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Short Form  
Return of Organization Exempt From Income Tax

2009

Department of the Treasury  
Internal Revenue ServiceUnder 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 requirementsOpen to Public  
Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable

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

Please use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.

C FAIRMOUNT CEMETERY ASSOCIATION  
3902 ROCKINGHAM ROAD  
DAVENPORT, IA 52802-2416

D Employer identification number

42-0240150

E Telephone number

(563) 322-8663

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

I Website: ► N/A

J Tax-exempt status (check only one) —  501(c) ( 13 ) □ (insert no.)  4947(a)(1) or  527K 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 ► \$ 144,251.

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

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received	1 118,063.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	4 Investment income	4 26,188.
	5a Gross amount from sale of assets other than inventory	5a
	b Less, cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a)	5c
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	6a
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b
E X P E N S E S	b Less, direct expenses other than fundraising expenses	6c
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	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 (Subtract line 7b from line 7a)	8
	8 Other revenue (describe ► SEE STATEMENT 1)	9 144,251.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ► 2010	10
	10 Grants and similar amounts paid (attach schedule)	11
	11 Benefits paid to or for members	12 116,913.
A S S E T S	12 Salaries, other compensation, and employee benefits	13 525.
	13 Professional fees and other payments to independent contractors	14 1,332.
	14 Occupancy, rent, utilities, and maintenance	15 430.
	15 Printing, publications, postage, and shipping	16 60,835.
	16 Other expenses (describe ► SEE STATEMENT 1)	17 180,035.
	17 Total expenses. Add lines 10 through 16	18 -35,784.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	19 478,292.
	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
	20 Other changes in net assets or fund balances (attach explanation)	21 442,508.

## 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  
23 Land and buildings  
24 Other assets (describe ► SEE STATEMENT 2 )  
25 Total assets  
26 Total liabilities (describe ► )  
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
404,964.	22 382,875.
51,629.	23 51,629.
21,699.	24 8,004.
478,292.	25 442,508.
0.	26 0.
478,292.	27 442,508.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

8P



## Part V | Other Information (Note the statement requirements in the instrs for Part V.)

SEE STATEMENT 4

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes  
 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.

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?

b If 'Yes,' has it filed a tax return on **Form 990-T** for this year?

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

37a 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?

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 outstanding at the end of the period covered by this return?

b If 'Yes,' complete Schedule L, Part II and enter the total amount involved

39 Section 501(c)(7) organizations. Enter.

a Initiation fees and capital contributions included on line 9

b Gross receipts, included on line 9, for public use of club facilities

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.

section 4911 ► **N/A**, section 4912 ► **N/A**, section 4955 ► **N/A**

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

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

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization

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

41 List the states with which a copy of this return is filed ► **NONE**

42a The organization's books are in care of ► **FAIRMOUNT CEMETERY ASSOCIATION** Telephone no ► **(563) 322-8663**  
 Located at ► **3902 ROCKINGHAM ROAD DAVENPORT IA** ZIP + 4 ► **52802-2416**

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 a Foreign Bank and Financial Accounts**.

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: ►

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

►  **N/A**  
 **N/A**

44 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ

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
33		X
34		X
35a	X	
35b		
36	X	
37b	X	
38a	X	
38b	N/A	
39a	N/A	
39b	N/A	
40b		
40c		
40d		
40e		X

	Yes	No
42b	X	
42c		X

	Yes	No
44		X
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.

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

47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

	Yes	No
46		
47		
48		
49a		
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 and deferred compensation	(e) Expense account and other allowances
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
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-----	-----	-----	-----	-----

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
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----
-----	-----	-----

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	11-15-10 Date	PRESIDENT Type or print name and title
Paid Preparer's Use Only	Preparer's signature ► JAMES K. SCHNOOR, CPA	Date 11/15/10	Check if self employed ► <input type="checkbox"/> Preparer's Identifying Number (See instructions) P00189975
	Firm's name (or yours if self employed), address, and ZIP + 4 ► JAMES K. SCHNOOR, CPA, PC ► 2211 E 52ND STREET DAVENPORT, IA 52807-2725	EIN ► 42-1314082	Phone no ► (563) 359-4464

