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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the **2011** calendar year, or tax year beginning **2011**, and ending **20**

B Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization: **MAPLE GROVE CEMETERY ASSOCIATION TRUST**

Number and street (or P.O. box, if mail is not delivered to street address): **P.O. BOX 387**

Room/suite:

City or town, state or country, and ZIP + 4: **ST. LOUIS, MO 63166**

D Employer identification number: **43-1066961**

E Telephone number: **(314) 418-2643**

F Group Exemption Number:

G Accounting Method: ☒ Cash ☐ Accrual Other (specify)

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: **N/A**

J Tax-exempt status (check only one): ☐ 501(c)(3) ☒ 501(c) (**13**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☒ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 74,081.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)

Check if the organization used Schedule O to respond to any question in this Part I. ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	13,011.
	5 a	Gross amount from sale of assets other than inventory	5a	61,070.
	5 b	Less: cost or other basis and sales expenses	5b	51,798.
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	9,272.
	6	Gaming and fundraising events		
	6 a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6 b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
6 c	Less direct expenses from gaming and fundraising events	6c		
6 d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
Expenses	7 a	Gross sales of inventory, less returns and allowances	7a	
	7 b	Less: cost of goods sold	7b	
	7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	22,283.
	10	Grants and similar amounts paid (list in Schedule O)	10	8,711.
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	3,196.
	13	Professional fees and other payments to independent contractors	13	900.
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	128.
	17	Total expenses. Add lines 10 through 16	17	12,935.
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	9,348.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A) must agree with end-of-year figure reported on prior year's return)	19	293,890.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	303,238.

For Paperwork Reduction Act Notice, see the separate instructions.

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

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed ▶ <u>Missouri</u>		
42a The organization's books are in care of ▶ <u>U.S. BANK N.A.</u> Telephone no. ▶ <u>(314) 418-2643</u> Located at ▶ <u>P.O. BOX 387; ST. LOUIS, MO</u> ZIP + 4 ▶ <u>63166</u>		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country. ▶		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 50, and complete the tables for lines 50 and 51. N/A

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(iii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
-----	--	--

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A.

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <u>John F. Loebe</u>		Date <u>03/13/2012</u>	
	Type or print name and title <u>TRUSTEE</u>			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed PTIN
	Firm's name	Firm's EIN		
	Firm's address	Phone no		

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

Form 990-EZ (2011)

Name of the organization

MAPLE GROVE CEMETERY ASSOCIATION TRUST

Employer identification number

43-1066961

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8a

DOCUMENTATION IS MAINTAINED WITH ANY PURCHASES, SALES, OR ANY
DISBURSEMENTS MADE FROM THE ACCOUNT FOLLOWING US BANK'S CORPORATE
POLICIES & PROCEDURES AS REQUIRED BY THE OCC, AND THE FEDERAL RESERVE,
AND THE IRS.

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8b

DOCUMENTATION IS MAINTAINED WITH ANY PURCHASES, SALES, OR ANY
DISBURSEMENTS MADE FROM THE ACCOUNT FOLLOWING US BANK'S CORPORATE
POLICIES & PROCEDURES AS REQUIRED BY THE OCC, AND THE FEDERAL RESERVE,
AND THE IRS.

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 10b

NOT APPLICABLE

FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REVIEW

US BANK IS TRUSTEE OF THE MAPLE GROVE CEMETERY ASSOCIATION TRUST AND
PREPARES AND FILES THE FORM 990 FOR THIS ENTITY. AN OFFICER OF US BANK
REVIEWS THE FORM 990 BEFORE IT IS FILED.

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 9

NOT APPLICABLE

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 12c

FOLLOWS US BANK'S CORPORATE POLICY & PROCEDURES WITH REGARDS TO
CONFLICT OF INTEREST

Name of the organization

MAPLE GROVE CEMETERY ASSOCIATION TRUST

Employer identification number

43-1066961

DESCRIPTION OF PROCESS FOR DETERMINING COMPENSATION

FORM 990, PAGE 6, PART VI, LINE 15a

NOT APPLICABLE

DESCRIPTION OF PROCESS FOR DETERMINING COMPENSATION

FORM 990, PAGE 6, PART VI, LINE 15b

NOT APPLICABLE

DESCRIPTION FOR MAKING DOCUMENTS PUBLIC

FORM 990, PAGE 6, PART VI, LINE 18

UPON REQUEST

DESCRIPTION FOR MAKING DOCUMENTS PUBLIC

FORM 990, PAGE 6, PART VI, LINE 19

FOLLOWS US BANK'S CORPORATE POLICY & PROCEDURE WITH REGARDS TO

CONFLICT OF INTEREST, GOVERNING DOCUMENTS, & FINANCIAL STATEMENTS

ARE AVAILABLE UPON REQUEST.

ESTIMATE OF AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS

FORM 990, PAGE 7, PART VII, SECTION A

0

CHANGE IN ACCOUNTING METHOD OR DESCRIPTION OF OTHER METHOD USED

FORM 990, PAGE 11, PART XII, LINE 1

NOT APPLICABLE

CHANGE IN COMMITTEE OVERSIGHT REVIEW FROM PRIOR YEAR

Name of the organization

MAPLE GROVE CEMETERY ASSOCIATION TRUST

Employer identification number

43-1066961

FORM 990, PAGE 11, PART XII, LINE 2

NOT APPLICABLE

EXPLANATION FOR FORM 990, PAGE 11, PART XII, LINE 3b

NOT APPLICABLE

Name of the organization

MAPLE GROVE CEMETERY ASSOCIATION TRUST

Employer identification number

43-1066961

FORM 990EZ, PAGE 1, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID
=====

RECIPIENT NAME:

MAPLE GROVE CEMETERY ASSOCIATION

ADDRESS:

PO BOX 523

TRENTON, MO 64683-0523

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EXEMPT PURPOSE

AMOUNT OF GRANT PAID 8,711.

Name of the organization

MAPLE GROVE CEMETERY ASSOCIATION TRUST

Employer identification number

43-1066961

FORM 990-EZ, PAGE 1, PART I, LINE 16 - OTHER EXPENSE
-----DESCRIPTION
-----AMOUNT
-----Foreign Taxes on Qualified Foreign
Foreign Taxes on Nonqualified Forei

113.

15.

TOTAL

128.

=====

Name of the organization

MAPLE GROVE CEMETERY ASSOCIATION TRUST

Employer identification number

43-1066961

FORM 990EZ, PAGE 2, PART II, LINE 22 - CASH, SAVINGS AND INVESTMENTS

=====

DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
CASH	687.	941.
SAVINGS	2,609.	2,788.
INVESTMENTS - OTHER	290,594.	299,509.
	-----	-----
TOTALS	293,890.	303,238.
	=====	=====

Name of the organization

MAPLE GROVE CEMETERY ASSOCIATION TRUST

Employer identification number

43-1066961

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

=====

SUPPORTING THE MAPLE GROVE CEMETERY ASSN - A 501(C)(13) ORGANIZATION