Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 at the end of the year may use this form

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

OMB No 1545-1150

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending

B Check if applicable: Address change; Name change; Initial return; Termination; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: OAK HILLS/BIKHOR CHOLIM CEMETERY TRUST/PERPETUAL CARE

Number and street (or P O box, if mail is not delivered to street address): C/O UNION BANK & TRUST COTRSTEE, 6801 S 27 — Room/suite:

City or town, state or country, and ZIP + 4: LINCOLN, NE 68512

D Employer identification number: 43-6908806

E Telephone number: (402) 323-1545

F Group Exemption Number ▶

● *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).*

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

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

I Website: ▶

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

K Check ▶ [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally **not** more than $25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 216,566.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	500.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income ATCH 1		4	19,947.
	5a	Gross amount from sale of assets other than inventory	5a 196,119.		
	b	Less: cost or other basis and sales expenses	5b 198,082.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	-1,963.
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ [ ]			
	a	Gross revenue (not including $ ______ of contributions reported on line 1)	6a		
	b	Less: direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	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	
	8	Other revenue (describe ▶)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	18,484.
Expenses	10	Grants and similar amounts paid (attach schedule)		10	23,319.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	2,664.
	13	Professional fees and other payments to independent contractors		13	630.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe ▶)		16	
	17	**Total expenses.** Add lines 10 through 16 ▶		17	26,613.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	-8,129.
	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	542,166.
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶		21	534,037.

BATCHED MAY 10 2010 IRS-OSC OGDEN, UT

RECEIVED MAY 11 2010 IRS-OSC OGDEN, UT

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Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments ATCH 3	540,094.	22	533,671.
23 Land and buildings		23	
24 Other assets (describe ▶ ATCH 4)	2,072.	24	366.
25 **Total assets**	542,166.	25	534,037.
26 **Total liabilities** (describe ▶)		26	
27 **Net assets or fund balances** (line 27 of column (B) must agree with line 21)	542,166.	27	534,037.

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

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

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

			Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)
28	ATTACHMENT 5		
	(Grants $ 23,319.) If this amount includes foreign grants, check here ▶ ☐	28a	23,319.
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 (attach schedule)		
	(Grants $) If this amount includes foreign grants, check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	23,319.

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
ATTACHMENT 6		2,664.	-0-	-0-

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant dosposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	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 period 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			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ______; section 4912 ▶ ______; section 4955 ▶ ______			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ ______			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ ______			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed. ▶NONE

42a The organization's books are in care of ▶UNION BANK & TRUST CO-TRUST Telephone no. ▶ 402-323-1545
Located at ▶6801 S. 27TH STREET LINCOLN, NE ZIP + 4 ▶ 68512

			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)?	42b		X
	If "Yes," enter the name of the foreign county: ▶ ______ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreing Bank and Financial Accounts.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶ ______	42c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

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86226J 2P1X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

			Yes	No
46	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	46		
47	Did the organization engage in lobbying activities? 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		
49a	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 address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

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

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

Sign Here

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.

▶ Signature of officer — UNION BANK & TRUST CO, TRUSTEE — Date 5/4/2010

▶ Type or print name and title — STEVEN R. KRYGER, AVP • TRUST OFFICER

Paid Preparer's Use Only

Preparer's signature ▶ VONITA L. WOOD	Date 05/03/2010	Check if self-employed ▶ ☐	Preparer's identifying number (See instructions) P00415828
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ LABENZ & ASSOCIATES LLC 4535 NORMAL BLVD., SUITE 195 LINCOLN, NE 68506		EIN ▶ 47-0814192	Phone no ▶ 402-437-8383

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

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FORM 990EZ, PART I - INVESTMENT INCOME

DESCRIPTION	AMOUNT
DIVIDEND INCOME	9,143.
INTEREST INCOME	10,804.
TOTAL	19,947.

