



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



Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

- 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.

POSTMARK DATE MAY 10 2013

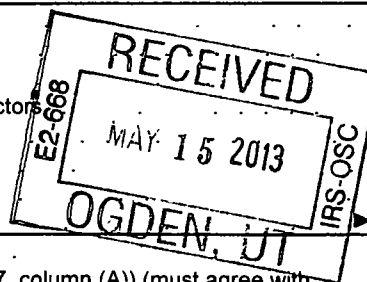
A For the 2012 calendar year, or tax year beginning , and ending	
☐ Check if applicable ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization NEW SALEM CEMETERY CARE FUND TRUSTEE U/A NEW SALEM CEMETER Number and street (or P O box, 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 ☒ Cash ☐ Accrual Other (specify) ▶ I Website: ▶ N/A	H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (13) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527	

K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 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. ▶ \$ **76,128**

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 ☒

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	4,163
	5a Gross amount from sale of assets other than inventory	5a	71,965
	b Less cost or other basis and sales expenses	5b	66,545
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	5,420
	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	9,583	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	3,858
	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	1,765
	17 Total expenses. Add lines 10 through 16	17	5,623
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	3,960
	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	123,643
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	-293
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	127,310



For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2012)

HTA

252

Form 990-EZ (2012)

NEW SALEM CEMETERY CARE FUND TRUSTEE U/A NEW SALEM CEMETERY 56-6277590

Page **2****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 ☐

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	123,643	22	127,310
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	123,643	25	127,310
26 Total liabilities (describe in Schedule O)		26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	123,643	27	127,310

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 \$ 3,858) If this amount includes foreign grants, check here ☐	28a	4,292
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	4,292

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 title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Wells Fargo Bank N A 101N Independence Mall E MAC TRUSTEE	Hr/WK 4 00	1,738		
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			
	Hr/WK			

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.		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).		X
35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		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?		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?		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 40a , section 4912 40b , section 4955 40c .		
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.		
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. 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40d		
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. 41 NC		
42 a The organization's books are in care of 42a Wells Fargo Bank N A Telephone no 42a (888) 730-4933 Located at 42a 101N Independence Mall E MA City Philadelphia ST PA ZIP + 4 42a 19106-2112		
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)? If "Yes," enter the name of the foreign country 42b		X
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 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 43 and enter the amount of tax-exempt interest received or accrued during the tax year 43		
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		
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
45 b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). 45b		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

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

- 47** 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

	Yes	No
47		
48		
49a		
49b		

- 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 title of each employee paid more than \$100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
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		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
City ST ZIP		
Name		
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	Signature of officer <i>JOHN SULENTIC</i>		Date 5/10/2013		
	Type or print name and title JOHN SULENTIC SVP Wells Fargo Bank N A				
Paid Preparer Use Only	Print/Type preparer's name JOSEPH CASTRIANO	Preparer's signature <i>JOSEPH CASTRIANO</i>	Date 5/10/2013	Check ☐ if self-employed	PTIN P01251603
	Firm's name PricewaterhouseCoopers, LLP	Firm's EIN 13-4008324		Phone no (412) 355-6000	
	Firm's address 600 GRANT STREET, PITTSBURGH, PA 15219-2777				

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

2012**Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceComplete 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.

Name of the organization

Employer identification number

NEW SALEM CEMETERY CARE FUND TRUSTEE U/A NEW SALEM CEMETERY

56-6277590

Form 990-EZ, Part I, Line 10, Grants Paid, Activity: Grantee NEW SALEM CEMETERY, INC 15

SOUTHWICKE DR ARDEN NC 28704, Cash Grant 3,858, Relationship NONE

Form 990-EZ, Part I, Line 16, Other Expenses: TRUSTEE FEES 1,738

Form 990-EZ, Part I, Line 16, Other Expenses: FOREIGN TAXES PAID 27

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

Form 990-EZ, Part I, Line 20, Net Assets MUTUAL FUND AND CTF INCOME ADDITIONS 128

Form 990-EZ, Part I, Line 20, Net Assets MUTUAL FUND AND CTF INCOME SUBTRACTION -369

