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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

OMB No 1545-1150

2010

Open to Public Inspection

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

B Check if applicable
- [X] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization
NEW SALEM CEMETERY CARE FUND TRUSTEE U/A NEW SALEM CEMETER

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
Wells Fargo Bank N A 101N Independence Mall E MACY1372-062

City or town | state or country | ZIP + 4
Philadelphia | PA | 19106-2112

D Employer identification number
56-6277590

E Telephone number
888-730-4933

F Group Exemption Number ▶

G Accounting Method [X] Cash [ ] Accrual Other (specify) ▶

H Check ▶ [X] if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ▶ N/A

J **Tax-exempt status** (check only one) — [ ] 501(c)(3) [X] 501(c) (13) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $50,000
A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 33,042

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I . . . . . [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	4,680
	5a	Gross amount from sale of assets other than inventory	5a 28,362		
	b	Less cost or other basis and sales expenses	5b 20,352		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	8,010
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	0
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	12,690
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	4,381
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	1,793
	17	**Total expenses.** Add lines 10 through 16 ▶		17	6,174
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	6,516
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	108,547
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-2,919
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	112,144

Part II Balance Sheets. (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II [X]

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		22	4,319
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	108,547	24	107,825
25	**Total assets**	108,547	25	112,144
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	108,547	27	112,144

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III [ ]

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? CEMETERY UPKEEP

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 PROVIDE FOR THE PERPETUAL CARE AND MAINTENANCE OF THE NEW SALEM CEMETERY

(Grants $ 4,381) If this amount includes foreign grants, check here ▶ [ ] 28a 4,819

29

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 29a

30

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 30a

31 Other program services (describe in Schedule O)

(Grants $) If this amount includes foreign grants, check here ▶ [ ] 31a

32 **Total program service expenses.** (add lines 28a through 31a) ▶ 32 4,819

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV [ ]

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Wells Fargo Bank N A 101N Independence Mall E MACY1372-062 PHILADE	Title TRUSTEE Hr/WK 4 00	1,750		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		

Part V **Other Information** (Note the statement requirements in the instructions for Part V.)
Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year (see instructions)?	35b		
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
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	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) and 501(c)(4) 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		
c	Section 501(c)(3) and 501(c)(4) 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) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	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) 730-4933			
	Located at ▶ 101N Independence Mall E MA City PHILADELPHIA ST PA ZIP + 4 ▶ 19106			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		X
	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?		X
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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ		X
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47–49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI . . . . . ☐

		Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49 a	Did the organization make any transfers to an exempt non-charitable related organization?		
b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str City ST ZIP	Title Hr/Wk 00			
Name Str City ST ZIP	Title Hr/Wk 00			
Name Str City ST ZIP	Title Hr/Wk 00			
Name Str City ST ZIP	Title Hr/Wk 00			
Name Str City ST ZIP	Title Hr/Wk 00			

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

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

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☒ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

John N Sulentic Signature of officer	5/4/2011 Date
JOHN N SULENTIC Type or print name and title	VICE PRESIDENT & TAX DIRECTOR

Paid Preparer's Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
Donald J Roman		5/4/2011	☒	P00364310
Firm's name ▶ PRICEWATERHOUSECOOPERS, LLP				Firm's EIN ▶ 13-4008324
Firm's address ▶ 600 GRANT STREET PITTSBURGH PA 15219-2777				Phone no (412) 355-6000

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ 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.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization	Employer identification number
NEW SALEM CEMETERY CARE FUND TRUSTEE U/A NEW SALEM CEMETERY INC	56-6277590

Form 990-EZ, Part I, Line 10, Grants Paid Activity SUPPORT GRANT, Grantee NEW SALEM CEMETERY INC 80 OVERLOOK RD ASHEVILLE NC 28803, Cash Grant 4,381, Relationship Donor

Form 990-EZ, Part I, Line 16, Other Expenses FOREIGN TAX WITHHELD 43

Form 990-EZ, Part I, Line 16, Other Expenses TRUSTEE FEES 1,750

Form 990-EZ, Part I, Line 20, Net Assets MUTUAL FUND INCOME ADDITIONS 113

Form 990-EZ, Part I, Line 20, Net Assets COST BASIS ADJUSTMENT -3,032

Form 990-EZ, Part II, Line 24, Other Assets OTHER INVESTMENTS Beginning of year 108,547, End of year 107,825

Name of the organization	Employer identification number
NEW SALEM CEMETERY CARE FUND TRUSTEE U/A NEW SALEM CEMETERY INC	56-6277590

