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Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-1150

2015

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

ENVELOPE POSTMARK DATE MAY 09 2016

COMPLETED JUN 21 2016

A For the 2015 calendar year, or tax year beginning _____, and ending _____		B Check if applicable		C Name of organization PINE HILL CEM TUA		D Employer identification number 24-6020273	
		<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		Number and street (or P O box, if mail is not delivered to street address) 401 Market St, Y1372-062		Room/suite	
				City or town Philadelphia		State PA	ZIP code 19106-2112
				Foreign country name	Foreign province/state/county	Foreign postal code	
						E Telephone number 888-730-4933	
						F Group Exemption Number ►	
G Accounting Method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual		Other (specify) ► _____				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)	
I Website: ► <u>N/A</u>							
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (13) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527							
K Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other							
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 (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ						► \$ 73,403	
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 <input checked="" type="checkbox"/>							
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	
	4 Investment income					4	3,596
	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)						
	6 Gaming and fundraising events					5c	1,206
	a Gross income from gaming (attach Schedule G if greater than \$15,000)			6a			
	b Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)			6b			
	c Less direct expenses from gaming and fundraising events			6c			
	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	7a					
	b Less cost of goods sold	7b					
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)						
	8 Other revenue (describe in Schedule O)					7c	0
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					8	
						9	4,802
Expenses	10 Grants and similar amounts paid (list in Schedule O)					10	2,251
	11 Benefits paid to or for members					11	
	12 Salaries, other compensation, and employee benefits					12	3,295
	13 Professional fees and other payments to independent contractors					13	1,131
	14 Occupancy, rent, utilities, and maintenance					14	
	15 Printing, publications, postage, and shipping					15	
	16 Other expenses (describe in Schedule O)					16	50
	17 Total expenses. Add lines 10 through 16					17	6,727
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)					18	-1,925
	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	181,534
	20 Other changes in net assets or fund balances (explain in Schedule O)					20	399
	21 Net assets or fund balances at end of year. Combine lines 18 through 20					21	180,008

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2015)

G7

19

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	181,534	22 7,974
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24 172,034
25 Total assets	181,534	25 180,008
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	181,534	27 180,008

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? SUPPORTING ORGANIZATION

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, optional for others)

28 PINE HILL CEMETERY, 55 NORTH MAIN STREET, SHIKSINNY PA 18655

(Grants \$ 2,251) 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 0

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 title	(b) 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
WELLS FARGO BANK N A TRUSTEE	Hr/WK 4 00	3,295		
	Hr/WK			

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.

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 Yes No
33 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) Yes No
34 X

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)?
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 Yes No
35a X

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 Yes No
35b

35c Yes No
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 Yes No
36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** Yes No
b Did the organization file Form 1120-POL for this year? **37b** X

38 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? Yes No
b If "Yes," complete Schedule L, Part II and enter the total amount involved **38b** Yes No
38a X

39 Section 501(c)(7) organizations Enter Yes No
a Initiation fees and capital contributions included on line 9 Yes No
b Gross receipts, included on line 9, for public use of club facilities Yes No
39a
39b

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► Yes No , section 4912 ► Yes No , section 4955 ► Yes No
b Section 501(c)(3), 501(c)(4), and 501(c)(29) 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 Yes No
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 Yes No
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization Yes No
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 Yes No
40b
40e X

41 List the states with which a copy of this return is filed ► N/A

42 a The organization's books are in care of ► WELLS FARGO BANK N A Telephone no ► (888) 730-4933
Located at ► 401 Market St. Y1372-062 City Philadelphia ST PA ZIP + 4 ► 19106-2112 Yes No
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 ► Yes No
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 the U S ? If "Yes," enter the name of the foreign country ► Yes No
42b X
42c 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** 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 Yes No
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 Yes No
c Did the organization receive any payments for indoor tanning services during the year? Yes No
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 Yes No
44a X
44b X
44c X
44d
45a X
45b X

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Yes No
45 b 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) Yes No

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 only

All section 501(c)(3) organizations 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		
49a		
49b		

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

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

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

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 title of each employee	(b) 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
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			

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

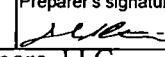
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	

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 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	John Sulentic SVP Wells Fargo Bank N A		Date 4/20/2016
	Signature of officer		Date
	JOHN SULENTIC		SVP Wells Fargo Bank N A
Paid Preparer Use Only	Print/Type preparer's name JOSEPH J CASTRIANO	Preparer's signature 	Date 4/20/2016
	Firm's name ► PricewaterhouseCoopers, LLC		Check <input checked="" type="checkbox"/> if self-employed PTIN P0125063
	Firm's address ► 600 GRANT STREET, Philadelphia 15219-2777	Firm's EIN ► 13-4008324	Phone no (888) 730-4933

