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Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

Open to Public

▶ Do not enter Social Security numbers on this form as it may be made public.

Inten	nal Reven	ue Service	► Information about Form 990-E2 and its instructions is at www.irs.gov/r	ormaao		opootion			
A 1	For the	e 2013 calend	ar year, or tax year beginning , 2013, and e	nding		, 20			
В	Check if ap	pplicable	C Name of organization		D Employ	er identification number			
	Addres	ss change	GLENN MCININCH FUND FOR THE BENEFIT						
Г	Name	change	OF WALNUT GROVE CEMETERY		47-61	06448			
	Initial	return	Number and street (or P O box, if mail is not delivered to street address) Room/si	uite	E Telephone number				
	Termir		C/O UNION BANK & TRUST COMPANY, 6801 S. 27		(402) 323-1825			
	7	ded return	City or town, state or province, country, and ZIP or foreign postal code		F Group I	Exemption			
_	7	cation pending	LINCOLN, NE 68512		Numbe	r ▶			
G			X Cash Accrual Other (specify) ▶	H Check		the organization is not			
	Websit	_				n Schedule B			
_		ipt status (check only	y one) -	-		Z, or 990-PF)			
		forganization	Corporation X Trust Association Other						
			7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or i	f total asse	ets				
			r) are \$500,000 or more, file Form 990 instead of Form 990-EZ			22,368.			
			xpenses, and Changes in Net Assets or Fund Balances (se						
		Check if the	e organization used Schedule O to respond to any question in this F	art I	Struction	x X			
_	1		, gifts, grants, and similar amounts received		1				
	2		ice revenue including government fees and contracts		2				
	3				3				
	4	Investment	dues and assessments ATCH 1	· · • · ⊢	4	6,923.			
	1 _	Cross smoun	t from sale of assets other than inventory 5a 15,	445.		0,7201			
	5a			707.	- 1				
	b		Officer basis and sales expenses			6,738.			
	C		from sale of assets other than inventory (Subtract line 5b from line 5a)	· · · · -	5c	0,730.			
	6	•	undraising events						
<u>o</u>	a		e from-gaming-(attach-Schedule-G-if greater than	,	الرومية (الرومية (
Revenue	١.	\$15,000)	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		'1				
Š	b		e from fundraising events (not including \$ of contributions	1.	٠. ا				
, CC		from fundrais	ing events reported on line 1) (attach Schedule G if the gross) income and contributions exceeds \$15,000)	ļ	, n				
•			• • • • • • • • • • • • • • • • • • •		1				
	C		xpenses-from gaming and fundraising events 6c	. '					
	d		or (loss) (from gaming jand fundraising events (add lines 6a and 6b and su						
	_	•		· · · · <u>- </u>	6d				
	7 a		of inventory, less returns and allowances	0	ļ				
	b		goods sold		<u>-</u>				
	C		or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c				
	8	Other revenue	e (describe in Schedule O)	-	8	12 ((1			
	9		ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	13,661.			
	10		mılar amounts paid (list in Schedule O) ATCH .6		10	15,699.			
	11	Benefits paid	to or for members	-	11	2 024			
Expenses	12		er compensation, and employee benefits		12	3,024.			
en	13		fees and other payments to independent contractors		13	455.			
×	14		ent, utilities, and maintenance		14				
Ш	15		ications, postage, and shipping		15	4.55			
	16		es (describe in Schedule O) ATCH. 2		16	107.			
	17		ses. Add lines 10 through 16		17	19,285.			
ts	18		ficit) for the year (Subtract line 17 from line 9)		18	-5,624.			
Assets	19	Net assets of	r fund balances at beginning of year (from line 27, column (A)) (must agree	with					
Ä			gure reported on prior year's return)		19	281,513.			
Net	20	Other change	s in net assets or fund balances (explain in Schedule O)	_2	20				
	21		fund balances at end of year Combine lines 18 through 20	▶ 2	21	275,889.			
For	Paper	work Reduction	n Act Notice, see the separate instructions.			Form 990-EZ (2013)			

