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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

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

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

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

Doing Business As

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

Room/suite

C/O UNION BK & TR CO, CO-TRSTEE 6801 S 27

City, town or post office, state, and ZIP code

LINCOLN, NE 68512**F** Name and address of principal officer: **STEVE KRYGER**
6801 SOUTH 27TH STREET LINCOLN, NE 68512**D** Employer identification number
43-6908806**E** Telephone number**(402) 323-1545****G** Gross receipts \$ **147,610.****H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

I Tax-exempt status. ☐ 501(c)(3) ☒ **501(c)(13)** (Insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **N/A****H(c)** Group exemption number ▶**K** Form of organization. ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶ **L** Year of formation: **1987** **M** State of legal domicile: **IA****Part I Summary****1** Briefly describe the organization's mission or most significant activities:**THIS PERPETUAL CARE FUND WAS ESTABLISHED TO CARE FOR CEMETERIES OWNED BY OAK HILLS/BIKHOR CHOLIM CEMETERY. FUND EARNINGS ARE USED FOR THE GENERAL BEAUTIFICATION & MAINTENANCE OF EACH OF THE OWNED CEMETERIES.****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****2.****4** Number of independent voting members of the governing body (Part VI, line 1b) **4****2.****5** Total number of individuals employed in calendar year 2012 (Part V, line 2a) **5****0****6** Total number of volunteers (estimate if necessary) **6****0****7a** Total unrelated business revenue from Part VIII, column (C), line 12 **7a****0****b** Net unrelated business taxable income from Form 990-T, line 34 **7b****0****8** Contributions and grants (Part VIII, line 1h) **8**

Prior Year

Current Year

1,000.**4,800.****9** Program service revenue (Part VIII, line 2g) **9****0****0****10** Investment income (Part VIII, column (A), lines 3, 4, and 7d) **10****25,939.****31,357.****11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) **11****0****0****12** Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) **12****26,939.****36,157.****13** Grants and similar amounts paid (Part IX, column (A), lines 1-3) **13****18,704.****18,093.****14** Benefits paid to or for members (Part IX, column (A), line 4) **14****0****0****15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) **15****2,811.****2,870.****16a** Professional fundraising fees (Part IX, column (A), line 11e) **16a****0****0****b** Total fundraising expenses (Part IX, column (D), line 25) **b****0****0****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) **17****1,295.****1,359.****18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) **18****22,810.****22,322.****19** Revenue less expenses. Subtract line 18 from line 12 **19****4,129.****13,835.****20** Total assets (Part X, line 16) **20**

Beginning of Current Year

End of Year

542,453.**556,288.****21** Total liabilities (Part X, line 26) **21****0****0****22** Net assets or fund balances Subtract line 21 from line 20. **22****542,453.****556,288.****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

Signature of officer

UNION BANK & TRUST CO., TRUSTEE

Date

5/9/2013

Type or print name and title

STEVEN R. KRYGER, AVP - TRUST OFFICER**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

VONITA L. WOOD**VONITA L. WOOD****05/09/2013****P00415828**Firm's name ▶ **LABENZ & ASSOCIATES LLC**Firm's EIN ▶ **47-0814192**Firm's address ▶ **4535 NORMAL BLVD., SUITE 195 LINCOLN, NE 68506**Phone no. **402-437-8383**May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2012)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:

CEMETERY MAINTENANCE

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 \$ 18,093. including grants of \$ 18,093.) (Revenue \$)

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.

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 18,093.

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	
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	21 X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	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? <i>If "Yes," complete Schedule J.</i>	23	X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
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	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</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? <i>If "Yes," complete Schedule L, Part I.</i>	25b	
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>	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? <i>If "Yes," complete Schedule L, Part III.</i>	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):	28	
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	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? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	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? <i>If "Yes," complete Schedule R, Part I.</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	34 X	
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	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? <i>If "Yes," complete Schedule R, Part VI.</i>	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	

Form 990 (2012)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	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	0	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 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?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
b	If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
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?		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
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?		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	
	Note. See the instructions for additional information the organization must report on Schedule O.		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response to any question in this Part VI. ☒ X**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. 1a 2		
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 2		
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	
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 ► NONE

