Extended to November 15, 2019
of Organization Example 7 **Return of Organization Exempt From Income Tax**

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ 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.

Α	For th	e 2018 calendar year, or tax year beginning and e	ending	_	
В	Check is applicate	© Name of organization		D Employer identi	fication number
Г	Addr	ss swan point and riverside burial societ	rΥ		
F	Nam chan		-	05-0	0210190
Ē	Initia		Room/suite	E Telephone numb	
Ē	Final	724 DI EXCANT CODEEN			-725-4344
	term ated			G Gross receipts \$	101,603.
	Ame	nded DANIMITOURM DI 02060		H(a) Is this a group	
	Appl			for subordinate	
	pend		36,0	H(b) Are all subordinates	s included? Yes No
ī	Tax-e:	cempt status 501(c)(3) _X 501(c) (13) ◀ (insert no.) 4947(a)(1) o	r 527	If "No," attach	a list (see instructions)
J	Webs	ite: ▶ n/a		H(c) Group exempt	ion number 🕨
		of organization: X Corporation	L Year	of formation: 1970	M State of legal domicile: RI
Р	art I	Summary			
a	1	Briefly describe the organization's mission or most significant activities CEMET	CERY S	ERVICES	
Activities & Governance					
ž	2	Check this box if the organization discontinued its operations or dispos	ed of more	than 25% of its net	așsets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		_3	0
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	. 0
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)		_5	<u> </u>
ž	6	Total number of volunteers (estimate if necessary)		<u> 6</u>	
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7	
_		Net unrelated business taxable income from Form 990-T, line 38		71	ь 0.
		Contributions and grants (Part VIII. line 1h) RECHIVED:	:	Prior Year	Current Year
و <u>ج</u>	8	Contributions and grants (Part VIII, line 1h)	1731	0	
37	9	Program service revenue (Part VIII, line 2g)	X _	47,489	
0 2 2019 Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and d) OCT 2 2 2019	IRS-OS	10,642	
C L	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, soll Dc, and 11e)	<u> </u>	<u>9,771</u>	
ပ	12	Total revenue - add lines 8 through 11 (must equal Part VIII column P) (ine 12)		67,902	
.j_	13	Grants and similar amounts paid (Part IX, column (A) lines (15)		0	
3	14	Benefits paid to or for members (Part IX, column (A), line 4)		0	
Į g	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		34,923	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.
ď	<u> </u>	Total fundraising expenses (Part IX, column (D), line 25)	0.		
ш	1 17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		25,155	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		60,078	
	19	Revenue less expenses Subtract line 18 from line 12		7,824	<u>-3,510</u>
Assets or	<u> </u>		Ве	ginning of Current Yea	
Sec	20	Total assets (Part X, line 16)	-	3,763,137	
Net As	21	Total liabilities (Part X, line 26)	<u> </u>	<u>2,386,697</u>	
		Net assets or fund balances. Subtract line 21 from line 20		1,376,440	. 1,372,930.
_	art I				
	-	alties of perjury, I declare that I have examined this return, including accompanying schedules			my knowledge and belief, it is
tru	e, corre	ect, and complete. Declaration of preparer (other than officer) is based on all information of wh	iich preparei		1 = 1 07
		Supplying of officery Str Las			17-11
Sig	gn	Signature of officer / /		Date	
He	ere	POLLY STILES, PRESIDENT Type or print name and title			
			- Т	Date Check	PTIN
_		Print/Type preparer's name Preparer's signature Preparer's signature		l H	<u> </u>
Pa		STEPHEN E. PASCARELLA II	ŢJ	0/16/1-9-self-emp	
	eparer	Firm's name PASCARELLA & GILL, PC		Firm's EIN	20-3879195
US	e Only	Firm's address 200 CENTERVILLE ROAD STE 6		DE. /	401\ 221 0000
_	<u> </u>	WARWICK, RI 02886		Phone no. (401) 331-8806
Ma	ay the	IRS discuss this return with the preparer shown above? (see instructions)			X Yes No

