For Paperwork Reduction Act Notice, see the separate instructions.

#### DLN: 93493258014020

OMB No. 1545-0047

2019

Department of the Internal Revenue Service

**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.

 $\blacktriangleright$  Go to  $\underline{www.irs.gov/Form990}$  for instructions and the latest information.

Open to Public Inspection

Δ Fe	or th	e 2019 c	alendar vear, or tax vear begin	nning 01-01-2019 , and ending 12-	31-2019						
		pplicable:	C Name of organization				D Employ	er ider	ntificatio	on number	
		change	POUGHKEEPSIE RURAL CEMETERY				14-097				
	me ch	-	Doing business as				14-057	0200			
☐ Ini		turn n/terminated	Domy business as								
		n/terminated d return	Number and street (or P.O. box if m	nail is not delivered to street address) Room/s	suite	—	E Telepho	ne num	ber		
		on pending	342 SOUTH AVENUÈ				(845) 4	154-60	20		
				ntry, and ZIP or foreign postal code							
			POUGHKEEPSIE, NY 12601				<b>G</b> Gross re	eceipts	\$ 2,273,7	799	
			F Name and address of principa	al officer:	H(a)	Is this	a group re	eturn fo	or		
			MICHAEL GRAHAM 9 HEATHBROOK DRIVE				linates?		[	□Yes 🗹 No	
			POUGHKEEPSIE, NY 12603			Are all include	subordina	tes		☐ Yes ☐No	
[ Tax	k-exer	mpt status:	☐ 501(c)(3) <b>☑</b> 501(c)(13)	<b>■</b> (insert no.)	1		" attach a	list. (s	ee instr	uctions)	
J W	ebsit	e:▶ WW	W.POUGHKEEPSIERURALCEMETE		H(c)	Group	exemption	numb	er 🕨	•	
<b>∢</b> Forn	n of o	rganization	✓ Corporation ☐ Trust ☐ Asso	ociation Other ►	<b>L</b> Year o	f format	tion: 1853	M Sta	ate of leg	al domicile: NY	
Б.		C									
Pa	art I		<b>mary</b> cribe the organization's mission o	ar most significant activities:							
				ELATED SALES AND SERVICES INCLUDI	NG TRADI	TIONAL	BURIAL,	ENTON	1BMENT	· IN A	
çe Çe	<u>1</u>	MAUSOLE	JM AND CREMATION AND INURNI	MENT.							
	-										
e e	-										
Ģ 5				scontinued its operations or disposed of			of its net a				
<u>-</u>	l		•	ng body (Part VI, line 1a)				-	3	12	
<u>e</u>	l		•	f the governing body (Part VI, line 1b)				<b>⊢</b>	4	12	
Activities & Governance	l		, ,	elendar year 2019 (Part V, line 2a)			•	<u> </u>	5	13	
ACI	l		•	cessary)			•	_	6	1	
	l			t VIII, column (C), line 12				<u> </u>	7a   		
	b	Net unrel	ated business taxable income from	m Form 990-T, line 39	<del></del>			1	7b		
						Pric	r Year		Cur	rent Year	
얔	l		ions and grants (Part VIII, line 1h)				149,			13,50	
Ravenue	l	-	, , ,	)			1,538,			1,742,393	
æ	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d )								492,54	
	l		, , , , , , , , , , , , , , , , , , , ,	st equal Part VIII, column (A), line 12)			2,241,			25,36: 2,273,79	
							2,271,				
	l		ants and similar amounts paid (Part IX, column (A), lines 1–3 )								
۰.	l		other compensation, employee be	802,	874,570						
Se	l	-		mn (A), line 11e)							
Expenses	l .		raising expenses (Part IX, column (D),	• • •							
ঐ	l			11a-11d, 11f-24e)			771,	471		950,12	
	l		enses. Add lines 13–17 (must equ	•			1,574,	-+		1,824,69	
	l	•	, ,	om line 12			666,			449,10	
× 00			·		Begi	nning o	of Current \	/ear	En	d of Year	
anc anc											
Bal	l		ets (Part X, line 16)				14,068,			15,355,810	
Net Assets or Fund Balances	l		ilities (Part X, line 26)					348		48,76	
			s or fund balances. Subtract line	21 from line 20			14,016,	100		15,307,04	
	rt II		ature Block eriury I declare that I have exam	nined this return, including accompanyin	a schedule	es and	statement	s and	to the l	hest of my	
knowl	edge	and belie		Declaration of preparer (other than of							
any k	nowle	edge.									
		*****	•			2020	)-07-30				
Sign		Signati	ure of officer			Date					
Here	:	МІСНА	EL GRAHAM PRESIDENT								
			r print name and title								
		Р	rint/Type preparer's name	Preparer's signature	Date 2020-07-30	Chec		PTIN P00871	092		
Paid		L	<b>A DAV OFFICE</b> 115			self-	employed				
Pre		#1	irm's name DAY SECKLER LLP			Firm	's EIN ► 26	-23105	86		
Use	On	ıly  ϝ	irm's address ► 300 WESTAGE BUSINE	SS CENTER STE 403		Phor	ne no. (845)	765-07	05		
			FISHKILL, NY 125242	236							
Mav t	he IR	S discuss		wn above? (see instructions)		•			Yes		

