2949202609826

Form 996-EZ C&E 911
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.

Go to www.irs.gov/Form990EZ for instructions and the latest information. 1712

2017

Open to Public Inspection

Α	For th	ne 2017 calen	dar year, or tax year beginr	ning		, and	d ending				_
В	٦	if applicable	C Name of organization			אמצו		D Emp	loyer ic	dentification number	
X	Addres	s change	TW WOODLAWN CEME		VIOTOIT T	WF		1			
	Name	change	Number and street (or P O box	, if mail is not delivered	to street address) -		Room/suite		58	8-6174005	
	] Initial re	eturn	6325 S RAINBOW BLVD	STE 300				E Teler	ohone n	number	
	Final retu	um/terminated	City or town		State	ZIP cod	le	1			
	Amend	ed return	LAS VEGAS	•	NV	89118	3		88	8-730-4933	
$\vdash$	Applica	tion pending	Foreign country name	Foreign province			postal code	F Grou	јр Ехе	emption	
_			,	· ·	·	•	13		nber ▶	•	01
_					_	•		4			'
G		nting Method	X Cash Accrual	Other (specify)		<del>-</del>	н		_	if the organization is	
. 1	Websi	ite: ► <u>N/A</u>				-				o attach Schedule B	
J	Tax-exe	mpt status (che	ck only one) —501(c)(3)	X 501(c) ( 13	) <b>◀</b> (insert no )	4947(a)(1)	or527	(Form 9	90, 99	0-EZ, or 990-PF)	
ĸ	Form o	f organization	Corporation	Trust	Association	Ot	her				
L	Add line	es 5b. 6c. and	7b to line 9 to determine gro	ss receipts If gross	receipts are \$200	.000 or mo	re, or if total as	sets		•	
			elow) are \$500,000 or more,						<b>▶</b> \$	107,54	18
Р	art I		e, Expenses, and Cha				(see the in	structio	ns fo		
			the organization used S								X
			<del></del>			100000	THE CONTRACT CONTRACT	· I	_		<b>=</b>
	1		ns, gifts, grants, and simila					-	1		
	2	_	rvice revenue including g	overnment tees an	d contracts			-	2	<del></del>	
	3		p dues and assessments					-	3		<del></del>
	4	Investment				1 - 1		<del> </del>	4	7,62	<u>21</u>
	5a		unt from sale of assets oth	•		5a		99,927			
	Ь		or other basis and sales e			_5b		85,719			
	1	•	s) from sale of assets oth	er than inventory (	Subtract line 5b	from line	5a) ,	<u> </u>	5c	14,2(	18
	6		d fundraising events							AECEIVEL	40
•	a		ne from gaming (attach S	chedule G if greate	er than				اء ا		S
ž		\$15,000)				6a			0	NOV 21 2018	10
Revenue	b		ne from fundraising event		\$ .	of cor	tributions		B519	MOA 51 5010	RS-OS(
å			ising events reported on I							*	
		sum of such	n gross income and contri	butions exceeds \$	15,000)	6b			1 4	OGDEN, U	Τ
	С	Less direct	expenses from gaming a	nd fundraising eve	nts	6c				OGDE	
	d	Net income	or (loss) from gaming and	d fundraising even	ts (add lines 6a	and 6b ar	nd subtract				
		line 6c)						L	6d		0
	7a	Gross sales	of inventory, less returns	and allowances		7a					
	b	Less cost of	of goods sold			7b					
	С	Gross profit	or (loss) from sales of inv	ventory (Subtract li	ne 7b from line	7a)			7c		0
	8	Other rever	nue (describe in Schedule	O)					8		
	9	Total rever	nue. Add lines 1, 2, 3, 4, 5	ic, 6d, 7c, and 8				▶ [	9	21,82	29
	10		sımılar amounts paid (list						10_	3,45	51
	11		id to or for members	•					11		
Ø			her compensation, and er	nployee benefits					12		
Se	<b>1</b> 2		I fees and other payment		ontractors				13	1,13	32
Expenses	C74		, rent, utilities, and mainte						14		
X	45		blications, postage, and s						15		<del>_</del>
	16		nses (describe in Schedul						16	7,02	22
	99		nses. Add lines 10 throug					▶ [	17	11,60	
	<b>≨</b> 8				e 9)				18	_10,22	
ets	410	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 will end-of-year figure reported on prior year's return)					t agree with			312-2	<u> </u>
SS	[2]						g	-	19	368,25	57
Ą	<b>%</b>		ges in net assets or fund t		n Schedule (1)				20	-18	
Net Assets	PAR ELF		or fund balances at end o			20		▶	21	378,29	
					ics to unough a					Form <b>990-EZ</b> (201	
FO HT4	rapen	work Reducti	on Act Notice, see the sepa	arate instructions.						. 5 555 == (20)	• • •
	<b>6</b>										

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Form 990-EŽ (2017)	90-EZ (2017)
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## TW WOODLAWN CEMETERY OF WILLIAMSTON