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

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	2.53			
<u> </u>				
Other program services (Describe in Schedule O)			•	
other program services (Describe in ochequie o)				

832002 12-31-18

Form 990 (2018)

Total program service expenses

endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 VIII d 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 X VIII 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 X VIII d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X VIII d Did the organization is separate or consolidated financial statements for the tax year include a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X VIII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X VIII VIIII VIIIII VIIII V				Yes	No
2 Is the organization required to complete <i>Schedule of Contributors</i> 3 J X 3 J X 5 Section 50 (Hc)(3) organizations. In error to indicate optional campaging activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 5 is the organization asset section 501(k)(4), 501(k)(5), or 501(k)(6), organization that receives membership dues, assessments, or similar amounts as defined in Reviewel Procedule as 91-917 If "Yes," complete Schedule C, Part III 6 Did the organization asset on 501(k)(4), 501(k)(6), or 501(k)(6)	1	•	4		v
3 Dut the organization engage in deept or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section SOT (p(3)) organizations. Dot the organization engage in lobbying activities, or have a section 501(ii) election in effect of unity the tax year? If "Yes," complete Schedule C, Part II I be used to the properties of	_				
public office? If "Yes," complete Schedule C, Part II Section 501(k)3) organizations. Dot the organization engage in lobbying activities, or have a section 501(k) election in effect during the tax year? If "Yes," complete Schedule C, Part III 1 is the organization a section 501(k)4), 501(k)5, 501(k)6), 501(k)6), 501(k)6), 501(k)6, 501(k)6), 501(k)6, 501(k)6), 501(k)6, 501(k)6), 501(k)6, 501(k)6), 501(k)6, 501(k)6, 501(k)6), 501(k)6, 501(k		· · · · · · · · · · · · · · · · · · ·	2_		
4 Section 50 (IqX)3) or apmizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the rat year of I*Yes, "complete Schedule C, Part II is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives memberathy dues, assessments, or aminar amounts as defined in Revenue Procedure 81:37 If "Yes," complete Schedule C, Part II Did the organization markinal may donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization received rold a conservation assement, including assements to preserve open space, the environment, historic land areas, or historia structures? If "Yes," complete Schedule D, Part II Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II Did the organization directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-sendowments? If "Yes," complete Schedule D, Part VI If I'the organization saware to any of the following quesitions is "yes," then complete Schedule D, Part VI, I'll I'll I'll a granulation saware to any of the following quesitions is "yes," then complete Schedule D, Part X, III Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part X III Did the organization report an amount for investments - other securities in Part X, line 12? If "yes," complete Schedule D, Part X III Did the organization report an amount for orwestments - other securities in Part X, line 16? If "Yes," complete Schedule D, Part X III Did the organization is liability for uncertain tax positions und	3		2		v
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5 is the organization is section 5016/el/8, 5016/el/5, or 5016/el/6, or 5016/el/6, organization that receives membership dues, assessments, or similar amounts as defined in Newmell Procedure 98-197 if "Yes," complete Schedule D, Part II Provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Provided Provided Schedule D, Part II Provided	4	• • • • • • • • • • • • • • • • • • • •	4		
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If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 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 c) 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 VII d) Did the organization 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 e) Did the organization report an amount for other lastest in Part X, line 25? If "Yes," complete Schedule D, Part X 11b X 11c X 11d X 11b X 11c X 11d X	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
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or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 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 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b			15		X
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column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 19 Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X			16	<u> </u>	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a X 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	17				,,
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Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	18				v
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20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	19		40		
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X	00-	·			
Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 X					
domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			∠UD	 	
	4 1		21		y
	2000			990	

