

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2020**

Open to Public Inspection

**A** For the 2020 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization: **WOODWARD HILL CEMETERY**  
**C/O KENNETH A. NORMAN**  
 Doing business as \_\_\_\_\_  
 Number and street (or P.O. box if mail is not delivered to street address): **PO BOX 7989** Room/suite \_\_\_\_\_  
 City or town, state or province, country, and ZIP or foreign postal code: **LANCASTER PA 17604**

**D** Employer identification number: **23-1233285**

**E** Telephone number: **717-291-2727**

**G** Gross receipts \$: **66,137**

**F** Name and address of principal officer:  
**KENNETH NORMAN**  
**202 FIELDGATE DR**  
**LANCASTER PA 17603**

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
 If "No," attach a list. See instructions

**I** Tax-exempt status:  501(c)(3)  501(c) ( **13** ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: **N/A** **H(c)** Group exemption number ▶ \_\_\_\_\_

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: \_\_\_\_\_ **M** State of legal domicile: \_\_\_\_\_

## Part I Summary

1 Briefly describe the organization's mission or most significant activities:  
**BURIAL PERMITS ARE ISSUED FOR NEW INTERNMENTS. LOT CARE IS PROVIDED FOR VETERAN'S GRAVES**

2 Check this box  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)	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	13
5	Total number of individuals employed in calendar year 2020 (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, Part I, line 11	0

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	42,649
9	Program service revenue (Part VIII, line 2g)	4,475
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,781
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,095
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	63,000
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)	99,072
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	99,072
19	Revenue less expenses. Subtract line 18 from line 12	-36,072

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	189,977
21	Total liabilities (Part X, line 26)	0
22	Net assets or fund balances. Subtract line 21 from line 20	189,977

## 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: **KENNETH NORMAN** Date: \_\_\_\_\_  
 Title: **TREASURER**  
 Type or print name and title

**Paid Preparer Use Only**  
 Print/Type preparer's name: **TREVIS A. NICKEL, CPA** Preparer's signature: **TREVIS A. NICKEL, CPA** Date: **10/18/21** Check  if self-employed PTIN: **P00146162**  
 Firm's name: **TREVIS A. NICKEL, CPA, LLC** Firm's EIN: **30-0912282**  
 Firm's address: **1477 WHITE OAK RD STRASBURG, PA 17579** Phone no.: **717-786-0465**

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

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

**BURIAL PERMITS ARE ISSUED FOR NEW INTERNMENTS. LOT CARE IS PROVIDED FOR VETERAN'S GRAVES**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ **99,718** including grants of \$ ) (Revenue \$ )

**PROVIDE PERPETUAL CARE OF CEMETERY LOTS AND PROVIDE MAINTENANCE OF ROADWAYS AND OTHER REAL ESTATE NEEDS**

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**N/A**

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses **99,718**

**Part IV Checklist of Required Schedules**

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?		X
3	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		X
4	<b>Section 501(c)(3) organizations.</b> 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		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI		X
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and controlled entities.

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Form 990 (2020) Woodward Hill Cemetery, 23-1233285, Page 5. Part V: Statements Regarding Other IRS Filings and Tax Compliance. Includes questions 2a through 16 regarding employee reporting, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**Part VI** **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

		Yes	No
1a	13		
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	13		
b Enter the number of voting members included on line 1a, above, who are independent			
2			X
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
3			X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?			
4			X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			
5			X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?			
6			X
6 Did the organization have members or stockholders?			
7a			X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			
b			X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?			
8			
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a		X	
a The governing body?			
b		X	
b Each committee with authority to act on behalf of the governing body?			
9			X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a			X
10a Did the organization have local chapters, branches, or affiliates?			
b			
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			
11a			X
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			
b			
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a			X
12a Did the organization have a written conflict of interest policy? If "No," go to line 13			
b			
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?			
c			
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			
13			X
13 Did the organization have a written whistleblower policy?			
14			X
14 Did the organization have a written document retention and destruction policy?			
15			
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a			X
a The organization's CEO, Executive Director, or top management official			
b			X
b Other officers or key employees of the organization			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a			X
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?			
b			
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website  Another's website  Upon request  Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records

