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Form **990-EZ****Short Form
Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2011**Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**A** For the 2011 calendar year, or tax year beginning , and ending

Check if applicable

Address change

Name change

Initial return

Terminated

Amended return

Application pending

C Name of organization**The Funeral Directors & Morticians
Association of North Carolina, Inc**

Number and street (or P.O. box, if mail is not delivered to street address)

PO Box 334

Room/suite

City or town, state or country, and ZIP + 4

Albemarle**NC 28002****D** Employer identification number**56-1393239****E** Telephone number**704-732-1041****F** Group Exemption
Number**G** Accounting Method ☒ Cash ☐ Accrual Other (specify) ►**I** Website: ► **www.fdmanc.org****H** Check ☒ if the organization is not
required to attach Schedule B
(Form 990, 990-EZ, or 990-PF)**J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c)(6) (insert no) ☐ 4947(a)(1) or ☐ 527**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ.► \$ **102,000****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

☒

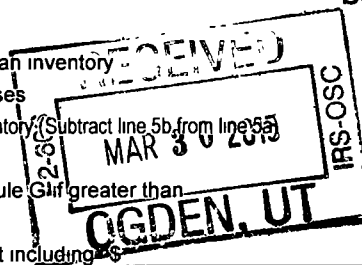
Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	52,800
	4	Investment income	4	931
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			
c	Less direct expenses from gaming and fundraising events			
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold			
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8	48,269	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	102,000	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	12,980
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	194
	16	Other expenses (describe in Schedule O)	16	90,062
	17	Total expenses. Add lines 10 through 16	17	103,236
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-1,236
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	106,775
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	-17
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	105,522

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990-EZ** (2011)Statute clear
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Part II Balance Sheets. (see the instructions for Part II.)Check if the organization used Schedule O to respond to any question in this Part II ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	106,775	22	105,522
23 Land and buildings	0	23	
24 Other assets (describe in Schedule O)	0	24	
25 Total assets	106,775	25	105,522
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	106,775	27	105,522

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)Check if the organization used Schedule O to respond to any question in this Part III ☒

What is the organization's primary exempt purpose?

See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 Encourages and promotes the study of mortuary science by conducting educational seminars in NC within five geographical districts, an annual trade show, and annual state convention. (Grants \$) If this amount includes foreign grants, check here ☐	28a
29 (Grants \$) If this amount includes foreign grants, check here ☐	29a
30 (Grants \$) If this amount includes foreign grants, check here ☐	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ☐	31a
32 Total program service expenses (add lines 28a through 31a) ☐	32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV.)Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Lori M Chappell, CFSP P O Box 334 Albemarle NC 28002-0334	President 20.00	0	0	0
Anthony F Worley P O Box 334 Albemarle NC 28002-0334	1st Vice President 1.00	0	0	0
Rev Dr. Tyrone Jones, III, CFSP P O Box 334 Albemarle NC 28002-0334	2nd Vice President 1.00	0	0	0
Cheryl V Anderson, CFSP P O Box 334 Albemarle NC 28002-0334	Secretary 25.00	0	0	0
Mary Francis White P O Box 334 Albemarle NC 28002-0334	Treasurer 5.00	0	0	0
Keisha Manson P O Box 334 Albemarle NC 28002-0334	Recording Secretary 3.00	0	0	0
Elizabeth Williams-Smith P O Box 334 Albemarle NC 28002-0334	Asst Recording Secr 1.00	0	0	0
Don D Brown P O Box 334 Albemarle NC 28002-0334	Chairman of Board 5.00	0	0	0
Ernest Perkins P O Box 334 Albemarle NC 28002-0334	Chaplain 1.00	0	0	0
James Bradford Humphrey III P O Box 334 Albemarle NC 28002-0334	Asst Chaplain 1.00	0	0	0
Nelson Graham P O Box 334 Albemarle NC 28002-0334	Sergeant-At-Arms 1.00	0	0	0
George J Durham Jr P O Box 334 Albemarle NC 28002-0334	Asst Serg-At-Arms 1.00	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 10,700		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39a Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9		
b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 None , section 4912 None , section 4955 None		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41 List the states with which a copy of this return is filed None		
42a The organization's books are in care of Mary Francis White Telephone no 704-732-1041 P O Box 1133 Located at Lincolnton NC ZIP + 4 28093		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country None See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country None		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
c Did the organization receive any payments for indoor tanning services during the year?		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		X

Form 990-EZ (2011) **The Funeral Directors & Morticians** 56-1393239

Page 4

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I.

	Yes	No
46		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II.

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

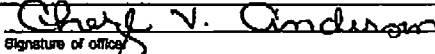
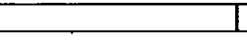
d Total number of other independent contractors each receiving over \$100,000 ▶

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1)

nonexempt charitable trusts must attach a completed Schedule A.

☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	 Signature of officer		 Date	
	Cheryl Anderson Type or print name and title		Secretary	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed PTIN
	Thomas E. Spivey	Thomas E. Spivey	03/05/15	P00031276
	Firm's name *	Firm's EIN *		
	Thomas E. Spivey, CPA, PA		56-1349287	
	Firm's address *		Phone no.	
	PO Box 1542 Durham, NC 27702		919-484-3000	

May the IRS discuss this return with the preparer shown above? See instructions.

☒ Yes ☐ No

Form 990-EZ (2011)

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**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.

OMB No 1545-0047

2011Open to Public
Inspection

Name of the organization

**The Funeral Directors & Morticians
Association of North Carolina, Inc**

Employer identification number

56-1393239**Form 990-EZ, Part I, Line 8 - Other Revenue**

Description	Amount
Convention Income	\$ 35,501
Lobbyist Contributions	\$ 7,225
Conference Rev	\$ 4,246
Miscellaneous Income	\$ 697
Contribution Income	\$ 600
Total	\$ 48,269

Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	
Office Expense	\$ 638
Travel	\$ 500
Conferences/Meetings	\$ 36,527
Insurance	\$ 857
Licenses & Permits	\$ 100
Stipends	\$ 5,595
National Dues	\$ 40,606
Benevolent	\$ 467
Supplies	\$ 337
Telephone	\$ 2,165
Bank Charges	\$ 121
Advertising	\$ 399
Dues & Subscriptions	\$ 1,750

Name of the organization

The Funeral Directors & Morticians

Employer identification number

56-1393239**Total \$ 90,062****Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances****Description****Amount****Temporary Increase in Investments****\$ -17****Form 990-EZ, Part III - Primary Exempt Purpose**

Improving the funeral industry by encouraging and promoting the study of mortuary science.