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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 \$500,000 and total assets less than \$1,250,000 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

2009

Open to Public
Inspection

A For the 2009 calendar year, or tax year beginning

, and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

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

C Name of organization

HOPE CEMETERY CORPORATION

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

P O BOX 211

Room/suite

01-0092600

City, town, or country

KENNEBUNK

State

ME

ZIP + 4

04043

D Employer identification number

207-985-2643

E Telephone number

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: ► N/A

J Tax-exempt status (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 is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ

► \$

425,921

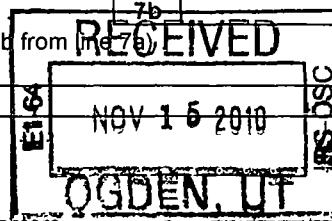
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

1	Contributions, gifts, grants, and similar amounts received	1	0
2	Program service revenue including government fees and contracts	2	82,754
3	Membership dues and assessments	3	
4	Investment income	4	15,165
5a	Gross amount from sale of assets other than inventory	5a	328,002
b	Less cost or other basis and sales expenses	5b	286,375
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	41,627
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>		
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b	Less direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
8	Other revenue (describe ► See Attached Statement)	8	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	139,546
10	Grants and similar amounts paid (attach schedule)	10	0
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	64,878
13	Professional fees and other payments to independent contractors	13	4,606
14	Occupancy, rent, utilities, and maintenance	14	14,463
15	Printing, publications, postage, and shipping	15	202
16	Other expenses (describe ► See Attached Statement)	16	37,282
17	Total expenses. Add lines 10 through 16.	17	121,431
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,115
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)	19	517,208
20	Other changes in net assets or fund balances (attach explanation)	20	132,432
21	Net assets or fund balances at end of year Combine lines 18 through 20	21	667,755

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

22	Cash, savings, and investments	(A) Beginning of year	(B) End of year
23	Land and buildings	464,422	22
24	Other assets (describe ►)	53,882	23
25	Total assets	0	24
26	Total liabilities (describe ► PAYROLL TAX LIABILITIES)	518,304	25
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	1,096	26
		517,208	27
			667,755

SCANNED
Revenue
2010

Part V Other Information (Note the statement requirements in the instructions for Part V)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity Yes No
 33 X

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes Yes No
 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 why the organization did not report the income on Form 990-T Yes No
 a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? Yes No
 b If "Yes," has it filed a tax return on Form 990-T for this year? Yes No

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N Yes No
 36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0
 b Did the organization file Form 1120-POL for this year? Yes No
 37b X

38 a 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 outstanding at the end of the period covered by this return? Yes No
 b If "Yes," complete Schedule L, Part II and enter the total amount involved Yes No
 38b 0

39 Section 501(c)(7) organizations Enter Yes No
 a Initiation fees and capital contributions included on line 9 Yes No
 b Gross receipts, included on line 9, for public use of club facilities Yes No
 39a 39b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► _____, section 4912 ► _____, section 4955 ► _____ Yes No
 b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a 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 Yes No
 40b

c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 Yes No
 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization Yes No
 e 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 Yes No
 40e X

41 List the states with which a copy of this return is filed ► _____

42 a The organization's books are in care of ► THOMAS F DOBENS Telephone no ► 207-985-7846
 Located at ► P.O. BOX 211 City KENNEBUNK ST. ME ZIP + 4 ► 04043-0211 Yes No
 b 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 account)? If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Yes No
 42b X

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country ► _____ Yes No
 42c X

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 ► 43 N/A

44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ Yes No
 44 X

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 Yes No
 45 X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

		Yes	No
46	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	46	
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49 a	Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b	If "Yes," was the related organization a section 527 organization?	49b	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
Name Str City ST ZIP	Title Hr/WK 00	0	0	0
f Total number of other employees paid over \$100,000 ►				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000 ►		

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			
	Signature of officer THOMAS F DOBENS	Date 11-12-10	TREASURER	
Paid Preparer's Use Only	Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) EIN ► Phone no ►

May the IRS discuss this return with the preparer shown above? See instructions

► Yes No

Part I, Line 16 (990-EZ) - Other Expenses

		37,282
1 Travel	1	
2 Meals and entertainment	2	
3 Fundraising	3	
4 Amortization	4	0
5 Conferences, conventions, and meetings	5	
6 Depreciation	6	7,171
7 Depletion	7	
8 Equipment rental and maintenance	8	
9 Interest	9	
10 Supplies	10	
11 Telephone	11	
12 Unrelated business income taxes	12	0
13 OFFICE EXPENSES	13	512
14 INSURANCE	14	5,180
15 DUES & SUBSCRIPTIONS	15	49
16 FFUEL FOR MAINT VEHICLES	16	3,949
17 GROUNDS MAINT / TREE CARE	17	12,630
18 PAYROLL TAXES	18	7,699
19 ADVERTISING	19	92
20	20	
21	21	
22	22	
23	23	
24	24	
25	25	
26	26	
27	27	
28	28	
29	29	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

132,432

	Description	Amount
1	NET WRITE UP TO MARKET VALUE OF INVESTMENTS	1 132,432
2		2
3		3
4		4
5		5
6		6
7		7
8		8
9		9
10		10

Part II, Line 26 (990-EZ) - Liabilities

	Description	Beginning	End
1	PAYROLL TAX LIABILITIES	1,096	707
2			
3			
4			
5			
6			
7			
8			
9			
10			