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Form **990-EZ**

Department of the Treasury

Internal Revenue Service

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)

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.

OMB No 1545-1150

2015

Open to Public Inspection

Α	For th	e 2015 calendar year, or tax year beginning , and ending								
<u>B</u>	Check	applicable C Name of organization D Employer ide					entification number			
Ш	Addres	s change	NEW SALEM CEMETERY CARE FUND							
\Box	Name o	change						56	-6277590	
	initial re	eturn	1 W 4th St 4th Floor MAC	D4000-041				E	Telephone nu	ımber
	Final retu	ım/terminated	City or town		State	ZIP co	de			
	Amend	ed return	Winston Salem		NC	2710	1-3818		888	3-730-4933
	Applica	tion pending	Foreign country name	Foreign provi	nce/state/county		n postal code	F	Group Exer	mption
					•	-	1		Number ▶	•
<u>-</u>	Accour	ating Mathad	▼ Cook □ Account	Other (see					N [V]	
G Accounting Method X Cash Accrual Other (specify) ► H Check ► X if the organ										
I Website: ►N/A not required to attach Schedu Tax-exempt status (check only one)										
<u> </u>	l ax-exe	mpt status (che	eck only one) —501(c)(3)	X 501(c) (13	3) ◀ (insert no)	4947(a)(1)	or527	,, ,,		
K	Form of	f organization	Corporation	X Trust	Association	□ ∘	ther			
L	Add line	es 5b, 6c, and	7b to line 9 to determine gro	ss receipts If gros	s receipts are \$200	,000 or mo	re, or if total	assets		
			elow) are \$500,000 or more, t						▶\$	52,492
Pa	art I	Revenu	e, Expenses, and Chai	nges in Net A	ssets or Fund l	Balances	s (see the	ınstru	ctions for	Part I)
		Check if	the organization used S	Schedule O to	respond to any	question	in this Pa	rtI.		. X
П	1	Contributio	ns, gifts, grants, and simila	r amounts recei	ved				1	· · · · _ · · · · · · · · · · · · ·
Ì	2		ervice revenue including go				•	•	2	· · · · · ·
	3		p dues and assessments			·			3	
- {	4	Investment	•						4	2,972
	5a	Gross amount from sale of assets other than inventory 5a 49,45								······································
	b	Less cost	or other basis and sales ex	75						
l	С	Gain or (los	(loss) from sale of assets of the fram inventory (Subtract line 5b from line 5a)							877
	6	Gaming an	saming and fundraising events							
	а	Gross inco	s income from gaming (attach Schedule G if greater than							
흵		\$15,000)	M .181.	AA II Q SON		6a			#.	
Revenue	b	Gross inco	me from fundraisingevents	s (not including	_\$ \$	of col	ntributions		T. l	ï
8		from fundra	using events reported on it	ne 1) (attach So	hedule & if the				A - A -	
ŀ		sum of suc	h gross income and contri	utions exceeds	\$15,0 00)	6b			\$1. \$	†
İ	С		ss 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							<u> </u>	•
ŀ		line 6c)	•						6d	0
ŀ	7a		s of inventory, less returns	and allowances		7a			┛` ┃	
	b		of goods sold .		• •	7b			7c	
ļ			profit or (loss) from sales of inventory (Subtract line 7b from line 7a)							0
ł	8		evenue (describe in Schedule O) .						8	68
\dashv	9		otal revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8						10	3,917
	10 11		s and similar amounts paid (list in Schedule O)							<u> </u>
		•	paid to or for members							
Se	12 13		ther compensation, and employee benefits							1 121
5	14		nal fees and other payments to independent contractors							1,131
Expenses	15		ncy, rent, utilities, and maintenance							_
۳	16		Printing, publications, postage, and shipping Other expenses (describe in Schedule O)							2 772
ļ	17		Total expenses. Add lines 10 through 16							2,773 6,812
寸	18				line 9)				17	-2,895
e S	19	Excess or (deficit) for the year (Subtract line 17 from line 9) Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with							''	-2,093
SS	. •		end-of-year figure reported on prior year's return)							126,796
Net Assets	20		ges in net assets or fund b		n in Schedule (A)	•	•		19 20	409
ž	21		or fund balances at end of			20		•	21	124,310
For			ion Act Notice, see the sepa				•			Form 990-EZ (2015)

