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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning , 2012, 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

Doing Business As:

Number and street (or P O box if mail is not delivered to street address): P.O. BOX 578

Room/suite:

City, town or post office, state, and ZIP code: LITCHFIELD, CT 06759-0578

F Name and address of principal officer:

D Employer identification number: 06-0429770

E Telephone number: 860 567-6415

G Gross receipts $: 347,997.

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)

H(c) Group exemption number ▶

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (13) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other ▶990

L Year of formation: 1977 M State of legal domicile: CT

Part I Summary

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 COMMUITY.

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 2012 (Part V, line 2a)	5	NONE
6	Total number of volunteers (estimate if necessary)	6	NONE
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	NONE
b	Net unrelated business taxable income from Form 990-T, line 34	7b	NONE

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,050	11,500.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	43,842	59,317.
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)	44,892	70,817.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,019	62,900.
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)	6,264	6,286.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ NONE		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	910	918.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	54,193	70,104.
19	Revenue less expenses. Subtract line 18 from line 12	-9,301	713.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	790,749	791,462.
21	Total liabilities (Part X, line 26)	NONE	NONE
22	Net assets or fund balances Subtract line 21 from line 20	790,749	791,462.

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

▶ Union Savings Bank - Pamela P Wray AVP Trust Officer — Signature of officer — Date 04/25/2013

▶ Union Savings Bank - Pamela P Wray AVP Trust Officer — Type or print name and title — Date 5/6/2013

Paid Preparer Use Only

Print/Type preparer's name: GORDON POWERS	Preparer's signature: Gordon Powers	Date: 04/25/2013	Check ☐ if self-employed
PTIN: P00260194			
Firm's name ▶ THOMSON REUTERS (TAX & ACCOUNTING)		Firm's EIN ▶ 75-1297386	
Firm's address ▶ 22 THOMSON PLACE, MS 36T1; 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** (2012)

JSA
2E1010 1 000

Part III **Statement of Program Service Accomplishments**

Check 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 COMMUITY.

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations 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 $ 70,104. including grants of $ 62,900.) (Revenue $ 59,748.)

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 ▶ 70,104.

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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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, for escrow or custodial account liability; 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 temporarily restricted endowments, permanent endowments, 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 and XII*	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 and XII 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	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 any government or organization in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
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*	22		X
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*	23		X
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*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
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?	24c		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
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*	25a		
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*	25b		X
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*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
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*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
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*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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*	35b		X
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*	36		
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*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

Check 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?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)			
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 as charitable contributions?	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?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
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 X

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			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
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	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	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	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete 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	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other *(explain in Schedule O)*

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

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 Contractors**

Check 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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	1.00			X				6,286.	NONE	NONE
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								6,286.	NONE	NONE

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

		Yes	No
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*		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*		X
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*		X

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. Report compensation for the calendar year ending with or within the organization's tax year.

(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 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII . . . . . ☐

			(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	11,500.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f ▶		11,500.			
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) ▶		44,430.			44,430.
	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	292,067				
	b Less. cost or other basis and sales expenses	277,180				
	c Gain or (loss)	14,887				
	d Net gain or (loss) ▶		14,887.	14,887.		
	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 ▶		70,817.	14,887.		44,430.

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).

Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21	62,900.			
2 Grants and other assistance to individuals in the United States See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	6,286.			
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 accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	651.			
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a _____				
b _____				
c _____				
d _____				
e All other expenses _____	267.			
25 **Total functional expenses.** Add lines 1 through 24e	70,104.			
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X . . . . . ☐

			(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	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other 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) Complete Part II of Schedule L		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	790,749.	11	791,462.
	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)	790,749.	16	791,462.
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	Loans and other 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). 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 (ASC 958), 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 (ASC 958), 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	790,749.	32	791,462.
	33	Total net assets or fund balances	790,749.	33	791,462.
	34	Total liabilities and net assets/fund balances	790,749.	34	791,462.

Part XI Reconciliation of Net Assets

Check 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	70,817.
2	Total expenses (must equal Part IX, column (A), line 25)	2	70,104.
3	Revenue less expenses. Subtract line 2 from line 1	3	713.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	790,749.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	791,462.