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS PAID
IN EXCESS OF $5000

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
OAK HILLS/BIKHOR CHOLIM CEMETERY C/O REILLY, PETERSEN, HANNAN & DREISMEIER, PLC P.O. BOX 1016 COUNCIL BLUFFS, IA 51502-1016	NONE NON-PROFIT CORPORATION	MAINTENANCE OF CEMETERIES	23,319.
		TOTAL CONTRIBUTIONS PAID	23,319

FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH	0.	0.
SAVINGS	68,119.	101,659.
INVESTMENTS - SECURITIES	471,975.	432,012.
TOTALS	540,094.	533,671.

FORM 990EZ, PART II - OTHER ASSETS

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
ACCOUNTS RECEIVABLE	2,072.	366.
TOTALS	2,072.	366.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ATTACHMENT 5

PROGRAM SERVICE ACCOMPLISHMENT 1

THIS PERPETUAL CARE FUND WAS ESTABLISHED TO CARE FOR CEMETERIES OWNED BY OAK HILLS/BIKHOR CHOLIM CEMETERY. EARNINGS OF THE FUND ARE USED FOR THE GENERAL BEAUTIFICATION AND MAINTENANCE OF THE ENTIRE CEMETERY FOR EACH OF THE OWNED CEMETERIES.

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 6

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT. AND OTHER ALLOWANCES
UNION BANK & TRUST COMPANY 6801 S. 27TH STREET LINCOLN, NE 68512	CO-TRUSTEE - AS NEEDED	2,664.	0.	0.
	GRAND TOTALS	2,664.	0.	0.

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

2009

Name of estate or trust OAK HILLS/BIKHOR CHOLIM CEMETERY TRUST/PERPETUAL CARE

Employer identification number 43-6908806

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

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

(a) Description of property (Example. 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo., day, yr)	(c) Date sold (mo., day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a					

b Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b	1b	1,276.
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet	4	( )
5 **Net short-term gain or (loss).** Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back ▶	5	1,276.

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

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo , day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a LONG-TERM CAPITAL GAIN DIVIDENDS			ATCH 7		303.

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	-3,542.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet	11	( )
12 **Net long-term gain or (loss).** Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back ▶	12	-3,239.

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Part III **Summary of Parts I and II**
Caution: *Read the instructions* ***before*** *completing this part.*

			(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	**Net short-term gain or (loss)**	13			1,276.
14	**Net long-term gain or (loss):**				
a	Total for year	14a			-3,239.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
c	28% rate gain	14c			
15	**Total net gain or (loss).** Combine lines 13 and 14a ▶	15			-1,963.

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

Part IV **Capital Loss Limitation**

16 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of:
a The loss on line 15, column (3) **or** b $3,000 . . . 16 (1,963.)

Note: *If the loss on line 15, column (3), is more than $3,000,* ***or*** *if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the* ***Capital Loss Carryover Worksheet*** *on page 7 of the instructions to figure your capital loss carryover.*

Part V **Tax Computation Using Maximum Capital Gains Rates**

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

Caution: *Skip this part and complete the worksheet on page 8 of the instructions if:*

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

Form 990-T trusts. Complete this part **only** if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, **and** Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17	
18	Enter the **smaller** of line 14a or 15 in column (2) but not less than zero	18	
19	Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T)	19	
20	Add lines 18 and 19	20	
21	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	21	
22	Subtract line 21 from line 20. If zero or less, enter -0-	22	
23	Subtract line 22 from line 17. If zero or less, enter -0-	23	
24	Enter the **smaller** of the amount on line 17 or $2,300	24	
25	Is the amount on line 23 equal to or more than the amount on line 24? ☐ **Yes.** Skip lines 25 and 26; go to line 27 and check the "No" box. ☐ **No.** Enter the amount from line 23	25	
26	Subtract line 25 from line 24	26	
27	Are the amounts on lines 22 and 26 the same? ☐ **Yes.** Skip lines 27 thru 30; go to line 31 ☐ **No.** Enter the **smaller** of line 17 or line 22	27	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28	
29	Subtract line 28 from line 27	29	
30	Multiply line 29 by 15% (.15)	30	
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	31	
32	Add lines 30 and 31	32	
33	Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)	33	
34	**Tax on all taxable income.** Enter the **smaller** of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36)	34	

