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

Short Form
Return of Organization Exempt From Income Tax

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

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

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

OMB No 1545-1150

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

C Name of organization
GLENN MCININCH FUND FOR THE BENEFIT
OF WALNUT GROVE CEMETERY

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

City or town, state or province, country, and ZIP or foreign postal code
LINCOLN, NE 68512

D Employer identification number
47-6106448

E Telephone number
(402) 323-1825

F Group Exemption Number ▶

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

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

I Website: ▶

J Tax-exempt status (check only one) - [ ] 501(c)(3) [X] 501(c) (13) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

K Form of organization: [ ] Corporation [X] Trust [ ] Association [ ] Other

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 66,360.

Part I **Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)
Check if the organization used Schedule O to respond to any question in this Part I [X]

Revenue	1	Contributions, gifts, grants, and similar amounts received		1	
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income ATCH 1		4	8,749.
	5a	Gross amount from sale of assets other than inventory	5a 57,611.		
	b	Less. cost or other basis and sales expenses	5b 40,094.		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	17,517.
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a		
	b	Gross income from fundraising events (not including $ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b		
	c	Less direct expenses from gaming and fundraising events	6c		
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe in Schedule O)		8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶		9	26,266.
Expenses	10	Grants and similar amounts paid (list in Schedule O) ATCH 5		10	15,995.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	3,106.
	13	Professional fees and other payments to independent contractors		13	460.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	
	17	**Total expenses.** Add lines 10 through 16 ▶		17	19,561.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	6,705.
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		19	275,889.
	20	Other changes in net assets or fund balances (explain in Schedule O)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	282,594.

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments . . . . ATTACHMENT 2	275,889.	22	282,594.
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	0	24	0
25	**Total assets**	275,889.	25	282,594.
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21) . .	275,889.	27	282,594.

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

Check if the organization used Schedule O to respond to any question in this Part III . . . X

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others)

28 ATTACHMENT 3

(Grants $ 15,995.) If this amount includes foreign grants, check here . . . . . ▶ ☐ **28a** 15,995.

29 ATTACHMENT 4

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **29a**

30

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **30a**

31 Other program services (describe in Schedule O) . . . . . .

(Grants $) If this amount includes foreign grants, check here . . . . . ▶ ☐ **31a**

32 Total program service expenses (add lines 28a through 31a) . . . . . ▶ **32** 15,995.

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

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
UNION BANK & TRUST COMPANY TRUSTEE - AS NEEDED		3,106.	0	0

Part V **Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
35a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a NONE			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ NONE			
42a	The organization's books are in care of ▶ UNION BANK & TRUST COMPANY Telephone no. ▶ 402-323-1825 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 a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b		X
c	At any time during the calendar year, did the organization maintain an office outside the U.S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** - Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI **Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None."

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note** All section 501(c)(3) organizations must attach a completed Schedule A ▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ UNION BANK & TRUST CO., TRUSTEE By: [signature] 4/29/15
Signature of officer Date

▶ ALICE SKULITETY
VICE PRESIDENT & SENIOR TRUST OFFICER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
VONITA L WOOD	VONITA L WOOD	04/27/2015		P00415828

Firm's name ▶ LABENZ & ASSOCIATES LLC — Firm's EIN ▶ 47-0814192

Firm's address ▶ 4535 NORMAL BLVD., SUITE 195 — Phone no 402-437-8383

LINCOLN, NE 68506

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

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

2014

Open to Public Inspection

Name of the organization 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	8,749.
TOTAL	8,749.

ATTACHMENT 2

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

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
CASH		
SAVINGS	7,309.	17,564.
INVESTMENTS - SECURITIES	268,580.	265,030.
TOTALS	275,889.	282,594.

ATTACHMENT 3

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 MAINTENANCE OF THE ENTIRE CEMETERY.

ATTACHMENT 4

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 5

FORM 990EZ, PART I - GRANTS AND SIMILAR AMOUNTS P

IN EXCESS OF $5000

RECIPIENT NAME AND ADDRESS	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
GRANTS PAID			
WALNUT GROVE CEMETERY ASSOCIATION BROWNVILLE, NE	NONE CEMETERY ASSOCIATION	SEE PART III, ATTACHMENTS 3 AND 4	15,995.
		TOTAL CONTRIBUTIONS PAID	15,995.

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.
▶ 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

2014

Name of estate or trust: 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.*

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(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 .				
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				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				

4	Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824	4	
5	Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts	5	
6	Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2013 Capital Loss Carryover Worksheet	6	( )
7	**Net short-term capital gain or (loss).** Combine lines 1a through 6 in column (h). Enter here and on line 17, column (3) on the back . . . . . ▶	7	

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

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
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 E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	50,436.	40,094.		10,342.

