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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 private foundations)

2014

OMB No 1545-1150

20 14

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Open to Public Inspection

			2014 calendar year, or tax year beginning and ending					
Increase Plancing   Product   Production		Check if applicab	C Name of organization D Em	ployer identification number				
Number and street (or P.O. box, d mail so not delivered to street address)   Room/sute   Extending the mail of t		Addre	ess change					
Program service revenue country and ZiP or foreign postal code		Name		57-6087235				
Section   Contributions   C		Initial	Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite   E Te	elephone number				
Agrenment action   City or Iown, state or province, country, and 2/P or foreign postal code   Agrenment   Agrenment   MOLILY RITLL, SC 29059   Number   N		Final termi	hated C/O FIRST NATIONAL BANK OF SC PO BOX 38	(803) 496-5011				
According Method:		Amer	10					
Website: N / A   Not required to attach Schedule B   Tazecempt status (check only one) —   So1(c)(3)   X   So1(c)(1   3   4947(a)(1) or   So27   (Form 390, 990-F2, or 990-F5)		Applica	abon pending HOLLY HILL, SC 29059	umber >				
Tax-exempt status (check only one)	G	Accour	nting Method: X Cash Accrual Other (specify)	neck X if the organization is				
K Form of organization:	Ļ	Websit	e: ►N/A no	ot required to attach Schedule B				
L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II).  column (8) below) are \$500,000 or more, lie Form 900 instead of Form 900-EZ  Column (8) below) are \$500,000 or more, lie Form 900 instead of Form 900-EZ  Column (8) below) are \$500,000 or more, lie Form 900 instead of Form 900-EZ  Column (8) below) are \$500,000 or more, lie Form 900 instead of Form 900-EZ  Column (8) below) are \$500,000 or more, lie Form 900 instead of Form 900-EZ  Column (8) below) are \$500,000 or more, lie Form 900-EZ  Column (8) below) are \$500,000 or more, lie Form 900-EZ  Column (8) below) are \$500,000 or more, lie Form 900-EZ  Column (8) below) are \$500,000 or more, lie Form 900-EZ  Column (8) below) are \$500,000 or more, lie Form 900-EZ  Column (8) below) are \$500,000 or more, lie Form 900-EZ  Column (9) below) are \$500,000 or more, lie Form 900-EZ  Column (9) below) are \$500,000 or more, lie Form 900-EZ  Column (9) below) are \$500,000 or more, lie Form 900-EZ  Column (9) below) are \$500,000 or more, lie Form 900-EZ  Column (9) below are \$500,000 or more, lie Form 900-EZ  Column (9) below are \$500,000 or more, lie Form 900-EZ  Column (9) below are \$500,000 or more, lie Form 900-EZ  Column (9) below are \$500,000 or more, lie Form 900-EZ  Column (9) below are \$500,000 or more, lie Form 1000-EX  Column (9) below are \$500,000 or more, lie Form 1000-EX  Column (9) below are \$500,000 or more lie Form 1000-EX  Column (9) below are an expected on lie 1) (attach \$5000)  Column (9) below and assessments  Column (9) below are an expected on line 1) (attach \$5000)  Column (9) below and assessments	<u>J</u>	Tax-ex	empt status (check only one) — 501(c)(3) X 501(c) ( 13 ) ◀(insert no.) 4947(a)(1) or 527 (F	orm 990, 990-EZ, or 990-PF).				
Column (8) below) are \$500,000 or more, file Form 990 instead of Form 990. Research of	K	Form o	f organization: Corporation X Trust Association Other					
Part I   Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	L	Add lin	es 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,	-				
Check if the organization used Schedule O to respond to any question in this Part I    Contributions, grifs, grants, and similar amounts received   1   2   2   3			(B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	<b>▶</b> \$ 50,901.				
1 Contributions, gifs, grants, and similar amounts received 2 Program service revenue entuding government fees and contracts 3 Membership dues and assessments 4 Investment mome 5 SRE SCHRDULE .O 5 Gross amount from sale of assets other than inventory 5 Less; cost or other basis and sales expenses. 6 Gaming and fundraising events 7 C Gaming and fundraising events 7 C Gaming and fundraising events (not including 5, 15,000) 8 Gross income from gaming (attach, Schedule Grif greater than, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,	P	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instruction	s for Part I)				
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assests other than inventory 5a J 32,500. 5b J 29,055. 6 Gam or (loss) from sale of assests other than inventory (Subtract line 5b from line 5a) 6 Gaming and fundraising events a Gross income from gaming (attach Schedule, Gef greater than, \$15,000) 6 Gross income from gaming (attach Schedule, Gef greater than, \$15,000) 6 Gross income from fundraising events (attach Schedule Gef it the sum of such gross income and contributions exceeds \$15,000) 6 C Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 7 a Gross sales of inventory, less returns and allowances 7 a Other revenue (describe in Schedule O) 7 a Other revenue (describe in Schedule O) 7 a Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 21, 846. 9 21, 846. 10 Grants and similar amounts paid (list in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Total expenses. Add lines 1 (Proposition) (Propositio			Check if the organization used Schedule O to respond to any question in this Part I	X				
3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory 5 Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses. 5 Gross income from garning attach. Schedule, Grif greater than, St5,000 5 Gross income from garning (attach. Schedule, Grif greater than, St5,000) 6 Gross income from garning (attach. Schedule, Grif greater than, St5,000) 6 Gross income from tundraising events (not including \$		1	Contributions, gifts, grants, and similar amounts received	1				