Oak Hills/Bikhor Cholim Cemetery Trust/Perpetual Care

Account #: 622201 — **Tax Worksheet:From 01/01/2009 to 12/31/2009**

Trust Category: Irrev. Tr (Complex)
Dates Open: 11/17/2003 to Present
Trust Year End: December
Date Printed: 04/20/2010

Admin Officer: Steve Kryger
Invest Officer: Roman Windrum
Tax State: Iowa
Tax ID:

Capital Gains and Losses

Individual Transactions

Short-Term

Description of Security	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Gain/Loss	Description of Transaction
BB&T Equity Income Instl Fund	05527Q782	533.190000	12/11/2008	09/29/2009	292	0 00	6,099 69	-5,209.27	890 42	Sold 533.19 shares @ $11 4400
Vanguard Inflation-Protected Secs #119	922031869	390.103000	01/09/2009	10/29/2009	293	0.00	4,927 00	-4,540 80	386.20	Sold 390.103 shares @ $12.6300
				Short-Term Total		0.00	11,026.69	-9,750.07	1,276.62	

Long-Term

Description of Security	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Gain/Loss	Description of Transaction
Pimco Instl Total Return Fund #35	693390700	906 545000	08/04/2004	01/09/2009	1,619	0.00	9,382 74	-9,745.36	-362.62	Sold 906 545 shares @ $10.3500
Pimco Instl Total Return Fund #35	693390700	937 094000	06/17/2004	01/09/2009	1,667	0 00	9,698 92	-9,914 45	-215.53	Sold 937 094 shares @ $10.3500
Federal Farm Credit Bank 5.26% due 02/18/09	31331VZK5	40,000 000000	05/15/2006	02/18/2009	1,010	0 00	40,000 00	-40,000 00	0.00	Matured
State of Isreal Bond Jubilee A 4 65% due 08/01/09	779005994	25,000.000000	07/15/2004	08/03/2009	1,845	0.00	25,000 00	-25,000 00	0.00	Matured
Janus Overseas Fund Cl I #1154	47103C464	106 603000	06/17/2004	09/29/2009	1,930	0.00	4,356 86	-2,375 10	1,981 76	Sold 106.603 shares @ $40.8700
Templeton Instl Foreign Equity #454	880210505	14 490000	06/17/2004	09/29/2009	1,930	0 00	281 55	-247.63	33.92	Sold 14 49 shares @ $19 4300
Templeton Instl Foreign Equity #454	880210505	25 477000	06/17/2004	09/29/2009	1,930	0.00	495 01	-435.40	59 61	Sold 25 477 shares @ $19.4300
Templeton Instl Foreign Equity #454	880210505	34 540000	06/17/2004	09/29/2009	1,930	0.00	671.12	-590.29	80 83	Sold 34.54 shares @ $19.4300
Templeton Instl Foreign Equity #454	880210505	45.236000	06/17/2004	09/29/2009	1,930	0.00	878.94	-773 08	105 86	Sold 45.236 shares @ $19.4300
Templeton Instl Foreign Equity #454	880210505	14 611000	08/27/2004	09/29/2009	1,859	0.00	283 89	-250 00	33 89	Sold 14 611 shares @ $19.4300
Templeton Instl Foreign Equity #454	880210505	34 827000	02/14/2005	09/29/2009	1,688	0.00	676 69	-715.00	-38.31	Sold 34 827 shares @ $19 4300
Templeton Instl Foreign Equity #454	880210505	25.688000	08/02/2005	09/29/2009	1,519	0.00	499 12	-546 12	-47.00	Sold 25 688 shares @ $19 4300

