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(Rev January 2020) 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 private foundations)

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

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

Open to Public

A	For th	e 2019 calendar year, or tax year beginning and er	nding		
	Check if			D Employer identifica	ation number
a	applicab				
	Addre	ess Cm Tochnii Chambary & Con			
	Name	, .		42-050464	5
7	Initial		oom/suite	E Telephone number	
<u> </u>	returr ∏Fınal	1122 N DODGE	OOIII/Suite	319-337-4	311
	returr termii	0-			116,046.00
	ated Amer	City or town, state or province, country, and ZIP or foreign postal code 1000 1000 1000 1000 1000 1000 1000 10		G Gross receipts \$	
 	returr Apple			H(a) is this a group retored for subordinates?	Yes X No
L	⊥tion pend	1122 N DODGE, IOWA CITY, IA 52244	1		
	Γαν. α ν	rempt status	527	H(b) Are all subordinates incl	st (see instructions)
		ite: N/A	177	H(c) Group exemption	•
-		f organization: Corporation Trust X Association Other	Vear		State of legal domicile: IA
	art I	Summary	IL teal (MINIMATION. TOJJIVI	State of legal doffficile. LA
<u></u>	1	Briefly describe the organization's mission or most significant activities: CEMET	FDV B	IIDTAI. AND MA	TNOTENANCE
ဥ	'	Enterly describe the organization's mission of most significant activities CEMELL	EKI D	מעדעה העדעה	THIENANCE
пап	_	Check this box If the organization discontinued its operations or dispose	d of more	than 25% of the not see	
Governance	1	Number of voting members of the governing body (Part VI, line 1a)	iu oi more	1 1	_
Ĝ				3	<u>8</u>
	ı	Number of independent voting members of the governing body (Part VI, line 1b)		4	0
ţ	1 _	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	0
Activities	6	Total number of volunteers (estimate if necessary)		6	0.00
Ą	l .	Total unrelated business revenue from Part VIII, column (C), line 12. Net unrelated business taxable income from Form 990T, line 32 C. F.I.V.F.D.		7a	0.00
	D		\neg		
		Contributions and grants (Part VIII, line 1h)	וטר⊢	Prior Year 9,505.00	Current Year 4,607.00
Ē	1	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2c)	181 H	49,125.00	111,439.00
Revenue	9	Program service revenue (Part VIII, line 2g)	ØΙ <u>-</u>	0.00	0.00
æ		Investment income (Part VIII, column (A), lines 3, 4, and 7d Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 100 SOEN, LIT	œ —	0.00	0.00
	1		. #	58,630.00	116,046.00
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.00	0.00
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.00	0.00	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	34,885.00	18,296.00	
Expenses	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.00	0.00
Jen	l	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	nn	0.00	0.00
Ä			••	42,084.00	120,436.00
!	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	 	76,969.00	138,732.00
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	-18,339.00	-22,686.00
- S	19_	Revenue less expenses Subtract line 18 from line 12	Pos		End of Year
ance	20	Total accests (Part V. Iran 15)	Dea	831,229.00	937,590.00
Assets or Balances	20	Total assets (Part X, line 16)	-	0.00	0.00
Net As	21	Total liabilities (Part X, line 26)	-	831,229.00	937,590.00
公 古	rt II	Net assets or fund balances Subtract line 21 from line 20 Signature Block		031,229.00	931,390.00
<u> </u>		ilties of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	inter and to the best of my l	nowledge and belief it is
		aties of perjury, i declare that i have examined this return, including accompanying schedules a ct, and complete Declaration of preparer (other than officer) is based on all information of which			anomicaye and belief, it is
	correc	at, and compute/pediatation of preparet (other than officer) is based on an information of which	ii bichaici i	nas any knowledge.	
П Эс	_	Signature of other Such fee		Date 7	1/11
Sigr	7	() () () () () () () () () ()		//	1/20
Her	е	KARLA PEIFFER, REPRESENTIVE Type or print name and title			
`			T Da	ate Check]] PTIN
• Paid		Print/Type preparer's name JAMES J SCHNOEBELEN Preparer's signature		6/25/20 self-employed	P01207442
Prep					0-1690755
,		Firm's name A B CLEMENCE & CO LLC		Film S CIN Z	0 1070133
Use	UIIIY	Firm's address 511 IOWA AVENUE		Phone no / 31	9)338-7971
	Abr = 15	IOWA CITY, IA 52240	 _	j rilone ilo. (31	
		RS discuss this return with the preparer shown above? (see instructions)			Yes No Form 990 (2019)
02200	01 01-2	0-20 LHA For Paperwork Reduction Act Notice, see the separate instructions	e		Form 990 (2019)

