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Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2009

OMB No 1545-0047

Open to Public

► The organization may have to use a copy of this return to satisfy state reporting requirements

itomai	T (C) C (I d) C	0011100						Inspection
				r, or tax year beginning 01-01-2009 C Name of organization	and ending 12-31-200	9	D Employer	identification number
_	eck if ap dress cha		Please Ise IRS	National Funeral Directors Association of the United States Inc			39-0978	598
_	me chan	li	abel or orint or	Doing Business As			E Telephone	
_	al retur	t	ype. See Specific				(262) 78	9-1880
_		I	nstruc-	Number and street (or P O box if mail is in 13625 Bishops Dr	not delivered to street addre	ess) Room/suite	G Gross receip	ots \$ 6,275,059
_	mınated	-	ions.	·				
Am —	ended r	return		City or town, state or country, and ZIP + Brookfield, WI 530056607	4			
App	olication	pending		,				
				ne and address of principal officer			– iis a group ret	
				e Pepper Bishops Dr		affili	ates?	⊤Yes 🔽 No
				eld, WI 530056607		H(b) Are a	II affiliates incl	uded?
					_	If"N	o," attach a lı	st (see instructions)
Та	x-exem	pt status	501(c)	(6) ◀ (insert no) 4947(a)(1) or	527	H(c) Gro	up exemption	number 🟲
W	ebsit e	: 🛏 www r	nfda org					
(Forr	n of org	janization F	Corporat	on Trust Association Other ►		L Year of fo	ormation 1882	M State of legal domicile WI
	rt I	Summ						· · · · · · · · · · · · · · · · · · ·
				e organization's mission or most sign				
				al Directors Association of the Unite				
Ų		<u>ındıvıdual</u>	members	s who represent more than 10,200 fu	ineral homes in the Uni	ted States an	<u>d internationa</u>	ılly
≝								
Ě								
ankellidilike	_						250/ -6-1	
			,	if the organization discontinued its				
e callulation of			_	nembers of the governing body (Part				3
ŭ				dent voting members of the governin		b)	•	4
	5	Total num	nber of em	nployees (Part V , line 2a)				5
ŧ				lunteers (estimate if necessary) .				6234
		_		ed business revenue from Part VIII,				7a
	b	Net unrela	ated busi	ness taxable income from Form 990-	-T, line 34			7b
						Pric	or Year	Current Year
a.	8	Contribu	itions and	grants (Part VIII, line 1h)		191,610	151,606	
툿	9	Program	service i	evenue (Part VIII, line 2g)			6,074,174	5,520,297
Rayenue	10	Investm	ent incon	ne (Part VIII, column (A), lines 3, 4,	and 7d)		222,740	148,888
Δ	11	O ther re	venue (P	100,333	91,974			
	12			ld lines 8 through 11 (must equal Pa		e	6,588,857	5,912,765
	12						· · ·	· · ·
	13			r amounts paid (Part IX, column (A),			29,406	<u> </u>
	14			r for members (Part IX, column (A), I	•	_		0
8	15	Salaries 10)	, other co	mpensation, employee benefits (Part	t IX, column (A), lines	5-	2,791,553	2,650,122
Ě	16a	•	onal fund	raising fees (Part IX, column (A), line	e 11e)			0
Expenses	ь			enses (Part IX, column (D), line 25) 🕨 0				
Ð	17			Part IX, column (D), line 25) F	116-246		3,987,088	2 527 622
					•		6,808,047	<u> </u>
	18			dd lines 13–17 (must equal Part IX			· · ·	· · ·
_ 97	19	Kevenue	iess exp	enses Subtract line 18 from line 12		Basini-	-219,190	-295,042
တလု ကျောင်း						_	g of Current Year	End of Year
5 E	20	Total as:	sets (Par	t X, line 16)			12,058,649	12,119,753
net Assets of Fund Balances	21			art X, line 26)			4,175,758	1
<u>≱</u> #	22			d balances Subtract line 21 from line			7,882,891	
Par			ture Blo				.,,	-,20.,500
	T T			qury, I declare that I have examined this ret	urn, including accompanying	schedules and s	statements, and t	to the best of my knowledge
				correct, and complete Declaration of prepare				
- :						I		
Sign Here		Signatu	re of office	r		2010 Date	-06-29	
1011	-	'				Date		
			e Pepper C	hief Executive Officer				
	ı	F 'ype o	· Print Halfi					
		Preparer's		Tarkowski CPA		Check If self-	Preparer's ide	ntifying number ons)
Paid		signature	F Schilly	, and toki of the		empolyed 🕨 🦵	(230364000	- · · - /
	arer's	Firm's nam		Wegner LLP			EIN Þ	
Jse (Only	ıf self-emp address, ar		2110 Luann Ln			LIN F	
				Madison, WI 537133098			Phone no 🕨	(608) 274-4020
	- 1			riauisuii. w1 33/133098			1	