Cat. No. 11282Y

Form 990 (2019)

Form	990 (2	2019)				Page <b>2</b>
Pa	rt III	Statement of Progran	Service Accomp	lishments		
		Check if Schedule O contain	is a response or note	to any line in this Part III .		🗆
1	Briefly	describe the organization's	mission:			
		HE PUBLIC WITH CEMETERY AND INURNMENT.	RELATED SALES AND	SERVICES INCLUDING TRA	ADITIONAL BURIALS, ENTOMBMENT	IN A MAUSOLEUM OR
2	Did th	ne organization undertake any	significant program	services during the year wh	nich were not listed on	
	the pr	ior Form 990 or 990-EZ? .				🗌 Yes 🗹 No
	If "Yes	s," describe these new servic	es on Schedule O.			
3	Did th	ne organization cease conduct	ing, or make significa	int changes in how it condu	cts, any program	
		es?				☐ Yes 🗹 No
4	Descri Sectio	ibe the organization's progra	m service accomplishi rganizations are requi	red to report the amount of	argest program services, as measu f grants and allocations to others, t	
4a	(Code:	: ) (Expens	es \$	including grants of \$	) (Revenue \$	)
	•	dditional Data		morading grants of ¢	, (norondo ¢	,
4b	(Code:	: ) (Expens	es \$	including grants of \$	) (Revenue \$	)
4c	(Code:	: ) (Expens	es \$	including grants of \$	) (Revenue \$	)
4d		program services (Describe	in Schedule O.) including grants	of \$	) (Revenue \$	)
4e	Total	program service expense	s <b>&gt;</b>			

Nο

Nο

Nο

Nο

Nο

Nο

Nο

Form **990** (2019)

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20a

20b

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Рап	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)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		No
	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 IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🖒	10	Yes	
11	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.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
	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 2	11c		No
	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 2	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏	11e	Yes	
	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	Yes	
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 📆	12a	Yes	
	Was the organization included in consolidated, independent audited financial statements for the tax year?  If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
L3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		No

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

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX.

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . . .

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?

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II . . . . . .

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

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orm	990 (2019)			Page <b>4</b>
Par	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		No
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? <i>If "Yes," complete Schedule J</i>	23	Yes	
	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 Schedule K. If "No," go to line 25a	24a		No
b	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 any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		
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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
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 entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L,</i> Part III	27		No
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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes,"</i> complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		
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		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Yes	
Par				
	Check if Schedule O contains a response or note to any line in this Part V	. ;		
4 -	Entar the number reported in Pay 2 of Form 1006 Fater 0 if act and inching		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 10  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c		

				Page 5				
Pai	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
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							
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No				
	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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country:	4a		No				
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No				
	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		No 				
	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		No				
	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		No				
	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
_	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	8 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?							
9	Sponsoring organizations maintaining donor advised funds.							
а	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	Section 501(c)(7) organizations. Enter:							
	Initiation fees and capital contributions included on Part VIII, line 12 10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter:							
a	Gross income from members or shareholders							
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)							
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	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						
	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							
	Enter the amount of reserves on hand							
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	15		No				
16	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		No				

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to i	lines 🔽					
Se	ction 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 12								
	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 O.								
b	Enter the number of voting members included in line 1a, above, who are independent  1b 12								
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		No					
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		No					
4									
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6		No					
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		No					
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		No					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
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		No					
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)						
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a		No					
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	Yes						
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	Yes						
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes						
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	Yes						
13	Did the organization have a written whistleblower policy?	13	Yes						
14	Did the organization have a written document retention and destruction policy?	14		No					
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	Yes						
b	Other officers or key employees of the organization	15b	Yes						
	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 taxable entity during the year?	16a		No					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt								
	status with respect to such arrangements?	16b							
	ction C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed▶								
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.								
19	Own website Another's website Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest								
20	policy, and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and records:								
	▶BRIAN BERRYANN SOUTH AVENUE POUGHKEEPSIE, NY 12601 (845) 454-6020								

