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Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150 2011

Open to Public

Department of the Treasury Internal Revenue Service

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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$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

D Employer Identification in Address charge Address charge Dreamkeepers Inc. Address charge Dreamkeepers Inc. A5-2524615								ding	, and er	ar year, or tax year beginning	e 2011 calend	For the	Α								
Assessed the street of the component o	number	yer identification																			
Name change Dreamkeepers Inc. 45-2524615 Indicate forum Number and steet (or P o box, if mail and delivered to street extress) Roombule E Telephone number																					
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Terminended P.O. Box 445 207-667-832! Armended return City stown, status or country, and ZiP+4 E1sworth ME 04605 Number				Number and street (in B.O. but Amelia and delicements address)																	
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G Accounting Method		· · · · · · · · · · · · · · · · · · ·						05	ME 040	Ellsworth	on pending	Application	X								
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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 Add lines 5b, 6c, and 7b. to line 9 to determine gross receipts if gross recepts are \$200,000 or more, or if total assets (Part III, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ 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 1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses 6 Gaming and fundraising events a Gross income from gaming (attach Schedule G if greater than \$15,000) 6 Gross income from fundraising events (not including \$, or 990-PF).	90-EZ,	90, 9	(Form 9	527	or	4947(a)(501(c) (13) ∢ (insert no)												
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	3,899.	<u>_</u>	-		Printing, publications, postage, and shipping								Expe								
10 1 mining, publications, postage, and snipping	3,233	 																			
10	8,82 <u>4</u>		-		Other expenses (describe in Schedule O)																
	6,701								47.4				_								
18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 26	0,701		18							- · ·	· ·	ဖ္ 18	र्घ								
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 (explain in Schedule O)		I	.				e with	(must agre				98 19 88	SSe								
end-of-year figure reported on prior year's return)										- · · · ·	=	ا کے	ţ								
	6,701	2	-								_		Š								
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 26 For Paperwork Reduction Act Notice, see the separate instructions.			21										<u></u>								