May the IRS discuss this return with the preparer shown above? (see instructions)

Part III Statement of Program Service Accomplishments

Briefly describe the organization's mission

The National Funeral Directors Association (NFDA) is the worldwide resource and advocate across all facets of funeral service dedicated to high ethical standards and helping members provide meaningful service to families

		•			Form 990 (2009)
4e	Total program sei	vice expenses ⊧ -\$			
	(Expenses \$	ıncludın	g grants of \$) (Revenue \$)
4d	Other program se	rvices (Describe in Schedul	e O)		
	THE NATIONAL FUNERAL	Directors Association provides vario	us publications for members, the gene	riai public, and educational institutions	
	(Code) (Expenses \$	including grants of \$) (Revenue \$ eral public, and educational institutions)
	(Code	\ (Fynansas d	maluding grants of t) (Dayanya d	,
		Directors Association conducts educe ents Over 7,200 members attended		to keep members informed on the latest	technical, business, and
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	program during the y	ear			
			e program provides a source of music t	o members Approximately 7,500 memb	ers were served by this
4b	(Code) (Expenses \$	ıncludıng grants of \$) (Revenue \$)
	public awareness, ad			website, member service representatives it card services, etc), and improves indu	
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
-	Section 501(c)(3)	and 501(c)(4) organizations		are required to report the amount	
4	·	-		e largest program services by exp	nancac
3	services?	- .	esignificant changes in how it c		Yes ✓ No
_		hese new services on Sched			
2	the prior Form 990	or 990-EZ?			Yes ✓ No

Part TV	Checklist o	f Require	d Schedules
	CHECKHISE	ı Keuuli e	u Scheuule:

			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	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🔁	2	Yes	
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	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III.	5	Yes	
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 2	8		No
9	Did the organization report an amount in Part X, line 21, 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	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi- endowments? If "Yes," complete Schedule D, Part V	10		No
11	Is the organization's answer to any of the following questions "Yes"? If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
	◆ Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.			
	◆ 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.			
	◆ 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.			
	◆ 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.			
	◆ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
	◆ 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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			[
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III	16		No
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	17		No
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	18		No
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	19		No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		No

Form	990 (2009)			Page 4
Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Νο
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	otationio nogalanig otatio i milgo ana lax compilatio		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		ies	110
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
Ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
1 a	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)?	4a		No
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? \cdot .	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νo
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
5a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
•	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross Income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

13625 Bishops Dr

(262) 789-1880

Brookfield, WI 530056607

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

Se	ction A. Governing Body and Management			
			Yes	No
_				
1a -	Enter the number of voting members of the governing body			
b n	The the hamper of voting members that are marger active.			
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?	2		Νo
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Νο
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Νο
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νο
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
ь	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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 in Schedule O	9		Νo
	ection B. Policies (This Section B requests information about policies not required by the Internal evenue Code.)			
Ne	veriue code.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Νο
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11				
		11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
Ь	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
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?	16a	Yes	
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b	Yes	
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website. Another's website. Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the	ne orga	nızatıor	n 🕨
	Todd Etheridge			

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

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. Use Schedule J-2 if additional space is needed

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's current key employees. 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, or 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did n	•	ate any	curr	ent d	r fo	rmer o	ffice	r, director, trustee o	or key employee	
(A) Name and Title	(B) A verage hours	Posi	(C tion (hat a	che		I		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of other
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	from the organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	compensation from the organization and related organizations
William Wappner President	1 00	Х		х				0	0	0
Patrick Lynch President-Elect	1 00	х		Х				О	0	0
Randall Earl Treasurer	1 00	х		Х				О	0	0
Robert Rosson Secretary	1 00	Х		Х				0	0	0
John Reed Immediate Past President	1 00	х		х				0	0	0
Jzyk Ennis Director	1 00	Х						0	0	0
J Michael Krill Director	1 00	Х						0	0	0
Robby Bates Director	1 00	х						0	0	0
Mark Mortimore Director	1 00	х						0	0	0
Christine Pepper Chief Executive Officer	40 00			х				212,940	0	30,843
John Fitch Senior Vice President	40 00					х		118,378	0	7,799