**KENNETH A NORMAN**  
**LANCASTER**

**PO BOX 7989**

**PA 17604**

**717-291-2727**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SUE BROOMELL	0.00									
DIRECTOR	0.00	X					0	0	0	
(2) CATESBY GILBERT	0.00									
DIRECTOR	0.00	X					0	0	0	
(3) CAROLINE HILL	0.00									
VICE PRESIDENT	0.00	X					0	0	0	
(4) BENJAMIN G. TRESSELT III	0.00									
DIRECTOR	0.00	X					0	0	0	
(5) CHARLES SNYDER, JR	0.00									
DIRECTOR	0.00	X					0	0	0	
(6) MICHAEL LYNCH JR	0.00									
DIRECTOR	0.00	X					0	0	0	
(7) CRAIG LEHMAN	0.00									
DIRECTOR	0.00	X					0	0	0	
(8) REV TIMOTHY MENTZER	0.00									
DIRECTOR	0.00	X					0	0	0	
(9) JO ANN NOTARGIACOMO	0.00									
DIRECTOR	0.00	X					0	0	0	
(10) ELAINE SAVUKAS	0.00									
SECRETARY	0.00	X					0	0	0	
(11) CHRISTOPHER S UNDERHILL	0.00									
COUNSEL	0.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Rows include JEAN WEGLARZ (PRESIDENT) and KENNETH NORMAN (TREASURER).

1b Subtotal
1c Total from continuation sheets to Part VII, Section A
1d Total (add lines 1b and 1c)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

Table with 3 columns: Question, Yes, No. Rows 3, 4, 5 regarding compensation reporting and unrelated compensation.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Multiple empty rows for contractor data.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0



**Part VIII**

**Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	49,279			
	g Noncash contributions included in lines 1a-1f	1g \$				
	<b>h Total. Add lines 1a-1f</b>		<b>49,279</b>			
<b>Program Service Revenue</b>	Business Code					
	2a BURIAL FEES		3,320			3,320
	b CARE OF LOTS		1,326			1,326
	c					
	d					
	e					
	f All other program service revenue					
<b>g Total. Add lines 2a-2f</b>		<b>4,646</b>				
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			8,850		8,850
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		6a				
	b Less: rental expenses	6b				
	c Rental inc. or (loss)	6c				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		7a				
	b Less: cost or other basis and sales exps.	7b				
	c Gain or (loss)	7c				
d Net gain or (loss)						
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18		8a				
b Less: direct expenses	8b					
c Net income or (loss) from fundraising events						
9a Gross income from gaming activities. See Part IV, line 19		9a				
b Less: direct expenses	9b					
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		10a				
b Less: cost of goods sold	10b					
c Net income or (loss) from sales of inventory						
<b>Miscellaneous Revenue</b>	Business Code					
	11a SALE OF FURNITURE		3,362			3,362
	b					
	c					
	d All other revenue					
<b>e Total. Add lines 11a-11d</b>		<b>3,362</b>				
<b>12 Total revenue. See instructions</b>			<b>66,137</b>	<b>0</b>	<b>0</b>	<b>16,858</b>

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	995		995	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	55		55	
14 Information technology				
15 Royalties				
16 Occupancy	6,059	6,059		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MAINTENANCE	42,565	42,565		
b REAL ESTATE REPAIRS	29,720	29,720		
c INSURANCE	10,893	10,893		
d MAINTENANCE SUPPLIES	4,108	4,108		
e All other expenses	6,373	6,373		
25 Total functional expenses. Add lines 1 through 24e	100,768	99,718	1,050	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	1,647	1	1,294
	2 Savings and temporary cash investments	128,684	2	94,210
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities	59,646	11	65,687
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 33)		189,977	16	161,191
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25		0	26
<b>Net Assets or Fund Balances</b>	Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds	189,977	31	161,191
32 <b>Total net assets or fund balances</b>	189,977	32	161,191	
33 <b>Total liabilities and net assets/fund balances</b>	189,977	33	161,191	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	66,137
2	Total expenses (must equal Part IX, column (A), line 25)	2	100,768
3	Revenue less expenses. Subtract line 2 from line 1	3	-34,631
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	189,977
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	5,845
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	161,191

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Open to Public  
Inspection

Name of the organization

**WOODWARD HILL CEMETERY  
C/O KENNETH A. NORMAN**

Employer identification number

**23-1233285**

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART XI, LINE 9 - OTHER CHANGES IN NET ASSETS EXPLANATION

MARKET CHANGE \$ 5,845

Form <b>990</b>	<b>Two Year Comparison Report</b>	<b>2019 &amp; 2020</b>
For calendar year 2020, or tax year beginning _____, ending _____		

Name **WOODWARD HILL CEMETERY** Taxpayer Identification Number **23-1233285**  
**C/O KENNETH A. NORMAN**