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	990-EZ (2015) NEW SALEM CEMETERY CA	56-6277590			Page 2				
Par	Balance Sheets. (see the instructions for I Check if the organization used Schedule O to re		this Part II						
	Official interesting and a sea confedered to the	spond to any question in	unstartii .	(A) Beginning of	vear	I	(B) End of year		
22	Cash, savings, and investments				5,796	22	124,310		
23	Land and buildings .	·				23			
24	Other assets (describe in Schedule O) .	•				24			
25	Total assets			129	5,796	_	<u>124,310</u>		
26	Total liabilities (describe in Schedule O).		4.			26	104.040		
	Net assets or fund balances (line 27 of column (126	5,79 <u>6</u>	27	124,310		
Pa	rt III Statement of Program Service Accomplis Check if the organization used Schedule O t				\Box	Ì	Expenses		
1 A /In a			I III IIIIS PAIL III		므.	(Req	uired for section		
	it is the organization's primary exempt purpose?				—		c)(3) and 501(c)(4)		
	cribe the organization's program service accomplishine neasured by expenses. In a clear and concise manni						nizations, optional thers)		
	ons benefited, and other relevant information for each		novided, the hu	inber of			,		
	PROVIDE FOR THE PERPETUAL CARE AND MAI		W SALEM CEN	METERY					
	(Grants \$ 2,908) If this amount	includes foreign grants, o	heck here	<u> </u>	Ш	28a			
29	•								
	/O	· · · · · · · · · · · · · · · · · · ·	b to b		 i				
30	(Grants \$) If this amount	includes foreign grants, o	песк пеге	<u>P</u>	Ш	29a			
30					-				
	(Grants \$) If this amount	includes foreign grants, o	heck here	-	ΪÏ	30a			
31	Other program services (describe in Schedule O)	modera torongni granno, u				- 00a			
		includes foreign grants, o	heck here	•		31a	ļ		
32	Total program service expenses. (add lines 28a t	hrough 31a)			•	32	0		
Pa	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						
		(b) Average	(c) Reportable	1-7			(a) Estimated amount of		
	(a) Name and title	hours per week (Forms W-2/1099-					(e) Estimated amount of other compensation		
	· ·	devoted to position	(if not paid, enter				· · · · · · · · · · · · · · · · · · ·		
	LLS FARGO BANK N A					ľ	•		
<u>TRL</u>	JSTEE	Hr/WK 4 00	2	,752					
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Par	Other Information (Note the Schedule A and personal benefit contract statement requirements i instructions for Part V) Check if the organization used Schedule O to respond to any question in t		t V	Г				
			Yes	No				
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a							
34	detailed description of each activity in Schedule O	33	<u> </u>	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)	34		x				
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	34		 ^- -				
-	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х				
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	35b	-	 ^				
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	333						
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III							
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							
	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			37 38				
	Did the organization file Form 1120-POL for this year?	37b		<u>, x</u>				
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	~ ~		X				
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?							
	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 504(4)(7)	- * *	% ₹	ř				
39	Section 501(c)(7) organizations Enter	» \$	\$	*				
a h	Initiation fees and capital contributions included on line 9 Gross receipts, included on line 9, for public use of club facilities 39a 39a	- · *	ty ditte.	· 30				
	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under	1.540		* *				
70 a	section 4911 ►, section 4912 ►, section 4955 ►	i, *	*/,	4				
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	40b						
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed		i i	\ \ \ \ \				
	on organization managers or disqualified persons during the year under sections 4912,) ·*	* 4	* *				
	4955, and 4958	15 5	(H 3) 143	ú 🐇				
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line	100	1,3					
	40c reimbursed by the organization ▶	; 🦠	-1 d'-	, is all				
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter	2 334	شـــــــــــــــــــــــــــــــــــــ	ta 9				
	transaction? If "Yes," complete Form 8886-T	40e		Х				
41	List the states with which a copy of this return is filed ▶ NC							
42 a	The organization's books are in care of ► WELLS FARGO BANK NA Telephone no ►	(888) 7	30-493	33				
	Located at ► 1 W 4TH ST 4TH FLOOR City WINSTON SALEM ST NC ZIP + 4 ► 271	01-381	8					
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No				
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X				
	If "Yes," enter the name of the foreign country		~					
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		7					
	Financial Accounts (FBAR)	<u> </u>	<u> </u>					
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		Х				
40	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 . • 43		;					
	B 10		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		Х				
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				
c d	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 " payments are	44c		X				
u	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O							
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a	-	X				
45 h	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	45d		^				
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		ŀ					
	Form 990-EZ (see instructions)	45b		Х				
			00 57					