LHA For Paperwork Reduction Act Notice, see the separate instructions.



orn	n 990 (2019) ST JOSEPH CEMETERY ASSN	42-0504645	Page 2
Pa	art III Statement of Program Service Accomplishments		
1	Check if Schedule O contains a response or note to any line in this Par Briefly describe the organization's mission	.	
•	CEMETERY BURIAL AND MAINTENANCE		
2	Did the organization undertake any significant program services during the year prior Form 990 or 990-EZ?		es X No
3	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant changes in how it	conducts, any program services?	s X No
_	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its Section 501(c)(3) and 501(c)(4) organizations are required to report the amount revenue, if any, for each program service reported		
4a) (Revenue \$)
	·		
			
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
łd	Other program services (Describe on Schedule O)) (-	<u>-</u>
le	(Expenses \$ including grants of \$ Total program service expenses ▶) (Revenue \$	
<u>~</u> _	, etc. p. ogram der rice experieds	Form	990 (2019

Form 990 (2019) ST JOSEPH CEMETERY ASSN
Part iV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	l		1
_	If "Yes," complete Schedule A	1_1_	X	<u>-</u> -
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	1 _	Ì	
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4_		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		37
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			v
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	,		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		Α_
0	Schedule D, Part III		1	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	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		_ X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	- <u>*</u> -		
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	-"-		
• •	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a		X
b	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	11b	1	X
С	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	11c	<u> </u>	X
d	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	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	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 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		ł	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		_X_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_X_
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		ŀ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		ľ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		1	
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		<u>X</u> _
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	\longrightarrow	<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا ـ ا	i	37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ا ـ ا		v
	complete Schedule G, Part III	19	\longrightarrow	X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	\dashv	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	990 (2	X
32003	01-20-20	COLLI	33U (2	2U 19)

Form 990 (2019) ST JOSEPH CEMETERY ASSN
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 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_	-	X
24 a	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 lines 24b through 24d and complete	}	l	l
	Schedule K. If "No," go to line 25a	24a	-	<u>X</u> _
	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		1	ļ
	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		 -
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	 	
ZJa	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a]	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa.	-	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		l	1
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%	l		
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	ļ	х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled		ļ	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27_		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1	i I	
	instructions, for applicable filing thresholds, conditions, and exceptions)]		
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		<u>X</u>
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			.,,
	"Yes," complete Schedule L, Part IV	28c	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u>x</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	00		v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31_	_	
32	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-50		
•	Part V, line 1	34		_X_
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35 <u>a</u>		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
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		<u> </u>
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		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		3.7	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Pai				$\overline{}$
	Check if Schedule O contains a response or note to any line in this Part V		Vac	<u> </u>
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	-	Yes	No_
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1a U 1b 0			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С	(gambling) winnings to prize winners?	1c		
	Agentomial transmign to bring transmign		990 (2010)