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

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

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► UNION BANK & TRUST CO-TRUSTEE 6801 S. 27TH STREET LINCOLN, NE 68512 402-323-1545

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) UNION BANK & TRUST COMPANY CO-TRUSTEE - AS NEEDED	5.00		X					2,870.	0	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VIII Statement of Revenue

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

☒ X

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	4,800.			
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		4,800.			
Program Service Revenue				Business Code			
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		0			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 1		22,527.			22,527.
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
		(i) Securities	(ii) Other				
	7a	Gross amount from sales of assets other than inventory		120,283.			
	b	Less: cost or other basis and sales expenses		111,453.			
	c	Gain or (loss)		8,830.			
	d	Net gain or (loss)		8,830.			8,830.
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
	b	Less: direct expenses					
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities. See Part IV, line 19					
	b	Less: direct expenses					
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances					
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue			Business Code				
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		0				
12	Total revenue. See instructions		36,157.			31,357.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	18,093.			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,870.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	1,295.			
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	0			
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 FOREIGN TAX WITHHELD	64.			
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	22,322.			
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)	0			

Part X Balance Sheet

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

☒ X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	0	1	0
	2 Savings and temporary cash investments	10,196.	2	18,752.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	281.	4	856.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	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	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	0
	11 Investments - publicly traded securities	531,976.	11	536,680.
	12 Investments - other securities. See Part IV, line 11	0	12	0
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	542,453.	16	556,288.	
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	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	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	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	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	0
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	542,453.	30	556,288.
	31 Paid-in or capital surplus, or land, building, or equipment fund	0	31	0
	32 Retained earnings, endowment, accumulated income, or other funds	0	32	0
	33 Total net assets or fund balances	542,453.	33	556,288.
	34 Total liabilities and net assets/fund balances	542,453.	34	556,288.

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,157.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,322.
3	Revenue less expenses. Subtract line 2 from line 1	3	13,835.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	542,453.
5	Net unrealized gains (losses) on investments	5	0
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	556,288.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		X
2c 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.		
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?		X
3b 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		

Form **990** (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Department of the Treasury
Internal Revenue Service

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

Employer identification number

43-6908806

OMB No. 1545-0047

2012

Open to Public
Inspection

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	OAK HILLS/BIKHOR CHOLIM CEMETERY P.O. BOX 1016 COUNCIL BLUFFS, IA 51502-1016	43-6908806	501 (C) (13)	19,093.		N/A	NONE	MAINTAIN CEMETERIES
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

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

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

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

FORM 990, SCHEDULE I - MONITOR GRANT FUNDS

GRANTS ARE ALLOWED ONLY FOR THE BENEFIT OF OAK HILLS/BIKHOR CHOLIM

CEMETERY. NO MONITORING OF THE USE IS REQUIRED.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization **OAK HILLS/BIKHOR CHOLIM CEMETERY**
TRUST/PERPETUAL CARE

Employer identification number
43-6908806

FORM 990, PART VI - PROCESS TO REVIEW FORM 990

RESPONSIBILITY FOR REVIEW OF FORM 990 IS ASSIGNED TO THE INSTITUTIONAL
TRUSTEE, UNION BANK & TRUST COMPANY.

FORM 990, PART VI - AVAILABILITY TO PUBLIC

THE TRUST MAKES ITS GOVERNING DOCUMENTS, POLICIES AND FINANCIAL

STATEMENTS AVAILABLE TO THE PUBLIC: ALL MAY BE REQUESTED FROM THE

INSTITUTIONAL TRUSTEE, UNION BANK & TRUST COMPANY.

