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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2010 calendar year, or tax year beginning , 2010, and ending , 20

B Check if applicable

☐	Address change
☐	Name change
☐	Initial return
☐	Terminated
☐	Amended return
☐	Application pending

C Name of organization LITCHFIELD CEMETERY ASSN INVESTMENT ADV AC
C/O UNION SAVINGS BANK

D Employer identification number

Doing Business As

06-0429770

Number and street (or P O box if mail is not delivered to street address)

Room/suite

E Telephone number

P.O. BOX 578

860 567-6415

City or town, state or country, and ZIP + 4

LITCHFIELD, CT 06759-0578

G Gross receipts \$ 190,017.

H(a) Is this a group return for affiliates?

Yes ☐ No ☒

H(b) Are all affiliates included?

Yes ☐ No ☐

If "No," attach a list (see instructions)

I Tax-exempt status.

501(c)(3)

☒

501(c) (13) ◀ (insert no)

4947(a)(1) or

527

J Website: ▶ N/A

H(c) Group exemption number ▶

K Form of organization:

Corporation

Trust

Association

☒

Other ▶ 990

L Year of formation. 1977

M State of legal domicile. CT

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: PROVIDE CEMETERY SERVICES (I.E. LAWN CARE, BURIAL SERVICES A SITES) FOR MEMBERS OF THE LITCHFIELD, CONNECTICUT COMMUNITY.		
	2	Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3 1	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 1	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5 NONE	
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a NONE	
7b	Net unrelated business taxable income from Form 990-T, line 34	7b NONE		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)		2,000.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		43,335.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		45,335.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		49,403.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,853.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	NONE	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		3,367.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		58,623.
	19	Revenue less expenses. Subtract line 18 from line 12		-13,288.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	813,338	800,050.
	22	Net assets or fund balances Subtract line 21 from line 20.	NONE	NONE
			813,338	800,050.

Part II Signature Block

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	Signature of officer	Date
	Pamela P. Wray	05/02/2011
	Type or print name and title	Date
	Pamela P. Wray AUP Trust Officer	5/11/2011

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ☐	PTIN
	GORDON POWERS	Gordon Powers	05/02/2011		P00260194
	Firm's name ▶ THOMSON REUTERS (TAX & ACCOUNTING)	Firm's EIN ▶ 75-1297386			
	Firm's address ▶ 35 THOMSON PLACE, 1ST FLOOR, BOSTON, MA 02210	Phone no	617-856-2811		

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

PROVIDE CEMETERY SERVICES (I.E. LAWN CARE, BURIAL SERVICES A SITES)
FOR MEMBERS OF THE LITCHFIELD, CONNECTICUT COMMUNITY.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 58,623. including grants of \$ 49,403.) (Revenue \$ 45,335.)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 58,623.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. 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	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	☒	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.		☒
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.		☒
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If No, go to line 25.		☒
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		☒
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		☒
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		☒
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		☒
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.		☒
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.		☒
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		☒
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.		☒
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.		☒
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.		☒
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.		☒
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I.		☒
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.		☒
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I.		☒
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.		☒
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		☒
a 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," complete Schedule R, Part V, line 2. ☐ Yes ☒ No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.		☒
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	☒	

Form **990** (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 0	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a 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)?	4a	X
b If Yes, enter the name of the foreign country: ▶ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d	
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	X
9 Sponsoring organizations maintaining donor advised funds.		
a Did the organization make any taxable distributions under section 4966?	9a	X
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b	X
10 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on Part VIII, line 12	10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 1	
b Enter the number of voting members included in line 1a, above, who are independent	1b 1	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . .	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Does the organization have members or stockholders?	6	X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	10a	X
b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	
13 Does the organization have a written whistleblower policy?	13	X
14 Does the organization have a written document retention and destruction policy?	14 X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	X
b Other officers or key employees of the organization	15b	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►Connecticut

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ►UNION SAVINGS BANK TEL: (860) 567-6415
PO BOX 578; LITCHFIELD, CT 06759-0578

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) UNION SAVINGS BANK	1			X				5,853	NONE	NONE
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
(26)										
(27)										
(28)										

1b Sub-total**c Total from continuation sheets to Part VII, Section A****d Total (add lines 1b and 1c)**