Oak Hills/Bikhor Cholim Cemetery Trust/Perpetual Care

Account #: 622201 — **Tax Worksheet From 01/01/2009 to 12/31/2009**

Trust Category: Irrev. Tr (Complex)
Dates Open: 11/17/2003 to Present
Trust Year End: December
Date Printed: 04/20/2010

Admin Officer: Steve Kryger
Invest Officer: Roman Windrum
Tax State: Iowa
Tax ID:

Capital Gains and Losses

Individual Transactions

Long-Term

Description of Security	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Gain/Loss	Description of Transaction
Stratus Growth Instl	863161501	17.202000	06/17/2004	09/29/2009	1,930	0 00	219.67	-241.69	-22.02	Sold 17.202 shares @ $12.7700
Stratus Growth Instl	863161501	1.116000	02/14/2005	09/29/2009	1,688	0.00	14.25	-17.19	-2 94	Sold 1.116 shares @ $12 7700
Stratus Growth Instl	863161501	78.038000	02/14/2005	09/29/2009	1,688	0.00	996 55	-1,201 78	-205.23	Sold 78.038 shares @ $12 7700
Goldman Sachs Mid Cap Value Instl #864	38141W398	14.876000	02/14/2005	09/29/2009	1,688	0 00	418 01	-504 75	-86.74	Sold 14.876 shares @ $28 1000
Vanguard Small Cap Index Signal Shares #1345	922908421	64.449000	06/17/2004	09/29/2009	1,930	0.00	1,564.17	-1,365.57	198.60	Sold 64.449 shares @ $24.2700
Pimco All Asset Instl #34	722005626	1,908.397000	12/14/2007	10/29/2009	685	0.00	22,614.51	-25,000.00	-2,385 49	Sold 1,908.397 shares @ $11.8500
Pimco All Asset Instl #34	722005626	791.766000	08/14/2007	10/29/2009	807	0.00	9,382 43	-10,000.00	-617 57	Sold 791.766 shares @ $11.8500
Pimco All Asset Instl #34	722005626	1,947.040000	02/21/2006	10/29/2009	1,346	0.00	23,072 42	-25,000.00	-1,927.58	Sold 1,947 04 shares @ $11.8500
Pimco Instl Total Return Fund #35	693390700	3,142.255000	01/18/2008	10/29/2009	650	0.00	34,282.00	-34,407.69	-125.69	Sold 3,142.255 shares @ $10.9100
				Long-Term Total		0.00	184,788.85	-188,331.10	-3,542.25	
				Individual Transactions Total		0.00	195,815.54	-198,081.17	-2,265.63	

SCHEDULE D-1 (Form 1041)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041)

▶ See instructions for Schedule D (Form 1041).
▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2009

Name of estate or trust: OAK HILLS/BIKHOR CHOLIM CEMETERY

Employer identification number: 43-6908806

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

	(a) Description of property (Example: 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo., day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1a	UNION BANK & TRUST-SHORT TERM SALES	01/01/2009	12/31/2009	11,027.	9,751.	1,276.

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b . . . . 1,276.

For Paperwork Reduction Act Notice, see the instructions for Form 1041. **Schedule D-1 (Form 1041) 2009**

JSA
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Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side | **Employer identification number**

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

(a) Description of property (Example: 100 sh. 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a UNION BANK & TRUST-LONG TERM SALES	01/01/2008	12/31/2009	184,789.	188,331.	-3,542.

6b **Total.** Combine the amounts in column (f). Enter here and on Schedule D, line 6b . . . . -3,542.

ATTACHMENT 7

FEDERAL CAPITAL GAIN DIVIDENDS

LONG-TERM CAPITAL GAIN DIVIDENDS

15% RATE CAPITAL GAIN DIVIDENDS

	303.	
TOTAL 15% RATE CAPITAL GAIN DIVIDENDS		303.
TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS		303.