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			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		<u>X</u>
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			v
	Schedule J	_23_		_X_
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
	Schedule K If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrew account other than a refunding escrew at any time during the year to defease	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u> 270</u>		
204	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	х	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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			
	instructions for applicable filing thresholds conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	ļ	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? 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> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30_	 	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			<u>_</u> _
	If "Yes," complete Schedule N, Part I	31	ļ	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			.
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	-	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			_ v
	Part V, line 1	34	-	X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	1	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	256]
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		\vdash
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	26		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		\vdash
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	–	-	 ^
-	Note. All Form 990 filers are required to complete Schedule O	38	x	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	,		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		1.55	
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	Ī		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		
83300	4 12-31-18	Form	990	(2018)

	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		Yes	<u>N</u> o
f	filed for the calendar year ending with or within the year covered by this return 2a	İ		
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20		
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in 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	35		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
	If "Yes," enter the name of the foreign country.	70		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	ľ		,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any toxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		<u>x</u>
	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
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
	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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		Х
	If "Yes," indicate the number of Forms 8282 filed during the year			Τ,
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	_	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g l	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h l	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 5	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		-	
5	sponsoring organization have excess business holdings at any time during the year?	8		
9 9	Sponsoring organizations maintaining donor advised funds.			ŀ
a [Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b [Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 5	Section 501(c)(7) organizations. Enter			٠
a I	Initiation fees and capital contributions included on Part VIII, line 12			
b (Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	.		,
11 5	Section 501(c)(12) organizations. Enter			.
a (Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			'
	amounts due or received from them.)			٠ ا
	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			
	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.			
	Enter the amount of reserves the organization is required to maintain by the states in which the			.
	organization is licensed to issue qualified health plans 13b	1		
	Enter the amount of reserves on hand [13c] Did the erganization receive any payments for indeer tanging conjuges during the tax year?	140		X
	Did the organization receive any payments for indoor tanning services during the tax year? If "Vos." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O.	14a 14b		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	140		\vdash
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		Х
	excess parachute payment(s) during the year?	15		 ^
	It "Yes " see instructions and tile Form 4720. Schedule N			
ı	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
16 I	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? If "Yes," complete Form 4720, Schedule O.	16		х

Page 6

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 in Schedule O See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	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			
	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 in Schedule 0.			1
b	Enter the number of voting members included in line 1a, above, who are independent 1b 0			;
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, or 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?	5		X
6	Did the organization have members or stockholders?	6		<u>X</u>
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		<u> </u>
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		<u>X</u>
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	
b	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 in Schedule O	9		<u> </u>
<u>Sec</u>	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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	_ X	
	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?	1 <u>2</u> h		
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		77
13	Did the organization have a written whistleblower policy?	13		X
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?	45-		' ب ا
	The organization's CEO, Executive Director, or top management official	15a		X
D	Other officers or key employees of the organization	15b		- ^ ,
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
109	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	10a		-21
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			i '
	exempt status with respect to such arrangements?	16b	~-	-
Sec	tion C. Disclosure	IOD		·
17	List the states with which a copy of this Form 990 is required to be filed ►RI			
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	ahle
.0	for public inspection. Indicate how you made these available. Check all that apply	,y,		
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	i finan	cial	
	statements available to the public during the tax year		J. 1	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	POLLY STILES - 401-725-4344			
	752 PLEASANT STREET, PAWTUCKET, RI 02860			
	A A A A A A A A A A A A A A A A A A A	Forn	990	/2018\

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.

