See a Social Security Number? Say Something!
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Form **990-EZ**

Short Form
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-EZ and its instructions is at *www.irs.gov/form990.*

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
NEW SALEM CEMETERY CARE FUND

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
1 W 4th St 4th Floor MAC D4000-041

City or town | State | ZIP code
Winston Salem | NC | 27101-3818

Foreign country name | Foreign province/state/county | Foreign postal code

D Employer identification number
56-6277590

E Telephone number
888-730-4933

F Group Exemption Number ►

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ►

H Check ► ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I **Website:** ► N/A

J **Tax-exempt status** (check only one) — ☐ 501(c)(3) ☒ 501(c) (13) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☐ Corporation ☒ Trust ☐ Association ☐ Other

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, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 68,519

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	3,600
	5a	Gross amount from sale of assets other than inventory	5a 64,919		
	b	Less cost or other basis and sales expenses	5b 58,894		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	6,025
	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	9,625
Expenses	10	Grants and similar amounts paid (list in Schedule O)		10	2,351
	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	1,022
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	2,801
	17	**Total expenses.** Add lines 10 through 16 ►		17	6,174
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	3,451
	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	123,694
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	-349
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ►		21	126,796

For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2014)

HTA

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	123,694	22	126,796
23	Land and buildings		23	
24	Other assets (describe in Schedule O)		24	
25	**Total assets**	123,694	25	126,796
26	**Total liabilities** (describe in Schedule O)		26	
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	123,694	27	126,796

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, 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 MAINTAINANCE OF THE NEW SALEM CEMETERY

(Grants $ 2,351) If this amount includes foreign grants, check here ▶ ☐ 28a

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 0

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 TRUSTEE	Hr/WK 4 00	2,770		
	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.	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 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)?	35a		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	35b		
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	35c		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	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter.			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ , section 4912 ► _____ , section 4955 ► _____			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		X

41 List the states with which a copy of this return is filed ► NC

42 a The organization's books are in care of ► WELLS FARGO BANK NA Telephone no ► (888) 730-4933

Located at ► 1 W 4TH ST 4TH FLOOR City WINSTON SALEM ST NC ZIP + 4 ► 27101-3818

			Yes	No
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 ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	42b		X
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 ► ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ► 43			

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

			Yes	No
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.	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 ☐

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

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	(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 business address of each independent contractor	(b) Type of service	(c) Compensation
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations 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	SVP Wells Fargo Bank N.A. Signature of officer	5/11/2015 Date
	JOHN SULENTIC Type or print name and title	SVP Wells Fargo Bank N.A

Paid Preparer Use Only	Print/Type preparer's name Joseph J Castriano	Preparer's signature	Date 5/11/2015	Check ☒ if self-employed	PTIN P01251603
	Firm's name ▶ PricewaterhouseCoopers, LLP			Firm's EIN ▶ 13-4008324	
	Firm's address ▶ 600 Grant St, Pittsburgh, PA 15219			Phone no 412-355-6000	

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

SCHEDULE O (Form 990 or 990-EZ)	Supplemental Information to Form 990 or 990-EZ	OMB No 1545-0047
	Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.	2014
Department of the Treasury Internal Revenue Service	▶ 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	Open to Public Inspection

Name of the organization	Employer identification number
NEW SALEM CEMETERY CARE FUND	56-6277590

Form 990-EZ, Part I, Line 16, Other Expenses: FOREIGN TAXES PAID 31

Form 990-EZ, Part I, Line 16, Other Expenses: TRUSTEE FEES: 2,770

Form 990-EZ, Part I, Line 20, Net Assets: MUTUAL FUND AND CTF ADJUSTMENTS -347

Form 990-EZ, Part I, Line 20, Net Assets: PY RETURN OF CAPITAL ADJUSTMENT -46

Form 990-EZ, Part I, Line 20, Net Assets: COST BASIS ADJUSTMENTS: 44

Name of the organization	Employer identification number
NEW SALEM CEMETERY CARE FUND	56-6277590

