

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

OMB No 1545-1150

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.lrs.gov/form990.

Open to Public Inspection

		2015 calenda	r year, or tax year beginning and ending				
В	Check if applicab	le C Na	ame of organization	D Employer	dentification number		
	Addre	ess change					
	Name		r. GEORGE CEMETERY PERPETUAL CARE FUND	57-6	087235		
	Initial	(Graff)	nber and street (or P.O. box, if mail is not delivered to street address) Room/suite				
	Final		O FIRST NATIONAL BANK OF SC PO BOX 38	(803) 496-5011		
	Amen	ded return City	or town, state or province, country, and ZIP or foreign postal code	F Group Exe	mption		
	Applica	ibon pending HO	OLLY HILL, SC 29059	Number 🕨	<u> </u>		
G	Accoun	ting Method:	X Cash	H Check	X if the organization is		
ı	Websit	e: ► <u>N/A</u>		not requir	ed to attach Schedule B		
			neck only one) — 501(c)(3) X 501(c) (13) ◄ (insert no.) 4947(a)(1) or 527	(Form 990	, 990-EZ, or 990-PF).		
K	Form o	f organization:	Corporation X Trust Association Other				
L	Add line	es 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part I	l,			
	column	(B) below) are	\$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	76,024.		
P	art I	Revenue	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions for Pa	rtl)		
		Check if the	organization used Schedule O to respond to any question in this Part I		X		
	1	Contributions,	gifts, grants, and similar amounts received	. 1			
	2	Program servi	ce revenue including government fees and contracts	2			
	3	Membership d	lues and assessments	. 3			
	4	Investment inc	come SEE SCHEDULE O	_4	30,024.		
	5a	Gross amount	from sale of assets other than inventory 5a 46,0	00.			
	b	Less: cost or o	other basis and sales expenses	<u>11.</u>			
	C	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from line 5a)	. <u>5</u> c	2,189.		
	6	Gaming and fu	indraising events	j			
Ð	a	Gross income	from gaming (attach Schedule G if greater than				
aun		\$15,000)	6a				
Revenue	b	Gross income	from fundraising events (not including \$ of contributions				
ш		from fundraisi	ng events reported on line 1) (attach Schedule G if the sum of such				
		gross income	and contributions exceeds \$15,000)				
	C	Less: direct ex	penses 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	<u> </u>		
	7a	Gross sales of	inventory, less returns and allowances				
	b Less: cost of goods sold		goods sold				
	C	•	r (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
	8		(describe in Schedule O)	8			
_	9		. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	32,213.		
	10		nılar amounts paid (list in Schedule O) SEE SCHEDULE O	10	10,000.		
	11		o or for members	11			
Ses	12		compensation, and employee benefits	12			
Expenses	13		ees and other payments to independent contractors	13	8,148.		
Ř	14		nt, utilities, and maintenance	14			
Ш	15	• • •	cations, postage, and shipping	15			
	16		Constitution of the second of	16	40.440		
- -	17		a. Add inics to direction to	▶ 17	18,148.		
् इ	18	-	icit) to the year (Subtract line 17 hom line 3)	. 18	14,065.		
. Se.	19		fund balances at beginning of year (from line 27, column (A))		44		
Net Assets			vith end-of-year figure reported on prior year's return)	19	417,429.		
Š	20	_	s in net assets or fund balances (explain in Schedule 0)	20	0.		
3 <u>-</u>	21		fund balances at end of year. Combine lines 18 through 20	▶ 21	431,494.		
LH	IA For	Paperwork Re	duction Act Notice, see the separate instructions.		Form 990-EZ (2015)		