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

Check this box if neither the organization n	1	orga	niza			mpei	nsat			·-··
(A)	(B)			(C Pos	C) Ition	,		(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than -		Reportable	Reportable	Estimated
	hours per	box	, unle cer an	ss pe nd a d	rson Irecto	is bot or/trus	h an tee)	compensation	compensation	amount of
	week	-			T	T	Γ,	. from the	from related	other
	(list any hours for	direct						organization	organizations (W-2/1099-MISC)	compensation from the
	related	=	ᇕ			캻		(W-2/1099-MISC)	(** 2/ 1000 141100)	organization
	organizations	truste	Ĕ		yee	E E		(11 27 1000 111100)		and related
	below	Individual trustee or director	Institutional trustee	=	튙	S se	5			organizations
	line)	ig N	Insti	Officer	Key employee	Highest compensated employee	Ę			_
(1) MILTON PAYNE	5.00									
PRESIDENT		Х		X			<u> </u>	0.	0.	0.
(2) CONNIE BAKER	5.00									
VICE PRESIDENT		Х		X				0.	0.	0.
(3) DAVID R HARRISON	5.00	ļ							_	_
SECRETARY		X		X				0.	0.	0.
(4) POLLY STILES	40.00			l						
TREASURER		Х		X		-		0.	0.	0.
	. =									
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Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	d Hi	ghe	st C	ompensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(do box	not ci	(C Posi heck i ss per	tion more		one h an	(D) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate ount o	
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	C)	comp fro orga and	pensal om the anizati I relate nizatio	e on ed
_											_			
	-													
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
<u>u</u>	Total (add lines 1b and 1c) Total number of individuals (including but r	not limited to th	nose	liste	ed al	hovi	e) wh	no ri	<u> </u>					<u> </u>
_	compensation from the organization						-,		•					0
	- 100												Yes	No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>	such individual										3		x
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sch	edule	e <i>J 1</i>	for such individual			4		x
5	Did any person listed on line 1a receive or rendered to the organization? If "Yes," con	-				-		elat	ted organization or indiv	idual foi services		5	٠ -	x
Sec	tion B. Independent Contractors	ipiete deriedai		0, 5	2011	port	3077					. • 1		
1	Complete this table for your five highest co	•									ensa	ation f	rom	
	the organization Report compensation for (A)	the calendar y	ear	enai	ng v	VILIT	Or W	RUII	(B)	year		(C	;)	
	Name and business	address	N	INC	<u> </u>			_	Description of s	services	C		satio	n ——
														····
											····			
									<u> </u>					
	Total number of independent contractors (including but r	not l	mıte	d to	tho	se li	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	zation >					0		<u> </u>			Form !	990 c	2018)

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		Check if Schedule O cont	ains a response	or note to any lin	e 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
ats its	1 a	Federated campaigns	1a	_				
ira	b	Membership dues	1b 1c 1d					
Đ,	С	Front consequents	10					
a it		Related organizations						
S, G		Government grants (contribut	 					
Sign	f	All other contributions, gifts, gran						
he	•	similar amounts not included abo						
Ēδ	g							
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f		<u> </u>	-			
				Business Code				
e	2 a							
اه څ	b							
လွှင့်	С							
e a	d							
Program Service Revenue	е							
ፈ	f	All other program service reve	enue	900099	21,840.		21,840.	
	g	Total. Add lines 2a-2f		•	21,840.			
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		▶	5,278.		5,278.	
	4	Income from investment of ta	x-exempt bond p	roceeds 🕨				
	5	Royalties						
			(ı) Real	(II) Personal				
	6 a	Gross rents	74,485.					
	b	Less rental expenses	50,448.					
	С	Rental income or (loss)	24,037.			_		_
	d	Net rental income or (loss)		•	24,037.	24,037.		
Ì		Gross amount from sales of	(i) Securities	(II) Other	-	-		
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
	c	Gain or (loss)				_		
	d	Net gain or (loss)		•				
nue	8 a	Gross income from fundraisin including \$	g events (not of					
Š		contributions reported on line						
Other Reven		Part IV, line 18	а			,		
됥	h	Less. direct expenses	b					
ō		Net income or (loss) from fund	_					•
		Gross income from gaming ac	-		 			
	Ů ů	Part IV, line 19	а					
	h	Less. direct expenses	b					
		Net income or (loss) from gan	_	•				
		Gross sales of inventory, less	_					
	.o u	and allowances	а					:
	h	Less: cost of goods sold	b					
		Net income or (loss) from sale						
Ì		Miscellaneous Revenu		Business Code				
ļ	11 a							
	b							
	c							
	d	All other revenue						
	e	Total, Add lines 11a-11d		•				
1	12	Total revenue. See instructions			51,155.	24,037.	27,118.	0.
$\overline{}$				-				