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

► Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

2015

Open to Public
Inspection

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

Name of the organization

PINE HILL CEM TUA

Employer identification number

24-6020273

Form 990-EZ, Part I, Line 16, Other Expenses FOREIGN TAX WITHHELD 50

Form 990-EZ, Part I, Line 20, Net Assets Mutual Fund & CTF Income Additions 477

Form 990-EZ, Part I, Line 20, Net Assets Cost Basis Adjustment -4

Form 990-EZ, Part I, Line 20, Net Assets Mutual Fund & CTF Income Subtraction -74

Form 990-EZ, Part II, Line 24, Other Assets DODGE & COX INCOME FD COM #147 Beginning of

year 0, End of year 15,450

Form 990-EZ, Part II, Line 24, Other Assets HARBOR CAPITAL APRCTION-INST #2012 Beginning of

year 0, End of year 12,505

Form 990-EZ, Part II, Line 24, Other Assets T ROWE PRICE SHORT TERM BD FD #55 Beginning of

year 0, End of year 5,333

Form 990-EZ, Part II, Line 24, Other Assets ARTISAN INTERNATIONAL FD INS #662 Beginning of

year 0, End of year 6,843

Form 990-EZ, Part II, Line 24, Other Assets MERGER FUND-INST #301 Beginning of year 0, End

of year 1,647

Form 990-EZ, Part II, Line 24, Other Assets ARTISAN MID CAP FUND-INS #1333 Beginning of

year 0, End of year 7,017

Form 990-EZ, Part II, Line 24, Other Assets MET WEST TOTAL RETURN BOND CL I #512 Beginning

of year 0, End of year 17,148

Form 990-EZ, Part II, Line 24, Other Assets FID ADV EMER MKTS INC- CL I #607 Beginning of

year 0, End of year 7,934

Form 990-EZ, Part II, Line 24, Other Assets T ROWE PRICE REAL ESTATE FD #122 Beginning of

year 0, End of year 5,691

Form 990-EZ, Part II, Line 24, Other Assets EATON VANCE GLOBAL MACRO - I #0088 Beginning of

year 0, End of year 1,944

Form 990-EZ, Part II, Line 24, Other Assets DODGE & COX INT'L STOCK FD #1048 Beginning of

year 0, End of year 6,954

Name of the organization

PINE HILL CEM TUA

Employer identification number

24-6020273

Form 990-EZ, Part II, Line 24, Other Assets AMER CENT SMALL CAP GRWTH INST #336 Beginning of year 0, End of year 4,528

Form 990-EZ, Part II, Line 24, Other Assets MFS VALUE FUND-CLASS I #893 Beginning of year 0, End of year 16,515

Form 990-EZ, Part II, Line 24, Other Assets JP MORGAN MID CAP VALUE-I #758 Beginning of year 0, End of year 6,392

Form 990-EZ, Part II, Line 24, Other Assets STERLING CAPITAL STRATTON SMALL CAP Beginning of year 0, End of year 5,041

Form 990-EZ, Part II, Line 24, Other Assets ASG GLOBAL ALTERNATIVES-Y #1993 Beginning of year 0, End of year 3,438

Form 990-EZ, Part II, Line 24, Other Assets VANGUARD REIT VIPER Beginning of year 0, End of year 5,845

Form 990-EZ, Part II, Line 24, Other Assets AQR MANAGED FUTURES STR-I #15213 Beginning of year 0, End of year 1,849

Form 990-EZ, Part II, Line 24, Other Assets JPMORGAN HIGH YIELD FUND SS #3580 Beginning of year 0, End of year 4,697

Form 990-EZ, Part II, Line 24, Other Assets T ROWE PRICE INST FLOAT RATE #170 Beginning of year 0, End of year 1,623

Form 990-EZ, Part II, Line 24, Other Assets OPPENHEIMER DEVELOPING MKT-I #799 Beginning of year 0, End of year 9,715

Form 990-EZ, Part II, Line 24, Other Assets BLACKROCK GL L/S CREDIT-INS #1833 Beginning of year 0, End of year 4,867

Form 990-EZ, Part II, Line 24, Other Assets SPDR DJ WILSHIRE INTERNATIONAL REAL Beginning of year 0, End of year 6,841

Form 990-EZ, Part II, Line 24, Other Assets NEUBERGER BERMAN LONG SH-INS #1830 Beginning of year 0, End of year 6,848

Form 990-EZ, Part II, Line 24, Other Assets CREDIT SUISSE COMM RET ST-I #2156 Beginning of year 0, End of year 5,367