ATTACHMENT 1

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST	6,445.			6,445.
DIVIDENDS	16,082.			16,082.
TOTALS	<u>22,527.</u>			<u>22,527.</u>

ATTACHMENT 2

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

DESCRIPTION	ENDING BOOK VALUE
EQUITY MUTUAL FUNDS	161,172.
FIXED INCOME SECURITIES	375,508.
TOTALS	<u>536,680.</u>

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization
TRUST/PERPETUAL CARE

OAK HILLS/BIKHOR CHOLIM CEMETERY

Employer identification number
43-6908806

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
(1) OAK HILLS/BIKHOR CHOLIM CEMETERY P.O. BOX 1016 COUNCIL BLUFFS, IA 51502 43-6908806	CEMETERY	IA	501 (C) (13)	NONE	N/A	X
(2) -----						
(3) -----						
(4) -----						
(5) -----						
(6) -----						
(7) -----						

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

Schedule R (Form 990) 2012

JSA

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Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percent- age ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

Schedule R (Form 990) 2012

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts I-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	☒	☒
b Gift, grant, or capital contribution to related organization(s)	☒	☒
c Gift, grant, or capital contribution from related organization(s)	☒	☒
d Loans or loan guarantees to or for related organization(s)	☒	☒
e Loans or loan guarantees by related organization(s)	☒	☒
f Dividends from related organization(s)	☒	☒
g Sale of assets to related organization(s)	☒	☒
h Purchase of assets from related organization(s)	☒	☒
i Exchange of assets with related organization(s)	☒	☒
j Lease of facilities, equipment, or other assets to related organization(s)	☒	☒
k Lease of facilities, equipment, or other assets from related organization(s)	☒	☒
l Performance of services or membership or fundraising solicitations for related organization(s)	☒	☒
m Performance of services or membership or fundraising solicitations by related organization(s)	☒	☒
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	☒	☒
o Sharing of paid employees with related organization(s)	☒	☒
p Reimbursement paid to related organization(s) for expenses	☒	☒
q Reimbursement paid by related organization(s) for expenses	☒	☒
r Other transfer of cash or property to related organization(s)	☒	☒
s Other transfer of cash or property from related organization(s)	☒	☒

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) _____													
(2) _____													
(3) _____													
(4) _____													
(5) _____													
(6) _____													
(7) _____													
(8) _____													
(9) _____													
(10) _____													
(11) _____													
(12) _____													
(13) _____													
(14) _____													
(15) _____													
(16) _____													

Schedule R (Form 990) 2012

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

**SCHEDULE D
(Form 1041)**

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0092

2012

Name of estate or trust **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 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	1,256.
2 Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	2	
3 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	3	
4 Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2011 Capital Loss Carryover Worksheet	4	()
5 Net short-term gain or (loss). Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back	5	1,256.

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

(a) Description of property (Example: 100 shares 7% preferred of "Z" Co.)	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Sales price	(e) Cost or other basis (see instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a LONG-TERM CAPITAL GAIN DIVIDENDS					2,155.

b Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b	6b	5,419.
7 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	7	
8 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts	8	
9 Capital gain distributions	9	
10 Gain from Form 4797, Part I	10	
11 Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2011 Capital Loss Carryover Worksheet	11	()
12 Net long-term gain or (loss). Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back	12	7,574.

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

Schedule D (Form 1041) 2012

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

		(1) Beneficiaries' (see instr.)	(2) Estate's or trust's	(3) Total
13 Net short-term gain or (loss)	13			1,256.
14 Net long-term gain or (loss):				
a Total for year	14a			7,574.
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			8,830.

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:	16	()
a The loss on line 15, column (3) or b \$3,000		

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

Part V Tax Computation Using Maximum Capital Gains Rates

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

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

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

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

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

Schedule D (Form 1041) 2012

Department of the Treasury
Internal Revenue Service

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No. 1545-0092

2012

► Information about Schedule D (Form 1041) and its separate instructions is at www.irs.gov/form1041.

Name of estate or trust

Employer identification number

OAK HILLS/BIKHOR CHOLIM CEMETERY

43-6908806

[illegible]

1b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 1b 1,256.

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

Schedule D-1 (Form 1041) 2012

JSA
2F1221 2 000

86226J 2P1X

Employer identification number

[illegible]

6b Total. Combine the amounts in column (f). Enter here and on Schedule D, line 6b 5,419.