532171 12-02-15

2015.03001 ST. GEORGE CEMETERY PERPETU 86874__1

	m 990-EZ (2015) ST. GEORGE CEMETERY PERPE	TUAL CARE	FUND	5	<u>7-608'</u>	<u> 7235 </u>	Page 2
Pa	Balance Sheets (see the instructions for Part II)						
	Check if the organization used Schedule O to res	pond to any que			<u> </u>	<u> </u>	
			(A) Beginning of		(I	B) End of year	
22	Caşh, savıngs, and investments		417,	429.	22	431,4	<u> 194.</u>
23	Land and buildings				23		
24	Other assets (describe in Schedule 0)				24		
25	Total assets		417,	429.	25	<u>431,4</u>	<u> 194.</u>
26	Total liabilities (describe in Schedule 0)				26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)		417,	429.	27	431,4	194.
Pa	art III Statement of Program Service Accomplishmen					Expenses	
	Check if the organization used Schedule O to res	pond to any que	estion in this Pa	art III 🛚		red for section	
Wha	at is the organization's primary exempt purpose? PERPETUAL CARE	FOR CEMET	ERY			(3) and 501(c zations; optior	
Desc	cribe the organization's program service accomplishments for each of its three largest program s	ervices, as measured by e	xpenses in a clear and c	oncise	others		
	ner, describe the services provided, the number of persons benefited, and other relevant information				ŀ		
28	GENERAL CEMETERY GROUNDS MAINTENANC	E					
					_		
					_		
	(Grants \$) If this amount includes foreign g	rants, check here		▶ [28a		
29							
					_		
					_		
	(Grants \$) If this amount includes foreign g	rants, check here			29a		
30	The state of the s		• •			_	
-					_		
					-		
	(Grants \$) If this amount includes foreign g	rants check here		▶ [30a		
31	Other program services (describe in Schedule O)	rants, oncor norc	· · · · · · · · · · · · · · · · · · ·				
31	(Grants \$) If this amount includes foreign g			▶ □	31a		
		ranto, oricon noro	•				
32	Total program contine expenses (add lines 28a through 31a)				1321		
32 P:	Total program service expenses (add lines 28a through 31a)	mplovees (list each	one even if not compen	sated - see	32	ns for Part IV	
32 Pa	art IV List of Officers, Directors, Trustees, and Key E					ons for 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	estion in this Pa	art IV	the instruction	· · · -	
32 Pa	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res	pond to any que (b) Average hour	s (c) Reporta	art IV	the instruction	fits, (e) Estin	
32 Pa	art IV List of Officers, Directors, Trustees, and Key E	pond to any que	estion in this Pa	art IV	the instruction Health bene contributions temployee benears, and defer	fits. (e) Estur	of other
— —	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title	pond to any que (b) Average hour per week devoted	s (c) Reporta compensation (W-2/1099-M	art IV	the instruction	fits. (e) Estur	of other
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title	pond to any que (b) Average hour per week devoted	s (c) Reporta compensation (W-2/1099-M	art IV	Health bene contributions temployee bene ans, and defer compensation	fits. (e) Estur	of other
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	Health bene contributions temployee bene ans, and defer compensation	fits, (e) Estir of amount of compen	of other sation
ES	art IV List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title STHER NASH	pond to any que (b) Average hour per week devoted position	s (c) Reporta compensation (W-2/1099-M	art IV ble Forms ISC) er -0-)	he the instruction Health bene contributions to imployee beneation compensation (fits, (e) Estir of amount of compen	of other sation O .

Pa	rt V Other Information (Note the Schedule A and personal benefit contract statement requiremen instructions for Part V) Check if the organization used Sch. O to respond to any question in the	ts in t	:he	()
	instructions for Fart V) Check if the organization used och. O to respond to any question in the	- Tai		No
22	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each	\vdash	162	NO
33	activity in Schedule 0	33		x
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended	00		A
0 7	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 activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a		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	35b	N/	
	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]		
	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?	38a		X
	If "Yes," complete Schedule L, Part II and enter the total amount involved	-		
39	Section 501(c)(7) organizations. Enter:			
a		-		
10a	Gross receipts, included on line 9, for public use of club facilities	- I		
40 a	section 4911 \blacktriangleright N/A ; section 4912 \blacktriangleright N/A ; section 4915 \blacktriangleright N/A			
h	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	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			
е	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	40e		X
41	List the states with which a copy of this return is filed NONE	406		<u> </u>
42 a	The organization's books are in care of ► FIRST NATIONAL BANK OF SC Telephone no. ► (803) Located at ► 801 GILWAY STREET, HOLLY HILL, SC ZIP+4 ► 2			36
_	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	1303		
U	over a financial account in a foreign country (such as a bank account, securities account, or other financial	1	Yes	No
	account)?	42b		X
	If "Yes," enter the name of the foreign country:	1.22		
	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		X
	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		
		,	_	Г
		$\overline{}$	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
Đ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	446		x
^	of Form 990-EZ	44b 44c	$\vdash \vdash$	X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation	776	\vdash	
	In Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	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)	45b		
532	172	Form 9	90-EZ	(2015)
3.12	na -			