JSA 3E1008 1 000

Part \	Other Information (Note the Schedule A and personal benefit contract statement requirements in	n the		
	instructions for Part V) Check if the organization used Schedule O to respond to any question in t	his Pa	art V	
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		}	
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	1		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			v
	during the year? If "Yes," complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a NONE	276		X
	Did the organization file Form 1120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	38a		X
h	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	30d		11
39	Section 501(c)(7) organizations Enter			
	Initiation fees and capital contributions included on line 9		;	ì
	Gross receipts, included on line 9, for public use of club facilities			
	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 did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on		ĺ	
	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	40-		X
44	transaction? If "Yes," complete Form 8886-T	40e	L!	
41 42 a	The organization's books are in care of ►UNION BANK & TRUST COMPANY Telephone no. ► 402-32.	3-18	25	
42 a	Located at > 6801 S. 27TH ST. LINCOLN, NE ZIP+4 > 68512			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	r	Yes	No
		42b		Х
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
	If "Yes," enter the name of the foreign country ▶			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			X
_	completed instead of Form 990-EZ	44a		^
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	445		Х
_	completed instead of Form 990-EZ	44b 44c		X
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	440		ظ
u	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-EZ (see instructions)	45b		Х
	<u> </u>			

orm 990	-EZ (2013)									1	Page 4
										Yes	No
	Did the organization engage, directly or i										1
	to candidates for public office? If "Yes," co		chedule C, Pa	<u>rt I . .</u>	<u></u>	<u></u>	<u> </u>		46		X
Part V				_							
	All section 501(c)(3) organizati	ions must	answer que	estion	s 47-49b	and 52, a	and co	mplete the	tables fo	r line	:S
	50 and 51.		. .								
	Check if the organization used S	Schedule	O to respon	d to a	any ques	tion in this	Part \	<u> </u>		$\overline{}$	للن
47	Did the organization engage in lobbying a	activities o	r have a sect	ion 50)1(h) elec	ction in effe	ct durir	ng the tax		Yes	No
	year? If "Yes," complete Schedule C, Part								47		
	is the organization a school as described										L
	Did the organization make any transfers		•								<u> </u>
	If "Yes," was the related organization a s		-						49b	<u> </u>	L
	Complete this table for the organization'	-	-			•					d key
	employees) who each received more than	n \$100,00								one "	
	(a) Name and title of each employee		(b) Averag hours per w			eportable ensation	contribu	lealth benefits, tions to employee lans, and deferred	(e) Estima		
			devoted to po	sition	(Forms W-	2/1099-MISC)	CO	mpensation	other co	mpens	auon
					ļ						
]						
							ļ		-		
											
					ļ				 		
					}						
											
					<u> </u>		<u> </u>		1		
51	Total number of other employees paid or Complete this table for the organization \$100,000 of compensation from the organized.	n's five hig	hest compe	nsate	d indeper	ndent conti	ractors	who each i	eceived	more	than
	(a) Name and business address of each indepen			<u> </u>		e of service		(c) (Compensation	on .	

							1				
			-,								
							1				
d	Total number of other independent contr	actors eac	sh receiving o	Wer \$	100 000						
	•		_				40.47()	(4)			
52	Did the organization complete Schedule A	A / Note A a complet	II section 50°	I(C)(3 <u>)</u> A) organiza	ations and 4	1947(a)	(1)	► MYa		No
Jnder pe	nonexempt charitable trusts must attach nalties of perjury, I declare that I have examined this	s return, inclu	ding accompany	ing sch	edules and	statements, an	d to the	best of my know	vledge and	belief,	it is
rue, corre	ect, and complete Declaration of preparer (other than		sed on all-inform	ation o	wilch prep	arer has any k	nowledge	11			
	UNION BANK & TRUST COMPANY, 1	IRUSIEE	Luc	Λ_{λ}	UU X	//	5/	1/14			
Sign	SignALL ESAULTETY		Jun		7	/	Date				
Here	VICE PRESIDENT &					Y					
	TYP SENIOR TRUST OFFICER				_	·					
	Print/Type preparer's name	Preparer's s	ıgnature		_	Date		Check If	PTIN		
Paid	VONTER I WOOD	1 .	L WOOD			04/28/2	2014	self-employed	P0041	5828	š
Prepar	er LABENZ & ASS	<u> </u>					Firm's		081419		
Use Oi	Firm's address 4535 NORMAL						Phone	400	-437-8		
	LINCOLN, NE						1 . 110116				
May the	IRS discuss this return with the prepare		bove? See in	struction	ons				► X Ye	s l	No
	The state of the s	<u> u</u>			- • • •	<u>· . · · · ·</u>	· · · ·	<u>. ,</u>	Form 990		
										1	,

SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No 1545-0092

Internal Revenue Service Name of estate or trust

Department of the Treasury

GLENN MCININCH FUND FOR THE BENEFIT

OF WALNUT GROVE CEMETERY

Employer identification number

47-6106448

Note	: Form 5227 filers need to complete only Parts I and II					
Par	Short-Term Capital Gains and Losses - Ass	ets Held One Year	r or Less			
the l This	instructions for how to figure the amounts to enter on nes below form may be easier to complete if you round off cents note dollars	(d) Proceeds (sales pnce)	(e) Cost (or other basis)	(g) Adjustments to gain or loss l Form(s) 8949, F line 2, column	rom art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				,	
	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
	Totals for all transactions reported on Form(s) 8949 with Box C checked					
4	Short-term capital gain or (loss) from Forms 4684, 62	252, 6781, and 8824			4	
5 6	Net short-term gain or (loss) from partnerships, S cor Short-term capital loss carryover Enter the amour Carryover Worksheet	nt, if any, from lin	e 9 of the 2012	Capital Loss	5 6	()
7	Net short-term capital gain or (loss). Combine line line 17, column (3) on the back				7	
Par	t II Long-Term Capital Gains and Losses - Ass	ets Held More Tha	an One Year	-	•	
the I This	instructions for how to figure the amounts to enter on ines below form may be easier to complete if you round off cents hole dollars	ructions for how to figure the amounts to enter on below (d) Proceeds Cost Cost to gain or loss Form(s) 8949, F I are 2 column				
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked				•	
9	Totals for all transactions reported on Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	15,445.	8,707.			6,738.
11	Long-term capital gain or (loss) from Forms 2439, 46	84, 6252, 6781, and	d 8824		11	
12	Net long-term gain or (loss) from partnerships, S corp	oorations, and other e	estates or trusts		12	
13	Capital gain distributions				13	
14 15	Gain from Form 4797, Part I	t, if any, from line	14 of the 2012	Capital Loss	14	
16	Net long-term capital gain or (loss). Combine lines line 18a, column (3) on the back	8a through 15 in	column (h). Enter	here and on	15	6,738.
					יוו	

Schedule D (Form 1041) 2013			•	Page 2
Part III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	
Caution: Read the instructions before completing this p	art	(see instr)	or trust's	(3) Total
17 Net short-term gain or (loss)	17		*	
18 Net long-term gain or (loss):			-	
a Total for year	18a			6,738.
b Unrecaptured section 1250 gain (see line 18 of the wrksht)	18b			
c 28% rate gain	18c			
19 Total net gain or (loss). Combine lines 17 and 18a ▶				6,738.
Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line	4 (or Fo	rm 990-T, Part I, line 4	a) If lines 18a and 1	9, column (2), are ne
gains, go to Part V, and do not complete Part IV If line 19, column (3), is a necessary	net ioss	s, complete Part IV and	the Capital Loss Ca	nyover Worksheet, a
Part IV Capital Loss Limitation	-			
20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T,	Part I, Iı	ne 4c, if a trust), the sn	naller of	
a The loss on line 19, column (3) or b \$3,000			20 (
Note: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041 Loss Carryover Worksheet in the instructions to figure your capital loss carryover	, page	1, line 22 (or Form 990)-T, line 34), is a loss,	complete the Capita
Part V Tax Computation Using Maximum Capital Gains Rat	es			
Form 1041 filers. Complete this part only if both lines 18a and 19 in co		2) are gains or an ai	mount is entered in	Part Lor Part II and
there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo	ore than	2) are gains, or an ar	nount is entered in	raiti Oi Fait II aik
Caution: Skip this part and complete the Schedule D Tax Worksheet in the				
• Either line 18b, col (2) or line 18c, 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 18a and 19	are gai	ns, or qualified divid	ends are included	in income in Part
of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this par	t and c	omplete the Schedu	le D Tax Workshee	t in the instructions
if either line 18b, col (2) or line 18c, col (2) is more than zero		· · · · · · · · · · · · · · · · · · ·		
21 Enter taxable income from Form 1041, line 22 (or Form 990-T, line	34)	. 21		
22 Enter the smaller of line 18a or 19 in column (2)				
but not less than zero			*4-898	
23 Enter the estate's or trust's qualified dividends		· '	with .	
from Form 1041, line 2b(2) (or enter the qualified				
dividends included in income in Part I of Form 990-T) 23		- Frys	2,54	
24 Add lines 22 and 23			Santy.	
25 If the estate or trust is filing Form 4952, enter the				
amount from line 4g, otherwise, enter -0 ▶ 25		10000	724	
26 Subtract line 25 from line 24 If zero or less, enter -0		. 26	4.5	
27 Subtract line 26 from line 21 If zero or less, enter -0		. 27	كرأوه الأقبر	
Enter the smaller of the amount on line 21 or \$2,450		. 28		
29 Enter the smaller of the amount on line 27 or line 28		. 29		
30 Subtract line 29 from line 28 If zero or less, enter -0- This amount is			▶ 30	
Enter the smaller of line 21 or line 26		. 31		
32 Subtract line 30 from line 26		. 32		
Enter the smaller of line 21 or \$11,950		. 33		
34 Add lines 27 and 30		. 34		
Subtract line 34 from line 33 If zero or less, enter -0			i	
Enter the smaller of line 32 or line 35				
37 Multiply line 36 by 15%			▶ 37	. <u></u> .
Enter the amount from line 31		. 38		
39 Add lines 30 and 36		39		
Subtract line 39 from line 38 If zero or less, enter -0				
41 Multiply line 40 by 20%		1 1	▶ 41	<u> </u>
Figure the tax on the amount on line 27 Use the 2013 Tax Rate Schedule for		1 1		
and Trusts (see the Schedule G instructions in the instructions for Form 1041				
43 Add lines 37, 41, and 42				
Figure the tax on the amount on line 21. Use the 2013 Tax Rate Schedule for				
and Trusts (see the Schedule G instructions in the instructions for Form 1041				
Tax on all taxable income. Enter the smaller of line 43 or line 44				
G, line 1a (or Form 990-T, line 36)	<u></u> .	· · · · · · · · <u>· · · · · · · · · · · </u>	▶ 45	