Part XII Financial Statements and Reporting

Check 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: [X] 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2b		X
c	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.	2c		
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?	3a		X
b	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	3b		

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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.**

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

LITCHFIELD CEMETERY ASSN INVESTMENT ADV ACCOU

Employer identification number

06-0429770

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? . . . . . [X] 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. 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)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

Schedule I (Form 990) (2012)

JSA

2E1288 1 000

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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
N/A					
2					
3					
4					
5					
6					
7					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, Part III, column (b), 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 D (Form 1041)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T.
▶ Information about Schedule D (Form 1041) and its separate instructions is at *www.irs.gov/form1041*

OMB No 1545-0092

2012

Name of estate or trust: LITCHFIELD CEMETERY ASSN INVESTMENT ADV ACCOU

Employer identification number: 06-0429770

Note: *Form 5227 filers need to complete **only** Parts I and II.*

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a						

b	Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	-1,082.
2	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2011 Capital Loss Carryover Worksheet	4	( )
5	**Net short-term gain or (loss).** Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ▶	5	-1,082.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a	LONG-TERM CAPITAL GAIN DIVIDENDS		STMT 1			866.

b	Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	15,103.
7	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9	Capital gain distributions	9	
10	Gain from Form 4797, Part I	10	
11	Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet	11	( )
12	**Net long-term gain or (loss).** Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ▶	12	15,969.

Part III Summary of Parts I and II Caution: *Read the instructions **before** completing this part.*		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13 **Net short-term gain or (loss)**	13			-1,082.
14 **Net long-term gain or (loss):**				
a Total for year	14a			15,969.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
c 28% rate gain	14c			
15 **Total net gain or (loss).** Combine lines 13 and 14a ▶	15			14,887.

Note: *If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and **do not** complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary*

Part IV Capital Loss Limitation

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of:
a The loss on line 15, column (3) **or** b $3,000 . . . . . 16 ( )

Note: *If the loss on line 15, column (3), is more than $3,000, **or** if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** in the instructions to figure your capital loss carryover.*

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part **only** if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), **and** Form 1041, line 22, is more than zero.

Caution: *Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if:*

- *Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or*
- *Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.*

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the **Schedule D Tax Worksheet** in the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17 Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)			17		
18 Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18				
19 Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19				
20 Add lines 18 and 19	20				
21 If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21				
22 Subtract line 21 from line 20. If zero or less, enter -0-			22		
23 Subtract line 22 from line 17. If zero or less, enter -0-			23		
24 Enter the **smaller** of the amount on line 17 or $2,400			24		
25 Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 and 26; go to line 27 and check the "No" box. ☐ **No.** Enter the amount from line 23			25		
26 Subtract line 25 from line 24			26		
27 Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 27 thru 30, go to line 31 ☐ **No.** Enter the smaller of line 17 or line 22			27		
28 Enter the amount from line 26 (If line 26 is blank, enter -0-)			28		
29 Subtract line 28 from line 27			29		
30 Multiply line 29 by 15% (.15)				30	
31 Figure the tax on the amount on line 23. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)				31	
32 Add lines 30 and 31				32	
33 Figure the tax on the amount on line 17. Use the 2012 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)				33	
34 **Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)				34	

SCHEDULE D-1 (Form 1041)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041)

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.
▶ Information about Schedule D (Form 1041) and its separate instructions is at *www.irs.gov/form1041*

OMB No 1545-0092

2012

Name of estate or trust: LITCHFIELD CEMETERY ASSN INVESTMENT ADV ACCOU

Employer identification number: 06-0429770

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a 2400. HARBOR BOND FUND	02/02/2012	04/26/2012	30,216.00	30,000.00	216.00
1037.883 OAKMARK INTERNATI	07/19/2011	04/26/2012	19,149.00	20,000.00	-851.00
410.678 PARNASSUS SMALL CA	07/19/2011	04/26/2012	9,253.00	10,000.00	-747.00
10000. RAYTHEON 3.125% 10/	11/30/2011	02/23/2012	10,281.00	9,981.00	300.00

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b . . . . . -1,082.00

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side: LITCHFIELD CEMETERY ASSN INVESTMENT ADV ACCOU