ST. GEORGE CEMETERY PERPETUAL CARE FUND

57-6087235

	330 LZ	(== 12)	ST. GEO											es!	No.
			engage, directly	or indirectly, in	n political campa	iign activities	on behalf of	or in oppositi	on to candi	dates for pu	ublic off	i			
	rt VI		thedule C, Part I 501(c)(3) o	raonizatio	ns only				_	.			46		<u>X</u>
ra	1 (1)		n 501(c)(3) orga	_		etione 47.4	10h and 52	and comple	to the tab	les for line	sc 50 a	nd 51			
			he organization					=	te the tab	ies for lifte	es ou a	nu 51.		í	
		CHECKILL	ne organization	rused Scried	Jule O to respo	ond to any t	question in t	IIIS FAIL VI				<u> </u>		/es	No
7	Did the	organization	engage in lobbyi	ina activities or	have a section !	501/h) electe	on in effect di	iring the tay i	rear? If "Vec	e " complete	o Sch (Part II	47		140
		-	school as descri	_					Car II IC	s, complete	C 0011. C		48		_
		-	make any transfe				-	L	• •	•	•		49a	_	_
			ted organization			o rollico org	41112411011		•				49b		
			for the organization			emplovees ((other than off	ficers. directo	rs. trustees	and kev er	mplovee			ived m	ore
	•		mpensation from	-			-	,	,		,,	-,			
			a) Name and title					ige hours	(C) Re	portable	(d) Hea	Ith benefits,	(e)	Estima	ted
		,	•			t		devoted to	compensa	ation (Forms 99-MISC)	emplo	butions to yee benefit		int of o	
				N	/A		pos	rtion	""	00 111100)		and deferred pensation	com	pensat	ion
															_
															