SCHEDULE O (Form 990 or 990-EZ)

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 Open to Public Inspection

107.

Department of the Treasury Internal Revenue Service Name of the organization

TOTAL

GLENN MCININCH FUND FOR THE BENEFIT

OF WALNUT GROVE CEMETERY

Employer identification number

47-6106448 ATTACHMENT 1 FORM 990EZ, PART I - INVESTMENT INCOME DESCRIPTION AMOUNT DIVIDEND INCOME 6,923. TOTAL 6,923. ATTACHMENT 2 FORM 990EZ, PART I - OTHER EXPENSES FOREIGN TAX WITHHELD 107.

FORM COORS DARK IT CACH CANTINGS AND INVESTMENTS	ATTACHM	IENT 3
FORM 990EZ, PART II - CASH, SAVINGS AND INVESTMENTS DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH SAVINGS INVESTMENTS - SECURITIES	4,186. 277,327.	7,309. 268,580.
TOTALS	281,513.	275,889.

ATTACHMENT 4

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

PROGRAM SERVICE ACCOMPLISHMENT 1

THIS PERPETUAL CARE FUND WAS ESTABLISHED TO CARE FOR WALNUT GROVE CEMETERY. EARNINGS OF THE FUND ARE APPLIED FIRST TOWARD MAINTENANCE OF THE MCININCH FAMILY PLOT. EARNINGS REMAINING ARE USED FOR THE GENERAL BEAUTIFICATION AND MAINT-ENANCE OF THE ENTIRE CEMETERY.

Schedule O (Form 990 or 99	90-EZ) 2013	Page
Name of the organization	GLENN MCININCH FUND FOR THE BENEFIT	Employer identification number
OF WALNUT GROVE	E CEMETERY	
 -		
		ATTACHMENT 5

PROGRAM SERVICE ACCOMPLISHMENT 2

THE STATED INTENT OF THE MCININCH BEQUEST WHICH ESTABLISHED THE PERPETUAL CARE FUND WAS TO ASSIST IN THE PRESERVATION OF WALNUT GROVE CEMETERY AS AN HISTORIC SPOT IN RECOGNITION OF THE EARLY SETTLERS OF NEBRASKA BURIED IN THE CEMETERY.

Attachment Sequence No 12A

Page 2

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side.)
GLENN MCININCH FUND FOR THE BENEFIT

Social security number or taxpayer identification number 47-6106448

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later.

Part II Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a, you are not required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(F) Long term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS

	(E) Long-term transactions reported on Form(s) 1099-B showing basis was not reported to the IRS
XI.	(E) Long term transactions not reported to you on Form 1099-R

(a) Description of property	(b) (c) Date acquired Date sold or disposed		(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and	Adjustment, if any, to gain or loss If you enter an amount in column (g) enter a code in column (f) See the separate instructions.		Gain or (loss) Subtract column (e) from column (d) and	
(Example 100 sh XÝZ Ćo)	(Mo , day, yr)	(Mo , day, yr)	(see instructions)	see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
UNION BANK & TRUST-LON TERM SALES			10,400.	8,707.			1,693	
LONG TERM CAPITAL GAIN DIVIDENDS			5,045.				5,045	
1000								
					-			
2 Totals. Add the amounts in colu (subtract negative amounts) E include on your Schedule D, lin checked), line 9 (if Box E above (if Box F above is checked) ▶	nter each tota e 8b (if Box D	i here and above is	15,445.	8,707.			6,738.	