5,853

NONE

NONE

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **0**

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4		X
5		X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	2,000			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		2,000			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)			40,321		40,321
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
		(i) Real	(ii) Personal				
	6a	Gross Rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		147,696			
	b	Less: cost or other basis and sales expenses		144,682			
	c	Gain or (loss)		3,014			
	d	Net gain or (loss)		3,014	3,014		
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a			
	b	Less: direct expenses		b			
	c	Net income or (loss) from fundraising events					
	9a	Gross income from gaming activities. See Part IV, line 19		a			
	b	Less: direct expenses		b			
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances		a			
b	Less: cost of goods sold		b				
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions			45,335	3,014	40,321	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 . . .	49,403.			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	5,853.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions).				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal	2,505.			
c Accounting	620.			
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a -----				
b -----				
c -----				
d -----				
e -----				
f All other expenses -----	242.			
25 Total functional expenses. Add lines 1 through 24f	58,623.			
26 Joint Costs. Check here ☐ if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b		10c
	11 Investments - publicly traded securities	813,338.	11	800,050.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	813,338.	16	800,050.	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	NONE	26	NONE
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☐ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☒ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	813,338.	32	800,050.
	33 Total net assets or fund balances	813,338.	33	800,050.
34 Total liabilities and net assets/fund balances	813,338.	34	800,050.	

Form **990** (2010)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☒ **X**

1	Total revenue (must equal Part VIII, column (A), line 12)	1	45,335.
2	Total expenses (must equal Part IX, column (A), line 25)	2	58,623.
3	Revenue less expenses. Subtract line 2 from line 1	3	-13,288.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	813,338.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	800,050.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☒ **X**

	Yes	No
1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b Were the organization's financial statements audited by an independent accountant?		X
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form **990** (2010)

SCHEDULE I
(Form 990)

Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service
Name of the organization

LITCHFIELD CEMETERY ASSN INVESTMENT ADV ACCOU

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ☐

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SEE STATEMENT 1							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations
- 3 Enter total number of other organizations

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2010)

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
N1A					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

NONE

EXPLANATION FOR FORM 990, SCHEDULE I, PART 1, LINE 2

ALL INCOME GRANTS GO TO LITCHFIELD CEMETERY ASSN INVESTMENT ADV ACT.

C/O UNION SAVINGS BANK

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

LITCHFIELD CEMETERY ASSN INVESTMENT ADV ACCOU

Employer identification number

06-0429770

CHANGE IN COMMITTEE OVERSIGHT REVIEW FROM PRIOR YEAR

FORM 990, PAGE 11, PART XII, LINE 2

N/A

EXPLANATION FOR FORM 990, PAGE 11, PART XII, LINE 3b

N/A

EXPLANATION FOR FORM 990, PART XI, LINE 5

BOOK VALUE ADJUSTMENT

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US
=====

NAME OF ORGANIZATION:

UNION SAVINGS BANK

ADDRESS:

PO BOX 578

LITCHFIELD, CT 06759

AMOUNT OF CASH GRANT..... 49,403.

TOTAL CASH GRANTS..... 49,403.
=====

Report Date:

March 21, 2011

Time Prepared:

04:11:45 PM

Requested By:

Pamela Wray

Includes:

