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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990*

OMB No 1545-0047

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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) Room/suite
P.O. BOX 578

City or town, state or province, country, and ZIP or foreign postal code
LITCHFIELD, CT 06759-0578

D Employer identification number
06-0429770

E Telephone number
860 567-6415

G Gross receipts $ 346,891.

F Name and address of principal officer.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates 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 2014 (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)	70,128.	15,115.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	49,115.	60,412.
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)	119,243.	75,527.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	63,619.	34,820.
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)	6,866.	7,373.
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)	1,057.	881.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	71,542.	43,074.
19	Revenue less expenses. Subtract line 18 from line 12	47,701.	32,453.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	838,938.	868,853.
21	Total liabilities (Part X, line 26)	NONE	NONE
22	Net assets or fund balances. Subtract line 21 from line 20	838,938.	868,853.

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

▶ Pamela P Wray
Signature of officer — Date: 05/04/2015

▶
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
GORDON POWERS	Gordon Powers	05/04/2015		P00260194

Firm's name ▶ ERNST & YOUNG U. S. LLC — Firm's EIN ▶ 34-6565596

Firm's address ▶ 200 CLARENDON STREET; BOSTON, MA 02216 — Phone no 617-587-9019

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** (2014)

SCANNED JUN 09 2015

JSA
4E1010 1 000

Part III **Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line 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 $ 43,074. including grants of $ 34,820.) (Revenue $ 75,527.)

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 ▶ 43,074.

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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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 or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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
24a	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 25a*	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
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *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
35a	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 or note to any line 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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring 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 or note to any line 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, address, and telephone number of the person who possesses the organization's books and records: ▶
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 or note to any line 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				7,373.	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) ▶								7,373.	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 or note to any line in this Part VIII . . . . . ☐

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,115.			
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f ▶		15,115.			
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) ▶		32,902.			32,902.
	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	298,874.				
	b Less: cost or other basis and sales expenses	271,364.				
	c Gain or (loss)	27,510.				
	d Net gain or (loss) ▶		27,510.	27,510.		
	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 ▶		75,527.	27,510.		32,902.

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 or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21	34,820.			
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	7,373.			
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				
c Accounting	718.			
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 _____	163.			
25 **Total functional expenses** Add lines 1 through 24e	43,074.			
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 or note to any line 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	838,938.	11	868,853.
	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)	838,938.	16	868,853.
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	838,938.	32	868,853.
	33	Total net assets or fund balances	838,938.	33	868,853.
	34	Total liabilities and net assets/fund balances	838,938.	34	868,853.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	75,527.
2	Total expenses (must equal Part IX, column (A), line 25)	2	43,074.
3	Revenue less expenses. Subtract line 2 from line 1	3	32,453.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	838,938.
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	-2,538.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	868,853.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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?	2a		X
	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			
b	Were the organization's financial statements audited by an independent accountant?	2b		X
	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			
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 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2014

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 -2538

ACCT TYPE -EXMPT AGEN | DATE OPENED-03/01/1977 | FEE DUE -M-NOV | FEE SCHED-B3 | RTN PWR-GENERAL | INV POWERS-LTD | INV OBJ-G/M INCO
BRANCH -00 | CRITICAL DT-00/00/0000 | FEE CHRG - | TAXLOTS -YES | OWN TIME DEP -N | OWN TIME DEP - Y | 1% CASH 0-10%
OFFICER -B LASSE | PROXY OWNER-05555 OBO | FEE PYMT -12/12/2014 | TAX Y/E -DEC | COM TRUST FND-N | COM TRUST FND- N | 34% FI 15-35%
INV OFFICER-S ANDERSON | INV INCOME -YES | FEE BASE | SITUS -CT | NON INC PROP -Y | NON INC PROP - Y | 65% EQ 55-85%
NO OF BENE -01 | PRIN INVAS -YES | FEE MIN | TAX SV -YES | REAL ESTATE -Y | REAL ESTATE - Y
ACCT STATUS-ACTIVE | AUTO OVDRFT-LIMITED | FEE DISC | MDB ELEC -NONE | OWN STOCK -Y | OWN STOCK - N
VOTNG AUTH -SOLE | STMT DUE -Q-DEC | FEE DISC % | CASH SWEEP-YES | BUSINESS INT -Y | BUSINESS INT - N
INVST DISC -FULL | REVW DUE -S-APR | FEE TYPE -DEDUCT FROM ACCOUNT
INF RPTG -APPLICABLE 1098 & 1099 ONLY. NO 5498