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Page 2 of 24

Walnut Grove Cemetery Association Trust

Trust Category: Charitable

206

Account #:

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Dates Open: 1/25/1999 to Present

Trust Year End: December

Date Printed: 02/03/2014

Admin Officer: Alice Skultety Invest Officer: John Lund Tax State: Nebraska

Tax ID: 47-6106448

Capital Gains and Losses

Individual Transactions

Gain/Loss Description of Transaction	-20 07 Sold 20.05 shares @ \$19 9500	77 06 Sold 10 453 shares @ \$28 7000	75 28 Sold 26 385 shares @ \$34 1100	90 49 Sold 28 458 shares @ \$17 5700	-18 27 Sold 29 932 shares @ \$17.1400	-1.59 Sold 4 401 shares @ \$17 1400	-10 75 Sold 29.845 shares @ \$17 1400	271.72 Sold 15 895 shares @ \$119 5400	701 86 Sold 98.784 shares @ \$26 3200	218 50 Sold 14.897 shares @ \$67.1300	179 84 Sold 27.372 shares @ \$43 8400	129 07 Sold 12 893 shares @ \$38 7800	1,693.14	1,693.14
Wash Sale Cost Adjustment	00 0	00 0	0.00	0 0	00 0	000	00 0	000	0 0	0:00	00 0	00 0	0.00	0.00
Cost Basis	-420 07	-222 94	-824 72	-409 51	-531 30	-77 02	-522 29	-1,628.28	-1,898.14	-781.50	-1,020.16	-370 93	-8,706.86	-8,706.86
Principal	400 00	300 00	00 006	200 00	513 03	75 43	511.54	1,900.00	2,600.00	1,000 00	1,200 00	200 00	10,400.00	10,400.00
псоше	00 0	00 0	000	000	0.00	000	000	0.00	000	0.00	00 0	000	0.00	0.00
Days Held	4,710	1,595	1,180	743	2,077	4,698	4,698	412	951	2,770	2,770	497	n Total	s Total
Date Sold	04/02/2013	04/02/2013	04/02/2013	04/02/2013	04/02/2013	04/02/2013	04/02/2013	04/02/2013	04/02/2013	04/02/2013	04/02/2013	04/02/2013	Long-Term Total	uai Transactions Total
Acquired	5/10/2000	1/19/2008	1/08/2010	3/21/2011	7/26/2007	5/22/2000	5/22/2000	2/15/2012	3/25/2010	9/01/2005	9/01/2005	1/22/2011		Individu
Shares/Par Acquired	20 050000 05/10/2000	10 453000 11/19/2008	26 385000 01/08/2010	28 458000 03/21/2011	29 932000 07/26/2007	4 401000 05/22/2000	29 845000 05/22/2000	15 895000 02/15/2012	98 784000 08/25/2010	14.897000 09/01/2005	27 372000 09/01/2005	12 893000 11/22/2011		
Cusip	880210505	885215566	304871106	85917L684	863161501	863161501	863161501	922908496	921908851	921928206	38141W398	922908421		
Long-Term	Templeton Instl Foreign Equity #454	Thornburg International Value Fund CI I #209	Fairholme Fund	Sterling Capital Equity Income Fund Instl #322	Stratus Growth Instl	Stratus Growth Instl	Stratus Growth Instl	Vanguard 500 Index Signal Shares #1340	Vanguard Dividend Appreciation Idx Inv #602	Vanguard Morgan Growth-Admiral 921928206 #526	Goldman Sachs Mid Cap Value Instl #864	Vanguard Small Cap Index Signal 922908421 Shares #1345		

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ATTACHMENT 6

	AMOUNT		15, 699	15,699.
	PURPOSE OF GRANT OR CONTRIBUTION		SEE PART III, ATTACHMENTS 4 AND 5	TOTAL CONTRIBUTIONS PAID
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	FOUNDATION STATUS OF RECIPIENT		NONE CEMETERY ASSOCIATION	
IN EXCESS OF \$5000	RECIPIENT NAME AND ADDRESS	GRANTS PAID	WALNUT GROVE CEMETERY ASSOCIATION BROWNVILLE, NE	