Form 990-EZ (2011) Dreamke	epers,	Inc.	4	5-2524615				Page 2
Part II	Balance Sheets.	(see the instr	uctions for Part II.)					-	
	Check if the organiz	ation used So	chedule O to respond to ar	ny question in this	Part II				X
			-		(A) Beginning of year	r		(B)	End of year
22 Cash, savi	ngs, and investments			Ī		Ō	22		357
23 Land and b	ouildings			Γ		0	23		45,200
24 Other asse	ets (describe in Schedule	O)		Γ			24		
25 Total asse	ets	•		Γ		0	25		45,557
26 Total liabi	lities (describe in Sched	ule O)		ľ		0			18,856
		=	B) must agree with line 21)	ľ		0			26,701
Part III			ce Accomplishments	see the instruction	ns for Part III)			Ex	penses
		_	chedule O to respond to ar	•	•	X	l (R		for section
What is the ord	janization's primary exem			.,			1		and 501(c)(4)
See Sched	•								ons and section
		rvice accomplis	hments for each of its three la	rgest program serv	ices			•	trusts, optional
			ner, describe the services pro					r others	• •
	ted, and other relevant in		•				"	01.1010	,
			vices at its cemetery	and cremeters:				Ī	
	n Maine.	macion ser	vices at its cemetery	and Cremecolic	III 111				
scuebe	n Maine.								
(Grants \$) If this ame	ount includes foreign grants, cl	and hara		$\overline{}$	28a	}	16,986
29	······································) it tills affic	ount includes foreign grants, ci	ieck nere			20a		10,300
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(Grants \$		•	ount includes foreign grants, cl	neck here		<u> </u>	30a	ļ <u>.</u>	
· -	ram services (describe in	-			_		l		
(Grants \$			ount includes foreign grants, cl	neck here	<u>></u>	┸	31a		16 006
	ram service expenses			f		tha i	32	for	16,986
Part IV	Check if the organization	on used Sched	s, and Key Employees. List eals of the court	each one even if not on in this Part IV	compensated (see	tile i	nstruct	ioris ioi	Pail IV)
				(b) Title and average	(c) Reportable) Heath		
	(a) Na	ame and address		hours per week devoted to position	compensation (Forms W-2/1099-MIS	C) b	enefit pla	ns, and	(e) Estimated amount of other compensation
				<u> </u>	(If not paid, enter -0	-) defe	erred com	pensation	
Willard Ke	·		Steuben	President					
16 Concord	la Drive		ME 04680	1.0	00	<u> </u>		0	0
Lorena Kell	ley		Steuben	Director	ļ				
16 Concord			ME 04680	1.0	00	0		0	0
Stacy White	9		Ellsworth	Treasurer]				
P.O. Box 4			ME 04605	1.0	00	<u> </u>		0	0
Michelle Me	erritt		Harrington	Director					
232 Marshv	ılle Road		ME 04643	1.0	00	이		0	0
Joseph Kel	ley		Ellsworth	Director					
P.O. Box 4	45		ME 04605	1.0	00	<u> </u>		0	0
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orm	990-EZ (2011) Dreamkeepers, Inc	c. 45-2524615	F	age 3
	rt V Other Information (Note the Sched	dule A and personal benefit contract statement requirements in the		[]
	instructions for Part V) Check if the o	organization used Schedule O to respond to any question in this Part V	Yes	No
3	Did the organization engage in any significant activity	not previously reported to the IRS? If "Yes," provide a	1	
	detailed description of each activity in Schedule O	33		X
4	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 char	nge to the organization's name Otherwise, explain the		
	change on Schedule O (see instructions)	34	<u> </u>	Х
ā	Did the organization have unrelated business gross in	ncome of \$1,000 or more during the year from business		
	activities (such as those reported on lines 2, 6a, and		-	X
	-	1 990-T for the year? If "No," provide an explanation in Schedule O	\	<u> </u>
С	•	or 501(c)(6) organization subject to section 6033(e) notice,	1	٠,
	reporting, and proxy tax requirements during the year		+	X
•	Did the organization undergo a liquidation, dissolution	· · · · · · · · · · · · · · · · · · ·		X
7	during the year? If "Yes," complete applicable parts o	, ,	+	
	Enter amount of political expenditures, direct or indirect or indi	•	.	K
b Ba	•	to, any officer, director, trustee, or key employee or were	'	-
a	any such loans made in a prior year and still outstand	The state of the s	.	K
b	If "Yes," complete Schedule L, Part II and enter the to	, , , , , , , , , , , , , , , , , , , ,	' 	-
)	Section 501(c)(7) organizations Enter	Star dillocation in the control of t		Ī
a	Initiation fees and capital contributions included on lin	ne 9 39a		ŧ
b	Gross receipts, included on line 9, for public use of cl			I
	Section 501(c)(3) organizations Enter amount of tax			1
	section 4911 ▶ , section 4			Ī
b	Section 501(c)(3) and 501(c)(4) organizations Did th	e organization engage in any section 4958 excess benefit		•
	transaction during the year, or did it engage in an exc	cess 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)	
С	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	>		Ī
d	Section 501(c)(3) and 501(c)(4) organizations Enter	amount of tax on line 40c		
	reimbursed by the organization	>		
е	All organizations At any time during the tax year, was			١.,
	transaction? If "Yes," complete Form 8886-T	140e		X
1 ^-	List the states with which a copy of this return is filed		55-3	208
2a	The organization's books are in care of ► Stacy P.O. Box 445	y White Telephone no ▶ 207-2	<i>J</i> J .	, , ,
	Located at Ellsworth	ME ZIP+4 ▶ 04605		
b		ation have an interest in or a signature or other authority over	Yes	N
	•	ank account, securities account, or other financial account)?		K
	If "Yes," enter the name of the foreign country			
	•	ments for Form TD F 90-22.1, Report of Foreign Bank		I
	and Financial Accounts.			1
С	At any time during the calendar year, did the organization	ation maintain an office outside of the U S ?	;	K
	If "Yes," enter the name of the foreign country ▶			
3	Section 4947(a)(1) nonexempt chantable trusts filing	3. I		
	and enter the amount of tax-exempt interest received	d or accrued during the tax year		
		F	Yes	<u> </u>
4a	Did the organization maintain any donor advised fund			١,
	completed instead of Form 990-EZ	44	a	X
b	Did the organization operate one or more hospital fac		.	١.
	completed instead of Form 990-EZ	44		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
C	Did the organization receive any payments for indoor		<u>c </u>	╁~
d	If "Yes" to line 44c, has the organization filed a Form explanation in Schedule O	720 to report these payments? If "No," provide an	a l	1
.	•			3
5a	Did the organization have a controlled entity within the	· · · · · · · · · · · · · · · · · · ·	-	╅
5b		gage in any transaction with a controlled entity within the		Ī
		and Schedule R may need to be completed instead of	h	K
	Form 990-EZ (see instructions)		990-E	