SECURITY NAME	SHARES OR PAR	S&P/ MDY RTNG	INVT DISC	INVESTMENT COST BASIS	INVENTORY BASIS	EST ANNUAL INCOME	CURR YLD COST	CURR YLD MKT	% MKT VALUE	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
CASH												
INCOME CASH				0.00					0.0			0.00
PRINCIPAL CASH				0.00					0.0			0.00
TOTAL CASH				0.00						0		0.00
***CASH EQUIVALENTS	***			SAVINGS ACCOUNT								
OTHER SAVINGS ACCOUNT												
WEALTH MANAGEMENT ACCOUNT (WMA) - PRIN	12,647.54		FULL	12,647.54	12,648	19	0.2	0.2	1.7	12,648	1.000*	12,647.54
WEALTH MANAGEMENT ACCOUNT (WMA) - INCOME	16,642.94		FULL	16,642.94	16,643	25	0.2	0.2	2.2	16,643	1.000*	16,642.94
TOTAL OTHER SAVINGS ACCOUNT				29,290.48	29,291	44	0.1	0.1	3.9	29,291		29,290.48
TOTAL SAVINGS ACCOUNT				29,290.48	29,291	44	0.1	0.1	3.9	29,291		29,290.48
***TOTAL CASH EQUIVALENTS	***			29,290.48	29,291	44	0.1	0.1	3.9	29,291		29,290.48
***FIXED INCOME SECURITIES	***			U.S. GOVT AGENCIES - SHORT								
MATURITY (0 - 5 YRS)												
FEDERAL NAT'L MTG ASSN 5.661% D-2/01/16 ORIGINAL FACE: 0.0000	20,776.71	NR NR	FULL	20,776.67	20,777	1,176	5.7	5.5	2.9	22,381	103.093	21,419.33
				U.S. GOVT AGENCIES - LONG								
MATURITY (10 YRS & UP)												
GOV'T NATL MTG ASSN 5.50% D-4/20/34 ORIGINAL FACE: 0.0000	29,298.25	NR NR	FULL	29,484.46	29,484	1,611	5.5	4.7	4.6	32,275	117.047	34,292.72

SECURITY NAME	SHARES OR PAR	S&P/ MDY RTNG	INVT DISC	INVESTMENT COST BASIS	INVENTORY BASIS	EST ANNUAL INCOME	CURR YLD COST	CURR YLD MKT	% MKT VALUE	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
				CORPORATE BONDS - SHORT								
MATURITY (0 - 5 YRS)												
AMERICAN EXPRESS 5.50% DUE 9/12/16 ORIGINAL FACE: 0.0000	25,000	BBB+ A3	FULL	24,915.25	24,915	1,375	5.5	5.1	3.6	27,807	107.156	26,789.00
GENERAL ELECTRIC 5.25% DUE 12/06/17 ORIGINAL FACE: 0.0000	25,000	AA+ Aa3	FULL	24,745.75	24,746	1,313	5.3	4.7	3.7	28,299	110.931	27,732.75
TOTAL MATURITY (0 - 5 YRS)				49,661.00	49,661	2,688	5.4	4.9	7.3	56,106		54,521.75
TOTAL CORPORATE BONDS - SHORT				49,661.00	49,661	2,688	5.4	4.9	7.3	56,106		54,521.75
				CORPORATE BONDS - INTERM								
MATURITY (5 - 10 YRS)												
BERKSHIRE HATHAWAY 3.40% DUE 1/31/22 ORIGINAL FACE: 0.0000	10,000	AA Aa2	FULL	10,252.10	10,252	340	3.3	3.3	1.4	9,947	104.122	10,412.20
				MUTUAL FUND - SHORT								
MATURITY (0 - 5 YRS)												
VANGUARD SHORT TERM CP ADMIRAL SHARES	934.579		FULL	10,000.00	10,000	200	2.0	2.0	1.3	10,000	10.660	9,962.61
				ETF - SHORT								
MATURITY (0 - 5 YRS)												
ETF BARCLAYS 1-3 YEAR CR BD FD	95	NR	FULL	10,017.30	10,017	94	0.9	0.9	1.3	10,017	105.180	9,992.10
				ETF - INTERM								
MATURITY (0 - 5 YRS)												
ISHS BARCLAYS INTERMEDIATE TERM CREDIT BOND FD	225	NR	FULL	24,734.12	24,734	605	2.4	2.5	3.3	24,734	109.330	24,599.25
***TOTAL FIXED INCOME SECURITIES	***			154,925.65	154,925	6,714	4.3	4.1	22.1	165,460		165,199.96