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, or 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 co			orgar	nizat	ion	and ar	ıy re	elated organizations	5.		
See instructions for the order in which to list the											
Check this box if neither the organization no  (A)  Name and title	(B) Average hours per week (list any hours for related	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D)  Reportable compensation from the organization (W-2/1099-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) BRIAN BERRYANN	40.00					,,		111 701		21.042	
SUPERINTENDE						X		144,784	0	31,843	
(2) SHIRLEY ADAMS TRUSTEE	0.25	х						0	0	C	
(3) SCOTT BARIGHT TRUSTEE	0.25	x						0	0	C	
(4) RICHARD CHAZEN	0.25	1		,,							
1ST VICE PRE		×		X				0	0	C	
(5) THOMAS DIGOVANNI	0.50	1		,,							
TREASURER		×		Х				0	0	C	
(6) SHIRLEY EMRICH	1.00	X		х				0	0	C	
SECRETARY									0	,	
(7) JOHN GLUSKO TRUSTEE	0.50	x						0	0	C	
(8) MICHAEL GRAHAM PRESIDENT	1.00	х		х				0	0	C	
(9) DAVID PETROVITS 2ND VICE PRE	0.25	х		х				0	0	C	
(10) JOSEPH TOCKARSHEWSKY	0.25										
TRUSTEE		×						0	0	C	
(11) MELLINA WEISS TRUSTEE	0.25	х						0	0	C	
(12) HEATHER WHITEFIELD TRUSTEE	0.25	х						0	0	(	
(13) DAVID R WISE TRUSTEE	0.25	×						0	0	(	
				1	-	<b>!</b>	-	<b>+</b>			

Part VII

Page 8

	<b>(A)</b> Name and title	(B) Average hours per week (list any hours for related	than d	Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  Position (do not check more than one box, unless person is both an officer and a director/trustee)  (C)  Reportable compensation from the organization (W-2/1099- (W-2/1099-									l s	(F) Estimated amount of othe compensation from the organization as		
		organizations below dotted line)  Individual trustee  or director  Officer  Institutional Trustee  Officer  Off									relat relat organiz:	ed				
c	Sub-Total	art VII, Section	Α.				<b>*</b>			144,784					31,843	
2	Total number of individuals (including of reportable compensation from the	g but not limited	to thos			bove		rece			\$100,000	)			31,040	
														Yes	No	
3	Did the organization list any <b>former</b> line 1a? <i>If "Yes," complete Schedule</i> .			ee, k •				or hi	ghest co	mpensat	ed emplo	yee on	3		No	
4	For any individual listed on line 1a, is organization and related organization															
5	individual				•	•							4	Yes		
5	Did any person listed on line 1a recei services rendered to the organization												5		No	
	ection B. Independent Contract										1.100	/				
1	Complete this table for your five high from the organization. Report compe												mpens	ation		
	Name	(A) and business addre	ess							D	<b>(B</b> escription	) of services		(C Comper		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization >

Part		Statement	of R	Pevenue						Page <b>9</b>
, are	·				respo	nse or note to any	/ line 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
(6	18	a Federated campa	igns		1a			revenue		
Contributions, Gifts, Grants and Other Similar Amounts		<b>b</b> Membership due:	s .	. [	1b					
Gra	١,	<b>c</b> Fundraising even	its .	. [	1c	_				
ts, T	١,	<b>d</b> Related organiza	tions	.	1d					
Gif ila		e Government grants		<u> </u>	1e					
ns,		F All other contribution		Ļ						
itio er S		and similar amounts above			1f	13,501				
휼	١,	g Noncash contribution lines 1a - 1f:\$	ns in	cluded in	- 1					
id C				L	1g					
ರ ಕ		h Total. Add lines	1a-1	f	٠.	•	13,501			
						Business Code	4 742 202	4.742.202		
4.	2a	SALES					1,742,393	1,742,393		
ınıe										
e∧e.	b									
Se F	c									
ervi										1
Program Service Revenue	d									
grai	е									
ρ	_									
	f	All other program	serv	ice revenue.						
	g	Total. Add lines 2	2a-2	f	<b>&gt;</b>	1,742,393				
	3	Investment income similar amounts)	(inc	luding divide	nds, ii		492,542	!		492,542
		Income from invest				•	•			
	5	Royalties				•	<b>&gt;</b>			
				(i) Rea	I	(ii) Personal				
	6a	Gross rents	6a		9,600					
		Less: rental			-,,,,,,					
		expenses	6b							
	С	Rental income or (loss)	6c		9,600					
	c	Net rental income	or (	loss)			9,600	ı		9,600
				(i) Securi	ties	(ii) Other				
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less: cost or	<u> </u>							
		other basis and sales expenses	7b							
			7c							
		Gain or (loss)  Net gain or (loss)					_			
		Gross income from fu				· · · •				
Other Revenue		(not including \$ contributions reporte	d on l	of						
₹		See Part IV, line 18			8a					
Re	b	Less: direct expen	ses		8b					
her	c	Net income or (los	s) fr	om fundraisi	ng eve	ents ►				
	0-	Gross income from	aami	ng activities						
	Эa	See Part IV, line 19	•	· ·	9a					
	b	Less: direct expen	ses		9b					
	c	Net income or (los	s) fr	om gaming a	ctiviti	es <b>&gt;</b>				
	10	aGross sales of inve		n. loca						
	10.	returns and allowa	nces	y, less	10a					
	b	Less: cost of good	s sol	d	10b					
	c	Net income or (los	s) fr	om sales of i	nvent	ory ►	_			
		Miscellaneo		evenue		Business Code	45.76			45.760
	11	•aMISCELLANEOUS					15,763	1		15,763
	b	•								
	C									
		All other revenue					1			
		<b>Total.</b> Add lines 1				•	15,763			
	12	<b>Total revenue.</b> S	ee ir _	structions .		• • • •	2,273,799	1,742,393		517,905
										Form <b>990</b> (2019)

Form 990 (2019)				Page <b>10</b>
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must		_		· · · · <u>—</u>
Check if Schedule O contains a response or note to	any line in this Part IX			<u>.</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreig governments, and foreign individuals. See Part IV, lines 15 and 16.	n			
4 Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	673,160	606,350	66,810	
<b>8</b> Pension plan accruals and contributions (include section 40 (k) and 403(b) employer contributions)	1 20,198	17,774	2,424	
9 Other employee benefits	97,884	86,863	11,021	
<b>10</b> Payroll taxes	83,328	73,329	9,999	
<b>11</b> Fees for services (non-employees):				
a Management				
<b>b</b> Legal				
c Accounting	15,600		15,600	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	20,158	20,158		_
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	13,750	,	13,750	
12 Advertising and promotion	5,764	5,764		
13 Office expenses	26,856	20,142	6,714	
14 Information technology	,	,	·	
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	188,435	141,326	47,109	
23 Insurance	28,955	21,716	7,239	
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) amount, list line 24e expenses on Schedule O.)	· ·	127,10	7,255	
a CREMATORY OPERATING COST	186,363	186,363		
b SALE OF MAUSOLEUMS	106,924	106,924		
c GROUND MAINTENANCE	88,905	88,905		
d EQUIPMENT & VEHICLE EXP	60,417	60,417		
e All other expenses	207,998	196,036	11,962	
25 Total functional expenses. Add lines 1 through 24e	1,824,695	1,632,067	192,628	0
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).

Form 990 (2019)

1 2

3

16

17

18

19

20

21

23

24

25

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30 29,647

22,701

52.348

7,478,903

6,537,197

14,016,100

14,068,448

17

18

19

20

21

22 23

24

25

26

27

28

29

30

31

32

33

Page 11

23,167

25,597

48.764

7,655,605

7,651,441

15,307,046

15,355,810

Form 990 (2019)

	<b>(A)</b> Beginning of year		<b>(B)</b> End of year
Cash-non-interest-bearing	285,268	1	208,146
Savings and temporary cash investments	178,698	2	258,489
Pledges and grants receivable, net		3	
Accounts receivable, net	539	4	1,356

Savings and Pledges and Accounts re key employee, creator or founder, substantial contributor, or 35% controlled 5 

Loans and other payables to any current or former officer, director, trustee, Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B). 6 7 Notes and loans receivable, net . . . . Assets 13.893 12.346 Inventories for sale or use . . . . . Prepaid expenses and deferred charges . . . 24,608 9 23,313

10a Land, buildings, and equipment: cost or other 10a 11,404,295 basis. Complete Part VI of Schedule D 10b 6,333,173 5,274,589 10c 5,071,122 b Less: accumulated depreciation 11 Investments—publicly traded securities . 8,278,664 11 9,770,072 12 Investments—other securities. See Part IV, line 11 . . . 12

13 13 Investments—program-related. See Part IV, line 11 . 14 14 10,966 12,189 15 15 Other assets. See Part IV, line 11 . . . . . . . . 14,068,448 16 15,355,810

**Total assets.** Add lines 1 through 15 (must equal line 34) . . .

Escrow or custodial account liability. Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties . . .

Organizations that follow FASB ASC 958, check here <a> \square</a> and

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

Organizations that do not follow FASB ASC 958, check here ightharpoonup and

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Accounts payable and accrued expenses .

Tax-exempt bond liabilities . . . . .

and other liabilities not included on lines 17 - 24).

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds .

Total liabilities and net assets/fund balances .

Deferred revenue . . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Grants payable .

Audit Act and OMB Circular A-133? 3a No b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3h

### **Additional Data**

N/A

### Software ID: Software Version:

**EIN:** 14-0978200

Name: POUGHKEEPSIE RURAL CEMETERY

Form 990 (2019) Form 990, Part III, Line 4a:

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

As Filed Data -

DLN: 93493258014020

OMB No. 1545-0047

## **Supplemental Financial Statements**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service

(Form 990)

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

2019 Open to Public Inspection

	ame of the organization UGHKEEPSIE RURAL CEMETERY				Employ	er identificatio	n number
PU	UGRKEEPSIE KURAL CEMETERT				14-0978	8200	
Pa	Organizations Maintaining Donor Advistance Complete if the organization answered "Ye				Accou	nts.	
	complete if the organization anowered Te		advised funds		(b)	) Funds and other	r accounts
1	Total number at end of year					-	
2	Aggregate value of contributions to (during year)						
3	Aggregate value of grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor adviso organization's property, subject to the organization's ex					_	Yes 🗆 No
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?	or donor advisor, o	r for any other	purpose co			] Yes □ No
Pa	Conservation Easements. Complete if the organization answered "Ye	s" on Form 990.	Part IV. line 7	7.			I les 🗀 No
1	Purpose(s) of conservation easements held by the organ			, .			
_	Preservation of land for public use (e.g., recreation	•		ation of an h	istorical	ly important land	area
	Protection of natural habitat	r or cadeacion)				istoric structure	u.cu
			L Preserva	ation of a cer	unea m	istoric structure	
	☐ Preservation of open space						
2	Complete lines 2a through 2d if the organization held a easement on the last day of the tax year.	qualified conservati	on contribution	n in the form		nservation Held at the End	of the Year
а	Total number of conservation easements			· <u>[</u>	2a		
b	Total acreage restricted by conservation easements			:	2b		
c	Number of conservation easements on a certified historic	c structure included	in (a)	. [:	2c		
d	Number of conservation easements included in (c) acqui structure listed in the National Register	red after 7/25/06,	and not on a hi	storic	2d		
3	Number of conservation easements modified, transferre tax year •	d, released, extingu	iished, or term	inated by th	e organ	ization during the	•
4	Number of states where property subject to conservatio	n easement is locat	ed <b>&gt;</b>				
5	Does the organization have a written policy regarding the and enforcement of the conservation easements it holds			handling of	violatio	ns,	□ No
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of vi	olations, and er	nforcing con	servatio	n easements dur	ing the year
7	Amount of expenses incurred in monitoring, inspecting, ► \$	handling of violatio	ns, and enforci	ing conserva	tion eas	sements during th	ne year
8	Does each conservation easement reported on line 2(d)	above satisfy the r	equirements of	section 170	(h)(4)(i	B)(i)	
	and section $170(h)(4)(B)(ii)$ ?					☐ Yes	□ No
9	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the org					
Pai	rt III Organizations Maintaining Collections Complete if the organization answered "Ye				r Simil	ar Assets.	
1a	If the organization elected, as permitted under SFAS 11 art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, e	ducation, or res	search in fur			
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publ following amounts relating to these items:						
	(i) Revenue included on Form 990, Part VIII, line 1				•	<b>\$</b>	
	ii)Assets included in Form 990, Part X						
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1	cal treasures, or oth	ner similar asse	ets for financ			
а	Revenue included on Form 990, Part VIII, line 1				:	<b>\$</b>	
b	Assets included in Form 990, Part X					<b>▶</b> \$	
	Paperwork Reduction Act Notice, see the Instruction					Schedule D (F	orm 990) 201

