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## Form **990-PF**

## Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

2015

Do not enter social security numbers on this form as it may be made public. Department of the Treasury ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Open to Public Inspection Internal Revenue Service For calendar year 2015 or tax year beginning and ending Employer identification number Name of foundation KRUTSINGER FAMILY FOUNDATION INC 46-4602121 Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) Room/suite 402-371-9721 715 N 25TH STREET City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here 68701 NORFOLK NE Initial return of a former public chanty G Check all that apply: Initial return 1. Foreign organizations, check here Amended return Final return 2 Foreign organizations meeting the Address change Name change 85% test, check here and attach computation Check type of organization | X | Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust | Other taxable private foundation X Cash I Fair market value of all assets at J Accounting method Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) end of year (from Part II, col. (c), 336,565 (Part I, column (d) must be on cash basis ) line 16) ▶ \$ (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for chantable expenses per amounts in columns (b), (c), and (d) may not necessarily equal purposes (cash basis only) income income the amounts in column (a) (see instructions)) books Contributions, gifts, grants, etc., received (attach schedule) 2 Check | X | If the foundation is **not** required to attach Sch B Interest on savings and temporary cash investments 197 197 197 3 4 Dividends and interest from securities Gross rents 5a b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0 Capital gain net income (from Part IV, line 2) Net short-term capital gain 8 9 Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold Gross profit or (loss) (attach schedule) C 11 Other income (attach schedule) 197 197 197 Total. Add lines 1 through 11 0 13 Compensation of officers, directors, trustees, etc. 14 Other employee salanes and wages 15 Pension plans, employee benefits Legal fees (attach schedule) STMT 1 450 450 Accounting fees (attach schedule) STMT 2 412 412 Other professional fees (attach schedule) STMT 3 20 20 Taxes (attach schedule) (see instructions) 19 Depreciation (attach schedule) and depletion OGDEN. UY 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 4 3,050 3,050 23 Other expenses (att sch ) Total operating and administrative expenses. 3,932 0 0 3,932 Add lines 13 through 23 59,700 59,700 Contributions, gifts, grants paid Total expenses and disbursements. Add lines 24 and 25 63,632 0 0 26 63,632 Subtract line 26 from line 12 27 Excess of revenue over expenses and disbursements -63,435

Net investment income (if negative, enter -0-)

Adjusted net income (if negative, enter -0-)

197

197

Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	End of	f year
r di i i	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1.	Cash – non-interest-bearing	ļ		
2	Savings and temporary cash investments	400,000	336,565	336,565
3	Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶	<u> </u>		
4	Pledges receivable ▶			
ļ	Less: allowance for doubtful accounts ▶			
5	Grants receivable	ļ		
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (att. schedule)			
1	Less allowance for doubtful accounts ▶ 0			
<u>.</u> 8	Inventories for sale or use			
8 9 10a	Prepaid expenses and deferred charges			
( 10a	Investments – U S and state government obligations (attach schedule)			
b	Investments – corporate stock (attach schedule)			
c	Investments – corporate bonds (attach schedule)			
11	Investments – land, buildings, and equipment basis			
1	Less accumulated depreciation (attach sch.)			
12	Investments – mortgage loans			
13	Investments – other (attach schedule)			
14	Land, buildings, and equipment basis			
	Less accumulated depreciation (attach sch.)			
15	Other assets (describe ▶ )			
16	Total assets (to be completed by all filers – see the			_
	instructions Also, see page 1, item I)	400,000	336,565	336,565
17	Accounts payable and accrued expenses			
18	Grants payable			
19	Deferred revenue			
19 20 21	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe ▶ )			
23	Total liabilities (add lines 17 through 22)	0	0	
3	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.		-	
24	Unrestricted	400,000	336,565	
25	Temporanly restricted			
26	Permanently restricted			
24 25 26 27 28 29 30 31	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds			
28	Paid-in or capital surplus, or land, bldg , and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds			
30	Total net assets or fund balances (see instructions)	400,000	336,565	
31	Total liabilities and net assets/fund balances (see			
"	instructions)	400,000	336,565	
Part I		L		
	net assets or fund balances at beginning of year – Part II, column (a), line 30 (mu	st agree with		<del></del>
	of-year figure reported on prior year's return)		1 1	400,000
	r amount from Part I, line 27a		2	-63,435
	r increases not included in line 2 (itemize)		3	
	ines 1, 2, and 3	•	4	336,565
	eases not included in line 2 (itemize)		5	<u> </u>
	net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (	b), line 30	6	336,565