\$100,000 in compensation from the organization **F**0

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

(A) Name and Title	(B) Average hours	1	tion ((che		_		(D) Reportable compensation from the	(E) Reportable compensation		ited fother	
	per week	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	from related organizations (W- 2/1099- MISC)	or	compens from t ganizati relat organiza	he on and ed
							▶	224 240		0		20.642
1b Total								331,318	an	٠		38,642
\$100,000 in reportable compensa	-						-,	io received more en				
											Yes	No
3 Did the organization list any forme on line 1a? If "Yes," complete Schee					key	emplo	yee,	or highest compens	sated employee			
4 For any individual listed on line 1a					• nper	· · nsatior	• n and	other compensation	n from the	3		N o
organization and related organizat										_		
5 Did any person listed on line 1a re	ceive or acc	rue con	npens	• satio	n fro	om anv	unre	elated organization	for services	4	Yes	
rendered to the organization? <i>If</i> "Y									[5		Νο
Section B. Independent Contr	actors											
1 Complete this table for your five h	ghest comp		linde	pen	dent	contra	ctor	rs that received mo	re than			
\$100,000 of compensation from t	(A)								(B)		(C	
Name	and business	address						Desc	cription of services		Comper	isation
Total number of independent contra	ctors (ınclu	ding but	not l	ımıtı	ed to	those	list	 ed above) who rece	ved more than			

Form 99		<u> </u>	_					Page 9
Part \	<u>/IIII</u>	Statement o	of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
# St	1a	Federated cam	paigns 1a					
g at	ь	Membership du	es 1b					
æ, ç	c	Fundraising eve	ents 1c					
<u>#</u> _#	d		zations 1d					
å. Sim	е	Government grants						
er E	f	All other contribution similar amounts no	ons, gifts, grants, and 1f ot included above	151,606				
き	g		butions included in					
Contributions, gifts, grants and other similar amounts	h		s 1a-1f	🕒	151,606			
				Business Code				
ПE	2a	Membership dues		900,099	2,831,433	2,831,433		
ey eye	ь	Conventions and e	educat	561,920	2,412,074	2,412,074		
Se F	С	Music license fees		512,230	214,250	214,250		
ē. Z	d	Other program ser	vices	900,099	62,540	62,540		
S =	e							
Program Serwce Revenue	f	All other progra	am service revenue					
Š	g	Total. Add lines	s 2a-2f		5,520,297			
	3	Investment inc	ome (including dividend	ds, interest				
			aramounts)	⊢	165,382			165,382
	4		stment of tax-exempt bond p	· · · · · · · · · · · · · · · · · · ·	7,880			7,880
	5	Royalties	(ı) Real	(II) Personal	7,000			7,000
	6a	Gross Rents	40,144	(II) I CISOIIII				
	ь	Less rental expenses	65,400					
	С	Rental income	-25,256					
	d	or (loss) Net rental incoi	me or (loss)		-25,256			-25,256
			(ı) Securities	(II) O ther				
	7a	Gross amount from sales of assets other than inventory	214,895					
	ь	Less cost or other basis and	231,389					
		sales expenses Gain or (loss)	-16,494					
	d		s)		-16,494			-16,494
	8a	Gross income f			,			,
Other Revenue		events (not inc \$ of contributions See Part IV, lin	reported on line 1c)					
<u>.</u>	 	i ac- do	a					
₹	b с		penses b (loss) from fundraising e	events 🛌				
	9a		rom gaming activities ie 19					
	b c		penses b (loss) from gaming activ	vities▶				
	10a	Gross sales of returns and allo		474.055				
	ь	Less cost of a	oods sold b	174,855 65,505				
	С		(loss) from sales of inve		109,350	109,350		
		Miscellaneous	s Revenue	Business Code				
	11a							
	b							
	c	A.II 2						
	d		ue s 11a-11d					
				•				
	12	iotal revenue.	See Instructions	· · ·	5,912,765	5,629,647	0	131,512

Part IX Statement of Functional Expenses

	ot include amounts reported on lines 6b, o, 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 governments and organizations in the U S See Part IV, line 21	30,052			
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	243,783			
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	1,821,208			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	61,843			
9	Other employee benefits	338,103			
.0	Payroll taxes	185,185			
1	Fees for services (non-employees)				
а	Management	108,939			
b	Legal	262,933			
С	Accounting	12,777			
d	Lobbying	179,489			
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	37,105			
g	Other	287,815			
2	Advertising and promotion	46,665			
3	Office expenses	694,768			
1	Information technology				
5	Royalties				
5	Occupancy	247,608			
7	Travel	230,762			
8	Payments of travel or entertainment expenses for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	925,560			
)	Interest				
ı	Payments to affiliates				
2	Depreciation, depletion, and amortization	396,099			
3	Insurance	59,204			
4	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	Dues and subscriptions	35,172			
b	Miscellaneous expenses	2,737			
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	6,207,807			
:6	Joint costs. Check here ▶ ☐ If following SOP 98-2				
	Complete this line only if the organization reported in column (B) joint costs from a combined educational				