LONG-TERM CAPITAL GAIN DIVIDENDS 7,175.

11	Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824	11	
12	Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts.	12	
13	Capital gain distributions.	13	
14	Gain from Form 4797, Part I.	14	
15	Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2013 Capital Loss Carryover Worksheet	15	( )
16	**Net long-term capital gain or (loss).** Combine lines 8a through 15 in column (h) Enter here and on line 18a, column (3) on the back . . . . . ▶	16	17,517.

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
17 **Net short-term gain or (loss)**	17			
18 **Net long-term gain or (loss):**				
a Total for year	18a			17,517.
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 ▶	19			17,517.

Note: *If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 18a and 19, column (2), are net gains, go to Part V, and* ***do not*** *complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the* ***Capital Loss Carryover Worksheet,*** *as necessary*

Part IV Capital Loss Limitation

20 Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the **smaller** of: a The loss on line 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, 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 18a and 19 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 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 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 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	22			
23	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)	23			
24	Add lines 22 and 23	24			
25	If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- ▶	25			
26	Subtract line 25 from line 24. If zero or less, enter -0-			26	
27	Subtract line 26 from line 21. If zero or less, enter -0-			27	
28	Enter the **smaller** of the amount on line 21 or $2,500			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 taxed at 0% ▶				30
31	Enter the **smaller** of line 21 or line 26			31	
32	Subtract line 30 from line 26			32	
33	Enter the **smaller** of line 21 or $12,150			33	
34	Add lines 27 and 30			34	
35	Subtract line 34 from line 33 If zero or less, enter -0-			35	
36	Enter the **smaller** of line 32 or line 35			36	
37	Multiply line 36 by 15% ▶				37
38	Enter the amount from line 31			38	
39	Add lines 30 and 36			39	
40	Subtract line 39 from line 38 If zero or less, enter -0-			40	
41	Multiply line 40 by 20% ▶				41
42	Figure the tax on the amount on line 27 Use the 2014 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			42	
43	Add lines 37, 41, and 42			43	
44	Figure the tax on the amount on line 21 Use the 2014 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)			44	
45	**Tax on all taxable income.** Enter the **smaller** of line 43 or line 44 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) ▶				45

Name(s) shown on return Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number
GLENN MCININCH FUND FOR THE BENEFIT	47-6106448

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either may show your basis (usually your cost) even if your broker did not report it to the IRS Brokers must report basis to the IRS for most stock you bought in 2011 or later (and for certain debt instruments you bought in 2014 or later).

Part II **Long-Term.** Transactions involving capital assets you held more than 1 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)
- [ ] **(E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- [X] **(F)** Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(c) Date sold or disposed (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the **Note** below and see *Column (e)* in the separate instructions	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. (f) Code(s) from instructions	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
UNION BANK & TRUST - LONG TERM SALES	VARIOUS	VARIOUS	50,436.	40,094.			10,342.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, **line 8b** (if **Box D** above is checked), **line 9** (if **Box E** above is checked), or **line 10** (if **Box F** above is checked) ▶			50,436.	40,094.			10,342.

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

Walnut Grove Cemetery Association Trust

Account #: 9206 — **Tax Worksheet From 1/1/2014 to 12/31/2014**

Trust Category: Charitable
Dates Open: 1/25/1999 to Present
Trust Year End: December
Date Printed: 04/22/2015

Admin Officer: Alice Skultety
Invest Officer: John Lund
Tax State: Nebraska
Tax ID: 47-6106448

