

2018

Open to Public
InspectionForm **990-EZ**

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.Department of the Treasury
Internal Revenue Service

A For the 2018 calendar year, or tax year beginning , 2018, and ending , 20	
B Check if applicable	C Name of organization
☐ Address change	MAPLE GROVE CEMETERY ASSOCIATION TRUST
☐ Name change	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
☐ Initial return	PO BOX 0634
☐ Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code
☐ Amended return	MILWAUKEE, WI 53201-0634
☐ Application pending	
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 Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other	
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, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 20,345.	

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	13,750.
	5a	Gross amount from sale of assets other than inventory	5a	6,595.
	5b	Less cost or other basis and sales expenses	5b	3,741.
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	2,854.
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
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		
c	Less direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
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	16,604.	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	11,897.
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	3,956.
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	129.
	17	Total expenses. Add lines 10 through 16	17	15,982.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	622.
	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	316,898.
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-4,303.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	313,217.

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2018)

513 20

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

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		X
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ▶ Missouri		
42a The organization's books are in care of ▶ U.S. BANK N.A. Telephone no ▶ (314) 418-2643		
Located at ▶ P.O. BOX 387; ST. LOUIS, MO ZIP + 4 ▶ 63166		
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c At any time during the calendar year, did the organization maintain an office outside the United States? 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
b 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

	Yes	No
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	X

Part VI Section 501(c)(3) Organizations Only

N/A

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. ☐

	Yes	No
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"

(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

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

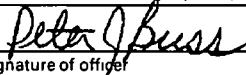
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

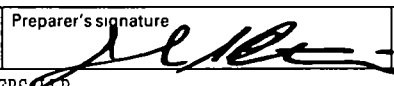
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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 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 	Date 05/07/2019
	U.S. BANK, N.A. BY: TRUSTEE	Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature 	Date 05/07/2019	Check ☒ if self-employed	PTIN P01251603
	Firm's name ▶ PRICEWATERHOUSECOOPERS LLP	Firm's EIN ▶ 13-4008324		Phone no 412-355-6000	
	Firm's address ▶ 600 GRANT STREET, PITTSBURGH, PA 15219				

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

Name of the organization

MAPLE GROVE CEMETERY ASSOCIATION TRUST

Employer identification number

43-1066961

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
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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

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

Name of the organization

Employer identification number

MAPLE GROVE CEMETERY ASSOCIATION TRUST

43-1066961

NOT APPLICABLE

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

NOT APPLICABLE

FORM 990, PAGE 6, PART VI, LINE 18

UPON REQUEST

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.

FORM 990, PAGE 7, PART VII, SECTION A

0

FORM 990, PAGE 12, PART XII, LINE 1

NOT APPLICABLE

FORM 990, PAGE 12, PART XII, LINE 2

NOT APPLICABLE

EXPLANATION FOR FORM 990, PAGE 12, PART XII, LINE 3b

NOT APPLICABLE

Name of the organization

Employer identification number

MAPLE GROVE CEMETERY ASSOCIATION TRUST

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

AMOUNT OF GRANT PAID 11,897.

Name of the organization

Employer identification number

MAPLE GROVE CEMETERY ASSOCIATION TRUST

43-1066961

FORM 990-EZ, PAGE 1, PART I, LINE 16 - OTHER EXPENSE
-----DESCRIPTION
-----AMOUNT

FOREIGN TAXES PAID

129.

TOTAL

129.
=====

Name of the organization

Employer identification number

MAPLE GROVE CEMETERY ASSOCIATION TRUST

43-1066961

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

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DESCRIPTION -----	BEGINNING OF YEAR -----	END OF YEAR -----
CASH	100.	138.
SAVINGS	7,014.	3,295.
INVESTMENTS - PUBLICLY TRADED SECURITIES	309,784.	309,784.
	-----	-----
TOTALS	316,898.	313,217.
	=====	=====

Name of the organization

Employer identification number

MAPLE GROVE CEMETERY ASSOCIATION TRUST

43-1066961

FORM 990EZ, PAGE 1, PART I, LINE 20-OTHER INCREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT

ROUNDING ADJUSTMENT

23.

TOTAL

23.
=====

Name of the organization

Employer identification number

MAPLE GROVE CEMETERY ASSOCIATION TRUST

43-1066961

FORM 990EZ, PAGE 1, PART I, LINE 20-OTHER DECREASES IN FUND BALANCES
=====DESCRIPTION
-----AMOUNT

NUVEEN COST BASIS ADJUSTMENT

4,326.

TOTAL

4,326.
=====

Name of the organization

Employer identification number

MAPLE GROVE CEMETERY ASSOCIATION TRUST

43-1066961

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

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