Security Type	EIN	CUSIP	Asset Name	FMV	Fed Cost
Cash	56-6277590			365.81	365.81
Total Cash				**$ 365.81**	**$ 365.81**
Savings & Temp Inv	56-6277590	VP0528308	FEDERATED TREAS OBL FD 68	5,565.95	5,565.95
Savings & Temp Inv	56-6277590	VP0528308	FEDERATED TREAS OBL FD 68	61.13	61.13
Total Savings & Temporary Investments				**$ 5,627.08**	**$ 5,627.08**
Invest - Other	56-6277590	04314H204	ARTISAN INTERNATIONAL FUND #661	4,406.46	3,202.74
Invest - Other	56-6277590	256210105	DODGE & COX INCOME FD COM #147	13,918.92	12,917.87
Invest - Other	56-6277590	411511504	HARBOR CAPITAL APRCTION-INST #2012	8,537.54	6,104.32
Invest - Other	56-6277590	693390882	PIMCO FOREIGN BD FD USD H-INST #103	7,250.20	6,984.97
Invest - Other	56-6277590	77957P105	T ROWE PRICE SHORT TERM BD FD #55	12,185.16	12,343.37
Invest - Other	56-6277590	04314H600	ARTISAN MID CAP FUND-INS #1333	2,021.23	1,650.83
Invest - Other	56-6277590	315920702	FID ADV EMER MKTS INC- CL I #607	2,279.77	2,350.74
Invest - Other	56-6277590	464287200	ISHARES CORE S & P 500 ETF	3,103.05	1,759.99
Invest - Other	56-6277590	261980668	DREYFUS INTERNATL BOND FD CL I #6094	7,234.19	7,544.29
Invest - Other	56-6277590	256206103	DODGE & COX INT'L STOCK FD #1048	4,151.08	2,986.65
Invest - Other	56-6277590	261980494	DREYFUS EMG MKT DEBT LOC C-I #6083	4,956.20	5,706.62
Invest - Other	56-6277590	339128100	JP MORGAN MID CAP VALUE-I #758	6,369.44	4,942.28
Invest - Other	56-6277590	902641646	E-TRACS ALERIAN MLP INFRASTRUCTURE	974.40	1,053.94
Invest - Other	56-6277590	922908553	VANGUARD REIT VIPER	5,022.00	3,310.01
Invest - Other	56-6277590	863137105	STRATTON SM-CAP VALUE FD #37	2,046.59	2,160.20
Invest - Other	56-6277590	922042858	VANGUARD FTSE EMERGING MARKETS ETF	2,121.06	2,259.21
Invest - Other	56-6277590	4812C0803	JPMORGAN HIGH YIELD FUND SS #3580	7,516.47	7,779.49
Invest - Other	56-6277590	77958B402	T ROWE PRICE INST FLOAT RATE #170	1,923.98	1,979.34
Invest - Other	56-6277590	683974604	OPPENHEIMER DEVELOPING MKT-I #799	4,178.31	4,147.97
Invest - Other	56-6277590	921937835	VANGUARD TOTAL BOND MARKET ETF	7,495.67	7,462.98
Invest - Other	56-6277590	74253Q416	PRINCIPAL PREFERRED SEC-INS #4929	3,583.45	3,622.06
Invest - Other	56-6277590	78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL	4,780.55	4,496.24
Invest - Other	56-6277590	018918227	ALLIANZGI NFJ DIV VAL FD-INS #4657	9,103.07	8,770.56
Invest - Other	56-6277590	483438305	KALMAR GR W/ VAL SM CAP-INS #4	2,090.20	1,857.10
Invest - Other	56-6277590	22544R305	CREDIT SUISSE COMM RET ST-I #2156	2,724.48	3,409.34
Total Other Investments				**$ 129,973.47**	**$ 120,803.11**
Total Assets				**$ 135,966.36**	**$ 126,796.00**