Solid 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	Form 9	90-EZ (2015) NEW SALEM CEN	METERY CA	RE FUND				56-6277	590	Page 4	
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 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 49 1 If "Yes," was the related organization a section 527 organization? b If "Yes," was the related organization as the organization as extended by the organization as the organization as extended by the organization as the organization as the organization as the organization as the organization? b If "Yes," was the related organization as section 527 organization? b If "Yes," was the related organization as section 527 organization? b If "Yes," was the related organization as section 527 organization? b If "Yes," was the related organization as section 527 organization? b If "Yes," was the related organization as section 527 organization? b If "Yes," was the related organization from the organization if there is none, enter "None" (a) Name and title of each employee	46				n a	ctivities on behalf of c	or in opposition	46	Yes	No	
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax yea?? If "Yes," complete Schedule C, Part II 47 48 48 49 49 49 49 49 49	Part	VI Section 501(c)(3) organizatio All section 501(c)(3) organizati 50 and 51	ns only ons must ar	nswer question					es		
Did the organization make any transfers to an exempt non-chantable related organization? 49a 49b 50 50 50 50 50 50 50 5	47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax							Yes	No	
(a) Name and title of each employee bound of the per week develoed to position of (Forms W-2/1099-MISC) contributions to employee benefit plans, and deferred compensation of other other compensation of other	49 a b	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," was the related organization a section 527 organization? Complete this table for the organization's five highest compensated employees (other than officers, directors, tr							49a 49b ees and key		
Title		(b) Average (a) Name and title of each employee hours per week				(c) Reportable compensation	(d) Health benefits, contributions to employee benefit plans, and deferred	(e) Estim	(e) Estimated amount of		
Title			Hr/WK		00	,			,		
Title		·	Hr/WK		00	,					
Title	Title		Hr/WK		00			;			
Title	Title		Hr/WK	. ,	00			ļ			
\$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 Other ST ZIP Name Str City ST ZIP Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A	Title	Total number of other employees paid or	er \$100,000			▶ pendent contractors w	/ho each received m	ore than			
Name None Str City ST ZIP Name Str City ST ZIP Otty ST ZIP Total number of other independent contractors each receiving over \$100,000 Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A		\$100,000 of compensation from the organic	anization If t	here is none, en		"None "			ation		
City ST ZIP Name Str City ST ZIP Name Str City ST ZIP Name Str City ST ZIP Vame Str City ST ZIP Name Str City ST ZIP Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A	Name None Str City ST					(4) (3)		(e) Compens			
Name Str City ST ZIP Name Str City ST ZIP d Total number of other independent contractors each receiving over \$100,000 ▶ Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A	Cıty Name	ST 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	Name	Str							•		
Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A . Yes X No	City	ST			100	000	•				
	52	Did the organization complete Schedule completed Schedule A	A? Note. All	section 501(c)(3) 0	rganizations must atta] No	

true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge The 15 lasts SVP Wells Fargo Bank N.A. 5/5/2016 Sign Signature of officer Here JOHN SULENTIC SVP Wells Fargo Bank N A Type or print name and title Print/Type preparer's name Preparer's signature Date PTIN Paid Check X If P01251603 JOSEPH J CASTRIANO 5/5/2016 self-employed **Preparer** ▶ PRICEWATERHOUSECOOPERS, LLP Firm's EIN ▶13-4008324 **Use Only** Firm's address ▶600 GRANT STREET, PITTSBURGH, PA 15219-2777 412-355-6000 Phone no May the IRS discuss this return with the preparer shown above? See instructions . ▶ 🗓 Yes 🗌

SCHEDULE O (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 <u>56-6</u>277590 NEW SALEM CEMETERY CARE FUND Form 990-EZ, Part I, Line 8, Other Revenue OTHER INCOME 68 Form 990-EZ, Part I, Line 16, Other Expenses TRUSTEE FEES 2,752 Form 990-EZ, Part I, Line 16, Other Expenses FOREIGN TAX WITHHELD 21 Form 990-EZ, Part I, Line 20, Net Assets MUTUAL FUND & CTF INCOME ADDITION 534 Form 990-EZ, Part I, Line 20, Net Assets MUTUAL FUND & CTF INCOME SUBTRACTION -68 Form 990-EZ, Part I, Line 20, Net Assets PY RETURN OF CAPITAL ADJUSTMENT -52 Form 990-EZ, Part I, Line 20, Net Assets COST BASIS ADJUSTMENT -5

Schedule O (Form 990 or 990-EZ) (2015)	Page , 2
Name of the organization	Employer identification number
NEW SALEM CEMETERY CARE FUND	56-6277590
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