Security Category	Account #	CUSIP	Asset Name	FMV	Fed Cost
NEW SALEM CEMETERY CARE FUND					
56-6277590					
Invest - Other	1019006067	04315J209	ARTIO TOTAL RETURN BD FD CL I #1524	9,814	9,486
Invest - Other	1019006067	04315J837	ARTIO INTERNATIONAL EQ FD II #1529	3,558	2,831
Invest - Other	1019006067	256206103	DODGE & COX INT'L STOCK FD #1048	3,927	3,869
Invest - Other	1019006067	256210105	DODGE & COX INCOME FD COM #147	9,996	9,475
Invest - Other	1019006067	34984T881	GOLDEN LARGE CAP CORE FUND-I	9,543	6,976
Invest - Other	1019006067	38142Y401	GOLDMAN SACHS GRTH OPP FD-I #1132	5,551	2,868
Invest - Other	1019006067	38142Y773	GOLDMAN SACHS L/C VALUE-I #1216	3,443	2,435
Invest - Other	1019006067	44980Q518	ING INTERNATIONAL REAL EST-I #2664	2,585	1,961
Invest - Other	1019006067	4812C0803	JPMORGAN HIGH YIELD FUND SS #3580	9,982	8,953
Invest - Other	1019006067	693390700	PIMCO TOTAL RET FD-INST #35	9,764	9,055
Invest - Other	1019006067	693390882	PIMCO FOREIGN BD FD USD H-INST #103	2,913	2,798
Invest - Other	1019006067	693391559	PIMCO EMERG MKTS BD-INST #137	3,111	2,334
Invest - Other	1019006067	722005667	PIMCO COMMODITY REAL RET STRAT-I#45	5,189	3,361
Invest - Other	1019006067	784924425	SSGA EMERGING MARKETS FD S #1510	2,908	1,538
Invest - Other	1019006067	922031869	VANGUARD INFLAT PROTECT SEC FD #119	6,119	5,606
Invest - Other	1019006067	949915565	WF ADV ENDEAVOR SELECT-I #3124	7,489	4,684
Savings & Temp Inv	1019006067	VP7000228	WF ADV HERITAGE MM FD-INSTL #3106	4,025	4,025
Invest - Other	1019006067	94985D582	WELLS FARGO ADV INTL BOND-IS #4705	3,101	2,976
Invest - Other	1019006067	94984B181	WELLS FARGO ADV INTR VA FD-IST #517	3,705	2,402
Invest - Other	1019006067	339128100	JP MORGAN MID CAP VALUE-I #758	5,304	5,313
Invest - Other	1019006067	261980494	DREYFUS EMG MKT DEBT LOC C-I #6083	3,196	3,174
Invest - Other	1019006067	487300808	KEELEY SMALL CAP VAL FD CL I #2251	3,666	3,638
Invest - Other	1019006067	87234N849	TCW SMALL CAP GROWTH FUND-I #4724	3,581	3,550
Invest - Other	1019006067	922042858	VANGUARD EMERGING MARKETS ETF	2,889	2,827
Invest - Other	1019006067	922908553	VANGUARD REIT VIPER	5,925	5,715
Savings & Temp Inv	1019006067	VP7000228	WF ADV HERITAGE MM FD-INSTL #3106	157	157
Cash	1019006067			137	137
			TOTAL	131,578	112,144

Wells Fargo
Statement of Capital Gains and Losses From Sales
(Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail)
NEW SALEM CEMETERY CARE FUND
Trust Year Ending 12/31/2010