Account: 52 00 5276 0 03

LITCHFIELD CEMETERY ASSN IMA

UNION SAVINGS BANK

Account Holdings as of 12/31/2010

Cusip No.	Security Name	Shares / Par	Investment	Unit Price	Market Value	Price Date
013817101	ALCOA, INC	470.0000	13,012.69	15.39	7,233.30	12/31/2010
037833100	APPLE INC	34.0000	5,978.90	322.56	10,967.04	12/31/2010
04315J506	ARTIO INTL EQ FD	212.1320	5,700.00	30.14	6,393.88	12/31/2010
06051VUF1	BK AM 2.25 91725	10,000.0000	10,000.00	101.036	10,103.60	12/31/2010
09247X101	BLACKROCK, INC.	26.0000	5,863.90	190.58	4,955.08	12/31/2010
125325407	CGM REALTY FUND	154.8470	5,000.00	26.79	4,148.35	12/31/2010
166764100	CHEVRON CORP	78.0000	2,972.29	91.25	7,117.50	12/31/2010
17275R102	CISCO SYSTEMS INC	251.0000	6,799.59	20.23	5,077.73	12/31/2010
172967101	CITIGROUP INC	290.0000	14,563.80	4.73	1,371.70	12/31/2010
192446102	COGNIZANT TECH SOL	151.0000	5,994.11	73.29	11,066.79	12/31/2010
262028301	DRIEHAUS EM MKTS	361.8970	10,700.00	32.21	11,650.26	12/31/2010
31394HHZ7	FHLMC 5% 71533	16,219.4400	16,341.08	103.116	16,724.84	12/31/2010
36292L6V1	GNMA 5.5 51538	17,799.7000	17,963.79	109.171	19,432.11	12/31/2010
38141G104	GOLDMAN SACHS GROUP	32.0000	3,291.84	168.16	5,381.12	12/31/2010
459200101	INTERL BUS MACHINE	46.0000	5,758.13	146.76	6,750.98	12/31/2010
464287176	ISHARES BARCLAYS TIP	225.0000	24,573.22	107.52	24,192.00	12/31/2010
464287275	ISHS S&P GLBL TEL	56.0000	3,882.17	58.27	3,263.12	12/31/2010
46625H100	JP MORGAN CHASE & CO	141.0000	6,075.69	42.42	5,981.22	12/31/2010
471023598	PKNS JANUS MD CP VAL	676.1820	12,900.00	22.57	15,261.43	12/31/2010
57636Q104	MASTERCARD INC	25.0000	6,894.00	224.11	5,602.75	12/31/2010
589619105	MERIDIAN GROWTH FD	410.6820	12,900.00	44.59	18,312.31	12/31/2010
704549104	PEABODY ENERGY CP	152.0000	9,357.08	63.98	9,724.96	12/31/2010
742718109	PROCTER & GAMBLE CO	63.0000	3,352.23	64.33	4,052.79	12/31/2010
780905733	ROYCE VALUE FD SVC	1,107.3450	9,800.00	12.65	14,007.91	12/31/2010
806857108	SCHLUMBERGER LTD	100.0000	7,522.00	83.50	8,350.00	12/31/2010
81369Y886	SEL SECTOR SPDR UTIL	180.0000	7,547.13	31.34	5,641.20	12/31/2010
922042775	VNGD FTSE ALLWRLD	640.0000	24,983.91	47.73	30,547.20	12/31/2010
931142103	WAL-MART STORES, INC	120.0000	6,052.00	53.93	6,471.60	12/31/2010
937777100	WMA - PRIN	9,786.4900	9,786.49	1.00	9,786.49	07/01/2010
937777225	WMA - INCOME	1,171.9600	1,171.96	1.00	1,171.96	07/01/2010
9393792P7	WASH MUT 4% 13012	20,000.0000	20,000.00	102.901	20,580.20	12/31/2010
	Total Securities	80,980.4750	296,718.00		311,321.18	
	Income Cash		0.00		0.00	
	Principal Cash		0.00		0.00	
	Account Total		296,718.00		311,321.18	

Report Date: **March 21, 2011**Time Prepared: **04:13:03 PM**Requested By: **Pamela Wray**Includes: **Account: 52 00 5277 0 03 LITCHFIELD CEMETERY ASSN P/C IMA****UNION SAVINGS BANK****Account Holdings as of 12/31/2010**