Part X Balance Sheet (A) (B) Beginning of year End of year 2.776.687 1.645.140 1 1 Cash—non-interest-bearing 2 689,445 2 82.664 3 3 4 274.837 4 240.766 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 Notes and loans receivable, net 72.344 55.258 Inventories for sale or use 147,278 286,640 Land, buildings, and equipment cost or other basis Complete 8.206.620 10a 10a Part VI of Schedule D 10b 4.171.697 4.034.923 b Less accumulated depreciation 4,361,587 **10c** 3.749.364 11 4.573.693 11 593.888 593.888 12 12 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 . . 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 12,058,649 16 12,119,753 1,367,537 17 1,305,266 17 Accounts payable and accrued expenses . 18 18 1,697,765 19 1,550,453 19 20 20 Liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 1,110,456 979,445 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 24 Unsecured notes and loans payable to unrelated third parties 25 25 Other liabilities Complete Part X of Schedule D 26 **Total liabilities.** Add lines 17 through 25 4,175,758 26 3,835,164 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 7,863,441 8,259,350 27 Unrestricted net assets 27 28 19.450 28 25.239 Temporarily restricted net assets Fund 29 29 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds . . . Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ Total net assets or fund balances 7,882,891 33 33 8,284,589 34 Total liabilities and net assets/fund balances 12.058.649 12,119,753 34

Part XI Financial Statements and Reporting

			Yes	No
L	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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 in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both			
	☐ Separate basis			
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?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Form **990** (2009)

DLN: 93493190010000

OMB No 1545-0047

□ No

Yes

Open to Public

SCHEDULE C

(Form 990 or 990-EZ) Internal Revenue Service

Department of the Treasury

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ► Complete if the organization is described below.

Political Campaign and Lobbying Activities

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities),

- ◆ Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- ◆ Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- ◆ Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- ◆ Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization
National Funeral Directors Association
of the United States Inc

Employer identification number

39-0978598

art I-A	Com	plete i	f the or	ganization	is exem	pt under	section	501(c) oi	is a	section	527	organiza	tion.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV
- 2 Political expenditures
- Volunteer hours
- Part I-B Complete if the organization is exempt under section 501(c)(3).
- Enter the amount of any excise tax incurred by the organization under section 4955 1
 - Enter the amount of any excise tax incurred by organization managers under section 4955
 - If the organization incurred a section 4955 tax, did it file Form 4720 for this year?
- Was a correction made?

3

- If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities 1
 - Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities
 - Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year?

State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter - 0 directly delivered to a separate political organization If none, enter -0-

e Grassroots ceiling amount (150% of line 2d, column (e))

f Grassroots lobbying expenditures

Pa	rt II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c)(3) and file	d Form 5768	(election
	Check If the filing organization belongs to a Check If the filing organization checked box		d" provisions apply	,		
<u> </u>	Limits on Lobbying E (The term "expenditures" means ar	Expenditures			(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a	Total lobbying expenditures to influence public o	ppinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	yıng)			
c	Total lobbying expenditures (add lines 1a and 18	b)				
d	Other exempt purpose expenditures					
e	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount f	from the following table	ın both			
	If the amount on line 1e, column (a) or (b) is: Not over \$500,000	The lobbying nontaxa 20% of the amount on lir				
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	0		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,0	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,00	00		
	Over \$17,000,000	\$1,000,000				
		•				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1 f)				
h	Subtract line 1g from line 1a If zero or less, enter	er -0-				
i	Subtract line 1f from line 1c If zero or less, ente	er - 0 -				
j	If there is an amount other than zero on either li section 4911 tax for this year?	ne 1h or line 1ı, did the	organization file F	orm 4720 repoi	rtıng	┌ Yes ┌ No
	(Some organizations that made a columns below. See the	he instructions fo	ection do not l r lines 2a thro	nave to com ugh 2f on pa		ne five
	Lobbying Exp	enditures During	4-Year Averag	ing Period	I	ı
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					