58-6174005

Page 2

للنجيب	Balance Sheets. (see the instructions for Check if the organization used Schedule O to r	•	this Part II			
		<del> </del>	(A	) Beginning of year		(B) End of year
22	Cash, savings, and investments			368,257	22	378,293
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			368,257	25	378,293
26	Total liabilities (describe in Schedule O)			·	26	
27	Net assets or fund balances (line 27 of column (			368,257	27	378,293
_Pa	Statement of Program Service Accomplis	•	· ·			Evnanca
	Check if the organization used Schedule O	<del></del>		<u></u>	(Red	Expenses guired for section
	at is the organization's primary exempt purpose?				501(	c)(3) and 501(c)(4)
	cribe the organization's program service accomplish				, ,	nizations, optional
	neasured by expenses. In a clear and concise mann		provided, the numbe	er or	1010	thers)
	ons benefited, and other relevant information for each TOWN OF WILLIAMSTON				<del> </del>	T
20	TOVAN OF WILLIAMSTON	•••••				
	(Grants \$ ) If this amount	includes foreign grants, o	check here	▶ □	28a	
29	, it also different				20a	+
	(Grants \$ ) If this amount	includes foreign grants, o	check here	▶ □	29a	
30					100	<del> </del>
					•	
	(Grants \$ ) If this amount	includes foreign grants, o	check here	▶ □	30a	
31	Other program services (describe in Schedule O)		-			
	(Grants \$ ) If this amount	includes foreign grants, o	check here	▶ □	31a	
32	Total program service expenses. (add lines 28a t	hrough 31a)		<b>&gt;</b>	32	0
Pa	rt IV List of Officers, Directors, Trustees, and F	Key Employees (list each	one even if not compe	nsated—see the in	struct	ons for Part IV)
		, , , ,	p			
	Check if the organization used Schedule O to					
	<del></del>	o respond to any question	in this Part IV	(d) Health benefit		
	Check if the organization used Schedule O to		(c) Reportable compensation	(d) Health benefit contributions to	s,	(e) Estimated amount of
	<del></del>	respond to any question (b) Average	in this Part IV	(d) Health benefit	s, ans,	
WEI	Check if the organization used Schedule O to	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit pla	s, ans,	(e) Estimated amount of
	Check if the organization used Schedule O to	(b) Average hours per week	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefit contributions to employee benefit pla and deferred compens	s, ans,	(e) Estimated amount of
	Check if the organization used Schedule O to  (a) Name and title  LS FARGO BANK N A	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla and deferred compens	s, ans,	(e) Estimated amount of
	Check if the organization used Schedule O to  (a) Name and title  LS FARGO BANK N A	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla and deferred compens	s, ans,	(e) Estimated amount of
	Check if the organization used Schedule O to  (a) Name and title  LS FARGO BANK N A	(b) Average hours per week devoted to position  Hr/WK SEE ATTACHED	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla and deferred compens	s, ans,	(e) Estimated amount of
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	Check if the organization used Schedule O to  (a) Name and title  LS FARGO BANK N A	hours per week devoted to position  Hr/WK SEE ATTACHED  Hr/WK  Hr/WK  Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla and deferred compens	s, ans,	(e) Estimated amount of
	Check if the organization used Schedule O to  (a) Name and title  LS FARGO BANK N A	hours per week devoted to position  Hr/WK SEE ATTACHED  Hr/WK  Hr/WK  Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla and deferred compens	s, ans,	(e) Estimated amount of
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	Check if the organization used Schedule O to  (a) Name and title  LS FARGO BANK N A	hours per week devoted to position  Hr/WK SEE ATTACHED  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla and deferred compens	s, ans,	(e) Estimated amount of
	Check if the organization used Schedule O to  (a) Name and title  LS FARGO BANK N A	hours per week devoted to position  Hr/WK SEE ATTACHED  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla and deferred compens	s, ans,	(e) Estimated amount of
	Check if the organization used Schedule O to  (a) Name and title  LS FARGO BANK N A	hours per week devoted to position  Hr/WK SEE ATTACHED  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla and deferred compens	s, ans,	(e) Estimated amount of
	Check if the organization used Schedule O to  (a) Name and title  LS FARGO BANK N A	hours per week devoted to position  Hr/WK SEE ATTACHED  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK  Hr/WK	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefit contributions to employee benefit pla and deferred compens	s, ans,	(e) Estimated amount of