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
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 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	ĺ	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	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		_x
ь	If "Yes," enter the name of the foreign country			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 as charitable contributions?	6a		X
b	if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		х
	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			
ŭ	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization 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		
a a	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8	•	. ~
9	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a	-	1
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			l
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		1	l
	Section 501(c)(12) organizations. Enter			1
	Gross income from members or shareholders			l
b	Gross income from other sources (Do not net amounts due or paid to other sources against	ĺ		
	amounts due or received from them)		- }	l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		- {	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O	Į	- 1	ļ
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1		į
	organization is licensed to issue qualified health plans	- 1	}	
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		_X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			ı
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N]		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		_X
	If "Yes," complete Form 4720, Schedule O			

Form **990** (2019)

Page 6

Form 990 (2019) ST JOSEPH CEMETERY ASSN 42-0504645 Page
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI			X				
<u>Sec</u>	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 8							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 8							
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	_	X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		_					
	of officers, directors, trustees, or key employees to a management company or other person?	3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
þ	Each committee with authority to act on behalf of the governing body?	8b	X					
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 on Schedule O	9		Х				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		_X_				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X				
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a]	_X_				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		. }					
	in Schedule O how this was done	12c						
13	Did the organization have a written whistleblower policy?	13		<u>X</u>				
14	Did the organization have a written document retention and destruction policy?	14		X				
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		X				
b	Other officers or key employees of the organization	15b		X				
	If "Yes" to line 15a or 15b, 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	- 1						
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	l						
	ın joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1						
	exempt status with respect to such arrangements?	16b						
Sec.	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)-	s only)	availa	able				
	for public inspection. Indicate how you made these available. Check all that apply							
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial					
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	KARLA PEIFFER - 319-337-4314							
	1122 N DODGE, IOWA CITY, IA 52244							

932006 01-20-20

Form **990** (2019)

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

Check if Schedule O contains a response or note to any line in this Part VII

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
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any 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, and 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. See instructions for the order in which to list the persons above

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and title	(B) Average hours per week	(do	(C) Position (do not check more the box, unless person is bofficer and a director/tr				one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) FR RUDY JUAREZ DIRECTOR	0.00	X						0.00	0.00	0.00
(2) FRED SCHIEBER REPRESENTIVE	0.00	x						0.00	0.00	0.00
(3) FR STEVE WITT DIRECTOR	0.00	х						0.00	0.00	0.00
(4) FR GARY BECKMAN DIRECTOR	0.00	x						0.00	0.00	0.00
(5) TOM MEYERS REPRESENTIVE	0.00	х		_		_		0.00	0.00	0.00
(6) ANN HARGRAVE REPRESENTIVE	0.00	x	_	,				0.00	0.00	0.00
(7) FR CHUCK ADAM DIRECTOR	0.00	x	_				_	0.00	0.00	0.00
(8) MARY ANN WALTERS REPRESENTIVE	0.00	X_				-	<u> </u>	0.00	0.00	0.00
(9) KARLA PEIFFER VOLUNTEER	0.00	x				_	_	0.00	0.00	0.00
(10) MICHAEL BARTLETT EMPLOYEE	1.00	_			_	-		18,296.00	0.00	0.00
						-				
	-									
										
										- 000

Form **990** (2019)

ST JOSEPH CEMETERY ASSN

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)												
(A)	(B) (C)							(D)	(E)	(F		
Name and title	Average							Reportable	Reportable	Estimated		
	hours per	box	, unte	ss pe	erson	is bot	h an		compensation	amou		
	week		cer an	dad	lirecto	or/trus	tee)	from	from related	oth	er	
	(list any	rector			į			the	organizations	comper		
	hours for related	or di	₈		[ated	1	organization	(W-2/1099-MISC)	from		
	organizations	Individual trustee or director	Institutional trustee		8	Highest compensated employee		(W-2/1099-MISC)		organization and related		
	below	len 2	tona	_	g g	st co				organiz		
	line)	ngur	nstrtu	Officer	Key employee	age e	Роттег			o game		
		 -	1	_	_							
		<u> </u>	H				_			<u> </u>		
		1										
		<u> </u>		_						<u> </u>		
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		_		-	L	Н						
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										,		
				-	_	\vdash				 		
												