Sche	dule C (Form 990 or 990-EZ) 20	09				P	age 3
Pa	rt II-B Complete if the o (election under s	organization is exempt under section 501(h)).	section 501(c)(3) and has f	NOT fi	led Fo		
				(a	(a) (b)		
				Yes	No	A mou	nt
1		ganization attempt to influence foreign, pt to influence public opinion on a legisl					
а	Volunteers?						
b	Paid staff or management (inclu	de compensation in expenses reported	on lines 1c through 1i)?				
c	Media advertisements?						
d	Mailings to members, legislators	s, or the public?					
e	Publications, or published or bro	oadcast statements?					
f	Grants to other organizations fo	r lobbying purposes?					
g	Direct contact with legislators,	their staffs, government officials, or a le	gislative body?				
h	Rallies, demonstrations, semina	ars, conventions, speeches, lectures, or	any similar means?				
i	Other activities? If "Yes," desc	rıbe ın Part IV					
j	Total lines 1c through 1:						
2a	Did the activities in line 1 cause	e the organization to be not described ii	n section 501(c)(3)?		ı F		
ь	If "Yes," enter the amount of an	y tax incurred under section 4912					
С	If "Yes," enter the amount of an	y tax incurred by organization manager	s under section 4912		Ī		
d	If the filing organization incurred	d a section 4912 tax, did it file Form 47	20 for this year?				
Pai	t III-A Complete if the o 501(c)(6).	organization is exempt under s	section 501(c)(4), section 5	501(c)(5), o		
	W					Yes	No
1	• •	more) dues received nondeductible by r			<u> </u>	1	No
2	=	in-house lobbying expenditures of \$2,0			_	2 3 Yes	No
3		rryover lobbying and political expenditi		-01/-		- 1.00	<u> </u>
<u>2</u> a1		organization is exempt under some and 2 are					on
1	Dues, assessments and similar	amounts from members		1		2,83	31,433
2	Section 162(e) non-deductible expenses for which the section	lobbying and political expenditures (do 527(f) tax was paid).	not include amounts of political				
а	Current year	our (i) care trae para).		2a		17	9,489
ь	Carryover from last year			2b			4,890
С	Total			2c			, 94,379
3		ection 6033(e)(1)(A) notices of nonded	ductible section 162(e) dues	3			26,515
4	If notices were sent and the amo	ount on line 2c exceeds the amount on arryover to the reasonable estimate of	line 3, what portion of the excess				<u>, </u>
	political expenditure next year?			4			
5		political expenditures (see instructions	5)	5		-3	32,136
P	art IV Supplemental Inf	formation					
	mplete this part to provide the de o, complete this part for any addi	scriptions required for Part I-A, line 1, itional information	Part I-B, line 4 , Part I-C , line 5 , an	d Part	II-B, lıne	11	
	Ident if ier	Return Reference	Explana	tion			

DLN: 93493190010000

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions.

Name of the organization **Employer identification number** National Funeral Directors Association of the United States Inc 39-0978598

Pa	t I Organizations Maintaining Donor Action organization answered "Yes" to Form 99		Funds	or Accounts	s. Comple	te if the
		(a) Donor advised funds		(b) Funds and	other accou	nts
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the		lonor adv	sed	☐ Yes	┌ No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben confering impermissible private benefit	efit of the donor or donor advisor, or for	any othe	r purpose	☐ Yes	┌ No
Par	Conservation Easements. Complete		" to Forn	n 990, Part I'	V, line 7.	
1 2	Purpose(s) of conservation easements held by the o Preservation of land for public use (e.g., recreating in the conservation of natural habitat. Preservation of open space. Complete lines 2a-2d if the organization held a qual	on or pleasure) Preservation of Preservation of	a certifie	d historic struc		a
	easement on the last day of the tax year			T		
				Held at the	End of the	Year
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified his	storic structure included in (a)	2c			
d	Number of conservation easements included in (c) a	cquired after 8/17/06	2d			
}	Number of conservation easements modified, transfe	erred, released, extinguished, or termina	ated by th	ne organization	during	
	the taxable year 🛌					
ı	Number of states where property subject to conserva	ation easement is located b -				
i	Does the organization have a written policy regarding enforcement of the conservation easements it holds:	g the periodic monitoring, inspection, h		violations, and	□ Yes	┌ No
	Staff and volunteer hours devoted to monitoring, insp	pecting and enforcing conservation eas	ements d	uring the year	-	
	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing conservation easeme	nts durin	g the year ► \$		
	Does each conservation easement reported on line 2 $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$?	2 (d) above satisfy the requirements of s	section		☐ Yes	┌ No
)	In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of t the organization's accounting for conservation easer	the footnote to the organization's financ				
ar	Organizations Maintaining Collection Complete if the organization answered			her Similar	Assets.	
.a	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fire	for public exhibition, education or rese	arch ın fu			e,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or researc				
	(i) Revenues included in Form 990, Part VIII, line 1			► \$		
	(ii) Assets included in Form 990, Part X			► \$		
	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		s for finan			
а	Revenues included in Form 990, Part VIII, line 1			► \$		
				· · · —		