Cusip No.	Security Name	Shares / Par	Investment	Unit Price	Market Value	Price Date
002824100	ABBOTT LAB INC	103.0000	5,035.49	47.91	4,934.73	12/31/2010
025816AW9	AM EXP 5.50% 91216	25,000.0000	24,915.25	109.859	27,464.75	12/31/2010
06051VUF1	BK AM 2.25 91725	10,000.0000	10,000.00	101.036	10,103.60	12/31/2010
086516101	BEST BUY COMPANY	116.0000	4,097.90	34.29	3,977.64	12/31/2010
125325407	CGM REALTY FUND	154.8470	5,000.00	26.79	4,148.35	12/31/2010
126650100	CVS CAREMARK CORP	160.0000	6,003.55	34.77	5,563.20	12/31/2010
18383M100	CLAYMORE BNY BRIC	264.0000	10,031.50	46.14	12,180.96	12/31/2010
22160K105	COSTCO WHSL CORP	102.0000	6,000.46	72.21	7,365.42	12/31/2010
235851102	DANAHER CORP	172.0000	5,994.74	47.17	8,113.24	12/31/2010
262028301	DRIEHAUS EM MKTS	813.1440	20,700.00	32.21	19,749.37	12/31/2010
30231G102	EXXON MOBIL CORP	74.0000	5,944.42	73.12	5,410.88	12/31/2010
313370UE6	FHLB 2% DUE 122118	10,000.0000	9,970.00	98.47	9,847.00	12/31/2010
31403DGP8	FNMA 5.661 20116	22,630.6000	22,630.60	109.594	24,801.78	12/31/2010
336433107	FIRST SOLAR INC	38.0000	5,876.82	130.14	4,945.32	12/31/2010
369604BC6	GE 5.25 120817	25,000.0000	24,745.75	108.009	27,002.25	12/31/2010
375558103	GILEAD SCIENCES INC	130.0000	6,042.00	36.24	4,711.20	12/31/2010
38143UMY4	GLDMN 3.25% 92818	25,000.0000	25,000.00	97.847	24,461.75	12/31/2010
38374GCL4	GNMA 5.5% 42034	17,429.5400	17,517.05	102.433	17,853.60	12/31/2010
413838202	OAKMARK INTL FUND	1,049.8690	20,000.00	19.41	20,377.96	12/31/2010
464287275	ISHS S&P GLBL TEL	50.0000	3,419.11	58.27	2,913.50	12/31/2010
464287465	ISHS MSCI EAFE	570.0000	30,067.44	58.22	33,185.40	12/31/2010
464287655	ISHS RUSSELL 2000	115.0000	6,979.92	78.24	8,997.60	12/31/2010
471023598	PKNS JANUS MD CP VAL	640.0820	12,101.45	22.57	14,446.85	12/31/2010
548661107	LOWES COMPANIES	252.0000	6,722.10	25.08	6,320.16	12/31/2010
589619105	MERIDIAN GROWTH FD	504.8680	17,166.27	44.59	22,512.06	12/31/2010
594918104	MICROSOFT CORP	191.0000	4,849.49	27.91	5,330.81	12/31/2010
63743FKB1	NRUC 5.35 011511	25,000.0000	25,000.00	100.102	25,025.50	12/31/2010
68389X105	ORACLE CORPORATION	231.0000	4,402.86	31.30	7,230.30	12/31/2010
713448108	PEPSICO INC	79.0000	3,729.79	65.33	5,161.07	12/31/2010
717081103	PFIZER INC	332.0000	12,556.24	17.51	5,813.32	12/31/2010
74005P104	PRAXAIR INC	63.0000	1,838.34	95.47	6,014.61	12/31/2010
780905733	ROYCE VALUE FD SVC	897.1470	8,125.69	12.65	11,348.91	12/31/2010
795450JN6	SLIE MAE 2.35 42911	25,000.0000	25,000.00	100.575	25,143.75	12/31/2010
842630FB6	STHN CMTY 2% 72825	25,000.0000	25,000.00	101.093	25,273.25	12/31/2010
847560109	SPECTRA ENERGY	300.0000	8,261.70	24.99	7,497.00	12/31/2010
857477103	STATE STREET CORP	106.0000	5,845.90	46.34	4,912.04	12/31/2010
867224107	SUNCOR ENERGY INC	150.0000	10,750.75	38.29	5,743.50	12/31/2010
881624209	TEVA PHARM IND	92.0000	2,985.40	52.13	4,795.96	12/31/2010
913017109	UNITED TECHNOLOGIES	87.0000	1,832.98	78.72	6,848.64	12/31/2010
922042775	VNGD FTSE ALLWRLD	640.0000	24,963.90	47.73	30,547.20	12/31/2010
937777100	WMA - PRIN	7,336.8800	7,336.88	1.00	7,336.88	07/01/2010
937777225	WMA - INCOME	2,183.5700	2,183.57	1.00	2,183.57	07/01/2010
949746101	WELLS FARGO & CO NEW	188.0000	3,762.35	30.99	5,826.12	12/31/2010
G1151C101	ACCENTURE PLC	147.0000	5,778.57	48.49	7,128.03	12/31/2010
H5833N103	NOBLE CORPORATION	163.0000	6,938.21	35.77	5,830.51	12/31/2010
Total Securities		228,355.5470	503,104.44		536,379.34	
Income Cash			227.83		227.83	
Principal Cash			0.00		0.00	
Account Total			503,332.27		536,607.17	