	L					Щ		18,296.00	0.00	 	0 00	
1b Subtotal											0.00	
c Total from continuation sheets to Part VI	I, Section A					. !		0.00	0.00		0.00	
d Total (add lines 1b and 1c)						!	<u> </u>	18,296.00	0.00	l,	0.00	
2 Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable		^	
compensation from the organization										Ye	0	
<u>.</u>										, te	s No	
3 Did the organization list any former officer,		ee, k	ey e	mpl	oye	e, or	hig	hest compensated emp	loyee on		.,	
line 1a? If "Yes," complete Schedule J for s										3	<u> </u>	
4 For any individual listed on line 1a, is the su									he organization		.,	
and related organizations greater than \$150										4_	X	
5 Did any person listed on line 1a receive or a	•				-		elate	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," com	<u>plete Schedule</u>	<u>J f</u>	or su	ch I	oers	on				5	<u> </u>	
Section B. Independent Contractors	 -							 				
1 Complete this table for your five highest co										ation from	1	
the organization Report compensation for t	the calendar ye	ear e	ndır	ng w	/ith c	or wi	thin		ear I			
(A) Name and business	addrass						ļ	(B) Description of s	angee C	(C) Compensat	tion	
Name and business	addiess	NC	NE	<u> </u>			-+	Description of si		70mpensa		
							J					
							-+	 	_ 			
							-					
							-+					
									ļ			
							\dashv					
							4					
												
2 Total number of independent contractors (in	_	ot lir	nited	i to	_	_	ted	above) who received m	ore than			
\$100,000 of compensation from the organiz	ation				0)						
										Form 990	(2019)	

Pa	rt '	VII	Statement of Re	ver	nue							
			Check if Schedule O	cont	ains a re	sponse	or note to any	y lır	ne in this Part VIII			
									(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f g h c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (control All other contributions, gifts, similar amounts not included in Total. Add lines 1a-1f BURIALS AND G All other program service	gran abov lines	ts, and ve 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b c d e g \$	4,607.0 Business Coo 900099	de 9	4,607.00			
		g	Total. Add lines 2a-2f					>	111,439.00			
	3 4 5		Investment income (included) other similar amounts). Income from investment of Royalties.	•		bond p	•	•				
	6	b c	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	6a 6b 6c			(ii) Persona					,
9	7	a	Gross amount from sales of assets other than inventory Less, cost or other basis	7a	(i) Seci	urities	(ii) Other		i			
Revenue			and sales expenses Gain or (loss) Net gain or (loss)	7b 7c								
Other	8	а	Gross income from fundraisir including \$ contributions reported on Part IV, line 18		of	8a				!		
	9	c a	Less direct expenses Net income or (loss) from the Gross income from gaming Part IV, line 19		_		<u> </u>	>				
	10	b b	Less direct expenses Net income or (loss) from (Gross sales of inventory, land allowances			9b	•	>				
]			Less cost of goods sold	anio a	of invo	101						
neous ue	11	а	Net income or (loss) from s				Business Cod	de				
Miscellaneous Revenue		b c d	All other revenue									
~	_	е	Total. Add lines 11a-11d					•				
	12		Total revenue See instructio	ns				<u> </u>	116,046.00	111,439.00	0.00	0.00

