

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

Table with 3 columns: (a) Description of security or category, (b) Book value, (c) Method of valuation: Cost or end-of-year market value. Rows include (1) Financial derivatives, (2) Closely held equity interests, (3) Other (A-H), and Total.

Part VIII Investments - Program Related

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

Table with 3 columns: (a) Description of investment, (b) Book value, (c) Method of valuation: Cost or end-of-year market value. Rows (1)-(9) and Total. Includes 'CLIENT COPY' watermark.

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

Table with 2 columns: (a) Description, (b) Book value. Rows (1)-(9) and Total.

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

Table with 2 columns: (a) Description of liability, (b) Book value. Row 1 includes (1) Federal income taxes, and rows (2)-(9) and Total.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 1,425,830.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 1,343,423.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Series of horizontal dotted lines provided for entering supplemental information.

Part XIII Supplemental Information (continued)

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SCHEDULE O
(Form 990)
(Rev. December 2024)

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 Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization

Employer identification number

CEDAR HILL CEMETERY ASSOCIATION

14-0554210

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS
ALL INDIVIDUALS WHO HAVE PURCHASED A FINAL RESTING PLACE AT CEDAR HILL
CEMETERY ARE MEMBERS OF THE ASSOCIATION.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS
EVERY PERSON OF LEGAL AGE WHO SHALL BE PROPRIETOR OF A LOT OR PLOT IN THE
CEMETERY OF THIS ASSOCIATION CONTAINING NOT LESS THAN 96 SQUARE FEET OF
LAND OR THE PROPRIETOR OF A CRYPT OR NICHE TRANSFERRED TO THEM BY THE
ASSOCIATION SHALL BE A PLOT HOLDER AND ENTITLED TO VOTE FOR THE ELECTION
OF TRUSTEES AT THE ANNUAL MEETING OF THE PLOT HOLDERS TO BE HELD ON THE
SECOND THURSDAY OF OCTOBER IN EACH YEAR AT THE OFFICE OF THE CEDAR HILL
CEMETERY ASSOCIATION.

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE FEDERAL FORM 990 WILL BE PRESENTED TO, AND REVIEWED BY ALL BOARD
MEMBERS AT THEIR BOARD MEETING. AT THE COMPLETION OF THE PRESENTATION AND
REVIEW, ALL BOARD MEMBERS WILL BE REQUIRED TO APPROVE THE FEDERAL FORM 990
PRIOR TO FILING WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
WHENEVER THE CORPORATION IS CONSIDERING ACQUIRING GOODS OR SERVICES FROM,
OR ENTERING INTO A TRANSACTION WITH AN INTERESTED PARTY, THE DETAILS THAT
CREATE THE INTERESTED PARTY RELATIONSHIP SHALL BE DISCLOSED TO THE
CORPORATION IN WRITING. A COPY OF THE DISCLOSURE SHALL BE SUPPLIED TO THE
BOARD.

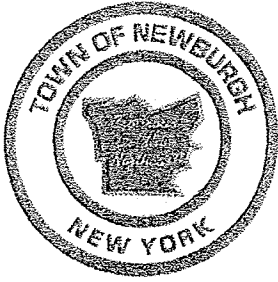
FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL GOVERNING DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 990	Two Year Comparison Report	2023 & 2024
For calendar year 2024, or tax year beginning		ending

Name **CEDAR HILL CEMETERY ASSOCIATION** Taxpayer Identification Number **14-0554210**

		2023	2024	Differences	
Revenue	1. Contributions, gifts, grants	1.	14,027	14,027	
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.			
	4. Program service revenue	4.	1,128,113	1,110,140	-17,973
	5. Investment income	5.	133,678	170,810	37,132
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.	-64,810	130,853	195,663
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	1,196,981	1,425,830	228,849
Expenses	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.	82,832	82,663	-169
	16. Salaries, other compensation, and employee benefits	16.	578,243	614,301	36,058
	17. Professional fundraising fees	17.			
	18. Other professional fees	18.	84,254	99,569	15,315
	19. Occupancy, rent, utilities, and maintenance	19.	149,220	139,925	-9,295
	20. Depreciation and Depletion	20.	196,903	200,279	3,376
	21. Other expenses	21.	204,885	206,686	1,801
	22. Total expenses. Add lines 13 through 21	22.	1,396,337	1,343,423	47,086
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	80,644	82,407	181,763
Other Information	24. Total exempt revenue	24.	1,196,981	1,425,830	228,849
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26.	1,196,981	1,411,803	214,822
	27. Total assets	27.	7,322,755	7,401,974	79,219
	28. Total liabilities	28.	19,383	16,195	-3,188
	29. Retained earnings	29.	7,303,372	7,385,779	82,407
	30. Number of voting members of governing body	30.	14	13	
	31. Number of independent voting members of governing body	31.	14	13	
	32. Number of employees	32.	14	13	
	33. Number of volunteers	33.			