Employer identification number: 06-0429770

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a 10000. BANK OF AMERICA S/U D-9/17/25-12	08/25/2010	09/17/2012	10,000.00	10,000.00	
10000. BANK OF AMERICA S/U D-9/17/25-12	08/25/2010	09/17/2012	10,000.00	10,000.00	
154.847 CGM REALTY FUND	04/07/2008	05/02/2012	4,775.00	5,000.00	-225.00
264. CLAYMORE BNY BRIC	01/29/2010	10/19/2012	9,398.00	10,032.00	-634.00
127.226 DRIEHAUS EMERGING	04/07/2008	12/27/2012	3,844.00	5,000.00	-1,156.00
234.471 DRIEHAUS EMERGING	07/27/2009	12/27/2012	7,083.00	5,700.00	1,383.00
600.33 FEDERAL HOME LOAN M 5.00% DUE 7/15/33	03/04/2009	01/17/2012	600.00	605.00	-5.00
634.9 FEDERAL HOME LOAN MT DUE 7/15/33	03/04/2009	02/15/2012	635.00	640.00	-5.00
668.45 FEDERAL HOME LOAN M 5.00% DUE 7/15/33	03/04/2009	03/15/2012	668.00	673.00	-5.00
700.97 FEDERAL HOME LOAN M 5.00% DUE 7/15/33	03/04/2009	04/16/2012	701.00	706.00	-5.00
732.64 FEDERAL HOME LOAN M 5.00% DUE 7/15/33	03/04/2009	05/15/2012	733.00	738.00	-5.00
763.29 FEDERAL HOME LOAN M 5.00% DUE 7/15/33	03/04/2009	06/15/2012	763.00	769.00	-6.00
793.03 FEDERAL HOME LOAN M 5.00% DUE 7/15/33	03/04/2009	07/16/2012	793.00	799.00	-6.00
821.86 FEDERAL HOME LOAN M 5.00% DUE 7/15/33	03/04/2009	08/15/2012	822.00	828.00	-6.00
849.81 FEDERAL HOME LOAN M 5.00% DUE 7/15/33	03/04/2009	09/17/2012	850.00	856.00	-6.00
875.03 FEDERAL HOME LOAN M 5.00% DUE 7/15/33	03/04/2009	10/15/2012	875.00	882.00	-7.00
885.76 FEDERAL HOME LOAN M 5.00% DUE 7/15/33	03/04/2009	11/15/2012	886.00	892.00	-6.00
895.93 FEDERAL HOME LOAN M 5.00% DUE 7/15/33	03/04/2009	12/17/2012	896.00	903.00	-7.00
30.54 FEDERAL NATL MTG ASS 2/1/16	05/04/2009	01/25/2012	31.00	31.00	
30.69 FEDERAL NATL MTG ASS 2/1/16	05/04/2009	02/27/2012	31.00	31.00	
38.23 FEDERAL NATL MTG ASS 2/1/16	05/04/2009	03/26/2012	38.00	38.00	
31.05 FEDERAL NATL MTG ASS 2/1/16	05/04/2009	04/25/2012	31.00	31.00	
34.88 FEDERAL NATL MTG ASS 2/1/16	05/04/2009	05/25/2012	35.00	35.00	
31.39 FEDERAL NATL MTG ASS 2/1/16	05/04/2009	06/25/2012	31.00	31.00	
35.21 FEDERAL NATL MTG ASS 2/1/16	05/04/2009	07/25/2012	35.00	35.00	

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b . . . . . .

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side: LITCHFIELD CEMETERY ASSN INVESTMENT ADV ACCOU