	TEIN Statement of Functional Expens									
Sec	tion 501(c)(3) and 501(c)(4) organizations must com	plete all columns All oth	er organizations must c	complete column (A)						
Check if Schedule O contains a response or note to any line in this Part IX										
	not include amounts reported on lines 6b, 8b, 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 domestic organizations			,						
	and domestic governments. See Part IV, line 21	- <u>-</u> -			<u> </u>					
2	Grants and other assistance to domestic									
	individuals See Part IV, line 22		·							
3	Grants and other assistance to foreign			}	,					
	organizations, foreign governments, and foreign									
	individuals See Part IV, lines 15 and 16									
4	Benefits paid to or for members			ļ						
5	Compensation of current officers, directors,									
	trustees, and key employees			<u> </u>						
6	Compensation not included above to disqualified									
	persons (as defined under section 4958(f)(1)) and			1						
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages	18,296.00			_					
8	Pension plan accruals and contributions (include	}]						
	section 401(k) and 403(b) employer contributions)			<u> </u>						
9	Other employee benefits			 						
10	Payroll taxes			 						
11	Fees for services (nonemployees)									
a	, The state of the			 						
b										
C	· · · · · · · · · · · · · · · · · · ·									
d	· · · · · · · · · · · · · · · · · · ·									
e	· F									
f	Investment management fees									
9	, -									
	column (A) amount, list line 11g expenses on Sch O.)			 	 					
12	Advertising and promotion	3,000.00		 						
13	Office expenses	3,000.00			 					
14	Information technology									
15	Royalties		 							
16	Occupancy									
17 18	Travel Payments of travel or entertainment expenses									
10	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings		 	 						
20	Interest			 	 					
21	Payments to affiliates									
22	Depreciation, depletion, and amortization									
23	Insurance	13,093.00								
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses on line 24e. If			1						
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)			,	,					
а	MAINTENANCE/REPAIRS	64,820.00								
b	OPERATING EXPENSE	39,523.00								
c										
ď										
-	All other expenses									
25	Total functional expenses Add lines 1 through 24e	138,732.00								
26	Joint costs Complete this line only if the organization									
	reported in column (B) joint costs from a combined									
	educational campaign and fundraising solicitation.									

Form 990 (2019)
Part X Balance Sheet

Part	_	Check if Schedule O contains a response or no	a to any line in this Bort V			····
		Check if Schedule O contains a response or no	e to any line in this Part X	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		6,148.00	1	57,069.0
	2	Savings and temporary cash investments		825,081.00	2	880,521.0
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
-	5	Loans and other receivables from any current o	former officer, director,			
		trustee, key employee, creator or founder, subs	antial contributor, or 35%			_
-		controlled entity or family member of any of the	e persons		5	
	6	Loans and other receivables from other disquali		1		
		under section 4958(f)(1)), and persons describe	l in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
٩	9	Prepaid expenses and deferred charges			9_	
1	10a	Land, buildings, and equipment cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation		10c	· -	
1	11	Investments - publicly traded securities		11		
1	12	Investments - other securities See Part IV, line		12	·	
1	13	investments - program-related See Part IV, line		13_		
1	14	Intangible assets		14		
1	15	Other assets See Part IV, line 11			15	
_ \ 1	16	Total assets. Add lines 1 through 15 (must equ	al line 33)	831,229.00	16_	<u>937,590.0</u>
1	17	Accounts payable and accrued expenses			17	
1	18	Grants payable		18		
1	19	Deferred revenue			19	
2	20	Tax-exempt bond liabilities			20	
2	21	Escrow or custodial account liability Complete	art IV of Schedule D		21	
ც 2	22	Loans and other payables to any current or form	er officer, director,		1	
		trustee, key employee, creator or founder, subst	antial contributor, or 35%			-
		controlled entity or family member of any of thes	e persons		22	
ı 2	23	Secured mortgages and notes payable to unrela	ted third parties		23	
2	24	Unsecured notes and loans payable to unrelated	I third parties		24	
2	25	Other liabilities (including federal income tax, pa	ables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X			
		of Schedule D			25	
_ 2	26	Total liabilities. Add lines 17 through 25		0.00	26	0.0
0		Organizations that follow FASB ASC 958, che	ck here 🕨 🔀			
<u> </u>		and complete lines 27, 28, 32, and 33.				
2	27	Net assets without donor restrictions		831,229.00		937,590.0
ğ 2	28	Net assets with donor restrictions	r -		28	
		Organizations that do not follow FASB ASC 9	58, check here 🕨 📖	1	- 1	
		and complete lines 29 through 33.				
ź 2	9	Capital stock or trust principal, or current funds		ļ	29	
ў з		Paid-in or capital surplus, or land, building, or eq		<u> </u>	30	
Salina Di Land Balance	11	Retained earnings, endowment, accumulated in	come, or other funds		31	
<u>s</u> 3	12	Total net assets or fund balances		831,229.00		937,590.0
3	3	Total liabilities and net assets/fund balances		831,229.00	33	937,590.00 Form 990 (2019