SECURITY NAME	SHARES OR PAR	S&P/ MDY RTNG	INVT DISC	INVESTMENT COST BASIS	INVENTORY BASIS	EST ANNUAL INCOME	CURR YLD COST	CURR YLD MKT	% MKT VALUE	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
***EQUITIES	***			COMMON STOCK								
CONSUMER DISCRETIONARY												
WALT DISNEY COMPANY COM	95	A+	FULL	6,904.15	6,904	109	1.6	1.2	1.2	6,904	94.190	8,948.05
LOWES COMPANIES INC COM STK	160	A-	FULL	4,268.00	4,268	147	3.4	1.3	1.5	7,928	68.800	11,008.00
TARGET CORP COM	100	A	FULL	5,101.99	5,102	208	4.1	2.7	1.0	6,327	75.910	7,591.00
TOTAL CONSUMER DISCRETIONARY				16,274.14	16,274	464	2.9	1.7	3.7	21,159		27,547.05
CONSUMER STAPLES												
CVS HEALTH CORP COM	125	A+	FULL	4,690.27	4,690	175	3.7	1.5	1.6	8,946	96.310	12,038.75
COSTCO WHOLESALE CORPORATION	65	A	FULL	3,823.82	3,824	92	2.4	1.0	1.2	7,736	141.750	9,213.75
KELLOGG CO	100	A+	FULL	5,349.00	5,349	196	3.7	3.0	0.9	6,107	65.440	6,544.00
PEPSICO, INC COM	79	A	FULL	3,729.79	3,730	207	5.5	2.8	1.0	6,552	94.560	7,470.24
TOTAL CONSUMER STAPLES				17,592.88	17,593	670	3.8	1.9	4.7	29,341		35,266.74
ENERGY												
CHEVRON CORPORATION COM	56	A+	FULL	7,011.67	7,012	240	3.4	3.8	0.8	6,995	112.180	6,282.08
EXXON MOBIL CORP COM	74	A	FULL	5,944.42	5,944	204	3.4	3.0	0.9	7,489	92.450	6,841.30
SPECTRA ENERGY	235	NR	FULL	6,471.66	6,472	348	5.4	4.1	1.1	8,371	36.300	8,530.50
TOTAL ENERGY				19,427.75	19,428	792	4.1	3.7	2.9	22,855		21,653.88
FINANCIALS												
ALLSTATE CORP COM	140	B	FULL	3,520.72	3,521	157	4.5	1.6	1.3	7,636	70.250	9,835.00
BLACKROCK, INC.	25	A	FULL	7,640.00	7,640	193	2.5	2.2	1.2	7,640	357.560	8,939.00
J P MORGAN CHASE & CO	135	B+	FULL	8,213.82	8,214	216	2.6	2.6	1.1	8,214	62.580	8,448.30
WELLS FARGO & CO NEW	188	A-	FULL	3,762.35	3,762	263	7.0	2.6	1.4	8,535	54.820	10,306.16
TOTAL FINANCIALS				23,136.89	23,137	829	3.6	2.2	5.0	32,025		37,528.46
HEALTH CARE												
ABBVIE INC	170	NR	FULL	5,753.25	6,713	333	5.8	3.0	1.5	8,978	65.440	11,124.80
BRISTOL MYERS SQUIBB CO COM	150	B+	FULL	7,015.00	7,015	222	3.2	2.5	1.2	7,973	59.030	8,854.50
PFIZER INC COM	260	B+	FULL	9,833.20	9,833	291	3.0	3.6	1.1	7,964	31.150	8,099.00
TOTAL HEALTH CARE				22,601.45	23,561	846	3.7	3.0	3.8	24,915		28,078.30