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from fundraising events reported on line 1) (attach schedule G if the sum of such gross income and contributions exceeds \$15,000)    Columbia	25	5a						
from fundraising events reported on line 1) (attach schedule G if the sum of such gross income and contributions exceeds \$15,000)    Columbia		b	Less: cost or other basis and sales expenses. 5b 29,055	<u>.</u> ]				
from fundraising events reported on line 1) (attach schedule G if the sum of such gross income and contributions exceeds \$15,000)    Columbia	$\geq$	C	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c 3,445.				
from fundraising events reported on line 1) (attach schedule G if the sum of such gross income and contributions exceeds \$15,000)    Columbia	2	6						
from fundraising events reported on line 1) (attach schedule G if the sum of such gross income and contributions exceeds \$15,000)    Columbia	10	а	Gross income from gaming (attach Schedule Guf greater than					
from fundraising events reported on line 1) (attach schedule G if the sum of such gross income and contributions exceeds \$15,000)    Columbia	و ا			<u> </u>				
from fundraising events reported on line 1) (attach schedule 6 if the sum of such gross income and contributions exceeds \$15,000)    Columbia	ě	b						
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)  7a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)  8 Other revenue (describe in Schedule 0)  9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8  10 Grants and similar amounts paid (list in Schedule 0)  11 Benefits paid to or for members  12 Salaries, other compensation, and employee benefits  13 Professional fees and other payments to independent contractors  14 Occupancy, rent, utilities, and maintenance  15 Printing, publications, postage, and shipping  16 Other expenses (describe in Schedule 0)  17 Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 9)  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  19 440, 899.  20 0.  Net assets or fund balances at end of year. Combine lines 18 through 20	5							
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10   Grants and similar amounts paid (list in Schedule O)   SEE SCHEDULE O   10   37,000.   11   Benefits paid to or for members   11     2   Salaries, other compensation, and employee benefits   12     3   Professional fees and other payments to independent contractors   13   8,316.   4   Occupancy, rent, utilities, and maintenance   14     5   Printing, publications, postage, and shipping   15     6   Other expenses (describe in Schedule O)   16     7   Total expenses. Add lines 10 through 16   17   45,316.   8   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   <23,470.>   9   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   440,899.   20   Other changes in net assets or fund balances (explain in Schedule O)   20   0.   Net assets or fund balances at end of year. Combine lines 18 through 20   21   417,429.		1 -		8				
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12   Salaries, other compensation, and employee benefits   12   13   Professional fees and other payments to independent contractors   13   8,316.     14   Occupancy, rent, utilities, and maintenance   14     15   Printing, publications, postage, and shipping   15     16   Other expenses (describe in Schedule O)   16     17   Total expenses. Add lines 10 through 16   17   45,316.     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   <23,470.     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   440,899.     20   Other changes in net assets or fund balances (explain in Schedule O)   20   0.     17   Vertical expenses (describe in Schedule O)   20   0.     18   Vertical expenses (describe in Schedule O)   20   0.     19   Vertical expenses (describe in Schedule O)   20   0.     21   Vertical expenses (describe in Schedule O)   21   417,429.     22   Vertical expenses (describe in Schedule O)   21   417,429.     23   Vertical expenses (describe in Schedule O)   21   417,429.     24   Vertical expenses (describe in Schedule O)   21   417,429.     25   Vertical expenses (describe in Schedule O)   21   417,429.     26   Vertical expenses (describe in Schedule O)   21   417,429.     27   Vertical expenses (describe in Schedule O)   21   417,429.     28   Vertical expenses (describe in Schedule O)   21   417,429.     29   Vertical expenses (describe in Schedule O)   21   417,429.     20   Vertical expenses (describe in Schedule O)   21   417,429.     20   Vertical expenses (describe in Schedule O)   21   417,429.     20   Vertical expenses (describe in Schedule O)   21   417,429.     20   Vertical expenses (describe in Schedule O)   21   417,429.     21   Vertical expenses (describe in Schedule O)   21   417,429.     21   Vertical expenses (describe in Schedule O)   21   417,429.     21   Vertical expenses (describe in Schedule O)   22   417,429.     22   Vertical expenses (describe			, , , , , , , , , , , , , , , , , , , ,	10 37,000.				
13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule 0) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule 0) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 417,429.								
15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20  15  16  17  45, 316.  223, 470.  29  19  440, 899.  20  0.  10  11  12  13  14  17  19  19  19  19  19  19  19  19  19	Ses							
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17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (explain in Schedule 0)  21 Net assets or fund balances at end of year. Combine lines 18 through 20  17 45,316.  22 23,470.  18 45,316.  19 440,899.  20 0ther changes in net assets or fund balances (explain in Schedule 0)  20 0.		Į	· · · · · · · · · · · · · · · · · · ·					