b Assets included in Form 990, Part X

3	Using the organization's accession and other										continuea)
_	items (check all that apply)			_			L				
а	Public exhibition		a	<u>'</u>			hange prog	rams			
b	Scholarly research		е	Г	Othe	r					
c	Preservation for future generations										
4	Provide a description of the organization's co Part XIV	ollections and expla	ain hov	w the	y furth	er the c	organizatior	n's ex	empt purpose	ın	
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									☐ Yes	□No
Pai	t IV Escrow and Custodial Arrang Part IV, line 9, or reported an an	ements. Compl	ete ıf	the	organ	ızatıor				<u> </u>	,
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterm	ediary	forc	ontribu	utions o	or other ass	ets		┌ Yes	Г No
b	If "Yes," explain the arrangement in Part XI\	/ and complete the	follow	ving t	able		Г		Δn	nount	
c	Beginning balance						-	1c		- Iount	
d	Additions during the year						-	1d			
e	,						H	1e			
•	Distributions during the year						ŀ				
_'	Ending balance						L	1f			
2a	Did the organization include an amount on Fo		ie 21?							│ Yes	No
	If "Yes," explain the arrangement in Part XIV				a d !!\/a	II I	Farm 000	Do	+ T\/ line 10		
Ра	rt V Endowment Funds. Complete	(a)Current Year)Prior			o Years Back		TIV, IINE IU. Three Years Back	(e)Four	Years Back
1a	Beginning of year balance	(a) carrent rear	(5	j . 1.01	rear	(6)	o rears back	1(4)	Timee rears back	(0). 04.	rears back
 b	Contributions										
c	Investment earnings or losses										
d	Grants or scholarships										
e	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the yea	r end balance held	as								
а	Board designated or quasi-endowment 🕨	%									
ь	Permanent endowment - %										
с	Term endowment ► %										
3a	Are there endowment funds not in the posses	ssion of the organiz	ation	that	are hel	d and a	ıdmınıstere	d for	the		
	organization by	_								Yes	No
	(i) unrelated organizations							•	3a		
	(ii) related organizations							•	<u> </u> 3a(- 1	
	If "Yes" to 3a(II), are the related organization							•	3	b	
4	Describe in Part XIV the intended uses of th)OO D-	V - 1	10			
Pal	t VI Investments—Land, Buildings	s, and Equipme	ent. S			•			Γ	.	
	Description of investment) Cost o		(b)Cost or o basis (oth		(c) Accumulated depreciation	(d) [Book value
1a	Land						583	3,204			583,204
b	Buildings		•				4,839	9,792	1,862,92	27	2,976,865
	Leasehold improvements			1			I				
c	Leasenoia improvements			-							
	Equipment		•				2,75	7,991	2,289,60	09	468,382
d	· ·							7,991 5,633	· · · · · ·		468,382 6,472

Part VII Investments—Other Securities. Sec	e Form 990, Part X, line 17	
(a) Description of security or category (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	*	
Part VIII Investments—Program Related. Se	ee Form 990, Part X, line	13.
(a) Description of investment type	(b) Book value	(c) Method of valuation
——————————————————————————————————————	(b) Book value	Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)	▶ Inc. 1E	
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X,	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Descri	ine 15.	(b) Book value
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Part IX Other Assets. See Form 990, Part X, (a) Description (b) Should equal Form 990, Part X, col.(B) line	ine 15.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	Ine 15. Iption 15.) X, line 25.	
Total. (Column (b) should equal Form 990, Part X, col.(B) line Part X Other Liabilities. See Form 990, Part (a) Description of Liability	15.) X, line 25. (b) A mount	

Schedule D (Form 990) 2009

Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ITS
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV)	8
9	Total adjustments (net) Add lines 4 - 8	9
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10
	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	
1	Total revenue, gains, and other support per audited financial statements	1
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
ь	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIV) 2d	
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIV) 4b	
c	Add lines 4a and 4b	4c
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5
Part	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Return
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
ь	Prior year adjustments	1
c	Other losses	1
d	Other (Describe in Part XIV) 2d	1
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIV)]
c	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5
Par	t XIV Supplemental Information	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete t	

Identifier Return Reference Explanation

additional information

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As Filed Data -

DLN: 93493190010000

2009

OMB No 1545-0047

SCHEDULE F (Form 990)

Department of the Treasury

Totals .

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. ▶ See separate instructions.