SECURITY NAME	SHARES OR PAR	S&P/ MDY RTNG	INVT DISC	INVESTMENT COST BASIS	INVENTORY BASIS	EST ANNUAL INCOME	CURR YLD COST	CURR YLD MKT	% MKT VALUE	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
INDUSTRIALS												
GENERAL ELEC CO COM	300	A-	FULL	4,712.97	4,713	276	5.9	3.6	1.0	8,409	25.270	7,581.00
UNITED PARCEL SERVICE	75	B	FULL	4,861.00	4,861	201	4.1	2.4	1.1	7,881	111.170	8,337.75
UNITED TECHNOLOGIES CORP COM	87	A+	FULL	1,832.98	1,833	205	11.2	2.1	1.3	9,901	115.000	10,005.00
TOTAL INDUSTRIALS				11,406.95	11,407	682	6.0	2.6	3.5	26,191		25,923.75
INFORMATION TECHNOLOGY												
APPLE INCORPORATED	112	B+	FULL	7,115.60	7,116	211	3.0	1.7	1.7	8,976	110.380	12,362.56
AUTOMATIC DATA PROCESSING COM	105	A	FULL	7,072.28	8,723	206	2.9	2.4	1.2	7,183	83.370	8,753.85
CISCO SYSTEMS INC COM	300	B+	FULL	7,070.55	7,071	228	3.2	2.7	1.1	6,729	27.815	8,344.50
MICROSOFT CORP	191	A-	FULL	4,849.49	4,849	237	4.9	2.7	1.2	7,145	46.450	8,871.95
TOTAL INFORMATION TECHNOLOGY				26,107.92	27,759	882	3.4	2.3	5.1	30,033		38,332.86
MATERIALS												
PRAXAIR INC	63	A+	FULL	1,838.34	1,838	164	8.9	2.0	1.1	8,192	129.560	8,162.28
TELECOMMUNICATION												
VERIZON COMMUNICATIONS INC COM	46	B	FULL	2,213.54	2,214	101	4.6	4.7	0.3	2,214	46.780	2,151.88
VODAFONE GROUP PLC ADR	95	NR	FULL	6,473.24	7,156	171	2.6	5.3	0.4	6,473	34.170	3,246.15
TOTAL TELECOMMUNICATION				8,686.78	9,370	272	3.1	5.0	0.7	8,687		5,398.03
UTILITIES												
SOUTHERN CO COM	150	A-	FULL	6,475.00	6,475	315	4.9	4.3	1.0	6,475	49.110	7,366.50
TOTAL COMMON STOCK				153,548.10	156,842	5,916	3.9	2.5	31.5	209,873		235,257.85
ETF - ALTERNATIVE												
ENERGY												
JPM ALERIAN MLP IND ETN	310	NR	FULL	15,040.64	15,041	722	4.8	5.1	1.9	15,041	45.950	14,244.50
ETF - LARGE CAP												
TELECOMMUNICATION												
VANGUARD TELECOMMUNICATION SERVICES ETF	85	NR	FULL	7,575.12	7,575	191	2.5	2.7	1.0	7,575	84.720	7,201.20

SECURITY NAME	SHARES OR PAR	S&P/ MDY RTNG	INVT DISC	INVESTMENT COST BASIS	INVENTORY BASIS	EST ANNUAL INCOME	CURR YLD COST	CURR YLD MKT	% MKT VALUE	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
NOT CLASSIFIED												
SPDR S&P 500 ETF TRUST	300	NR	FULL	46,999.80	47,000	1,151	2.4	1.9	8.3	56,886	205.540	61,662.00
ETF VANGUARD DIVIDEND APPRECIATION	1,100	NR	FULL	64,930.29	64,930	1,744	2.7	2.0	12.0	82,764	81.160	89,276.00
TOTAL NOT CLASSIFIED				111,930.09	111,930	2,895	2.6	1.9	20.2	139,650		150,938.00
TOTAL ETF - LARGE CAP				119,505.21	119,505	3,086	2.6	2.0	21.2	147,225		158,139.20
ETF - MID CAP												
NOT CLASSIFIED												
DOW JONES SELECT DIV INDEX FUND	370	NR	FULL	18,882.13	18,882	890	4.7	3.0	3.9	26,400	79.400	29,378.00
SPDR S&P MIDCAP 400 ETF TR	98	NR	FULL	17,800.34	17,800	304	1.7	1.2	3.5	23,932	263.970	25,869.06
TOTAL NOT CLASSIFIED				36,682.47	36,682	1,194	3.3	2.2	7.4	50,332		55,247.06
TOTAL ETF - MID CAP				36,682.47	36,682	1,194	3.3	2.2	7.4	50,332		55,247.06
ETF - SMALL CAP												
NOT CLASSIFIED												
ISHARES RUSSELL 2000 INDEX	274	NR	FULL	22,401.83	22,402	414	1.8	1.3	4.4	31,609	119.620	32,775.88
ETF - DEVELOPED INTL												
NOT CLASSIFIED												
VANGUARD FTSE ALL WORLD EX US ETF	1,015	NR	FULL	52,607.25	52,607	1,676	3.2	3.5	6.4	52,607	46.860	47,562.90
FOREIGN EQUITIES												
HEALTH CARE												
NOVARTIS A G	100	NR	FULL	5,770.99	5,771	234	4.1	2.5	1.2	8,038	92.660	9,266.00
***TOTAL EQUITIES		***		405,556.49	408,850	13,242	3.3	2.4	74.0	514,725		552,493.39