Section 501(c)(3) and 501(c)((4) organizations must complete all colu	mns. All other organizations mus	t complete column (/\)

	Check if Schedule O contains a respon	se 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			T	!
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				1
	individuals See Part IV, line 22				<u>'</u>
3	Grants and other assistance to foreign				<u> </u>
	organizations, foreign governments, and foreign				į
	individuals See Part IV, lines 15 and 16]
4	Benefits paid to or for members				-
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	22 704			
7	Other salaries and wages	33,704.			
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	3,468.			
11	Fees for services (non-employees)	3,100.			
	Management				
b	Legal				
С	Accounting				-
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses		·		
14	Information technology				
15	Royalties	6,146.			
16	Occupancy	0,140.			
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	5,772.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	797.			
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				1
	amount, list line 24e expenses on Schedule 0.)				,
а	ADMINISTRATIVE	4,778.			
b					
С					
d	All others				
	All other expensesAdd loss 1 through 0.45	EA 665			
<u>25</u>	Total functional expenses. Add lines 1 through 24e	54,665.			
26	Joint costs Complete this line only if the organization reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here fight following SOP 98-2 (ASC 958-720)				
					<u> </u>

832010 12-31-18

Par	<u>t X</u>	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	68,337.	1	76,864.
	2	Savings and temporary cash investments	63,533.	2	39,425
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	_
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary		_ ,	
2		employees' beneficiary organizations (see instr) Complete Part II of Sch L	<i>.</i>	6	
Assets	7	Notes and loans receivable, net		7	
ť	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment, cost or other			
		basis. Complete Part VI of Schedule D 10a 3,373,564.			
	b	Less. accumulated depreciation 10b 0.	3,373,564.	10c	3,373,564
	11 -	Investments - publicly traded securities	257,703.	11	251,153
l	12	Investments - other securities See Part IV, line 11		12	<u> </u>
ł	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	3,763,137.	16	3,741,006
	17	Accounts payable and accrued expenses	713.	17	5,004
	18	Grants payable		18	
	19	Deferred revenue	•	19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
ا م	22	Loans and other payables to current and former officers, directors, trustees,			
		key employees, highest compensated employees, and disqualified persons			
Liabilities		Complete Part II of Schedule L	2,284,788.	22	2,266,688
ן נֿ	23	Secured mortgages and notes payable to unrelated third parties	101,196.	23	96,384
	24	Unsecured notes and loans payable to unrelated third parties	•	24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D		25	
	26	Total liabilities, Add lines 17 through 25	2,386,697.	26	2,368,076
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			
ا م		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	- -	27	-
Net Assets of Fund balances	28	Temporarily restricted net assets		28	
9	29	Permanently restricted net assets	-	29	
•		Organizations that do not follow SFAS 117 (ASC 958), check here	-		
-		and complete lines 30 through 34.			
ا وَ	30	Capital stock or trust principal, or current funds	0.	30	0
3	31	Paid-in or capital surplus, or land, building, or equipment fund	1,351,421.	31	1,351,421
ן נֻ	32	Retained earnings, endowment, accumulated income, or other funds	25,019.	32	21,509
2	33	Total net assets or fund balances	1,376,440.	33	1,372,930
		. The metalogic of full deficition	3,763,137.	34	3,741,006

Form	990 (2018) SWAN POINT AND RIVERSIDE BURIAL SOCIETY	05-02	210190	Pad	ne 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		1,1	
2	Total expenses (must equal Part IX, column (A), line 25)	2	5	4,6	65.
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>3,5</u>	<u> 10.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,37	<u>6,4</u>	<u>40.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	1,37	2,9	<u>30.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				<u> </u>
1	Accounting method used to prepare the Form 990. Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	-	Yes	No
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	d on a			
	separate basis, consolidated basis, or both. Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		х
U	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e bacie	20		
	consolidated basis, or both	e basis,			
	Separate basis Consolidated basis Both consolidated and separate basis				١.,
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			
	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 in Sch	edule O			٠,
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	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 required	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		<u> </u>
			Form	990	(2018)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