Open to Public **Inspection**

Internal Revenue Service Name of the organization

Employer identification number

	onal Funeral Directors As le United States Inc	sociation				39-0978598	3
	rt I General Info			de the United States	s. Complete		
1	assistance, the grante	es the organiza ees' eligibility fo	tion maintain r or the grants or	ecords to substantiate assistance, and the se	lection crite	rıa used to a	ward
2	-			ocedures for monitoring th			
3	Activites per Region (U	se Schedule F-1	(Form 990) if add	ditional space is needed)			
	(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	ıs a progr describe sp	ty listed in (d) am service, ecific type of s) in region	(f) Total expenditures for region
asi	t Asıa and the Pacıfic			Program services	Internationa for funeral se suppliers	l exposition	25,438
	-l	0	0				25,438

Part IV	, line 15, for an	sistance to Orgar y recipient who recensional	eived more than \$5	es Outside the Ur ,000. Check this box	nited States. Composite of the composite	plete if the organiza received more that	tion answered "Yes' n \$5,000	'to Form 990, ► 厂
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) A mount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total n tax-exempt	number of recipions by the IRS, or f	ent organizations lis or which the grante	ted above that are e or counsel has pr	recognized as chari ovided a section 50	ties by the foreign o 1(c)(3) equivalency	country, recognized letter	as . ►	
3 Enter total n	umber of other	organizations or en	tities					: (Earm 990) 2009

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. (c) Number of (b) Region (d) A mount of (e) Manner of cash (a) Type of grant or (f) A mount of (g) Description (h) Method of assistance cash grant disbursement of non-cash valuation recipients non-cash (book, FMV, assistance assistance appraisal, other)

Schedule F (Form 990) 2009

Complete this part to p	Tovide the information required	ın Part I, line 2, and any additional information.
Identifier	ReturnReference	Explanation
Method Used to Acccount for Expenditures		Schedule F, Part I, Line 3 The Association reports expenditures for activities conducted outside the United States using the accrual method of accounting

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Schedule I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

OMB No 1545-0047

DLN: 93493190010000

Inspection

Department of the Treasury

of the United States Inc

National Funeral Directors Association

► Attach to Form 990 Internal Revenue Service Name of the organization

Employer identification number

39-0978598

Part I	General Information on Grants and Assistance
	General Information on Grants and Assistance

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed...............

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A merican Board of Funeral Service Education Inc3432 A shland A ve Ste U Saint Joseph, MO 645061333	362483076	501(c)(3)	23,000				Scholarships for students enrolled in funeral service or mortuary science programs

Enter total number of section 501(c)(3) and government organizations

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Ident if ier	Return Reference	Explanat ion
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 Monitoring the use of grant funds is the responsibility of the directors and management Each year the Association's senior vice president attends the annual meeting of the American Board of Funeral Service Education to ensure the organization is operating in accordance with its mission and that scholarships are being made to students enrolled in funeral service or mortuary science programs

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DLN: 93493190010000

Employer identification number

OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

► Attach to Form 990. ► See separate instructions.

Open to Public Inspection

National Funeral Directors Association of the United States Inc. 39-0978598 Part I Questions Regarding Compensation Yes Νo Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax idemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain **1**b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee ✓ Written employment contract Compensation survey or study Independent compensation consultant Approval by the board or compensation committee Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization Receive a severance payment or change-of-control payment? 4a Νo 4Ь Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of The organization? 5a 5b Any related organization? If "Yes," to line 5a or 5b, describe in Part III For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of The organization? Any related organization? 6b If "Yes," to line 6a or 6b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7 Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe ın Part III 8

section 53 4958-6(c)?

If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of	W-2 and/or 1099-MI		(C) Retirement and	(D) Nontaxable	(E) Total of columns	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Christine Pepper	(ı) (ıı)	212,940				30,843	243,783	
					1	l e e e e e e e e e e e e e e e e e e e	Į.	l e e e e e e e e e e e e e e e e e e e

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

if ie	er Return Reference	Explanation
if ie	Reference	Explanat ion

Schedule J (Form 990) 2009

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DLN: 93493190010000

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

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

Supplemental Information to Form 990

► Attach to Form 990.