Account Id: 1019006067

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
04315J209	ARTIO TOTAL RETURN BD FD CL I 1524								
Sold		06/16/10	57	777 48					
Acq		09/18/09	57	777 48	760 38	760 38	17 10	17 10	S
		Total for 6/16/2010			760 38	760 38	17 10	17 10	
256210105	DODGE & COX INCOME FD COM 147								
Sold		06/16/10	58	766 76					
Acq		09/18/09	58	766 76	752 26	752 26	14 50	14 50	S
		Total for 6/16/2010			752 26	752 26	14 50	14 50	
30023D671	EVERGREEN INTRINSIC VALUE I FD 517								
Sold		06/16/10	7	68 88					
Acq		12/18/08	7	68 88	50 19	50 19	18 69	18 69	L
		Total for 6/16/2010			50 19	50 19	18 69	18 69	
34984T857	GOLDEN SMALL CAP CORE FUND								
Sold		12/17/10	354 816	3,597 83					
Acq		12/18/08	354 816	3,597 83	2,451 78	2,451 78	1,146 05	1,146 05	L
		Total for 12/17/2010			2,451 78	2,451 78	1,146 05	1,146 05	
34984T881	GOLDEN LARGE CAP CORE FUND-I								
Sold		06/16/10	4	37 68					
Acq		12/18/08	4	37 68	31 16	31 16	6 52	6 52	L
		Total for 6/16/2010			31 16	31 16	6 52	6 52	
38142Y401	GOLDMAN SACHS GRTH OPP FD-I 1132								
Sold		03/18/10	34 62	748 12					
Acq		12/18/08	34 62	748 12	435 51	435 51	312 61	312 61	L
		Total for 3/18/2010			435 51	435 51	312 61	312 61	
38142Y773	GOLDMAN SACHS L/C VALUE-I 1216								
Sold		06/16/10	2	21 50					
Acq		12/18/08	2	21 50	16 82	16 82	4 68	4 68	L
		Total for 6/16/2010			16 82	16 82	4 68	4 68	
47103C241	PERKINS MID CAP VALUE F/C I 1167								
Sold		06/16/10	2	40 94					
Acq		12/18/08	2	40 94	29 47	29 47	11 47	11 47	L
		Total for 6/16/2010			29 47	29 47	11 47	11 47	
47103C241	PERKINS MID CAP VALUE F/C I 1167								
Sold		12/17/10	241 651	5,422 65					
Acq		12/18/08	241 651	5,422 65	3,560 47	3,560 47	1,862 18	1,862 18	L
		Total for 12/17/2010			3,560 47	3,560 47	1,862 18	1,862 18	
693390700	PIMCO TOTAL RET FD-INST 35								
Sold		06/16/10	74	823 62					
Acq		09/18/09	70 81	788 12	768 29	768 29	19 83	19 83	S

Wells Fargo
Statement of Capital Gains and Losses From Sales
(Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail)
NEW SALEM CEMETERY CARE FUND
Trust Year Ending 12/31/2010

Account Id: 1019006067

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
693390700	PIMCO TOTAL RET FD-INST 35								
Sold		06/16/10	74	823 62					
Acq		03/18/10	3 19	35 50	35 22	35 22	0 28	0 28	S
		Total for 6/16/2010			803 51	803 51	20 11	20 11	
693391559	PIMCO EMERG MKTS BD-INST 137								
Sold		12/17/10	279	3,077 37					
Acq		12/18/08	279	3,077 37	2,323 71	2,323 71	753 66	753 66	L
		Total for 12/17/2010			2,323 71	2,323 71	753 66	753 66	
779919109	T ROWE PRICE REAL ESTATE FD 122								
Sold		06/16/10	10	160 90					
Acq		12/18/08	10	160 90	100 14	100 65	60 76	60 25	L
		Total for 6/16/2010			100 14	100 65	60 76	60 25	
779919109	T ROWE PRICE REAL ESTATE FD 122								
Sold		12/17/10	339 059	5,702 97					
Acq		12/18/08	339 059	5,702 97	3,340 35	3,412 53	2,362 62	2,290 44	L
		Total for 12/17/2010			3,340 35	3,412 53	2,362 62	2,290 44	
780905212	ROYCE VALUE PLUS FUND-INVT 271								
Sold		06/16/10	5	58 85					
Acq		12/18/08	5	58 85	38 30	38 30	20 55	20 55	L
		Total for 6/16/2010			38 30	38 30	20 55	20 55	
780905212	ROYCE VALUE PLUS FUND-INVT 271								
Sold		12/17/10	276 903	3,721 58					
Acq		12/18/08	276 903	3,721 58	2,121 08	2,121 08	1,600 50	1,600 50	L
		Total for 12/17/2010			2,121 08	2,121 08	1,600 50	1,600 50	
784924425	SSGA EMERGING MARKETS FD S 1510								
Sold		12/17/10	128	2,817 28					
Acq		08/28/07	128	2,817 28	3,493 13	3,493 13	-675 85	-675 85	L
		Total for 12/17/2010			3,493 13	3,493 13	-675 85	-675 85	

Wells Fargo
Statement of Capital Gains and Losses From Sales
(Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail)
NEW SALEM CEMETERY CARE FUND
Trust Year Ending 12/31/2010

Account Id: 1019006067

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
949915565	WF ADV ENDEAVOR SELECT-I 3124								
Sold		06/16/10	7	58 52					
Acq		12/18/08	7	58 52	43 61	43 61	14 91	14 91	L
		Total for 6/16/2010			43 61	43 61	14 91	14 91	
		Total for Account: 1019006067			20,351 87	20,424 56	7,551 06	7,478 37	

Total Proceeds:		**Fed**	**State**
27,902.93	**S/T Gain/Loss**	51 71	51 71
	L/T Gain/Loss	7,499 35	7,426 66