Form 990-EZ, Part I, Line 20, Net Assets PY RETURN OF CAPITAL ADJUSTMENT -55

Name of the organization

Employer identification number

NEW SALEM CEMETERY CARE FUND TRUSTEE U/A NEW SALEM CEMETERY

56-6277590

NEW SALEM CEMETERY CARE FUND TRUSTEE U/A NEW SALEM CEMETERY

56-6277590

						FMV	COST
Savings & Temp Inv	1019006067	56-6277590	VP0528308	FEDERATED TREAS OBL FD 68		4611.16	4611.16
Savings & Temp Inv	1019006067	56-6277590	VP0528308	FEDERATED TREAS OBL FD 68		51.01	51.01
Invest - Other	1019006067	56-6277590	04314H204	ARTISAN INTERNATIONAL FUND #661		4261.64	3545.88
Invest - Other	1019006067	56-6277590	256210105	DODGE & COX INCOME FD COM #147		13370.24	12295.67
Invest - Other	1019006067	56-6277590	411511504	HARBOR CAPITAL APRCTION-INST #2012		7166.49	6428.64
Invest - Other	1019006067	56-6277590	693390700	PIMCO TOTAL RET FD-INST #35		24020.45	23161.77
Invest - Other	1019006067	56-6277590	693390882	PIMCO FOREIGN BD FD USD H-INST #103		6453.05	6221.03
Invest - Other	1019006067	56-6277590	77957P105	T ROWE PRICE SHORT TERM BD FD #55		3284.89	3278.11
Invest - Other	1019006067	56-6277590	04314H600	ARTISAN MID CAP FUND-INS #1333		3528.01	3536.26
Invest - Other	1019006067	56-6277590	464287648	ISHARES RUSSELL 2000 GROWTH		3240.54	3142.83
Invest - Other	1019006067	56-6277590	464287200	ISHARES CORE S & P 500 ETF		4007.92	3518.22
Invest - Other	1019006067	56-6277590	51855Q655	LAUDUS MONDRIAN INTL FI-INST #2940		6641.79	6616.32
Invest - Other	1019006067	56-6277590	256206103	DODGE & COX INT'L STOCK FD #1048		4387.09	4254.52
Invest - Other	1019006067	56-6277590	552983694	MFS VALUE FUND-CLASS I #893		5281.42	4897.55
Invest - Other	1019006067	56-6277590	261980494	DREYFUS EMG MKT DEBT LOC C-I #6083		7679.76	7274.6
Invest - Other	1019006067	56-6277590	339128100	JP MORGAN MID CAP VALUE-I #758		2994.93	2515.57
Invest - Other	1019006067	56-6277590	922908553	VANGUARD REIT VIPER		4211.2	3401.62
Invest - Other	1019006067	56-6277590	922042858	VANGUARD MSCI EMERGING MARKETS ETF		3428.81	3496.83
Invest - Other	1019006067	56-6277590	683974505	OPPENHEIMER DEVELOPING MKT-Y #788		3435.71	3369.98
Invest - Other	1019006067	56-6277590	78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL		4176.35	3871.99
Invest - Other	1019006067	56-6277590	76628T645	RIDGEWORTH SEIX HY BD-I #5855		9342.63	8813.85
Invest - Other	1019006067	56-6277590	22544R305	CREDIT SUISSE COMM RET ST-I #2156		5134.31	5625.89
Invest - Other	1019006067	56-6277590	487300808	KEELEY SMALL CAP VAL FD CL I #2251		3484.92	3017.27
Cash	1019006067	56-6277590				363.6	363.6