 $\boldsymbol{d}$  Equipment .

	edule D (101111 990) 2					0.1	<b>a.</b>	rage	<u>.                                    </u>
		tions Maintaining C						•	—
3	Using the organiza items (check all th	tion's acquisition, access at apply):	sion, and other re		any of the	e following that are a	significant use of its	s collection	
а	Public exhib	tion		d		oan or exchange prog	grams		
b	☐ Scholarly re	search		e	□ o	ther			
С	☐ Preservation	for future generations							
4	Provide a descripti Part XIII.	on of the organization's	collections and ex	oplain how the	y further	the organization's e	xempt purpose in		
5		id the organization solici o raise funds rather thar						es 🗆 No	
Pa	rt IV Escrow a	nd Custodial Arran	gements.						_
	X, line 21							Form 990, Part	
1a		an agent, trustee, custo 1990, Part X?						es 🗆 No	
b	If "Yes," explain th	ne arrangement in Part X	(III and complete	the following	table:		Amount		
С	Beginning balance								
d	Additions during th	ne year				1d			
е	Distributions durin	g the year				1e			
f	Ending balance .					<b>1</b> f			
2a	Did the organization	on include an amount on	Form 990, Part X	(, line 21, for	escrow o	r custodial account lia	ability? 🗌 \Upsilon	es 🗌 No	
b	If "Yes," explain th	e arrangement in Part X	(III. Check here if	the explanati	on has be	een provided in Part :	хии П		
Pa	rt V Endowm	ent Funds.							_
	Complete	if the organization ar					I		_
	Destruction of community	-1	(a) Current y	ear <b>(b)</b> P 7,197	rior year 6,945,11		(d) Three years back 5,743,176	(e) Four years back 5,866,874	_
	Beginning of year b			6,867	203,12	<del></del>	· · ·	91,882	_
	Contributions .			2,334	-476,32		,	-54,154	_
		nings, gains, and losses	1,20	2,331	170,32	001,733	303,310		-
	Grants or scholarsh	•							_
	Other expenditures and programs .		24	4,957	134,72	182,225	166,284	161,426	6 <del>-</del>
	Administrative expe								_
g	End of year balance		7,65	1,441	6,537,19	6,945,119	6,182,952	5,743,176	6 <del>-</del>
2		ted percentage of the cu	urrent year end ba	alance (line 1	g, column	ı (a)) held as:			
а	Board designated	or quasi-endowment 노							
b	Permanent endow	ment ▶ 100.000 %							
C	Temporarily restric	ted endowment 🟲	********						
		n lines 2a, 2b, and 2c sh	•						
3a	Are there endowm organization by:	ent funds not in the pos	session of the org	anization that	are held	and administered fo	r the	Yes No	
	(i) unrelated orga	nizations					3	a(i) No	•
	(ii) related organi	zations					3:	a(ii) No	
b	If "Yes" on 3a(ii),	are the related organizat	tions listed as req	uired on Sche	dule R?			3b	
4		III the intended uses of t		endowment f	unds.				_
Pai		<b>ildings, and Equipm</b> if the organization ar		n Form 990	, Part IV	, line 11a. See Fo	rm 990, Part X, liı	ne 10.	
	Description of prop	erty (a) Cost or		Cost or other				(d) Book value	_
12	Land				9 (	000		9,0	00
	Buildings				9,138,0		5,009,064	4,129,0	
U		'			2,130,1		2,002,001		<u> </u>

544,192

1,713,018

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

69,667

863,434

474,525

849,584

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990	) Part I\/  :-	ne 111	See Form 000	Part X line 12
	(a) Description of security or category (including name of security)	(b) Book	16 TT[	(c) Metho	part X, line 12. od of valuation: f-year market value
(1) Financia	al derivatives	value			
	held equity interests				
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col. (B) line 12.)	<b>•</b>			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on Form 990	, Part IV, lir	ne 110	. See Form 990,	Part X, line 13.
	(a) Description of investment			(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colum	nn (b) must equal Form 990, Part X, col.(B) line 13.)		<b>•</b>		
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Form 990,	Part IV, lin	e 11d	. See Form 990, Pa	rt X, line 15.
(1)	(a) Description	,		,	(b) Book value
(1)					
(2)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu	umn (b) must equal Form 990, Part X, col.(B) line 15.)				<b>•</b>
	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	. Part IV, lin	e 11e	or 11f.See Form	
1.	(a) Description of liability income taxes				(b) Book value
(3)	meeme taxes				
(4)					
(5)					
(6)					1
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col.(B) line 25.)			•	<u>'</u>
	or uncertain tax positions. In Part XIII, provide the text of the footr I's liability for uncertain tax positions under FIN 48 (ASC 740). Chec				_