												_		_	_
															_
													1		
													ĺ		_
			-		_										
f 51	Comple organiz	ete this table zation. If ther	er employees pai for the organizati e is none, enter "N	ion's five highe None." N	est compensated		t contractors				,000 of o				_
f 51	Comple organiz	ete this table zation. If ther	for the organizati	ion's five highe None." N	est compensated		t contractors		eived more) Type of s		,000 of		ompen		
f 51	Comple organiz	ete this table zation. If ther	for the organizati e is none, enter "N	ion's five highe None." N	est compensated		t contractors				,000 of (
f 51	Comple organiz	ete this table zation. If ther	for the organizati e is none, enter "N	ion's five highe None." N	est compensated		t contractors				,000 of d				
	Comple organiz (a)	ete this table zation. If ther) Name and b	for the organizati e is none, enter "N ousiness address	ion's five highe None." N of each indepe	est compensated (/A endent contracto	DT	t contractors				,000 of				
d	Comple organiz (a)	ete this table zation. If there) Name and b	for the organizati e is none, enter *N pusiness address ner independent c in complete Sched	on's five highe None." N of each indepe	est compensated / A	\$100,000)(3) organiza		(t			,000 of 0		ompen	sation	
d 52	Comple organiz (a)	ete this table zation. If there) Name and b	for the organizati e is none, enter "N pusiness address ner independent c n complete Sched e A	on's five highe None." N of each indepe	est compensated (/A endent contractor th receiving over	\$100,000 (3) organiza	ations must att	(t) Type of s	ervice		(c) C	ompen	sation	
d 552	Total no Did the compleer penalti	ete this table zation. If there) Name and be umber of othe organization eted Schedulties of perjury	for the organizative is none, enter "Nousiness address" mer independent concomplete Schede A	on's five higher None." None." None." None." None. Note: A note: A have examined	ch receiving over	\$100,000)(3) organiza 	itions must att	(tach a	Type of some	ervice	est of m	(c) C	ompen	sation	
đ 552	Total no Did the compleer penalti	ete this table zation. If there) Name and be umber of othe organization eted Schedulties of perjury	for the organizati e is none, enter "N pusiness address ner independent c n complete Sched e A	on's five higher None." None." None." None." None. Note: A note: A have examined	ch receiving over	\$100,000)(3) organiza 	itions must att	(tach a	Type of some	ervice	est of my	(c) Co	Yes e and	sation	
d 52 Unde	Total ni Did the compleer penalt	ete this table zation. If there) Name and be umber of othe organization eted Schedulties of perjury	for the organizative is none, enter "Nousiness address" mer independent concomplete Schede A	on's five higher None." None." None." None." None. Note: A note: A have examined	ch receiving over	\$100,000)(3) organiza 	itions must att	(tach a	Type of some	ervice	est of my	(c) C	Yes e and	sation	
d 552 Unde	Total ni Did the comple er penalt	number of othe organization eted Schedulities of perjury, and comple	for the organizative is none, enter "Nousiness address" mer independent concomplete Schede A	contractors each independent of preparer (other examined of preparer (other examined of each independent o	ch receiving over	\$100,000)(3) organiza luding accom s based on al	itions must att	(tach a	Type of some	ervice	est of my	(c) Co	Yes e and	sation	
d 552 Unde true,	Total ni Did the comple er penalt correct,	number of othe organization eted Schedulettes of perjury, and comple	tor the organizative is none, enter the pusiness address address address address are incomplete Schedule A	contractors each dule A? Note: A have examined a preparer (other than the contractors). TRUS	ch receiving over all section 501(c) I this return, incher than officer) is	\$100,000)(3) organiza luding accom s based on al	itions must att	ach a dules and sta of which prep	tements, ar	ervice	est of my	y knowledg	Yes e and	belief, i	
d 52 Unde true, Sig Her	Total ni Did the comple er penalt correct,	number of othe organization eted Schedulities of perjury, and comple EST Type or p Print/Ty M. J	tor the organizative is none, enter thousiness address address address address are independent on complete Schedus A	contractors each independent of each independent of each independent of each independent of preparer (other transforme). TRUS	th receiving over all section 501(c) this return, incher than officer) is the prepared of the	\$100,000)(3) organiza luding accom s based on al	itions must att	tach a dules and sta	tements, ar	nd to the be y knowledg	est of myge.	y knowledge PTIN P006	Yes le and	belief, i	
d 52 Unde true, Pai	Total ni Did the comple er penalt correct, n	number of othe error of othe error of eted Schedule ties of perjury, and comple EST Type or p Print/Ty M. J Firm's n	ter independent concomplete Schede A	contractors each independent of each independent of each independent of each independent of preparer (other transported in the each independent of preparer (other transported in the each independent of each	ch receiving over all section 501(c) I this return, includer than officer) is the prepared of	\$100,000)(3) organiza luding accom s based on al	npanying sche	ach a dules and sta of which prep	tements, ar	ervice Ind to the be y knowledge	est of mye. Date	PTIN P006 7-029	Yes pe and 745	belief, i	t is
d 52 Undetrue, Sig	Total no Did the completer penaltic correct, in re	number of othe error of othe error of eted Schedule ties of perjury, and comple EST Type or p Print/Ty M. J Firm's n	for the organizative is none, enter thousiness address address address address address are independent to a complete Schedus, I declare that I lete. Declaration of the Declaration of t	contractors each independent of the examined of preparer (other examined in the examined of each independent of each independe	th receiving over the section 501(c). If this return, include than officer) is the section 501(c). The preparation of the section of the se	\$100,000)(3) organiza luding accome s based on al	ntions must att	ach a dules and sta of which prep	tements, ar	nd to the be y knowledg	est of mye. Date	y knowledge PTIN P006	Yes pe and 745	belief, i	t is
d 52 Sig Hei Pre Use	Total na Did the completer penaltic correct, in re	umber of othe organization eted Schedule ties of perjury and comple signature. Print/Ty M. J Firm's n Firm's a	ter independent con complete Schede e A y, I declare that I is te. Declaration of the perparer's nare perparer's nare MCGE ddress 119	contractors each stude A? Note: A have examined for preparer (other preparer (other preparer) to the preparer (other preparer) to th	th receiving over the section 501(c) If this return, inclied than officer) is than officer is than officer is than officer. The section 501(c) Prepare: COMPANDEVARD CG, SC 2	\$100,000)(3) organiza luding accome s based on al	ntions must att	ach a dules and sta of which prep	tements, ar	ervice Ind to the be y knowledge Check self- emplo	est of mye. Date	(c) Co	Yes le and 745	belief, i	t is
Undertrue, Sig Her	Total na Did the completer penaltic correct, in re	umber of othe organization eted Schedule ties of perjury and comple signature. Print/Ty M. J Firm's n Firm's a	for the organizative is none, enter thousiness address address address address address are independent to a complete Schedus, I declare that I lete. Declaration of the Declaration of t	contractors each stude A? Note: A have examined for preparer (other preparer (other preparer) to the preparer (other preparer) to th	th receiving over the section 501(c) If this return, inclied than officer) is than officer is than officer is than officer. The section 501(c) Prepare: COMPANDEVARD CG, SC 2	\$100,000)(3) organiza luding accome s based on al	ntions must att	ach a dules and sta of which prep	tements, ar	ervice Ind to the be y knowledge Check self- emplo	est of mye. Date	PTIN P006 7-029 03)53 ► X	Yes pe and 745	belief, 1 6 015	

532174

SCHEDULE 0 (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. 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

GEORGE CEMETERY PERPETUAL CARE FUND

Employer identification number 57-6087235

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	AMOTINI
DESCRIPTION OF PROPERTY:	AMOUNT:
FIRST NATIONAL BANK OF SC	2.
BB&T SECURITIES, LLC	10,423.
BB&T SECURITIES, LLC	2,018.
BB&T SECURITIES, LLC (ACCRUED INT PD & BND PREM)	-268.
BB&T SECURITIES, LLC (CAPITAL GAINS)	17,849.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	30,024.
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:	10,000.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONT	RACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DI	RECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.	
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DI	RECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.	
	· · · · · · · · · · · · · · · · · · ·
	*