		2019	2020	Differences
<b>Revenue</b>	1. Contributions, gifts, grants .....	42,649	49,279	6,630
	2. Membership dues and assessments .....			
	3. Government contributions and grants .....			
	4. Program service revenue .....	4,475	4,646	171
	5. Investment income .....	13,781	8,850	-4,931
	6. Proceeds from tax exempt bonds .....			
	7. Net gain or (loss) from sale of assets other than inventory .....			
	8. Net income or (loss) from fundraising events .....			
	9. Net income or (loss) from gaming .....			
	10. Net gain or (loss) on sales of inventory .....			
	11. Other revenue .....	2,095	3,362	1,267
	<b>12. Total revenue. Add lines 1 through 11</b>	<b>63,000</b>	<b>66,137</b>	<b>3,137</b>
<b>Expenses</b>	13. Grants and similar amounts paid .....			
	14. Benefits paid to or for members .....			
	15. Compensation of officers, directors, trustees, etc. ....			
	16. Salaries, other compensation, and employee benefits .....			
	17. Professional fundraising fees .....			
	18. Other professional fees .....	995	995	
	19. Occupancy, rent, utilities, and maintenance .....	6,745	6,059	-686
	20. Depreciation and Depletion .....			
	21. Other expenses .....	91,332	93,714	2,382
	<b>22. Total expenses. Add lines 13 through 21</b>	<b>99,072</b>	<b>100,768</b>	<b>1,696</b>
	<b>23. Excess or (Deficit). Subtract line 22 from line 12</b>	<b>-36,072</b>	<b>-34,631</b>	<b>1,441</b>
<b>Other Information</b>	24. Total exempt revenue .....	63,000	66,137	3,137
	25. Total unrelated revenue .....			
	26. Total excludable revenue .....	20,351	16,858	-3,493
	27. Total assets .....	189,977	161,191	-28,786
	28. Total liabilities .....			
	29. Retained earnings .....	189,977	161,191	-28,786
	30. Number of voting members of governing body .....	14	13	
31. Number of independent voting members of governing body .....	14	13		
32. Number of employees .....	0	0		
33. Number of volunteers .....				

Form **990**

**Tax Return History**

**2020**

Name **WOODWARD HILL CEMETERY  
C/O KENNETH A. NORMAN**

Employer Identification Number  
**23-1233285**

	2016	2017	2018	2019	2020	2021
Contributions, gifts, grants	153,377	35,176	140,749	42,649	49,279	
Membership dues	9,146	7,262	11,715	4,475	4,646	
Program service revenue						
Capital gain or loss	10,265	12,595	10,618	13,781	8,850	
Investment income						
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)			1,388	2,095	3,362	
Other revenue			164,470	63,000	66,137	
<b>Total revenue</b>	<b>172,788</b>	<b>55,033</b>				
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation	965	2,485	2,045	995	995	
Professional fees	4,634	6,383	7,336	6,745	6,059	
Occupancy costs						
Depreciation and depletion	90,895	62,657	76,394	91,332	93,714	
Other expenses	96,494	71,525	85,775	99,072	100,768	
<b>Total expenses</b>	<b>76,294</b>	<b>-16,492</b>	<b>78,695</b>	<b>-36,072</b>	<b>-34,631</b>	
Excess or (Deficit)						
<b>Total exempt revenue</b>	<b>172,788</b>	<b>55,033</b>	<b>164,470</b>	<b>63,000</b>	<b>66,137</b>	
Total unrelated revenue						
Total excludable revenue	19,411	19,857	23,721	20,351	16,858	
<b>Total Assets</b>	<b>158,378</b>	<b>145,382</b>	<b>218,420</b>	<b>189,977</b>	<b>161,191</b>	
Total Liabilities						
<b>Net Fund Balances</b>	<b>158,378</b>	<b>145,382</b>	<b>218,420</b>	<b>189,977</b>	<b>161,191</b>	

**Federal Statements****Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ <u>211</u>		14			
TOTAL	\$ <u><u>211</u></u>					

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>Acquired after 6/30/75</u>	<u>US Obs (\$ or %)</u>
	\$ <u>1,665</u>		14			
TOTAL	\$ <u><u>1,665</u></u>					



WOODWARD WOODWARD HILL CEMETERY

23-1233285

FYE: 12/31/2020

## Federal Statements

### Form 990, Part IX, Line 24e - All Other Expenses

Description	Total Expenses	Program Service	Management & General	Fund Raising
EQUIPMENT REPAIRS	\$ 3,066	\$ 3,066		
GRAVE OPENING	1,875	1,875		
CEMETERY IMPROVEMENTS	1,238	1,238		
BANK CHARGES	144	144		
MISCELLANEOUS	50	50		
TOTAL	\$ 6,373	\$ 6,373	\$ 0	\$ 0