2d

2e 841,842 е Subtract line **2e** from line **1** . . . . . . . . . 3 3 2,253,641 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:

Investment expenses not included on Form 990, Part VIII, line 7b . 4a 20,158 4b b Add lines **4a** and **4b** . . . . . . . . 4c C

5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . . . . 5 Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

2,273,799 Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a. Total expenses and losses per audited financial statements . . . . . 1 1,804,537 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

Donated services and use of facilities . . . 2a

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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:

Other (Describe in Part XIII.)

Prior year adjustments . . . . .

Supplemental Information

Other (Describe in Part XIII.) . . .

Add lines 2a through 2d .

Return Reference

3 Subtract line 2e from line 1 . . . . . . . . Amounts included on Form 990, Part IX, line 25, but not on line 1: 4a Investment expenses not included on Form 990, Part VIII, line 7b . . .

4

Schedule D (Form 990) 2019

1

2

d

C

d

е

5

Part XIII

See Additional Data Table

b 

Add lines **4a** and **4b** . . . . . . . . . . . .

Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . . . .

XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part

4b

Explanation

2b

2c

2d

20.158

2e

3

5

4c

Schedule D (Form 990) 2019

Page 4

3,095,483

20,158

1,804,537

20,158

1.824.695

chedule D (Form 990) 2019	Page <b>5</b>
Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2019

#### **Additional Data**

Software ID: Software Version:

**EIN:** 14-0978200

Name: POUGHKEEPSIE RURAL CEMETERY

**Supplemental Information** 

r.ml

Return Reference Explanation

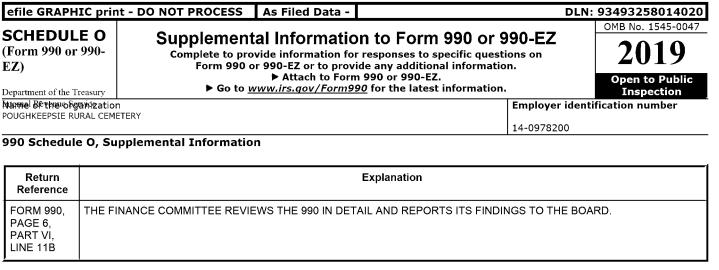
SCHEDULE D, PAGE 3, PART X

THE CEMETERY'S ACCOUNTING POLICY IS TO PROVIDE LIABILITIES FOR UNCERTAIN TAX POSITIONS WHE N A LIABILITY IS PROBABLE AND ESTIMATABLE. MANAGEMENT IS NOT AWARE OF ANY VIOLATIONS OF IT S TAX STATUS AS AN ORGANIZATION EXEMPT FROM INCOME TAXES, NOR ANY EXPOSURE TO UNRELATED BU SINESS INCOME TAX.