Employer identification number: 06-0429770

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a 31.73 FEDERAL NATL MTG ASS 2/1/16	05/04/2009	08/27/2012	32.00	32.00	
31.89 FEDERAL NATL MTG ASS 2/1/16	05/04/2009	09/25/2012	32.00	32.00	
35.7 FEDERAL NATL MTG ASSN 2/1/16	05/04/2009	10/25/2012	36.00	36.00	
32.24 FEDERAL NATL MTG ASS 2/1/16	05/04/2009	11/26/2012	32.00	32.00	
36.05 FEDERAL NATL MTG ASS 2/1/16	05/04/2009	12/26/2012	36.00	36.00	
20.41 GNMA 5.50% DUE 5/15/	04/24/2008	01/17/2012	20.00	21.00	-1.00
20.84 GNMA 5.50% DUE 5/15/	04/24/2008	02/15/2012	21.00	21.00	
20.92 GNMA 5.50% DUE 5/15/	04/24/2008	03/15/2012	21.00	21.00	
21.31 GNMA 5.50% DUE 5/15/	04/24/2008	04/16/2012	21.00	22.00	-1.00
20.84 GNMA 5.50% DUE 5/15/	04/24/2008	05/15/2012	21.00	21.00	
35.44 GNMA 5.50% DUE 5/15/	04/24/2008	06/15/2012	35.00	36.00	-1.00
21.37 GNMA 5.50% DUE 5/15/	04/24/2008	07/16/2012	21.00	22.00	-1.00
21.52 GNMA 5.50% DUE 5/15/	04/24/2008	08/15/2012	22.00	22.00	
21.62 GNMA 5.50% DUE 5/15/	04/24/2008	09/17/2012	22.00	22.00	
21.73 GNMA 5.50% DUE 5/15/	04/24/2008	10/15/2012	22.00	22.00	
21.85 GNMA 5.50% DUE 5/15/	04/24/2008	11/15/2012	22.00	22.00	
21.95 GNMA 5.50% DUE 5/15/	04/24/2008	12/17/2012	22.00	22.00	
32. GOLDMAN SACHS GROUP	04/16/2004	12/27/2012	4,007.00	3,292.00	715.00
25000. GOLDMAN SACHS GROUP DUE 9/28/18	09/17/2010	09/28/2012	25,000.00	25,000.00	
1049.869 OAKMARK INTERNATI	12/03/2010	05/02/2012	19,181.00	20,000.00	-819.00
423.124 PERKINS JANUS MID FUND	07/27/2009	04/26/2012	9,275.00	7,426.00	1,849.00
189.939 PERKINS JANUS MID FUND	04/07/2008	05/02/2012	4,162.00	4,201.00	-39.00
450.143 PERKINS JANUS MID FUND	07/27/2009	05/02/2012	9,863.00	7,900.00	1,963.00
197.735 MERIDIAN GROWTH FU	07/27/2009	04/26/2012	9,309.00	5,869.00	3,440.00
123.302 MERIDIAN GROWTH FU	04/07/2008	05/02/2012	5,848.00	4,266.00	1,582.00

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b . . . . . .

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side: LITCHFIELD CEMETERY ASSN INVESTMENT ADV ACCOU

Employer identification number: 06-0429770

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a 266.173 MERIDIAN GROWTH FU	07/27/2009	05/02/2012	12,625.00	7,900.00	4,725.00
115.393 MERIDIAN GROWTH FU	12/03/2010	05/02/2012	5,473.00	5,000.00	473.00
703.467 ROYCE VALUE FUND S	07/27/2009	05/02/2012	8,392.00	6,226.00	2,166.00
193.68 ROYCE VALUE FUND SE	12/07/2009	05/02/2012	2,311.00	1,900.00	411.00
100. SCHLUMBERGER LTD COM	04/30/2007	12/27/2012	6,864.00	7,522.00	-658.00
25000. SOUTHERN COMM BK & 2.00% D-7/28/25-11	07/13/2010	04/30/2012	25,000.00	25,000.00	
20000. WASHINGTON MUTUAL B DUE 1/30/12	01/28/2008	01/31/2012	20,000.00	20,000.00	

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b 15,103.00

* INDICATES WASH SALE

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

2012

Open to Public Inspection

Name of the organization

LITCHFIELD CEMETERY ASSN INVESTMENT ADV ACCOU

Employer identification number

06-0429770

CHANGE IN ACCOUNTING METHOD OR DESCRIPTION OF OTHER METHOD USED

FORM 990, PAGE 11, PART XII, LINE 1

NONE

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 9

BOOK VALUE ADJUSTMENT of 48.00

FEDERAL CAPITAL GAIN DIVIDENDS

LONG-TERM CAPITAL GAIN DIVIDENDS

15% RATE CAPITAL GAIN DIVIDENDS

PIMCO INVESTMENT GRADE CORP BOND FUND #56	866.00	
TOTAL 15% RATE CAPITAL GAIN DIVIDENDS		866.00
TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS		866.00

Report Date: *March 20, 2013*
Time Prepared: *03:35:21 PM*
Requested By: *Pamela Wray*
Includes: *Account: 52 00 5276 0 01 LITCHFIELD CEMETERY ASSN IMA*

