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Form **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 private foundations)

OMB No. 1545-1150

2013

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning **04/01/13**, and ending **03/31/14**

B Check if applicable:	C Name of organization	D Employer identification number
<input type="checkbox"/> Address change	Alpha Cemetery Association	36-6068535
<input type="checkbox"/> Name change	Number and street (or P.O. box, if mail is not delivered to street address)	E Telephone number
<input type="checkbox"/> Initial return	PO Box 364	309-629-4001
<input type="checkbox"/> Terminated	Room/suite	F Group Exemption Number ▶
<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code	
<input checked="" type="checkbox"/> Application pending	Alpha IL 61413	

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)(3) 501(c) **13** (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **9,618**

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

Net Assets	Revenue	1	Contributions, gifts, grants, and similar amounts received	1	4,199
		2	Program service revenue including government fees and contracts	2	5,300
		3	Membership dues and assessments	3	
		4	Investment income	4	119
		5a	Gross amount from sale of assets other than inventory		
		5b	Less: cost or other basis and sales expenses		
		5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
		6	Gaming and fundraising events		
		6a	Gross income from gaming (attach Schedule G if greater than \$15,000)		
		6b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		
		6c	Less: direct expenses from gaming and fundraising events		
		6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
		7a	Gross sales of inventory, less returns and allowances		
		7b	Less: cost of goods sold		
		7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
		8	Other revenue (describe in Schedule O)	8	
		9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	9,618
	Net Assets	10	Grants and similar amounts paid (list in Schedule O)	10	
		11	Benefits paid to or for members	11	
		12	Salaries, other compensation, and employee benefits	12	
		13	Professional fees and other payments to independent contractors	13	132
14		Occupancy, rent, utilities, and maintenance	14		
15		Printing, publications, postage, and shipping	15		
16		Other expenses (describe in Schedule O)	16	7,070	
17		Total expenses. Add lines 10 through 16	17	7,202	
18		Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,416	
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	38,536	
20	Other changes in net assets or fund balances (explain in Schedule O)	20			
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	40,952		



For Paperwork Reduction Act Notice, see the separate instructions.

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Part II Balance Sheets (see the instructions for Part II)

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

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	38,536	22	40,952
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	38,536	25	40,952
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	38,536	27	40,952

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

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

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

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

28 N/A		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Charles A McLaughlin President	1.00	0	0	0
George Wirt Vice. President	1.00	0	0	0
Mary Nice Sec/Treas	2.00	100	0	0
Bradley Barton Director	0.50	0	0	0
David Cole Director	0.50	0	0	0
Michael Greenman Director	0.50	0	0	0
Susan Paul Director	0.50	0	0	0
Michael Petrovich Director	0.50	0	0	0
Richard Rutledge Director	0.50	0	0	0
Linda Zuidema Director	0.50	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O
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)
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III
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
37b 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 tax year covered by this return?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
39a Initiation fees and capital contributions included on line 9
39b 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; section 4912; section 4955
40b 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization
40e 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
42a The organization's books are in care of Compton Accounting Telephone no. 309-667-2315
504 Main Street
Located at New Windsor IL ZIP + 4 61465
42b 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.
42c At any time during the calendar year, did the organization maintain an office outside 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Yes No
46

Part VI Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.
Check if the organization used Schedule O to respond to any question in this Part VI

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Yes No
47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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 business address of each independent contractor	(b) Type of service	(c) Compensation

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 Date
8/14/14
 Signature of officer *Mary Nice*
 Type or print name and title **Mary Nice** **Sec/Treas**

Paid Preparer Use Only
 Print/Type preparer's name **D. MARK COMPTON** Preparer's signature *D. Mark Compton* Date **08/11/14** Check if self-employed PTIN **P00070015**
 Firm's name ▶ **Compton Accounting** Firm's EIN ▶ **37-1214520**
 Firm's address ▶ **301 S Depot St**
Altona, IL 61414-0279 Phone no. **309-484-8888**

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

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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.

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▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Alpha Cemetery Association

Employer identification number

36-6068535

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

Description	Amount
Expenses	
Advertising and Promotion	\$ 22
Insurance	\$ 391
Grave Digging	\$ 1,600
Transfer to Care Fund	\$ 383
Mowing	\$ 4,500
Cleanup & Seeding	\$ 150
Fertilizer	\$ 24
Total	\$ 7,070

Form 990-EZ, Part III - Primary Exempt Purpose

The purpose of the formation of the Alpha Cemetery Association is not for pecuniary profit, but to receive and hold money funds and property in perpetual trust in order to provide for the maintenance, upkeep and ornamentation of the Alpha Cemetery or any graves in the cemetery. There are no fund raising activities, the organization will care for existing graves, no profit is made.