<u> Form</u>	990-EZ	(2011)	Dreamkeepers,	Inc.		4.	<u>5-2524615</u>			F	age 4
										Yes	No
46		-	ation engage, directly or indirec	• •	. •	on behalf of or in o	pposition				!
			r public office? If "Yes," completion 501(a)(2) armonized			(4) nanayama	4 abaultabla tui	ioto only All sos	46		X
ra	rt VI	501(tion 501(c)(3) organizat c)(3) organizations and sec	tions and	a)(1) nonexempt ch	nantable trusts m	it Charitable tri iust answer dues	ists offig. All sec tions 47-49b	HOI		
		and	52, and complete the tables	s for lines S	50 and 51.		·				
		Chec	k if the organization used S	Schedule C	to respond to any	question in this	Part VI				┌└┴
47	Did the	organiza	ation engage in lobbying activiti	es or have a	section 501(h) electi	on in effect during t	the tax	ſ		Yes	No
		-	omplete Schedule C, Part II	00 01 71210 0		on an oncor canning			47		
48	•	•	on a school as described in se	ction 170(b)	(1)(A)(µ)? If "Yes." cor	mplete Schedule E			48		
49a		•	ation make any transfers to an	٠.		•		:	49a		
b		-	related organization a section	•	•				49b		
50			able for the organization's five h	•		other than officers,	directors, trustees	and key			
	employ	ees) who	each received more than \$10	0,000 of con	npensation from the d	rganization If there	e is none, enter "No	ne "			
			(a) Name and address of each er	molovee		(b) Title and average	(c) Reportable	(d) Health benefits,	(a) Est	mated s	amount o
			paid more than \$100,000			hours per week devoted to position	compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred	1	r compe	
			· · · · · · · · · · · · · · · · · · ·			devoted to position	(1 011113 11-2 1000-111100)	compensation	↓		
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						 			₩		
							<u> </u>		 		
					·			 	┼		
	T-1-1-			00.000				L	Ь		
f =4			other employees paid over \$1				ach received mass				
51			able for the organization's five h npensation from the organization			contractors who e	each received more	tnan			
			address of each independent contractor			(b)	Type of service	(c) Co	mpensa	tion	
	\-/	Traine and	addition of days, and open dorn continuous	pais more man	4100,000		. тура от осттое	- 1			
								-			
	-										
						•					
d	Total n	umber of	other independent contractors	each receiv	ring over \$100,000	•		•		•	
52	Did the	organiza	ation complete Schedule A? No	ote All section	on 501(c)(3) organiza	tions and 4947(a)(1)	· · · · · · · · · · · · · · · · · · ·			
		_	ritable trusts must attach a con		·	. , ,	•	▶	Yes		No
5	penaltie	s of perju	ry, I declare that I have examined	this return, in	cluding accompanying	schedules and stater	ments, and to the bes	t of my knowledge and	belief	, it is	
	ect, a	nd compl	ete Declaration of preparer (other	than officer)	is based on all informat	ion of which prepare	r has any knowledge				
		_		4	, ()		·				
			nature of officer	Stand	1 July	7	Date	11017	,		
þi			Stacy White (Nacy	- Wind	<u>Trea</u>	surer	11-9-12			
			e or print name and title		B				PTIN	1	
		HUUN I Abe	preparer's name		Preparer's signature	2	Date	Checkf		1	
Paid	·	Andrew	K. Laslie, CPA		ce		11/	08/12 self-employed			
	-	Firm's nam						Firm's EIN ▶ 20	-15	305	<u> 18</u>
Use	Only	Firm's addi			Rd, P.O. Bo	x 697				<u> </u>	
			Blue Hill		04614			Phone no 207-	$\overline{}$		
May	the IRS	discuss	this return with the preparer sh	own above?	See instructions			<u> </u>		es	No
								F	Form 9'	90-E	Z (2011)

SCHEDULE O (Form 990 or 990-EZ

(Form 990 or 990-EZ)
Department of the Treasury

Description

Telephone

Supplemental Information to Form 990 or 990-EZ

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

• Attach to Form 990 or 990-EZ.

Amount

103

3,233

2011
Open to Public Inspection

Internal Revenue Service
Name of the organization

Dreamkeepers, Inc.

Employer identification number 45-2524615

Doing Business As - Additional Names

Dyers Bay Crematory

Kelley Family Cemetery

Form 990-EZ, Part I, Line 16 - Other Expenses

Expenses

Upkeep and Maintenance \$ 170
Fees \$ 1,402
Real Estate Taxes \$ 628
Office Supplies \$ 930

Form 990-EZ, Part II, Line 26 - Other Liabilities

Description Beg. of Year End of Year

Total \$

Accounts Payable and Accrued Expenses \$

Form 990-EZ, Part III - Primary Exempt Purpose

The organizations purpose is the disposal of bodies by burial or cremation, and to help individuals deal with the death of a family member through counseling and related services.

0 \$

18,856