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# Return of Organization Exempt From Income Tax

**2014**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

- ▶ Do not enter social security numbers on this form as it may be made public.
- ▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

**A** For the 2014 calendar year, or tax year beginning **2014**, and ending **20**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>Simpson Cemetery Association</b> Doing business as		<b>D</b> Employer identification no <b>80-0892748</b>
	Number and street (or P O box if mail is not delivered to street address) Room/suite <b>3 Wood Pond Dr</b>		<b>E</b> Telephone number <b>(207) 319-7326</b>
	City or town, state or province, country, and ZIP or foreign postal code <b>Brunswick, ME 04011</b>		<b>G</b> Gross receipts \$ <b>1,183</b>
	<b>F</b> Name and address of principal officer		
<b>I</b> Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>13</b> ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>J</b> Website: ▶ <b>N/A</b>	
<b>K</b> Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation <b>2013</b>	<b>M</b> State of legal domicile <b>ME</b>

**Part I Summary**

Activities & Governance	1 Briefly describe the organization's mission or most significant activities:			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	0	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	0	
	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0	
7b	Net unrelated business taxable income from Form 990-T, line 34	0		
Revenue			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)		0
	9	Program service revenue (Part VIII, line 2g)		0
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,183
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,183	
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		0
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		0
19	Revenue less expenses. Subtract line 18 from line 12		1,183	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)		0
	21	Total liabilities (Part X, line 26)		0
22	Net assets or fund balances. Subtract line 21 from line 20		0	

**Part II Signature Block**

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: <b>Charlotte Curtis</b> <i>Charlotte Curtis</i>	Date: <b>4-8-15</b>
	Type or print name and title: <b>Charlotte Curtis, Treasurer</b>	

Paid Preparer Use Only	Pnnt/Type preparer's name: <b>Amy LaCavera EA</b>	Preparer's signature: <i>Amy LaCavera EA</i>	Date: <b>04-08-2015</b>	Check <input type="checkbox"/> if self-employed <input type="checkbox"/> if PTIN: <b>P01220742</b>
	Firm's name: <b>Tax Wise Financial Services LLC</b>		Firm's EIN: ▶	
	Firm's address: <b>3 Old Brunswick Road Bath ME 04530</b>		Phone no: <b>207-386-1040</b>	

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

For Paperwork Reduction Act Notice, see the separate instructions.

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SCANNED APR 23 2015