<u>Forn</u>	1990 (2019) ST JUSEPH CEMETERY ASSN	42-	0504645	Page 12
Pa	rt XI Reconciliation of Net Assets			-
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	116,0	046.00
2	Total expenses (must equal Part IX, column (A), line 25)	2		732.00
3	Revenue less expenses Subtract line 2 from line 1	3	-22,6	586.00
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		229.00
5	Net unrealized gains (losses) on investments	5	128,	160.00
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8	8	<u>387.00</u>
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.00
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 32,	1		
	column (B))	10	937,5	<u>590.00</u>
Pa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a		
	separate basis, consolidated basis, or both		1 1	
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,		
	consolidated basis, or both		1 1	
	Separate basis Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	ļ	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Aud	ıt	
	Act and OMB Circular A-133?		3a	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired aud	it	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
			Form	990 (2019)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Open to Public Inspection

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

ST JOSEPH CEMETERY ASSN ST JOSEPH CEMETERY ASSN Employer identification number 42-0504645

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions) Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (III) Type of organization (v) Amount of monetary (vi) Amount of other (i) Name of supported (a) EIN your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Total

Schedule A (Form 990 or 990 EZ) 2019 ST JOSEPH CEMETERY ASSN Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (c) 2017 (d) 2018 (e) 2019 (b) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4 Section B. Total Support (c) 2017 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 8 Gross income from interest. dividends, payments received on securities loans, rents, royalties, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line/6, column (f) divided by line 11, column (f) 14 15 15 Public support percentage from 2018 Schedule A, Part II, line 14 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the firacts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019

932022 09-25-19

ST JOSEPH CEMETERY ASSN

42-0504645 Rage 3 Schedule A (Form 990 or 990-EZ) 2019 ST JOSEPH CEMETERY ASSN Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6) Section B. Total Support (c) 2017 Calendar year (or fiscal year beginning in) (a) 2015 (b) 2016 (d) 2018 (e) 2019 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 13 Total support. (Add lines 9, 10c, 11, and 12) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage % 15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) 15 Public support percentage from 2018 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage % 17 17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) 18 Investment income percentage from 2018 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2019 932023 09-25-19

Schedule A (Form 990 or 990-EZ) 2019 ST JOSEPH CEMETERY ASSN

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation If historic and continuing relationship, explain 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below За b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination 3b c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use 3с 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below. 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 4c purposes 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action <u>5a</u> was accomplished (such as by amendment to the organizing document) b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in 6 Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с

10a

10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below

determine whether the organization had excess business holdings)

Parent of Supported Organizations Answer (a) and (b) below.

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard

Schedule A (Form 990 or 990-EZ) 2019

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	edule A (Form 990 or 990-EZ) 2019 ST JOSEPH CEMETERY ASSN			42-0504645 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	-		in Part VI) See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ctions A through E	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		_
7_	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			
a	Average monthly value of securities	1a		
<u>b</u>	Average monthly cash balances	1 <u>b</u>		
с	Fair market value of other non-exempt-use assets	1c	<u> </u>	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			·
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3	·	
4	Cash deemed held for exempt use Enter 1.1/2% of line 3 (for greater amount,			
	see instructions)	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	 	
6	Multiply line 5 by 035	6	·	
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

Schedule A (Form 990 or 990-EZ) 2019

Current Year

____ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

1

3 4

5

Section C - Distributable Amount

Enter greater of line 2 or line 3

instructions)