Schedule D-1 (Form 1041) 2012

Oak Hills/Bikhor Cholim Cemetery Trust/Perpetual Care

Tax Worksheet: From 1/1/2012 to 12/31/2012

Trust Category: Irrev. Tr (Complex)

Dates Open: 11/17/2003 to Present

Trust Year End: December

Date Printed: 02/06/2013

Admin Officer: Steve Kryger

Invest Officer: Roman Windrum

Tax State: Iowa

Tax ID:

Capital Gains and Losses

Individual Transactions

Short-Term

	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
Abbott Laboratories	002824100	1 000000	12/21/2011	04/13/2012	114	0 00	59 45	-54 89	0 00	4 56	Sold 1 shares @ \$59 5000
Bemis Co Common	081437105	1 000000	12/21/2011	04/13/2012	114	0 00	31 25	-29 56	0 00	1 69	Sold 1 shares @ \$31 3000
Bristol Myers Squibb Co	110122108	48 000000	12/21/2011	04/13/2012	114	0 00	1,551 32	-1,681 92	0 00	-130 60	Sold 48 shares @ \$32 3700
Chevron Corp	166764100	1 000000	12/21/2011	04/13/2012	114	0 00	101 54	-104 68	0 00	-3 14	Sold 1 shares @ \$101 6000
Comcast Corp Class A	20030N101	2 000000	12/21/2011	04/13/2012	114	0 00	59 31	-46 78	0 00	12 53	Sold 2 shares @ \$29 7100
Darden Restaurants Inc	237194105	1 000000	12/21/2011	04/13/2012	114	0 00	49 88	-44 31	0 00	5 57	Sold 1 shares @ \$49 9400
Inel Corp	458140100	2 000000	12/21/2011	04/13/2012	114	0 00	56 36	-47 06	0 00	9 30	Sold 2 shares @ \$28 2300
Mattel Inc	577081102	3 000000	12/21/2011	04/13/2012	114	0 00	102 17	-83 19	0 00	18 98	Sold 3 shares @ \$34 1100
McGraw-Hill Co	580645109	1 000000	12/21/2011	04/13/2012	114	0 00	48 58	-43 43	0 00	5 15	Sold 1 shares @ \$48 6300
Medtronic Inc	585055106	1 000000	12/21/2011	04/13/2012	114	0 00	37 97	-36 71	0 00	1 26	Sold 1 shares @ \$38 0300
Microsoft Corp	594918104	26 000000	12/21/2011	04/13/2012	114	0 00	804 42	-666 38	0 00	138 04	Sold 26 shares @ \$30 9900
Rockwell Automation Common	773903109	1 000000	12/21/2011	04/13/2012	114	0 00	78 30	-72 78	0 00	5 52	Sold 1 shares @ \$78 3600
Sysco Corp	871829107	2 000000	12/21/2011	04/13/2012	114	0 00	58 72	-57 96	0 00	0 76	Sold 2 shares @ \$29 4100
Target Corp	87612E106	1 000000	12/21/2011	04/13/2012	114	0 00	57 57	-51 95	0 00	5 62	Sold 1 shares @ \$57 6300
United Parcel Service - Cl B	911312106	1 000000	12/21/2011	04/13/2012	114	0 00	79 09	-72 21	0 00	6 88	Sold 1 shares @ \$79 1500
Wal-Mart Stores Inc	931142103	12 000000	12/21/2011	04/13/2012	114	0 00	716 38	-712 56	0 00	3 82	Sold 12 shares @ \$59 7500
Bemis Co Common	081437105	29 000000	12/21/2011	06/06/2012	168	0 00	887 67	-857 24	0 00	30 43	Sold 29 shares @ \$30 6600
Comcast Corp Class A	20030N101	5 000000	12/21/2011	06/06/2012	168	0 00	147 75	-116 95	0 00	30 80	Sold 5 shares @ \$29 6000
Kimberly Clark Corp	494368103	1 000000	12/21/2011	06/06/2012	168	0 00	79 90	-72 75	0 00	7 15	Sold 1 shares @ \$79 9500
Kimberly Clark Corp	494368103	22 000000	12/21/2011	06/06/2012	168	0 00	1,757 76	-1,600 50	0 00	157 26	Sold 22 shares @ \$79 9500
Kimberly Clark Corp	494368103	1 000000	04/13/2012	06/06/2012	54	0 00	79 90	-74 57	0 00	5 33	Sold 1 shares @ \$79 9500
Maxim Integrated Products Inc	57772K101	50 000000	12/21/2011	06/06/2012	168	0 00	1,291 55	-1,277 00	0 00	14 55	Sold 50 shares @ \$25 8815
Medtronic Inc	585055106	5 000000	12/21/2011	06/06/2012	168	0 00	182 89	-183 55	0 00	-0 66	Sold 5 shares @ \$36 6300
Microsoft Corp	594918104	5 000000	12/21/2011	06/06/2012	168	0 00	144 95	-128 15	0 00	16 80	Sold 5 shares @ \$29 0400