SWAN POINT AND RIVERSIDE BURIAL SOCIETY 05-0210190 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last 2 day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2h Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2018

		INT AND RI						<u> 10190</u>	
Pa	rt III Organizations Maintaining C								
3	Using the organization's acquisition, accessi	on, and other recor	ds, check any of th	e following that	are a sign	ificant u	ise of its	collection it	ems
	(check all that apply).								
а	Public exhibition	•	d Loan or ex	change progran	ns				
b	Scholarly research	•	e Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	in how they further	the organization	n's exemp	t purpo	se in Parl	XIII	
5	During the year, did the organization solicit o				sımılar as	ssets	_	_	
_	to be sold to raise funds rather than to be ma							Yes	No_
Pa	rt IV Escrow and Custodial Arran		ete if the organizat	on answered "Y	es" on Fo	orm 990	, Part IV,	line 9, or	
	reported an amount on Form 990, Par								
1a	Is the organization an agent, trustee, custodi	ian or other interme	diary for contribution	ons or other asse	ets not in	cluded	_	٦ .	_
	on Form 990, Part X?						L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table.						
	2					\vdash		Amount	
C	Beginning balance					1c			
a	Additions during the year					1d			
e	Distributions during the year					1e			
1	Ending balance	000 D 1V I	04.6			1f		٦,,	П.
	Did the organization include an amount on Fi					?		」Yes	∐ No
Par	If "Yes," explain the arrangement in Part XIII † V Endowment Funds. Complete if	Check here if the e	xpianation has bee	n provided on P	art XIII				
	2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1					Three	ears back	(a) Four vo	arc back
1a	Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years	Dack (a	i illiee y	ears Dack	(e) Four ye	ais Dack
h	Contributions			1					
	Net investment earnings, gains, and losses				-				
d	Grants or scholarships								
٠ -	Other expenditures for facilities								
·	and programs								
f	Administrative expenses	 ·		 			-		
g	End of year balance			-	-				
2	Provide the estimated percentage of the curr	rent year end halan	ce (line 1a, column	(a)) held as				<u> </u>	
_ а	Board designated or quasi-endowment	•	% Column	(a)) Held as					
b	Permanent endowment	%	^*						
	Temporarily restricted endowment	^ %							
	The percentages on lines 2a, 2b, and 2c sho								
За	Are there endowment funds not in the posse	•	ation that are held	and administere	ed for the	organiz	ation		
	by					- 3		Y	es No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(iı)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	red on Schedule R	?				3b	
4	Describe in Part XIII the intended uses of the	organization's ende	owment funds						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11a.	See Form 990,	Part X, Iır	ne 10			
	Description of property	(a) Cost or o	other (b) Cos	st or other	(c) Acc	umulate	ed	(d) Book	/alue
		basis (investi	ment) basis	s (other)	depre	eciation			
1a	Land	2,600,	000.					2,600	,000.
b	Buildings		269.						,269.
С	Leasehold improvements	130,	243.					130	,243.
d	Equipment	49,	052.					49	,052.
	Other -								
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line	10c)				3,373	<u>,564.</u>
									.