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

BAA

►  Yes  No

Form 990-EZ (2009)

2009

## FEDERAL STATEMENTS

PAGE 1

CLIENT FAIRCEME

FAIRMOUNT CEMETERY ASSOCIATION

42-0240150

11/15/10

08.12AM

**STATEMENT 1**  
**FORM 990-EZ, PART I, LINE 16**  
**OTHER EXPENSES**

ADVERTISING AND PROMOTION	\$ 329.
BUILDING MAINTENANCE	1,198.
BURIALS	37.
CREMATIONS	6,035.
DEPRECIATION	13,695.
FOUNDATION MATERIALS	280.
GAS & OIL	1,038.
GRAVE DECORATIONS	2,628.
INSURANCE	5,360.
MAUSOLEUM EXPENSES	1,438.
MISCELLANEOUS	19,243.
MOWER MAINTENANCE	2,063.
OFFICE EXPENSES	3,867.
ROAD MAINTENANCE	77.
TELEPHONE	1,400.
TRUCK MAINTENANCE	366.
TRUST MANAGEMENT FEES	1,781.
<b>TOTAL</b>	<b>\$ 60,835.</b>

**STATEMENT 2**  
**FORM 990-EZ, PART II, LINE 24**  
**OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 21,699.	\$ 8,004.
<b>TOTAL</b>	<b>\$ 21,699.</b>	<b>\$ 8,004.</b>

**STATEMENT 3**  
**FORM 990-EZ, PART III**  
**ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

CEMETERY MANAGEMENT AND CREMATION SERVICES.

**STATEMENT 4**  
**FORM 990-EZ, PART V**  
**REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS**

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? **NO**

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? **NO**

Application for Extension of Time To File an  
Exempt Organization Return

OMB No 1545 1709

Department of the Treasury  
Internal Revenue Service

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box  [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

***Do not complete Part II unless*** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only *All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization <b>FAIRMOUNT CEMETERY ASSOCIATION</b>	Employer identification number <b>42-0240150</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>3902 ROCKINGHAM ROAD</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>DAVENPORT, IA 52802-2416</b>	
<b>Check type of return to be filed</b> (file a separate application for each return)		
<input type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-BL <input checked="" type="checkbox"/> Form 990-EZ <input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (corporation) <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) <input type="checkbox"/> Form 990-T (trust other than above) <input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 4720 <input type="checkbox"/> Form 5227 <input type="checkbox"/> Form 6069 <input type="checkbox"/> Form 8870

- The books are in the care of

Telephone No.  FAX No. 

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

►  calendar year 20 09 or  
►  tax year beginning , 20 , and ending , 20 .

2 If this tax year is for less than 12 months, check reason.  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a \$ <input type="text"/> 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit	3b \$ <input type="text"/> 0.
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c \$ <input type="text"/> 0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

<b>Type or print</b>  File by the extended due date for filing the return. See instructions	Name of Exempt Organization  <b>FAIRMOUNT CEMETERY ASSOCIATION</b>	Employer identification number  <b>42-0240150</b>
	Number, street, and room or suite number. If a P O box, see instructions  <b>JAMES K. SCHNOOR, CPA, PC 2211 E 52ND STREET</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>DAVENPORT, IA 52807-2725</b>	

**Check type of return to be filed** (File a separate application for each return).

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

- The books are in care of ► **FAIRMOUNT CEMETERY ASSOCIATION**  
Telephone No. ► **(563) 322-8663** FAX No ► **(563) 322-8663**
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ►  . If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **11/15**, 20 **10**.
- 5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, 20 \_\_\_\_\_, and ending \_\_\_\_\_, 20 \_\_\_\_\_.
- 6 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period
- 7 State in detail why you need the extension **TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	<b>8a</b> \$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	<b>8b</b> \$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instrs	<b>8c</b> \$

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature

Title ►

Date ► **03/11/10**

**BAA**

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)