Capital Gains and Losses

Individual Transactions

Long-Term

	Cusip	Shares/Par	Acquired	Date Sold	Days Held	Income	Principal	Cost Basis	Wash Sale Cost Adjustment	Gain/Loss	Description of Transaction
Goldman Sachs Enhanced Income Fund Instl #1999	38142Y518	209 424000	06/15/2011	06/12/2014	1,093	0 00	1,981 15	-2,000 00	0 00	-18 85	Sold 209 424 shares @ $9.4600
Goldman Sachs Enhanced Income Fund Instl #1999	38142Y518	564 905000	03/21/2011	06/12/2014	1,179	0 00	5,344 00	-5,417 44	0 00	-73 44	Sold 564 905 shares @ $9 4600
Vanguard Small Cap Index Admiral Shares #548	922908686	98 283000	11/22/2011	06/12/2014	933	0 00	5,360 35	-3,138 23	0 00	2,222 12	Sold 98 283 shares @ $54 5400
Pimco Instl Total Return Fund #35	693390700	89 767000	03/06/2012	06/13/2014	829	0 00	978 46	-1,000 00	0 00	-21 54	Sold $978 46 @ $10 9000
Pimco Instl Total Return Fund #35	693390700	89 847000	02/15/2012	06/13/2014	849	0 00	979 33	-1,000 00	0 00	-20 67	Sold $979 33 @ $10 9000
Pimco Instl Total Return Fund #35	693390700	95 615000	08/30/2004	06/13/2014	3,574	0 00	1,042 21	-1,041.25	0 00	0 96	Sold $1,042.21 @ $10 9000
Templeton Global Bond Fund Advisor Class #616	880208400	152 439000	02/15/2012	06/13/2014	849	0 00	2,035 06	-2,000 00	0 00	35 06	Sold $2,035 06 @ $13 3500
Templeton Global Bond Fund Advisor Class #616	880208400	155 885000	01/08/2010	06/13/2014	1,617	0 00	2,081 06	-2,036 72	0 00	44 34	Sold $2,081 06 @ $13 3500
Templeton Global Bond Fund Advisor Class #616	880208400	253 474000	01/08/2010	06/13/2014	1,617	0 00	3,383 88	-3,292.63	0 00	91.25	Sold $3,383 88 @ $13 3500
Templeton Instl Foreign Equity #454	880210505	105 485000	05/10/2000	06/13/2014	5,147	0 00	2,500 00	-2,210 03	0 00	289 97	Sold $2,500 00 @ $23 7000
Thornburg International Value Fund Cl I #209	885215566	32 031000	11/19/2008	06/13/2014	2,032	0 00	1,000 00	-683 14	0 00	316 86	Sold $1,000 00 @ $31.2200
Fairholme Fund	304871106	47 103000	01/08/2010	06/13/2014	1,617	0 00	2,000 00	-1,472 31	0 00	527 69	Sold $2,000 00 @ $42 4600
Sterling Capital Equity Income Fund Instl #322	85917L684	32 674000	03/21/2011	06/13/2014	1,180	0 00	635 52	-470 18	0 00	165 34	Sold $635 52 @ $19 4500
Sterling Capital Equity Income Fund Instl #322	85917L684	5 886000	09/02/2011	06/13/2014	1,015	0 00	114 48	-80 34	0 00	34 14	Sold $114 48 @ $19 4500
Stratus Growth Instl	863161501	80 040000	05/22/2000	06/13/2014	5,135	0 00	1,624 81	-1,400 69	0 00	224 12	Sold $1,624 81 @ $20 3000
Stratus Growth Instl	863161501	62 260000	03/21/2011	06/13/2014	1,180	0 00	1,263 88	-942 00	0 00	321 88	Sold $1,263 88 @ $20 3000
Stratus Growth Instl	863161501	54 744000	04/04/2002	06/13/2014	4,453	0 00	1,111 31	-751 64	0 00	359 67	Sold $1,111 31 @ $20 3000

Walnut Grove Cemetery Association Trust

Account #: 9206 — **Tax Worksheet From 1/1/2014 to 12/31/2014**

Trust Category: Charitable
Dates Open: 1/25/1999 to Present
Trust Year End: December
Date Printed: 04/22/2015

Admin Officer: Alice Skultety
Invest Officer: John Lund
Tax State: Nebraska
Tax ID: 47-6106448

Capital Gains and Losses

Individual Transactions

Long-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 Admiral Shares #540	922908710	33 460000	02/15/2012	06/13/2014	849	0 00	6,000 00	-4,149 64	0 00	1,850 36	Sold $6,000 00 @ $179 3200
Vanguard Dividend Appreciation Index Admiral Shares #5702	921908828	285 578000	08/25/2010	06/13/2014	1,388	0 00	6,000 00	-3,721 44	0 00	2,278 56	Sold $6,000 00 @ $21 0100
Vanguard Morgan Growth-Admiral #526	921928206	55 160000	09/01/2005	06/13/2014	3,207	0 00	4,500 00	-2,893 69	0 00	1,606 31	Sold $4,500 00 @ $81 5800
Goldman Sachs Mid Cap Value Instl #864	38141W398	10 533000	09/01/2005	06/13/2014	3,207	0 00	500 00	-392 56	0 00	107 44	Sold $500 00 @ $47 4700
					Long-Term Total	0 00	50,435.50	-40,093.93	0.00	10,341.57	
					Individual Transactions Total	0.00	50,435.50	-40,093.93	0.00	10,341.57	

FEDERAL ELECTIONS

DESCRIPTION: ELECTION TO AMORTIZE BOND PREMIUM

REGULATION REFERENCE: 1.171-4(A) AND IRC SECTION 171(C)

TAXPAYER HEREBY ELECTS UNDER SECTION 171(C) OF THE INTERNAL REVENUE CODE TO AMORTIZE BOND PREMIUM PURSUANT TO TREASURY REGULATION 1.171-4(A).