Oak Hills/Bikhor Cholim Cemetery Trust/Perpetual Care

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Capital Gains and Losses

Individual Transactions

Short-Term

Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
Vanguard 500 Index Fund Signal Shares #1340	34 284000	05/16/2012	09/11/2012	118	0.00	3,758.14	-3,467.49	0.00	290.65	Sold 34 284 shares @ \$109.6200
Vanguard Small Cap Index Signal Shares #1345	18 440000	05/16/2012	09/11/2012	118	0.00	642.62	-586.76	0.00	55.86	Sold 18.44 shares @ \$34.8500
Air Products & Chemicals Inc	2 000000	06/05/2012	10/26/2012	142	0.00	154.73	-158.06	0.00	-3.33	Sold 2 shares @ \$77.4200
Comcast Corp Class A	23 000000	12/21/2011	10/26/2012	310	0.00	856.50	-537.97	0.00	318.53	Sold 23 shares @ \$37.2900
McGraw-Hill Co	20 000000	12/21/2011	10/26/2012	310	0.00	1,115.11	-868.60	0.00	246.51	Sold 20 shares @ \$55.8069
			Short-Term Total		0.00	14,991.78	-13,735.96	0.00	1,255.82	

Long-Term

Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
Lazard Emerging Markets Equity Instl #638	12 178000	07/28/2008	05/16/2012	1,388	0.00	214.21	-262.80	0.00	-48.59	Sold 12 178 shares @ \$17.5900
Lazard Emerging Markets Equity Instl #638	35 066000	01/23/2008	05/16/2012	1,575	0.00	616.81	-750.42	0.00	-133.61	Sold 35 066 shares @ \$17.5900
Lazard Emerging Markets Equity Instl #638	12 344000	01/23/2008	05/16/2012	1,575	0.00	217.13	-264.16	0.00	-47.03	Sold 12 344 shares @ \$17.5900
Fairholme Fund	106 176000	01/19/2010	05/16/2012	848	0.00	2,937.88	-3,440.10	0.00	-502.22	Sold 106 176 shares @ \$27.6700
Sterling Capital Equity Income Fund Instl #322	304 876000	12/11/2008	05/16/2012	1,252	0.00	4,649.36	-2,978.63	0.00	1,670.73	Sold 304 876 shares @ \$15.2500
Siratus Growth Instl	144 487000	06/17/2004	05/16/2012	2,890	0.00	2,103.73	-2,030.04	0.00	73.69	Sold 144 487 shares @ \$14.5600
Vanguard Dividend Appreciation Iax Inv #602	225 269000	10/28/2010	05/16/2012	566	0.00	5,075.32	-4,891.89	0.00	183.43	Sold 225 269 shares @ \$22.5300
Vanguard Morgan Growth-Admiral #526	47 077000	05/02/2011	05/16/2012	380	0.00	2,793.56	-2,874.50	0.00	-80.94	Sold 47 077 shares @ \$59.3400
Goldman Sachs Mid Cap Value Instl #864	11 693000	07/28/2008	05/16/2012	1,388	0.00	416.04	-374.87	0.00	41.17	Sold 11 693 shares @ \$35.5800

