

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

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and foreign accounts.

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 46 No

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. 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 47
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48
49a Did the organization make any transfers to an exempt non-charitable related organization? 49a
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 "

Table with 5 columns: (a) Name and title of each employee, (b) 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. Row 1 contains 'NONE'.

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 "

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation. Row 1 contains 'NONE'.

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 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 2018-05-14 Date JOSEPH W LUCAS Secretary-TREAS Type or print name and title

Paid Preparer Use Only Print/Type preparer's name ROBERT SANER CPA Preparer's signature Date Check if self-employed PTIN P00390395 Firm's name ROBERT SANER CPA PC Firm's EIN 20-3565491 Firm's address 1225 MONUMENT AVE SPRINGFIELD, IL 627022545 Phone no (217) 523-2122

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

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 37-6048430

Name: STEENBERGEN CEMETERY ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 SUCCESSFULLY OPERATE AND MAINTAIN CEMETERY (Grants \$)	28a	
If this amount includes foreign grants, check here . . . <input type="checkbox"/>		

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
STEENBERGEN CEMETERY ASSOCIATION**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2017**Open to Public
Inspection**

Employer identification number

37-6048430

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 1	LOT SALES \$4000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Revenue 2	MISCELLANEOUS INCOME \$192

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1009	Depreciation \$8694

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	CUSTODIAL SERVICES \$22596

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	REPAIRS \$6900

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	SUPPLIES \$2811

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	INSURANCE \$2113

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	FERTILIZERS & CHEMICALS \$1614

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	UTILITIES \$1528

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	MEMORIAL DAY SERVICES \$1257

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 8	MISCELLANEOUS \$1016

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 9	R E TAXES \$887

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 10	LANDSCAPING \$750