SECURITY NAME	SHARES OR PAR	S&P/ MDY RTNG	INVT DISC	INVESTMENT COST BASIS	INVENTORY BASIS	EST ANNUAL INCOME	CURR YLD COST	CURR YLD MKT	% MKT VALUE	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
SUB-TOTALS				589,772.62	593,066	20,000	3.4	2.7	100.0	709,476		746,983.83
ACCRUED INTEREST												717.98
EX-DIVIDENDS												874.06
GRAND TOTALS				589,772.62	593,066	20,000	3.4	2.7	100.0	709,476		748,575.87

INVESTMENT CONTROL	589,772.62	SHARES/PAR CONTROL	147,953.019		
TAX YTD LONG TERM G/L	17,351.24	FEES PAID Y/T/D	5,035.82	PRIOR Y/E MARKET VALUE	696,120.86
TAX YTD MID TERM G/L	0.00	LAST FEE PMT DATE	12/12/2014	CONTRIBUTIONS TO DATE	0.00
TAX YTD SHORT TERM G/L	-4,516.33				

ACCT TYPE -EXMPT AGEN	DATE OPENED-03/01/1977	FEE DUE -M-DEC	FEE SCHED-CF	RTN PWR-GENERAL	INV POWERS-LTD	INV OBJ-GROWTH/I
BRANCH -00	CRITICAL DT-00/00/0000	FEE CHRG -	TAXLOTS -YES	OWN TIME DEP -N	OWN TIME DEP - Y	1% CASH 0-10%
OFFICER -B LASSE	PROXY OWNER-05555 OBO	FEE PYMT -12/12/2014	TAX Y/E -DEC	COM TRUST FND-N	COM TRUST FND- N	44% FI 25-50%
INV OFFICER-S ANDERSON	INV INCOME -YES	FEE BASE	SITUS -CT	NON INC PROP -Y	NON INC PROP - Y	55% EQ 40-70%
NO OF BENE -01	PRIN INVAS -YES	FEE MIN	TAX SV -YES	REAL ESTATE -Y	REAL ESTATE - Y	
ACCT STATUS-ACTIVE	AUTO OVDRFT-LIMITED	FEE DISC	MDB ELEC -NONE	OWN STOCK -Y	OWN STOCK - N	
VOTNG AUTH -SOLE	STMT DUE -Q-DEC	FEE DISC %	CASH SWEEP-YES	BUSINESS INT -Y	BUSINESS INT - N	
INVST DISC -FULL	REVW DUE -S-APR	FEE TYPE -DEDUCT FROM ACCOUNT				
		INF RPTG -APPLICABLE 1098 & 1099 ONLY. NO 5498				