Total Cash and Equivalents

5026

Total Other Investments

122284

Total

127310

134558

Part I, Line 5 (990-EZ) - Gain/Loss From Sale Of Assets Other Than Inventory

	Description	Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired	Acquisition method	Date sold	Gross sales		Expense of sale and cost of improve- ments	Depreciation	Description of Basis Method	
									Gross sales price	Cost or other basis (Enter one field only)				
										Cost				Donated value
Total Public Securities									71,965	66,545				
Total Non-Public Securities									0	0				
Total Other sales									0	0				
1	ARTISAN INTERNATIONAL FUN	X				8/26/2011		8/8/2012	504	450				
2	ARTIO TOTAL RETURN BD FD C	X				6/18/2009		3/9/2012	709	657				
3	ARTIO TOTAL RETURN BD FD C	X				12/18/2008		3/9/2012	2,953	2,793				
4	ARTIO INTERNATIONAL EQ FD	X				2/27/2009		3/9/2012	520	389				
5	ARTIO INTERNATIONAL EQ FD	X				12/18/2008		3/9/2012	234	226				
6	CREDIT SUISSE COMM RT ST-4	X				8/26/2011		8/8/2012	149	169				
7	DODGE & COX INTL STOCK FD	X				8/28/2007		8/8/2012	409	593				
8	DODGE & COX INCOME FD COM	X				2/4/2011		3/9/2012	517	500				
9	DODGE & COX INCOME FD COM	X				5/25/2011		3/9/2012	2,882	2,846				
10	DODGE & COX INCOME FD COM	X				8/26/2011		3/9/2012	2,159	2,113				
11	DODGE & COX INCOME FD COM	X				8/10/2012		11/19/2012	3,501	3,466				
12	DODGE & COX INCOME FD COM	X				5/10/2012		11/19/2012	984	967				
13	JP MORGAN MID CAP VALUE-I	X				12/17/2010		3/9/2012	1,058	964				
14	GOLDMAN SACHS L/C VALUE-I	X				12/18/2008		3/9/2012	1,512	1,064				
15	HARBOR CAPITAL APRCTON-II	X				5/25/2011		3/9/2012	468	428				
16	ISHARES S & P 500 INDEX FUN	X				8/24/2011		3/9/2012	415	352				
17	ISHARES TR RUSSELL MIDCAP	X				3/9/2012		5/8/2012	3,261	3,358				
18	JPMORGAN HIGH YIELD FUND	X				12/18/2008		3/9/2012	3,231	2,234				
19	JPMORGAN HIGH YIELD FUND	X				8/28/2007		3/9/2012	1,591	1,655				
20	KEELEY SMALL CAP VAL FD CL	X				12/17/2010		3/9/2012	235	224				
21	LAUDUS MONDRIAN INTL FLIN	X				3/13/2012		5/8/2012	319	311				
22	LAUDUS MONDRIAN INTL FLIN	X				3/13/2012		8/8/2012	1,674	1,623				
23	MFS VALUE FUND-CLASS I 893	X				5/25/2011		3/9/2012	271	266				
24	MAINSTAY EP US EQUITY-INS	X				3/13/2012		8/8/2012	1,410	1,424				
25	PIMCO TOTAL RET FD-INST 35	X				9/18/2009		3/9/2012	25	24				
26	PIMCO FOREIGN BD FD USD H	X				3/13/2012		5/8/2012	185	183				
27	PIMCO FOREIGN BD FD USD H	X				2/4/2011		8/8/2012	425	400				
28	PIMCO FOREIGN BD FD USD H	X				3/13/2012		8/8/2012	1,343	1,305				
29	GOLDMAN SACHS GRTH OPP F	X				12/18/2008		3/9/2012	3,842	1,912				
30	PIMCO COMMODITY REAL RET	X				2/27/2009		3/9/2012	1,925	1,618				
31	RIDGEWORTH SEIX HY BD-I 58	X				3/13/2012		5/8/2012	137	136				
32	RIDGEWORTH SEIX HY BD-I 58	X				3/13/2012		8/8/2012	364	361				
33	RIDGEWORTH SEIX HY BD-I 58	X				3/13/2012		11/19/2012	218	214				
34	T ROWE PRICE SHORT TERM B	X				5/25/2011		5/8/2012	4,292	4,301				
35	T ROWE PRICE SHORT TERM B	X				5/25/2011		8/8/2012	2,480	2,485				
36	T ROWE PRICE SHORT TERM B	X				8/29/2011		8/8/2012	708	708				
37	T ROWE PRICE SHORT TERM B	X				3/13/2012		8/8/2012	3,398	3,391				
38	T ROWE PRICE SHORT TERM B	X				3/13/2012		11/19/2012	3,880	3,872				
39	SPDR DJ WILSHIRE INTERNATI	X				5/23/2011		8/8/2012	271	278				
40	TCW SMALL CAP GROWTH FUN	X				12/17/2010		11/19/2012	1,457	1,659				
41	TCW SMALL CAP GROWTH FUN	X				12/17/2010		12/19/2012	1,315	1,426				
42	TCW SMALL CAP GROWTH FUN	X				8/10/2012		12/19/2012	367	371				
43	VANGUARD INFLAT PROTECT 3	X				12/18/2008		3/9/2012	3,754	3,098				
44	VANGUARD REIT VIPER	X				12/17/2010		3/9/2012	1,046	908				
45	PIMCO TOTAL RET FD-INST 35	X				5/25/2011		3/9/2012	3,530	3,495				
46	PIMCO TOTAL RET FD-INST 35	X				8/26/2011		3/9/2012	1,915	1,886				
47	VANGUARD REIT VIPER	X				12/17/2010		5/8/2012	327	266				
48	WELLS FARGO ADV INTL BOND	X				3/18/2010		3/9/2012	639	640				
49	WELLS FARGO ADV INTL BOND	X				12/18/2009		3/9/2012	60	60				
50	WELLS FARGO ADV INTL BOND	X				8/28/2007		3/9/2012	2,367	2,276				

Part I, Line 5 (990-EZ) - Gain/Loss From Sale Of Assets Other Than Inventory

Description		Check if gain/loss is from sale of public securities	Check if gain/loss is from sale of non public securities	Check if purchaser is a business	Purchaser	Date acquired 2/4/2011	Acquisition method	Date sold 3/9/2012	Gross sales price		Cost or other basis (Enter one field only) Cost		Expense of sale and cost of improve- ments	Depreciation	Description of Basis Method
Total Public Securities									71,965		66,545				
Total Non-Public Securities									0		0				
Total Other sales									0		0				
51	WELLS FARGO ADV INTL BOND	X							199	200					
52	LT CAPITAL GAIN DISTRIBUTIO	X							530						