efil	e GRAPHIC pr	int - DO NOT PROCESS	As Filed Dat	a -	DLN: 93	49325	8014	020
Schedule J (Form 990)		Co	mpensat	ion Information	0	MB No.	1545-0	0047
		For certain Officers, Directors, Trustees, Key Employees, and Highest						
		► Complete if the org	Compensa anization answ	ated Employees vered "Yes" on Form 990, Part IV,	, line 23.	2019		
Denar	tment of the Treasury	▶ Go to www.irs.go		i to Form 990. instructions and the latest inforn	mation.	Openi		
Intern	al Revenue Service	•				Insp	ectio	n
	me of the organiza IGHKEEPSIE RURAL (				Employer identifica	tion nu	ımber	
					14-0978200			
Pa	rt I Questi	ons Regarding Compensat	tion				Yes	N
1a				the following to or for a person liste y relevant information regarding the			165	No_
	☐ First-class	or charter travel	<b>✓</b>	Housing allowance or residence for	personal use			
	_	companions		Payments for business use of person	nal residence			
		nification and gross-up payments	; <u> </u>	Health or social club dues or initiation				
	☐ Discretion	ary spending account	Ш	Personal services (e.g., maid, chauf	feur, chef)			
b				follow a written policy regarding pay ve? If "No," complete Part III to expl		1b	Yes	
2				or allowing expenses incurred by all	1-3	2	Yes	
	directors, truste	es, officers, including the CEO/E	xecutive Directo	r, regarding the items checked on Lir	ie la?			
3				ed to establish the compensation of the	ne			
				not check any boxes for methods CEO/Executive Director, but explain i	n Part III.			
	☐ Compensa	ation committee	<b>✓</b>	Written employment contract				
		ent compensation consultant		Compensation survey or study				
	☐ Form 990	of other organizations	$\checkmark$	Approval by the board or compensa	tion committee			
4	During the year related organiza		990, Part VII, Se	ction A, line 1a, with respect to the fi	iling organization or a			
а	Receive a sever	ance payment or change-of-cont	rol payment? .			4a		No
b	Participate in, o	r receive payment from, a supple	emental nonqual	ified retirement plan?		4b		No
c			•	nsation arrangement?		4c		No
	If "Yes" to any o	of lines 4a-c, list the persons and	I provide the app	plicable amounts for each item in Part	t III.			
	Only 501(c)(3	), 501(c)(4), and 501(c)(29)	organizations	must complete lines 5-9.				
5	For persons liste		n A, line 1a, did	the organization pay or accrue any				
а	·	1?				5a		
b	=					5b		
		5a or 5b, describe in Part III.						
6		ed on Form 990, Part VII, Section ontingent on the net earnings of		the organization pay or accrue any				
а	The organization	1?				6a		
b						6b		
	•	6a or 6b, describe in Part III.			_			
7	For persons liste payments not d	ed on Form 990, Part VII, Section escribed in lines 5 and 6? If "Yes	n A, line 1a, did ;," describe in Pa	the organization provide any nonfixed rt III	d 	7		
8	subject to the ir	nitial contract exception describe	d in Regulations	red pursuant to a contract that was section 53.4958-4(a)(3)? If "Yes," de 		8		
9				presumption procedure described in		9		
For F	Paperwork Redu	ction Act Notice, see the Inst	tructions for Fo	orm 990. Cat. No. 5	50053T Schedule	(Forn	1990)	2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII. Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual. (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (C) Retirement and (D) Nontaxable (E) Total of columns (F) Compensation in (B)(i)-(D) other deferred benefits column (B) reported (i) Base (ii) Bonus & incentive (iii) Other compensation as deferred on prior compensation compensation reportable Form 990 compensation 1 BRIAN BERRYANN 144,784 (i) 31,843 176,627 SUPERINTENDENT (ii)





Return Explanation
Reference

FORM 990, ON AN ANNUAL BASIS, A CONFLICT OF INTEREST STATEMENT IS COMPLETED BY EACH BOARD MEMBER. TH ESE STATEMENTS ARE REVIEWED BY THE AUDIT COMMITTEE.

PART VI,
LINE 12C

Return Explanation
Reference

FORM 990,	THE BOARD REVIEWS AND APPROVES THE BUDGET, WHICH INCLUDES SALARIES FOR ALL EMPLOYEES, INCLUDING
PAGE 6,	THE SUPERINTENDENT.
PART VI,	
LINE 15A	

Return Explanation
Reference

FORM 990,	THE BOARD REVIEWS AND APPROVES THE BUDGET, WHICH INCLUDES SALARIES FOR ALL EMPLOYEES, INCLUDING
PAGE 6,	THE SUPERINTENDENT.
PART VI,	
LINE 15B	

Return Explanation
Reference

LINE 19

FORM 990, THE CEMETERY MAKES THE GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.
PAGE 6,
PART VI.

Datum

Reference	Explanation	
PART IX,	MAUSOLEUM EXP 53,615 0 0 UTILITIES 22,047 3,083 0 CREDIT CARD FEES 25,020 0 0 FOUNDATIONS, GRAVE LINERS 22,067 0 0 LAWN CRYPT EXP 21,755 0 0 ASSESSMENT 15,278 0 0 CONTRIBUTIONS 15, 259 0 0 BUILDING SUPPLIES & MAINT 6,277 2,092 0 MISCELLANEOUS 1,794 5,162 0 TELEPHONE 4,18 6 1,396 0 GAZEBO GARDEN 4,287 0 0 UNIFORMS 3,763 0 0 BUSINESS EXP & CONFERENCE 688 229 0 T OTAL 196,036 11,962 0	

Funlamation