SECURITY NAME	SHARES OR PAR	S&P/ MDY RTNG	INVT DISC	INVESTMENT COST BASIS	INVENTORY BASIS	EST ANNUAL INCOME	CURR YLD COST	CURR YLD MKT	% MKT VALUE	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
CASH												
INCOME CASH				0.00					0.0			0.00
PRINCIPAL CASH				0.00					0.0			0.00
TOTAL CASH				0.00						0		0.00
***CASH EQUIVALENTS	***			SAVINGS ACCOUNT								
OTHER SAVINGS ACCOUNT												
WEALTH MANAGEMENT ACCOUNT (WMA) - PRIN	11,941.52		FULL	11,941.52	11,942	18	0.2	0.2	3.6	11,942	1.000*	11,941.52
WEALTH MANAGEMENT ACCOUNT (WMA) - INCOME	910.73		FULL	910.73	911	1	0.2	0.2	0.3	911	1.000*	910.73
TOTAL OTHER SAVINGS ACCOUNT				12,852.25	12,853	19	0.1	0.1	3.9	12,853		12,852.25
TOTAL SAVINGS ACCOUNT				12,852.25	12,853	19	0.2	0.2	3.9	12,853		12,852.25
***TOTAL CASH EQUIVALENTS	***			12,852.25	12,853	19	0.2	0.2	3.9	12,853		12,852.25
***FIXED INCOME SECURITIES	***			MUTUAL FUND - SHORT								
MATURITY (0 - 5 YRS)												
VANGUARD SHORT TERM CP ADMIRAL SHARES	3,264.493		FULL	35,000.00	35,000	699	2.0	2.0	10.6	35,000	10.660	34,799.50
				MUTUAL FUND - HIGH YIELD								
MATURITY (0 - 5 YRS)												
USSA HIGH INCOME FUND	1,166.477		FULL	10,230.00	10,230	580	5.7	5.9	3.0	10,230	8.450	9,856.73

SECURITY NAME	SHARES OR PAR	S&P/ MDY RTNG	INVT DISC	INVESTMENT COST BASIS	INVENTORY BASIS	EST ANNUAL INCOME	CURR YLD COST	CURR YLD MKT	% MKT VALUE	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
				ETF - SHORT								
MATURITY (0 - 5 YRS)												
ETF BARCLAYS 1-3 YEAR CR BD FD	240	NR	FULL	25,310.40	25,310	236	0.9	0.9	7.7	25,310	105.180	25,243.20
***TOTAL FIXED INCOME SECURITIES		***		70,540.40	70,540	1,515	2.1	2.2	21.3	70,540		69,899.43
***EQUITIES	***			COMMON STOCK								
CONSUMER DISCRETIONARY												
TARGET CORP COM	125	A	FULL	7,161.00	7,161	260	3.6	2.7	2.9	7,161	75.910	9,488.75
CONSUMER STAPLES												
ALTRIA GROUP INC	190	A-	FULL	5,029.30	5,029	395	7.9	4.2	2.9	7,294	49.270	9,361.30
GENERAL MILLS INC COM	125	A	FULL	4,627.49	4,627	205	4.4	3.1	2.0	6,239	53.330	6,666.25
KRAFT FOODS GROUP INC CL A	120	NR	FULL	7,081.36	7,081	264	3.7	3.5	2.3	7,081	62.660	7,519.20
PROCTER & GAMBLE CO COM	93	A+	FULL	5,758.63	5,759	239	4.2	2.8	2.6	7,535	91.090	8,471.37
WAL-MART STORES, INC	95	A+	FULL	4,791.17	4,791	182	3.8	2.2	2.5	7,476	85.880	8,158.60
TOTAL CONSUMER STAPLES				27,287.95	27,287	1,285	4.7	3.2	12.3	35,625		40,176.72
ENERGY												
CHEVRON CORPORATION COM	64	A+	FULL	5,416.49	5,416	274	5.1	3.8	2.2	7,994	112.180	7,179.52
SPECTRA ENERGY	200	NR	FULL	5,110.00	5,110	296	5.8	4.1	2.2	7,124	36.300	7,260.00
TOTAL ENERGY				10,526.49	10,526	570	5.4	3.9	4.4	15,118		14,439.52
FINANCIALS												
BLACKROCK, INC.	26	A	FULL	5,863.90	5,864	201	3.4	2.2	2.8	8,228	357.560	9,296.56
J P MORGAN CHASE & CO	141	B+	FULL	6,075.69	6,076	226	3.7	2.6	2.7	8,246	62.580	8,823.78
TOTAL FINANCIALS				11,939.59	11,940	427	3.6	2.4	5.5	16,474		18,120.34
HEALTH CARE												
BRISTOL MYERS SQUIBB CO COM	170	B+	FULL	8,459.10	8,459	252	3.0	2.5	3.1	8,459	59.030	10,035.10
MERCK & CO INC NEW	155	B	FULL	4,997.87	4,998	279	5.6	3.2	2.7	7,758	56.790	8,802.45
TOTAL HEALTH CARE				13,456.97	13,457	531	3.9	2.8	5.8	16,217		18,837.55
INDUSTRIALS												
GENERAL ELEC CO COM	275	A-	FULL	6,902.47	6,902	253	3.7	3.6	2.1	6,902	25.270	6,949.25

