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Form 990-EZ
Department of the Treasury
Internal Revenue Service

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
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 11-01-2010, and ending 10-31-2011

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending
C Name of organization: FREDERICK BROS CREMATORY INC
Number and street (or P O box, if mail is not delivered to street address) Room/suite: 38422 NYS RT 37
City or town, state or country, and ZIP + 4: THERESA, NY 136912020

D Employer identification number: 16-1236089
E Telephone number
F Group Exemption Number

G Accounting method: [] Cash [X] Accrual Other (specify)
I Website: N/A
J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(13) (insert no) [] 4947(a)(1) or [] 527

H Check [X] 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 \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 161,092

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I [X]

Table with 21 rows and 3 columns. Rows 1-9: Revenue (Total revenue: 157,837). Rows 10-17: Expenses (Total expenses: 195,592). Rows 18-21: Net Assets (Total net assets at end of year: 127,252).

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	159,509	22 125,703
23 Land and buildings		23
24 Other assets (describe in Schedule O)	10,303	24 5,847
25 Total assets	169,812	25 131,550
26 Total liabilities (describe in Schedule O)	4,805	26 4,298
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	165,007	27 127,252

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

CREMATIONS

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, and other relevant information for each program title

28 CREMATIONS - PROVIDED CREMATION SERVICES FOR THE YEAR

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29a

30

(Grants \$) If this amount includes foreign grants, check here

30a

31 Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

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 the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(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
JEFFREY FREDERICK 38422 NYS ROUTE 37 38422 NYS ROUTE 37 THERESA, NY 13691	PR/DIR 000 00	0		
JULIE FREDERICK 38422 NYS ROUTE 37 38422 NYS ROUTE 37 THERESA, NY 13691	SEC/TREAS 000 00	0		

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

Check if the organization used Schedule O to respond to any question in this Part V

Yes No

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O

Table with 2 columns: Question ID, Yes, No. Row 33: 33, No

34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)

Table with 2 columns: Question ID, Yes, No. Row 34: 34, No

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, explain in Schedule O why the organization did not report the income on Form 990-T

Table with 2 columns: Question ID, Yes, No. Row 35: 35, No

a Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?

Table with 2 columns: Question ID, Yes, No. Row 35a: 35a, No

b If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)

Table with 2 columns: Question ID, Yes, No. Row 35b: 35b, 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

Table with 2 columns: Question ID, Yes, No. Row 36: 36, No

37a Enter amount of political expenditures, direct or indirect, as described in the instructions

Table with 2 columns: Question ID, Amount. Row 37a: 37a, [Blank]

Table with 2 columns: Question ID, Yes, No. Row 37a: 37a, No

b Did the organization file Form 1120-POL for this year?

Table with 2 columns: Question ID, Yes, No. Row 37b: 37b, No

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 tax year covered by this return?

Table with 2 columns: Question ID, Yes, No. Row 38a: 38a, No

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

Table with 2 columns: Question ID, Amount. Row 38b: 38b, [Blank]

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

a Initiation fees and capital contributions included on line 9

Table with 2 columns: Question ID, Amount. Row 39a: 39a, [Blank]

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

Table with 2 columns: Question ID, Amount. Row 39b: 39b, [Blank]

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955

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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I

Table with 2 columns: Question ID, Yes, No. Row 40b: 40b, No

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

Table with 2 columns: Question ID, Yes, No. Row 40e: 40e, No

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

42a The organization's books are in care of POULSEN PODVIN PC Telephone no (315) 788-5490 Located at 145 CLINTON STREET WATERTOWN, NY ZIP + 4 13601

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)?

Table with 2 columns: Question ID, Yes, No. Row 42b: 42b, No

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.

c At any time during the calendar year, did the organization maintain an office outside of the U S ?

Table with 2 columns: Question ID, Yes, No. Row 42c: 42c, No

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

Table with 2 columns: Question ID, Amount. Row 43: 43, [Blank]

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

Table with 2 columns: Question ID, Yes, No. Row 44a: 44a, No

b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ

Table with 2 columns: Question ID, Yes, No. Row 44b: 44b, No

c Did the organization receive any payments for indoor tanning services during the year?

Table with 2 columns: Question ID, Yes, No. Row 44c: 44c, No

d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Table with 2 columns: Question ID, Yes, No. Row 44d: 44d, No

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

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"

Table with 5 columns: (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.

50(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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000; (b) Type of service; (c) Compensation.

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. Yes No

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.

Sign Here: Signature of officer (JEFFREY FREDERICK PRESIDENT) and Date (2011-12-19).

Paid Preparer's Use Only: Preparer's signature (RICHARD POULSEN), Date (2011-12-19), Check if self-employed, Preparer's taxpayer identification number, Firm's name (POULSEN & PODVIN CPA PC), address, and ZIP + 4 (136013621), EIN, and Phone no (315) 788-5490.

May the IRS discuss this return with the preparer shown above? See instructions. Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

**Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

FREDERICK BROS CREMATORY INC

Employer identification number

16-1236089

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES CONTINUING EDUCATION 395 REPAIRS & MAINT 1,954 MISCELLANEOUS EXP 6,013 TOTAL 8,362

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	INVENTORIES FOR SALE OR USE 1,425 1,425 FIXED ASSETS 74,269 74,269 ACCDUM DEPR - FIXED ASSETS 0 0 LESS ACCUMULATED DEPRECIATION 65,391 69,847 TOTAL 10,303 5,847

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	VANDALISM FEE PAYABLE 3,302 2,957 ADMIN FEE PAYABLE 1,503 1,341

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 2 columns: Description, Amount. Rows 1-5.

Table with 3 columns: (a) Description of property, (b) Cost (business use only), (c) Elected cost. Rows 6-13.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

Table with 2 columns: Description, Amount. Rows 14-16.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 2 columns: Description, Amount. Rows 17-18.

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

Table with 6 columns: Description, Amount, Recovery period, Convention, Method, Amount. Rows 20a-c.

Part IV Summary (see instructions)

Table with 2 columns: Description, Amount. Rows 21-23.

Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

26 Property used more than 50% in a qualified business use

27 Property used 50% or less in a qualified business use

28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) for Vehicle 1 through Vehicle 6. Rows include 30-33 (miles driven) and 34-36 (availability and use).

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table for Section C with columns Yes/No. Rows include 37-41 regarding policy statements and requirements.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

Table for Section VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 A amortization of costs that begins during your 2010 tax year (see instructions)

43 A amortization of costs that began before your 2010 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report **44**

TY 2010 Compensation Explanation

Name: FREDERICK BROS CREMATORY INC

EIN: 16-1236089

Person Name	Explanation
JEFFREY FREDERICK	
JULIE FREDERICK	