Income tax imposed in prior year

1 Adjusted net income for prior year (from Section A, line 8, Column A)

Minimum asset amount for prior year (from Section B, line 8, Column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

	rt V Type III Non-Functionally Integrated 509			<u>12-0504645 Page 7</u>		
	Type in itent i anottenany integrated out	value supporting org	anizations (continued)			
	ion D - Distributions		Current Year			
	Amounts paid to supported organizations to accomplish exe					
2	, , , , , , , , , , , , , , , , , , , ,	pt purposes of supported				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns			
4_	Amounts paid to acquire exempt-use assets			<u> </u>		
5	Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions			 		
<u>6</u> 7				 		
7	Total annual distributions. Add lines 1 through 6	ha				
8	Distributions to attentive supported organizations to which the	ne organization is responsiv	U			
	(provide details in Part VI) See instructions					
9_	Distributable amount for 2019 from Section C, line 6			 		
10						
Sect	ion E - Distribution Allocations (see instructions)	(I) Excess Distributions	(iı) Underdistributions Pre-2019	(iii) Distributable Amount for 2019		
1	Distributable amount for 2019 from Section C, line 6		<u> </u>			
2	Underdistributions, if any, for years prior to 2019 (reason-					
	able cause required explain in Part VI) See instructions			<u> </u>		
3	Excess distributions carryover, if any, to 2019			<u> </u>		
a	From 2014					
b	From 2015					
С	From 2016					
d	From 2017					
е_	From 2018					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2019 distributable amount					
i	Carryover from 2014 not applied (see instructions)					
i	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2019 from Section D,					
	line 7 \$	<u></u>				
a	Applied to underdistributions of prior years		<u> </u>			
b	Applied to 2019 distributable amount					
С	Remainder Subtract lines 4a and 4b from 4					
5	Remaining underdistributions for years prior to 2019, if					
	any. Subtract lines 3g and 4a from line 2 For result greater					
	than zero, explain in Part VI. See instructions		<u> </u>	ļ		
6	Remaining underdistributions for 2019 Subtract lines 3h					
	and 4b from line 1 For result greater than zero, explain in					
	Part VI See instructions	<u> </u>		 		
7	Excess distributions carryover to 2020. Add lines 3j					
	and 4c.	ļ				
8_	Breakdown of line 7		 			
а	Excess from 2015					
b	Excess from 2016					
С	Excess from 2017					
d	Excess from 2018					
е_	Excess from 2019		<u> </u>			

ST JOSEPH CEMETERY ASSN

Schedule A	Form 990 or 990-EZ) 2019 ST	JOSEPH (<u>CEMETERY</u>	ASSN		<u>42-0504645</u>	Page 8
Part·VI	Supplemental Informatic Part IV, Section A, lines 1, 2, 3b, line 1, Part IV, Section D, lines 2 Section D, lines 5, 6, and 8, and	n. Provide the 6 3c, 4b, 4c, 5a, 6 and 3, Part IV, S	explanations red 5, 9a, 9b, 9c, 11 section E, lines 1	quired by Part II, line a, 11b, and 11c; Part Ic, 2a, 2b, 3a, and 3b	10, Part II, line 17a of IV, Section B, lines of Part V, line 1, Part	r 17b, Part III, line 12; 1 and 2, Part IV, Section V, Section B, line 1e, Pai	C, rt V,
	(See instructions)		=, lines 2, 5, and		——————————	nai information	
							
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SCHEDULÈ O (Form 990 or 990-EZ)

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.

Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information	. Inspectio	n_
Name of the organization		Employer identification	number
	ST JOSEPH CEMETERY ASSN	42-0504645	
FORM 990, PA	ART VI, SECTION B, LINE 11B:		
NO PEVIEW WI	ILL BE CONDUCTED	iî Ve	
NO REVIEW WI	IDD DE CONDOCTED	<u></u>	<u> </u>
			
FORM 990, PA	ART VI, SECTION C, LINE 19:		
ALL DOCUMENT	S ARE AVAILABLE TO THE PUBLIC ON FILE		
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