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21 Net assets or fund balances at end of year. Combine lines 18 through 20	ţ							
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Pa	Balance Sheets (see the instructions for Part II)				
	Check if the organization used Schedule O to response	oond to any que			
		Ĺ	(A) Beginning of year	<del></del>	nd of year
22	Cash, savings, and investments	Ĺ	440,899.	. 22	417,429.
23	Land and buildings	. [		23	
24	Other assets (describe in Schedule 0)			24	
25	Total assets		440,899.	25	417,429.
26	Total liabilities (describe in Schedule 0)	·	0.		0.
27	·	Ì	440,899.		417,429.
	art III Statement of Program Service Accomplishmen	ts (see the instri			penses
	Check if the organization used Schedule O to res	•	· .		
\/ha	at is the organization's primary exempt purpose?PERPETUAL CARE			501(c)(3) a	and 501(c)(4)
				organizatio	ns; optional for
	ribe the organization's program service accomplishments for each of its three largest program s her, describe the services provided, the number of persons benefited, and other relevant informa		penses in a clear and concise	oulors.)	
	<u> </u>			<del></del>	
28	GENERAL CEMETERY GROUNDS MAINTENANCE	<u> </u>			
			<del> </del>	<u> </u>	
	(Grants \$ ) If this amount includes foreign g	rants, check here	<u> </u>	28a	
29					
				_	
		·			
	(Grants \$ ) If this amount includes foreign g	rants, check here	<b>. &gt;</b>	29a	
30					
		<del>_</del> =			
				_	
	(Grants \$ ) If this amount includes foreign g	rants, check here		30a	
31	Other program services (describe in Schedule O)	,			
	(Grants \$) If this amount includes foreign g	rants check here		□  31a	
	<del></del>			▶ 32	
37	Total program service expenses (add lines 28a through 31a)				
32 Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E	mplovees (list each	one even if not compensated - s	see the instructions for	or Part IV
32 <b>P</b> a	art IV List of Officers, Directors, Trustees, and Key E			see the instructions for	or Part IV)
32 Pa	Total program service expenses (add lines 28a through 31a) art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any que	stion in this Part IV	see the instructions fo	
32 Pa	Check if the organization used Schedule O to res	pond to any que (b) Average hours	estion in this Part IV  (c) Reportable compensation (Forms	(d) Health benefits, contributions to	(e) Estimated
Pa	art IV List of Officers, Directors, Trustees, and Key E	pond to any que	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred	
Pa	Check if the organization used Schedule O to res  (a) Name and title	pond to any que (b) Average hours per week devoted t	estion in this Part IV  (c) Reportable compensation (Forms	(d) Health benefits, contributions to employee benefit	(e) Estimated amount of other
ES	Check if the organization used Schedule O to res  (a) Name and title  STHER NASH	pond to any que (b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (ff not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
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Pa	instructions for Part V) Check if the organization used Sch. O to respond to any question in the	ts in t	he + \/	
	instructions for rate vy officer in the organization used och. O to respond to any question in the	- Pai		X
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	$\Gamma$	Yes	NO
00	activity in Schedule O	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	- 00		-22
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		х
35 a	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)?	35a		х
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	N/	
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	35c		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	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions  137a 0	7 1		
	Did the organization file Form 1120-POL for this year?	37b	_	X
30 a	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?			.,
h	If "Yes," complete Schedule L, Part II and enter the total amount involved    386   N/A	38a		X
39	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities  39b  N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit	1		
	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	40b	N/	A
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organization \\ \N/A			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter		1	
	transaction? If "Yes," complete Form 8886-T	_40e		X
41	List the states with which a copy of this return is filed NONE  The propagation is back as in case of NONE NAME OF CO. This back are in case of NONE.	400	<u> </u>	2.0
42 a	The organization's books are in care of ► FIRST NATIONAL BANK OF SC  Located at ► 801 GILWAY STREET, HOLLY HILL, SC  Telephone no. ► (803)  ZIP+4 ►			36
h	Located at   801 GILWAY STREET, HOLLY HILL, SC  At any time during the calendar year, did the organization have an interest in or a signature or other authority	<u> 2905</u>	9	
•	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b	100	X
	If "Yes," enter the name of the foreign country:	12.0		-23
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		Х
	If "Yes," enter the name of the foreign country:			
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	N/A		
				, <del></del> -
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of		!	
	Form 990-EZ	44a		X
D	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
_	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	44c		_X
a	in sees to line 44c, has the organization filed a Form 720 to report these payments? It "No," provide an explanation in Schedule O			
45 2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d		v
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	45a		X
	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
		1 700		<u> </u>