SECURITY NAME	SHARES OR PAR	S&P/ MDY RTNG	INVT DISC	INVESTMENT COST BASIS	INVENTORY BASIS	EST ANNUAL INCOME	CURR YLD COST	CURR YLD MKT	% MKT VALUE	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
INFORMATION TECHNOLOGY												
APPLE INCORPORATED	126	B+	FULL	3,165.30	3,165	237	7.5	1.7	4.2	10,098	110.380	13,907.88
AUTOMATIC DATA PROCESSING COM	85	A	FULL	5,761.94	7,061	167	2.9	2.4	2.2	5,853	83.370	7,086.45
CISCO SYSTEMS INC COM	251	B+	FULL	6,799.59	6,800	191	2.8	2.7	2.1	5,630	27.815	6,981.56
TOTAL INFORMATION TECHNOLOGY				15,726.83	17,026	595	3.8	2.1	8.5	21,581		27,975.89
MATERIALS												
DOW CHEM CO COM	95	B-	FULL	4,755.20	4,755	160	3.4	3.7	1.3	4,755	45.610	4,332.95
TELECOMMUNICATION												
VODAFONE GROUP PLC ADR	111	NR	FULL	6,641.39	7,215	200	3.0	5.3	1.2	6,641	34.170	3,792.87
UTILITIES												
SOUTHERN CO COM	70	A-	FULL	3,043.10	3,043	147	4.8	4.3	1.0	3,043	49.110	3,437.70
TOTAL COMMON STOCK				107,440.99	109,312	4,428	4.1	3.0	45.1	133,517		147,551.54
ETF - ALTERNATIVE												
ENERGY												
JPM ALERIAN MLP IND ETN	445	NR	FULL	21,818.21	21,818	1,036	4.7	5.1	6.2	21,818	45.950	20,447.75
ETF - LARGE CAP												
UTILITIES												
SELECT SECTOR SPDR - UTILITIES	180	NR	FULL	7,547.13	7,547	271	3.6	3.2	2.6	6,835	47.220	8,499.60
ETF - MID CAP												
NOT CLASSIFIED												
DOW JONES SELECT DIV INDEX FUND	320	NR	FULL	18,150.40	18,150	770	4.2	3.0	7.8	22,832	79.400	25,408.00
ETF - SMALL CAP												
NOT CLASSIFIED												
ISHARES RUSSELL 2000 INDEX	110	NR	FULL	8,967.03	8,967	166	1.9	1.3	4.0	12,690	119.620	13,158.20

SECURITY NAME	SHARES OR PAR	S&P/ MDY RTNG	INVT DISC	INVESTMENT COST BASIS	INVENTORY BASIS	EST ANNUAL INCOME	CURR YLD COST	CURR YLD MKT	% MKT VALUE	ADJUSTED MKT VAL LAST YR	UNIT MARKET PRICE	CURRENT MARKET VALUE
					ETF - DEVELOPED INTL							
NOT CLASSIFIED												
VANGUARD FTSE ALL WORLD EX US ETF	475	NR	FULL	24,618.40	24,618	784	3.2	3.5	6.8	24,618	46.860	22,258.50
					FOREIGN EQUITIES							
HEALTH CARE												
NOVARTIS A G	80	NR	FULL	7,146.00	7,146	187	2.6	2.5	2.3	7,146	92.660	7,412.80
***TOTAL EQUITIES		***		195,688.16	197,558	7,642	3.9	3.1	74.7	229,456		244,736.39
SUB-TOTALS				279,080.81	280,951	9,176	3.3	2.8	100.0	312,849		327,488.07
ACCRUED INTEREST												0.00
EX-DIVIDENDS												548.83
GRAND TOTALS				279,080.81	280,951	9,176	3.3	2.8	100.0	312,849		328,036.90

INVESTMENT CONTROL	279,080.81	SHARES/PAR CONTROL	21,650.22		
TAX YTD LONG TERM G/L	15,404.46	FEES PAID Y/T/D	3,055.44	PRIOR Y/E MARKET VALUE	326,561.85
TAX YTD MID TERM G/L	0.00	LAST FEE PMT DATE	12/12/2014	CONTRIBUTIONS TO DATE	0.00
TAX YTD SHORT TERM G/L	-663.67				

279080.81
+ 589772.62
868,853.43