Employer identification number Name of the organization National Funeral Directors Association of the United States Inc. 39-0978598

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 6		The Association has a single class of membership
Form 990, Part VI, Section A, Iine 7a		The Association's members elect the members of the governing body at least annually
Form 990, Part VI, Section B, line 11		The prepared Form 990 is reviewed and approved by the members of the governing body before the return is filed with the IRS
Form 990, Part VI, Section B, Iine 12c		The Association's directors and officers sign a conflict of interest statement at the beginning of each annual term. In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the interest and be given the opportunity to disclose all material facts to the directors and officers with governing body delegated powers. After disclosure of the interest and all material facts, the interested person shall leave the governing body or committee meeting while the determination of a conflict of interest is discussed and voted upon by the remaining directors or committee members. The governing body or officers conduct periodic reviews to ensure the Association does not engage in activities that could jeopardize its taxexempt status.
Form 990, Part VI, Section B, Iine 15a		The independent directors annually conduct a performance review of the chief executive officer and review comparabilty data to determine the chief executive officer's compensation
Form 990, Part VI, Section C, line 19		The Association makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. These documents can be inspected at the Association's office during normal business hours at no cost. Copies of these documents can also be obtained for a nominal fee
Ear Danarwork Dadu	atan Aat Nataa aa	o the Instructions for Form 990 Cat. No. E1.0.E6V. Schedule O. (Form 990) 2009

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DLN: 93493190010000

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

► Attach to Form 990. ► See separate instructions.

2009

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization National Funeral Directors Association of the United States Inc Employer identification number

39-0978598

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a)
Name, address, and EIN of disregarded entity

(b) Primary activity (c)
Legal domicile (state
or foreign country)

(**d)** Total income (e) End-of-year assets **(f)** Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a)
Name, address, and EIN of related organization

(b) Primary activity (c)
Legal domicile (state or foreign country)

(d) Exempt Code section

Public charity status (if section 501(c)(3))

(f)
Direct controlling
entity

Funeral Service Foundation Inc

13625 Bishops Dr

Brookfield, WI 530056607 39-1831612 Grantmaking to benefit the funeral service and allied professions

WI

501(c)(3)

9 N/A

20-8374242

Yes

Yes

No

Part III	Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "	'Yes" on Form 990,	Part IV, line 3
	because it had one or more related organizations treated as a partnership during the tax year.)		

(h) (i) (j) (c) (e) **(b)** Primary activity (f) Share of total income (a) Name, address, and EIN of (d) Direct controlling Code V—UBI Lègal (g) Disproprtionate General or Predominant income allocations? amount in box 20 of managing domicile Share of end-of-year (related, unrelated, Schedule K-1 partner? related organization (state or entity assets excluded from tax (Form 1065) foreign under sections 512country) 514)

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
NFDA Services Inc 13625 Bishops Dr Brookfield, WI530056607 39-1229930	Produce publications for the national association	WI	N/A	С	1,411,835	1,628,812	100 000 %
Association Excellence Incorporated 13625 Bishops Dr Brookfield, WI530056607	Management services	WI	N/A	С	3,332	35,481	100 000 %

Dort V	Transactions With Polated Organizations	(Complete if the organization answered	"Voc" on Form 000	Dart IV June 24 25 or 26 \
raitv	Transactions With Related Organizations	(Complete if the organization answered	ies diridili 330,	raitiv, lille 34, 33, or 30.)

	Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No	
1 D	uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No	
b	Gift, grant, or capital contribution to other organization(s)	1b		No	
c	Gıft, grant, or capıtal contribution from other organization(s)	1 c		No	
d	Loans or loan guarantees to or for other organization(s)				
е	Loans or loan guarantees by other organization(s)	1e		No	
f	Sale of assets to other organization(s)	1f		No	
g	Purchase of assets from other organization(s)	1g		No	
h	Exchange of assets	1h		No	
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		No	
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		No	
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k 1l		No	
ı	Performance of services or membership or fundraising solicitations by other organization(s)			No	
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	Yes	3	
n	Sharing of paid employees	1n	Yes	;	
0	Reimbursement paid to other organization for expenses	10		No	
р	Reimbursement paid by other organization for expenses	1р		No	
q	O ther transfer of cash or property to other organization(s)	1q		No	
r	O ther transfer of cash or property from other organization(s)	1r		No	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds				
_	(a)		(c)		
	Name of other organization Name of other organization Name of other organization Transaction type(a-r)	noun	t invol	ved	
1) N	IFDA Services Inc			162,070	
2 1 F	juneral Service Foundation Inc			,	
-,'	N			64,978	

(5)

(3) NFDA Services Inc

(6)

(4)

545,212

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a)
Name, address, and EIN of entity

(b) Primary activity (c) Legal domicile (state or foreign country) (d)
Are all
partners
section
501(c)(3)
organizations?

Yes No

(e) Share of end-of-year assets **(f)** Disproprtionate allocations?

No

Yes

(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) (h) General or managing partner?

Yes No