ST. GEORGE CEMETERY PERPETUAL CARE FUND 57-6087235 Page 3

Form	990-EZ	(2014)	_ST.	GEOF	RGE CI	EMET	ERY 1	PERPET	UAL CAI	RE FUI	ND		57-6	0872	35	F	age 4
			-,													/es	No
46	Did the	organizatı	on engage	, directly or	indirectly,	ın politic	al campai	ign activities	on behalf of or	ın oppositio	n to cand	idates for pu	iblic office	₃? [			
	If "Yes,"	complete	Schedule	C, Part I											46		X
Pa	rt VI	Secti	on 501(	c)(3) org	ganizati	ions o	nly										
		All sect	ion 501(c	:)(3) organ	zations m	nust ans	wer que	stions 47-4	9b and 52, ar	nd complet	te the tab	oles for line	s 50 and	151.			
									uestion in thi								
					<u> </u>										1	<b>Yes</b>	No
47	Did the	organizat	on engage	ın lobbyind	activities	or have a	section 5	501(h) electio	on in effect duri	ing the tax v	ear? If "Ye	es." complete	e Sch. C. I	Part II	47		
48				-					mplete Schedul				•	_	48		
49 a		-						e related orga	•			•	•		19a		
b		-		anization a					•			•			19b		
50			_			-		employees (	other than offic	ers, director	rs. trustee	s and kev er	nplovees)	_		ived r	nore
								one, enter "No		,	•	•	, ., ., ,				
				and title of					(b) Averag	e hours	(c) F	Reportable	(d) Health	benefits,	(e)	Estim	ated
			• •			_			per week de		compens	sation (Forms 099-MISC)	contribu employe	e benefit		int of	
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1	Total n	number of	other empl	oyees paid	over \$100.	.000				<u> </u>							
51			-				pensated	 I independent	t contractors w	ho each rec	erved mor	e than \$100.	.000 of co	mpensat	on fro	m the	ب
٠.				e, enter "No		N/A	<b>,</b>					σ ια <b>φ</b> 100,	,000 0. 00				'
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52			-				_		tions must atta	 cha					_		
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Und				are that I ha	ve examin	ed this re	turn inch	luding accom	panying sched	ules and sta	tements :	and to the be	est of my	knowledi			
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14.	, the IDC		hio return :					29115-	±333					_ T	Yes		7
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## **SCHEDULE 0**

(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.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number CEODOR CEMEMBERY DEPORMITAT 57-6087235

ST. GEORGE CEMETERY PERPETUAL CARE FUND	57-6087235
FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
FIRST NATIONAL BANK OF SC	19.
BB&T SECURITIES, LLC	10,429.
BB&T SECURITIES, LLC	2,823.
BB&T SECURITIES, LLC (ACCRUED INT PD & BND PREM)	-478.
BB&T SECURITIES, LLC (CAPITAL GAINS)	5,608.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	18,401.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION:	
GRANTEE NAME: ST GEORGE CEMETARY INC	
GRANTEE ADDRESS: 801 GILWAY AVE HOLLY HILL, SC 29059	
GRANTEE RELATIONSHIP: NONE	
AMOUNT GIVEN:	37,000.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFI	T CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUN	DS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTR	ACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIU	MS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	·