UNION SAVINGS BANK

Account Holdings as of 12/31/2012

Cusip No	Security Name	Shares / Par	Investment	Unit Price	Market Value	Price Date
02209S103	ALTRIA GROUP INC	190.0000	5,029.30	31 44	5,973.60	12/31/2012
037833100	APPLE INC	25.0000	4,396.25	532.1729	13,304.32	12/31/2012
09247X101	BLACKROCK, INC.	26.0000	5,863.90	206.71	5,374.46	12/31/2012
166764100	CHEVRON CORP	128.0000	7,855.29	108.14	13,841.92	12/31/2012
17275R102	CISCO SYSTEMS INC	251.0000	6,799.59	19.6494	4,932.00	12/31/2012
31394HHZ7	FHLMC 5% 71533	2,702.6900	2,722.98	100.277	2,722.98	12/31/2012
36292L6V1	GNMA 5.5 51536	12,928.4200	13,047.60	110.27	14,256 17	12/31/2012
370334104	GENERAL MILLS INC	125.0000	4,627.49	40.42	5,052.50	12/31/2012
38141G104	GOLDMAN SACHS GROUP	32.0000	3,291.84	127 56	4,081 92	12/31/2012
459200101	INTERL BUS MACHINE	46.0000	5,758.13	191.55	8,811.30	12/31/2012
464287168	DOW JONES SELECT DIV	320.0000	18,150.40	57 24	18,316.80	12/31/2012
464287176	ISHARES BARCLAYS TIP	225.0000	24,573.22	121.41	27,317.25	12/31/2012
464287234	ISHS MSCI EM MKTS	190.0000	8,014.18	44 35	8,426.50	12/31/2012
464287275	ISHS S&P GLBL TEL	56.0000	3,882.17	57.17	3,201.52	12/31/2012
464287465	ISHS MSCI EAFE	330 0000	17,747.40	56.86	18,763.80	12/31/2012
464287655	ISHS RUSSELL 2000	220.0000	17,934.07	84.3178	18,549 92	12/31/2012
46625H100	JP MORGAN CHASE & CO	141 0000	6,075.69	43.9691	6,199.64	12/31/2012
58933Y105	MERCK & CO INC NEW	155.0000	4,997.87	40 94	6,345.70	12/31/2012
693390841	PIMCO FUNDS HIGH YLD	1,066.0980	10,000.00	9 64	10,277 18	12/31/2012
722005816	PIMCO IN GR CP BD 56	4,897.7090	53,000.00	11.12	54,462 52	12/31/2012
742718109	PROCTER & GAMBLE CO	63.0000	3,352.23	67 89	4,277 07	12/31/2012
806857108	SCHLUMBERGER LTD	100.0000	7,522.00	69.2986	6,929 86	12/31/2012
81369Y886	SEL SECTOR SPDR UTIL	180.0000	7,547.13	34.9205	6,285 69	12/31/2012
847560109	SPECTRA ENERGY	200.0000	5,110.00	27.38	5,476.00	12/31/2012
931142103	WAL-MART STORES, INC	120.0000	6,052.00	68 23	8,187 60	12/31/2012
937777100	WMA - PRIN	12,343.7600	12,343.76	1.00	12,343.76	08/01/2012
937777225	WMA - INCOME	1,309.5600	1,309.56	1.00	1,309 56	08/01/2012
	Total Securities	**38,371.2370**	**267,004.05**		**295,021.54**	
	Income Cash		**611.84**		**611.84**	
	Principal Cash		**0.00**		**0.00**	
	Account Total		**267,615.89**		**295,633.38**	

