		X.
41	List the states with which a copy of this return is filed.   NONE			
42a	The books are in care of ► NANCY MYERS  Telephone no. ► 73	1-47	5-3	322
724	306 WILKINSON STREET			
		118		
h	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		Yes	No
		42b	100	X
	If "Yes," enter the name of the foreign country:			1
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1 :
	and Financial Accounts.			1
С	At any time during the calendar year, did the organization maintain an office outside of the U S.?	42c	ĺ	<b>x</b> :
•	If "Yes," enter the name of the foreign country:		-	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here			<b>▶</b> □
45	and enter the amount of tax-exempt interest received or accrued during the tax year			ــا "
	and enter the amount of tax-exempt interest received or accrued during the tax year			<del></del> :
			Yes	No
44	Did the executation maintain any denor advised funds? If "Vee " Form 000 must be completed instead of		1.63	1 10
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	44	1	X.
4-	Form 990-EZ		<del> </del>	1
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	1	x.

Form 990-EZ (2008)

00566 OAK GROVE CEMETERY CORF		308
OAK (	264	/31/2
00566 (	38-0888264	FYE: 12/31/2008

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Stateme	

	Gain / Loss	-57, 425	-57,425
	Depreciation	<b>જ</b>	\$ 0
	Cost & Expense	278,525 \$	278,525 \$
	Sale Price	221,100 \$	221,100 \$
Ī	Date Sold	12/23/08 \$	Sy.
	Date Acquired	VARIOUS	
Description	Whom Sold		
	How Received	CSB STOCK PURCHASE	TOTAL

00566 OAK GROVE CEMETERY CORP. OF CHELSEA

38-0888264

Federal Statements

8/3/2010 12:13 PM

· FYE: 12/31/2008

### Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount		
EXPENSES	\$		
INSURANCE	3,122		
MAINTENANCE AND REPAIRS	20,089		
MISCELLANEOUS	1,056		
OTHER SERVICES	940		
TOTAL	\$ 25,207		

## Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount			
UNREALIZED LOSS ON INVESTMENTS	\$	-77,984		
TOTAL	\$	-77,984		

00566 OAK GROVE CEMETERY CORP. OF CHELSEA

**Federal Statements** 

· FYE: 12/31/2008

38-0888264

8/3/2010 12:13 PM

# Statement 4 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

TO OPERATE, MAINTAIN, IMPROVE AND ADMINISTER A CEMETERY IN THE CITY OF CHELSEA, MI, KNOWN AS OAK GROVE CEMETERY.