Schedule D (Form 990) 2018

832052 10-29-18

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recovenes of prior year grants d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part IV, line 12.) Total expenses and losses per audited financial statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 a Donated services and use of facilities c Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1 alivestment expenses not included on Form 990, Part IX, line 25 a Subtract line 2e from line 1 a meutre subtraction of Expenses per Add lines 2a through 2d Subtract line 2e from line 1 a mounts included on Form 990, Part IX, line 25, but not on line 1 a linvestment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 4a and 4b	chedule D (Form 990) 2018 SWAN POINT AND RIVERSII			190 Page 4
Total revenue, game, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized game (posses) on envestments Domated services and use of facilities Pracevenes of prior year grants Qe Add lines 2 shrivough 2d Subtract line 2e from line 1 Investment expenses not included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII) Add lines 4a and 4b Total revenue Add lines 3 and 4e, (This must equal Form 990, Part II, line 12) Total revenue Add lines 3 and 4e, (This must equal Form 990, Part II, line 12a. Total revenue Add lines 3 and 4e (This must equal Form 990, Part II, line 12a. Total revenue Add lines 3 and 4e, (This must equal Form 990, Part II, line 12b. Total revenue Add lines 3 and 4e (This must equal Form 990, Part III, line 12a. Total revenue Add lines 3 and 4e (This must equal Form 990, Part III, line 12b. Domated services and use of facilities Qe Qe Qual Correction of Form 990, Part III, line 25 Qe Qual Correction of Form 990, Part III, line 25 Qe Qual Correction of Form 990, Part III, line 7b Domated services and use of facilities Qual Correction of Form 990, Part III, line 7b Domated services Add Ines 3 and 4e, (This must equal Form 990, Part III, line 18) Add lines 2 at through 2d Subtract line 2e from line 1 Investment expenses not included on Form 990, Part III, line 7b Domated on Form 990, Part III, lines 15, 5, and 9, Part III, lines 16 and 4, Part IV, lines 10 and 2b, Part V, line 4, Part X, line 2, Part XI, s 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information	<u> </u>	<u>-</u>	r Return.	
Amounts included on line 1 but not on Form 990, Part VIII, line 12. a Net unrealized grain (soses) on investments b Donated services and use of facilities c Recoveries of prory year grants d Other (Describe in Part XIII) 2 d 2 e Subtract line 2 form line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment sepanses not included on Form 990, Part VIII, line 7b 5 Other (Describe in Part XIII) 4 d 5 Other (Describe in Part XIII) 6 Add lines 4a and 4b 7 Total evenue Add lines 3 and 4e. (This must equal Form 990, Part III, line 12) Total expenses and losses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part III, line 12a 1 Donated services and use of facilities Priory year adjustments C Other (Describe in Part XIII) 2 d 3 Other (Describe in Part XIII) 4 d C Other (Describe in Part XIII) 4 d C Other (Describe in Part XIII) 5 d C Other (Describe in Part XIII) 6 Add lines 4a and 4b 7 Amounts included on Form 990, Part IV, line 25, but not on line 1 Amounts included on Form 990, Part X, line 25, but not on line 1 Amounts included on Form 990, Part X, line 25, but not on line 1 Amounts included on Form 990, Part X, line 25, but not on line 1 Amounts included on Form 990, Part X, line 25, but not on line 1 Amounts included on Form 990, Part X, line 25, but not on line 1 Amounts included on Form 990, Part X, line 25, but not on line 1 Amounts included on Form 990, Part X, line 25, but not on line 1 5 art X XIII Supplemental Information. vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part X, lines 1b and 2b, Part X, line 2, Part X, li	Complete if the organization answered "Yes" on Form 990, Part IV, II	ne 12a		_
a Net urrealized gains (posses) on investments both contacts are used and the facilities and contents and use of facilities and of the (Pescribe in Part XIII) 6 Add lime 22 at through 2d Subtract line 2e from line 1 6 Add lime 2a through 2d Subtract line 2e from line 1 6 Add lime 3a and 4b 6 Add lime 3a and 4b 7 Complete if the organization answered "Yes" on Form 990, Part IV, line 12) 7 Total revenue Add lines 3 and 4c, (This must equal Form 990, Part IV, line 12) 7 Total revenue Add lines 3 and 4c, (This must equal Form 990, Part IV, line 12) 7 Total revenue and use of facilities 8 Porty year adjustments 9 Cother (Describe in Part XIII) 9 Add lines 2a through 2d Subtract line 2e from line 1 1 Amounts mocluded on line 1 but not on Form 990, Part IV, line 25 2 Donated services and use of facilities 9 Denoy year adjustments 1 Cother (Describe in Part XIII) 2 Add lines 2a through 2d Subtract line 2e from line 1 1 Investment expenses not included on Form 990, Part IV, line 7b 5 Cother (Describe in Part XIII) 6 Add lines 4a and 4b 7 Cother (Describe in Part XIII) 7 Add lines 4a and 4b 7 Cother (Describe in Part XIII) 8 Add lines 4a and 4b 8 Add lines 5 Add lines 5 Add lines 5 Add lines 6 Add lines 7 Add lines 6	•		1	
b Donated services and use of facilities c Recoverso from year grants d Other (Describe in Part XIII) e Add lines 2a through 2d Subtract line 24 from line 1 Amounts included on Form 990, Part VIII, line 7b Add lines 4a and 4b Total revenue Add lines 3 and 4a, (This must equal Form 990, Part IV, line 12) art XIII Reconcilitation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. Total expenses and icesse per audited financial attements Amounts included on Ine 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Cother losses Cother los		1 1		
c Recovenes of prior year grants d Other (Describe in Part XIII) 2 d Add lime 2a through 2d Subtract line 2e from line 1 3 novestment expenses not included on Form 990, Part VIII, line 7b 4 d b d lime 3a and 4b Cother (Describe in Part XIII) 4 d d lime 3a and 4b Total revenue Add limes 3 and 4e. (This must equal Form 990, Part II, line 12) 5 art XIII Superisses and losses per Audited Financial Statements With Expenses per Return. Complete of the organization answered "Ves" on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements Amounts moluted on line 1 but not on Form 990, Part IX, line 25 B Prior year adjustments 2 d limes 3 d limes 2 d limes 3 d l	•	2a		
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SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury ,

Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open To Public Inspection

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (a) Name of interested person with organization of loan of loan of loan of loan organization? To From (a) POLLY STILES PRESIDENACQUISTI X 2,700,000.2,266,688. X X X X X X X X X X X X X X X X X X	Name of th	ie organization								Emp	oloyer	ident	ificati	on nu	mber
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2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-Ez, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or zero (e) Original principal amount of loan organization with organization with organization of loan organization organization (f) Balance due (g) In (h) Approved (g) In (g) Dari IV, Inc. 24 (g) In (g) Dari IV, Inc. 25 (g) In (g) Dari IV, Inc. 26 (g) In (g) Dari IV, Inc. 26 (g) In (g) Dari IV, Inc. 26 (g) In (g) Dari IV, Inc. 27 (g) In (g) In (g) Dari IV, Inc. 27 (g) Inc. III IV, Inc. 27 (g) Amount of (g) In (g) In (g) In (g) In (g) Dari IV, Inc. 27 (g) Inc. III IV, Inc. 27 (g) Amount of assistance assistance assistance assistance assistance	1		(b) F	Relationship bety	veen (disqua	lified						(d)	Corre	cted?
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See Part V for Continuations

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	l "Yes" on Form 990, Part IV, line 28a, 2		-	1 (a) OF	
(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	atıoı
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) Name of Person: POLLY	STILES				
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ)
Department of the Treasury

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.

► Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Name of the organization Employer identification number 05-0210190 SWAN POINT AND RIVERSIDE BURIAL SOCIETY Form 990, Part III, Line 4d, Other Program Services: TO PROVIDE BURIAL AND CEMETERY SERVICES INCLUDING PERPATUAL CARE Form 990, Part VI, Section B, line 11b: A COPY OF THE FORM 990 IS MADE AVAILBLE FOR REVIEW BY THE GOVERNING BOARD AND APPROVED BEFORE FILING Form 990, Part VI, Section C, Line 19: ALL DOCUMENTS, POLICIES AND FINANCIAL STATEMENTS ARE MADE AVAIALBLE TO THE PUBLIC UPON REQUEST

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)