+ 523,846.60

791, 462.49

Report Date *March 20, 2013*

Time Prepared *03:40:20 PM*

Requested By *Pamela Wray*

Includes: *Account: 52 00 5277 0 01 LITCHFIELD CEMETERY ASSN P/C IMA*

UNION SAVINGS BANK

Account Holdings as of 12/31/2012

Cusip No.	Security Name	Shares / Par	Investment	Unit Price	Market Value	Price Date
002824100	ABBOTT LAB INC	103.0000	5,035.49	65 50	6,746.50	12/31/2012
020002101	ALLSTATE CORP	200.0000	5,029.60	40 17	8,034 00	12/31/2012
025816AW9	AM EXP 5.50% 91216	25,000.0000	24,915.25	114.326	28,581.50	12/31/2012
084670BF4	BRK HATH 3 4 13122	10,000.0000	10,252.10	107.721	10,772.10	12/31/2012
086516101	BEST BUY COMPANY	116.0000	4,097 90	11.85	1,374.60	12/31/2012
126650100	CVS CAREMARK CORP	160.0000	6,003.55	48.35	7,736.00	12/31/2012
22160K105	COSTCO WHLSL CORP	102.0000	6,000.46	98.73	10,070.46	12/31/2012
262028301	DRIEHAUS EM MKTS	613.1440	20,700.00	30.61	18,768.34	12/31/2012
29364G103	ENTERGY CORP	90 0000	5,761.90	63.75	5,737.50	12/31/2012
30231G102	EXXON MOBIL CORP	74.0000	5,944.42	86.55	6,404.70	12/31/2012
31403DGP8	FNMA 5.661 20116	21,936.0200	21,936.01	112.025	24,573.83	12/31/2012
369604103	GENERAL ELECTRIC CO	300.0000	4,712.97	20.99	6,297.00	12/31/2012
369604BC6	GE 5.25 120617	25,000.0000	24,745.75	117 915	29,478 75	12/31/2012
38374GCL4	GNMA 5.5% 42034	26,252.9600	26,439.17	121.104	31,793.38	12/31/2012
464287168	DOW JONES SELECT DIV	370.0000	18,882.13	57 24	21,178.80	12/31/2012
464287234	ISHS MSCI EM MKTS	230.0000	9,579.50	44.35	10,200 50	12/31/2012
464287275	ISHS S&P GLBL TEL	50.0000	3,419.11	57.17	2,858.50	12/31/2012
464287465	ISHS MSCI EAFE	570.0000	30,067.44	56 86	32,410.20	12/31/2012
464287655	ISHS RUSSELL 2000	515.0000	39,683.32	84.3178	43,423 67	12/31/2012
487836108	KELLOGG CO	100.0000	5,349.00	55 85	5,585.00	12/31/2012
548661107	LOWES COMPANIES	252.0000	6,722.10	35 52	8,951.04	12/31/2012
580135101	MCDONALDS CORP	55.0000	4,954.50	88.21	4,851.55	12/31/2012
594918104	MICROSOFT CORP	191 0000	4,849.49	26.7097	5,101 55	12/31/2012
66987V109	NOVARTIS A G	100.0000	5,770.99	63.30	6,330.00	12/31/2012
713448108	PEPSICO INC	79.0000	3,729.79	68 43	5,405.97	12/31/2012
717081103	PFIZER INC	332.0000	12,556.24	25.0793	8,326.33	12/31/2012
722005816	PIMCO IN GR CP BD 56	2,314.6580	25,000.00	11 12	25,739.00	12/31/2012
74005P104	PRAXAIR INC	63.0000	1,838.34	109.45	6,895.35	12/31/2012
78462F103	SPDR S&P 500 ETF TR	190.0000	25,205 40	142.41	27,057.90	12/31/2012
78467Y107	SPDR S&P MDCP 400	116.0000	21,069.79	185.71	21,542.36	12/31/2012
847560109	SPECTRA ENERGY	300.0000	8,261.70	27 38	8,214.00	12/31/2012
857477103	STATE STREET CORP	106.0000	5,845.90	47.01	4,983.06	12/31/2012
87612E106	TARGET CORP	100.0000	5,101.99	59.17	5,917 00	12/31/2012
911312106	UNITED PARCEL SERV	75.0000	4,861 00	73.73	5,529.75	12/31/2012
913017109	UNITED TECHNOLOGIES	87.0000	1,832.98	82.01	7,134 87	12/31/2012
921908844	ETF VANGD DIV APP	1,100.0000	64,930 29	59 57	65,527 00	12/31/2012
922042775	VNGD FTSE ALLWRLD	640.0000	24,963.90	45.75	29,280.00	12/31/2012
937777100	WMA - PRIN	10,639.3600	10,639.36	1 00	10,639.36	08/01/2012
937777225	WMA - INCOME	2,623.3200	2,623.32	1 00	2,623.32	08/01/2012
949746101	WELLS FARGO & CO NEW	188 0000	3,762 35	34.18	6,425 84	12/31/2012
	Total Securities	**131,333.4620**	**523,074.50**		**578,500.58**	
	Income Cash		**772.10**		**772.10**	
	Principal Cash		**0.00**		**0.00**	
	Account Total		**523,846.60**		**579,272.68**	