58-6174005

Page 3

rai	instructions for Part V) Check if the organization used Schedule O to respond to any question in the		t V	
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	22		
34	detailed description of each activity in Schedule O  Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		_ <u>X</u> _
34	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	,	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
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		
С	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	1	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	25	X
	Enter amount of political expenditures, direct or indirect, as described in the instructions			لائنا
	Did the organization file Form 1120-POL for this year?	37b	in alleria	X 数達·I
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?	38a		X
h	If "Yes," complete Schedule L, Part II and enter the total amount involved  [38b]	30a	. Šty!	trail
39	Section 501(c)(7) organizations Enter			E)-20-0
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities  39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			
	section 4911 ►, section 4912 ►, section 4955 ►	***************************************		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	- Etermina	* ; * ; * *****************************	** ' ' ' ' ' '
	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	5-585-5	rá. MEA
С	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		2.0	Specifically Land
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line			
	40c reimbursed by the organization			社會的
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter		r Tiller	i di
	transaction? If "Yes," complete Form 8886-T	40e		X
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 N A Telephone no ►	(888) 7	30-493	33
	Located at ► 6325 S RAINBOW BLVD STE : City LAS VEGAS ST NV ZIP + 4 ► 891	18		,
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	. 3 . 8909 . 0009	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			
_	Financial Accounts (FBAR)  At any time divines the calculatives did the experience maintain an office outside the United States?	42c	A ASSESSMENT	×
С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	420		
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	<del></del>		
		attention and the	Yes	No
44 a	· · · · · · · · · · · · · · · · · · ·	學在於	<u> </u>	<u> </u>
<b>L</b>	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	المنعلقة المنطقة	X
~	Did the organization receive any payments for indoor tanning services during the year?	44c		$\frac{\hat{x}}{x}$
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an		TE SEE	A
-	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the		145-3	
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		., 55	
	Form 990-EZ (see instructions)	45b	00.53	X
		Form 9	yu-⊏2	(2017)

FOIII S	990-EZ (2017) TW WOODLAWN CEME	LIERY OF WILL	IAMSTON	<u> </u>		5	<u>8-61740</u>		Page 4
								Yes	No
46	Did the organization engage, directly or indirect			ctivities on behalf of o	r in oppositio	n			
B	to candidates for public office? If "Yes," comple		art I	·			46	<u> </u>	X
Part	VI Section 501(c)(3) organizations or All section 501(c)(3) organizations m 50 and 51.  Check if the organization used Sche	nust answer que			·	e tables	for line	s	
	Official interest of the organization used office	dule O to respo	TIG TO all	y question in this Fa	ait VI		•		
47 48	Did the organization engage in lobbying activitive year? If "Yes," complete Schedule C, Part II is the organization a school as described in se		·		•		47	Yes	No
49 a	Did the organization make any transfers to an			•			49a		
b	If "Yes," was the related organization a section	527 organization	1?	-			49b		
50	Complete this table for the organization's five hemployees) who each received more than \$10							еу	
	(a) Name and title of each employee	(b) Averag hours per we devoted to pos	eek	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contributions to e benefit plans, and compensation	employee deferred	(e) Estimother c	ated amo	
Name Title	None	Hr∕WK	00						
Name Title	• • • • • • • • • • • • • • • • • • • •	Hr/WK	00						
Name Title		Hr/WK	00						
Name Title		Hr/WK	00						
Name Title		Hr/WK	00						
f 51	Total number of other employees paid over \$10 Complete this table for the organization's five h \$100,000 of compensation from the organization.	ighest compensa			ho each rece	ived more	e than		
	(a) Name and business address of each independ			(b) Type of service	ce	(c)	Compensa	ation	
Name	None Str						•		
	ет	7IP			i				
City		ZIP							

ST ZIP Name Str City ST 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 X

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

		· ·				
	A.A.u SVP	5/7/2018				
Sign	Signature of officer	Date				
Here	ROBERT BLOOD	SVP Wells Fargo Bank N A				
	Type or print name and title					
Paid	Pnnt/Type preparer's name	Preparer's signature	Date	Check X if	PTIN	
	JOSEPH J CASTRIANO	selle	5/7/2018	self-employed	P01251603	
Preparer	Firm's name PricewaterhouseCoopers	LLP		Firm's EIN ▶	13-4008324	
Use Only	Firm's address ▶ 600 GRANT STREET, PI	TSBURGH 15219-2777		Phone no 41	2-355-6000	
May the IRS di	scuss this return with the preparer shown a			<b>•</b>	X Yes No	

## SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization Employer identification number TW WOODLAWN CEMETERY OF WILLIAMSTON 58-6174005 Form 990-EZ, Part I, Line 16 Other Expenses TRUSTEE FEES 6,826 Form 990-EZ, Part I, Line 16 Other Expenses FOREIGN TAX WITHHELD 100 Form 990-EZ, Part I, Line 16 Other Expenses COURT FILING FEES 97 Form 990-EZ, Part I, Line 20 Net Assets MUTUAL FUND TIMING SUBTRACTION -34 Form 990-EZ, Part I, Line 20 Net Assets PY RETURN OF CAPITAL ADJUSTMENT -154 Form 990-EZ, Part I, Line 20 Net Assets COST BASIS ADJUSTMENT -1

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Name of the organization	Employer identification number
TW WOODLAWN CEMETERY OF WILLIAMSTON	58-6174005
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