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Capital Gains and Losses

Individual Transactions

Long-Term

Long-Term	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
Pimco Instl Total Return Fund #35	6933390700	79 218000	10/28/2010	06/07/2012	588	0.00	892.00	-923.68	0.00	-31.68	Sold 79 218 shares @ \$11 2600
Stratus Government Securities Instl	863161402	38 863000	10/28/2010	06/07/2012	588	0.00	417.00	-417.00	0.00	0.00	Sold 38 863 shares @ \$10 7300
Vanguard Inflation-Protected Secs #119	922031869	878 814000	01/09/2009	06/07/2012	1,245	0.00	12,901.00	-10,976.88	0.00	1,924.12	Sold 878 814 shares @ \$14 6800
Federal Home Loan Bank 4 875% due 06/08/12	3133XKSK2	50,000 000000	08/15/2007	06/08/2012	1,759	0.00	50,000.00	-49,600.00	0.00	400.00	Matured
Lazard Emerging Markets Equity Instl #638	52106N889	93 222000	01/23/2008	09/11/2012	1,693	0.00	1,784.27	-1,994.96	0.00	-210.69	Sold 93.222 shares @ \$19 1400
Templeton Instl Foreign Equity #454	880210505	106 386000	06/17/2004	09/11/2012	3,008	0.00	2,017.08	-1,818.14	0.00	198.94	Sold 106 386 shares @ \$18 9600
Thornburg International Value Fund C I #209	885215566	63 537000	09/29/2009	09/11/2012	1,078	0.00	1,689.44	-1,551.58	0.00	137.86	Sold 63 537 shares @ \$26 5900
Faurotme Fund	304871106	40 075000	01/19/2010	09/11/2012	966	0.00	1,228.31	-1,298.43	0.00	-70.12	Sold 40 075 shares @ \$30 6500
Sterling Capital Equity Income Fund Instl #322	85917L684	70 509000	12/11/2008	09/11/2012	1,370	0.00	1,139.42	-688.87	0.00	450.55	Sold 70 509 shares @ \$16 1600
Stratus Growth Instl	863161501	204 120000	06/17/2004	09/11/2012	3,008	0.00	3,274.08	-2,867.89	0.00	406.19	Sold 204 12 shares @ \$16 0400
Vanguard Dividend Appreciation Idx Inv #602	921908851	193 823000	10/28/2010	09/11/2012	684	0.00	4,530.43	-4,209.01	0.00	421.42	Sold 193 823 shares @ \$23 8900
Vanguard Morgan Growth-Admiral #526	921928206	5 855000	05/02/2011	09/11/2012	498	0.00	368.75	-357.50	0.00	11.25	Sold 5 855 shares @ \$62 9800
Vanguard Morgan Growth-Admiral #526	921928206	34 433000	08/02/2005	09/11/2012	2,597	0.00	2,168.61	-1,836.66	0.00	331.95	Sold 34 433 shares @ \$62 9800
Vanguard Morgan Growth-Admiral #526	921928206	5 895000	08/02/2005	09/11/2012	2,597	0.00	371.27	-314.44	0.00	56.83	Sold 5 895 shares @ \$62 9800
Goldman Sachs Mid Cap Value Instl #864	38141W398	9 501000	07/28/2008	09/11/2012	1,506	0.00	367.31	-304.60	0.00	62.71	Sold 9 501 shares @ \$38 6600
Goldman Sachs Mid Cap Value Instl #864	38141W398	12 808000	06/17/2004	09/11/2012	3,008	0.00	495.15	-395.64	0.00	99.51	Sold 12 808 shares @ \$38 6600

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Capital Gains and Losses

Individual Transactions

Long-Term

Goldman Sachs Mid Cap Value Instl #864	Cusip 38141W398	Shares/Par 9 523000	Acquired 06/17/2004	Date Sold 09/11/2012	Days Held 3,008	Income 0.00	Principal 368.16	Cost Basis -294.17	Wash Sale Cost Adjustment 0.00	Gain/Loss 73.99	Description of Transaction Sold 9 523 shares @ \$38.6600
Long-Term Total						0.00	103,136.32	-87,716.86	0.00	5,419.46	
Individual Transactions Total						0.00	118,128.10	-111,452.82	0.00	6,675.28	