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TOWN OF NEWBURGH

~Crossroads of the Northeast~

CODE COMPLIANCE DEPARTMENT
21 HUDSON VALLEY PROFESSIONAL PLAZA
NEWBURGH, NEW YORK 12550

TELEPHONE 845-564-7801
FAX LINE 845-564-7802

Permit No:25-1081
SEC-BLK-LOT: 9-1-17.1

Issue Date: October 21, 2025
Expire Date: April 21, 2027

BUILDING PERMIT

Com Structure: 1078.00
CO- Commercial: 200.00

A Permit is hereby given by the Building Department, TOWN OF NEWBURGH, ORANGE COUNTY, N.Y., for the structure described herein:

Contact Type	Full Name	Address	City	State	Zip	Phone Number
Contractor	Coldspring	17482 Granite West Road	Cold Spring	MN	56320-4578	800-328-5040
Engineer	Larson Engineering, Inc.	3333 N. Mayfair Road, Suite 211	Wauwatosa	WI	53222-3219	415-231-9444
Owner	Cedar Hill Cemetery	5468 Route 9W	Newburgh	NY	12550	845-562-0505

Location of Structure: 5468 Route 9W

Material:	No. Stories:	No. Families:
Dim. of Stru.:	No. Bedrooms:	No. Toilets:
Use of Stru.:	Dim. of Lot:	
Census Code: 328	No. Bathrooms:	Heating Plant:

Description of Work: Columbarium Complex - Phase 1
Appx. Cost: \$302,000.00 **Receipt(s):**

- 1. I am familiar with the Zoning and Building Ordinance of the TOWN OF NEWBURGH, and do hereby agree to abide by them.**
- 2. The information stated above is correct and accurate.**

Signature of Applicant



Gerald Canfield, Code Compliance Department

IMPORTANT

1. A permit under which no work has been commenced within six (6) months after issuance, shall expire by limitation and a new Permit must be secured before work can begin.
2. It is the responsibility of the owner and/or contractor to comply with all applicable town ordinances and to call for the required inspections at least one day in advance.

Permit No. 25-1081

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 – Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 – Project and Sponsor Information			
THE CEDAR HILL CEMETERY ASSOCIATION - CEMETERY 36-005			
Name of Action or Project: COLUMBARIUM COMPLEX PHASE I			
Project Location (describe, and attach a location map): WEST OF THE MEADOW VIEW GARDEN AS SHOWN ON MAP			
Brief Description of Proposed Action: The proposed Columbarium Complex Phase 1 will consist of four (4) preassembled columbariums that will support a glass shelter and will be open air on all four sides. The walkway to the columbarium shelter from the existing cemetery roadway will branch off into an area for private estate columbariums. The grading of the land in this area is a flat grade allowing for the availability of future development if/when needed.			
Name of Applicant or Sponsor: MICHAEL A. VANACORE		Telephone: 845-562-0505	
		E-Mail: VANACOREM@HVC.RR.COM	
Address: 5468 ROUTE 9W			
City/PO: NEWBURGH		State: NY	Zip Code: 12550
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			NO <input checked="" type="checkbox"/>
			YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other government Agency? If Yes, list agency(s) name and permit or approval: TOWN OF NEWBURGH - CODE COMPLIANCE DEPARTMENT			NO <input type="checkbox"/>
			YES <input checked="" type="checkbox"/>
3. a. Total acreage of the site of the proposed action?		less than 1 acres	
b. Total acreage to be physically disturbed?		less than 1 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		145 acres	
4. Check all land uses that occur on, are adjoining or near the proposed action:			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other(Specify):			
<input type="checkbox"/> Parkland			

		NO	YES	N/A
5. Is the proposed action,	a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?			NO	YES
		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?			NO	YES
If Yes, identify: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. a. Will the proposed action result in a substantial increase in traffic above present levels?			NO	YES
	b. Are public transportation services available at or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c. Are any pedestrian accommodations or bicycle routes available on or near the site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the proposed action meet or exceed the state energy code requirements?			NO	YES
If the proposed action will exceed requirements, describe design features and technologies:				
STATE ENERGY CODE REQUIREMENTS DO NOT APPLY TO THIS PROJECT		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Will the proposed action connect to an existing public/private water supply?			NO	YES
If No, describe method for providing potable water: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WATER IS NOT REQUIRED				
11. Will the proposed action connect to existing wastewater utilities?			NO	YES
If No, describe method for providing wastewater treatment: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WASTEWATER TREATMENT IS NOT REQUIRED				
12. a. Does the project site contain, or is it substantially contiguous to, a building, archaeological site, or district which is listed on the National or State Register of Historic Places, or that has been determined by the Commissioner of the NYS Office of Parks, Recreation and Historic Preservation to be eligible for listing on the State Register of Historic Places?			NO	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is the project site, or any portion of it, located in or adjacent to an area designated as sensitive for archaeological sites on the NY State Historic Preservation Office (SHPO) archaeological site inventory?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?			NO	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____				

14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input checked="" type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban		
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
16. Is the project site located in the 100-year flood plan?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____ _____	NO <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
18. Does the proposed action include construction or other activities that would result in the impoundment of water or other liquids (e.g., retention pond, waste lagoon, dam)? If Yes, explain the purpose and size of the impoundment: _____ _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor/name: <u>MICHAEL A. VANACORE</u> Date: <u>1-27-2026</u> Signature: <u><i>Michael Vanacore</i></u> Title: <u>PRESIDENT, BOARD OF DIRECTORS</u>		