	SER FAMILY FOUNDATI  d Losses for Tax on Investm		46-4602121			Page
(a) List and describ	(b) How acquired P – Purchase D – Donation	(c) Date a		(d) Date sold (mo , day, yr )		
1a N/A			D - Boriation			
b						
<u>C</u>						
						<del></del>
<u>e</u>	<b>10.0</b>	1 (10)				4
(e) Gross sales price	(f) Depreciation allowed (or allowable)		ense of sale		(h) Gain ( (e) plus (f)	
_a					·	
<u>b</u>		<del> </del>	<del></del>			
<u>C</u>	<del></del>		<del>-</del>			
d e		<del> </del>				
-	gain in column (h) and owned by the f		69	40	0 (0-1 (	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exce	ss of col (i)		(I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
а				1		
b						
<u>c</u>						
d		<del> </del>				<u> </u>
е						····
	if (loss), enter -0- in (loss), enter -0- in (s) as defined in sections 1222(5) and (	n Part I, line 7 (6):		2		
Part I, line 8	column (c) (see instructions) If (loss),  der Section 4940(e) for Reduc		Investment Inco	3 me		
(For optional use by domestic private f						
If section 4940(d)(2) applies, leave this			<b>,</b>			
Was the foundation liable for the section		nt of any year in the	base period?			Yes X No
If "Yes," the foundation does not qualif	y under section 4940(e). Do not comp	lete this part.		·		
1 Enter the appropriate amount in ea	ach column for each year; see the inst	tructions before maki	ng any entries.	<del></del>		
(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(b) (c) Adjusted qualifying distributions Net value of noncharitable-		Distribution rati		
2014			32,	833		
2013						<del></del>
2012						
2011						· · · · · · · · · · · · · · · · · · ·
2010					<u> </u>	
2 Total of line 1, column (d)				2		
	year base period – divide the total on	line 2 by 5, or by the	•			
_	s been in existence if less than 5 year			3		
4 Enter the net value of nonchantable	e-use assets for 2015 from Part X, line	e 5		4		362,758
5 Multiply line 4 by line 3				5		
6 Enter 1% of net investment income	e (1% of Part I, line 27b)			_6_		
7 Add lines 5 and 6				7_		

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

63,632

Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

	# 1/4 Exercise Tay Record on Investment Income (Section 4040(a) 4040(b) 4040(c) or 4048 see instructions)				age 4
_	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \) and enter "N/A" on line 1.				
_	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)	4			2
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1			
_	here X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of				
2	Part I, line 12, col. (b).	,			0
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	3	_		2
3 4	Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5			
	T <sup>er</sup>		***************************************	<del></del>	
6	Credits/Payments 2015 estimated tax payments and 2014 overpayment credited to 2015  6a  6a				
a					
b	Exempt foreign organizations – tax withheld at source  Tax paid with application for extension of time to file (Form 8868)  6c  6b				
C					
d	Backup withholding erroneously withheld  Total credits and payments Add lines 6a through 6d	7			
7	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			
8	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			2
9 40	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		-	<del></del>
10 44		11		-	
11 D-	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ Int VII-A Statements Regarding Activities	<u> </u>			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		1	Yes	No
Ia	participate or intervene in any political campaign?		1a	103	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see		<u> </u>		<del></del>
	Instructions for the definition)?		1b		x
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		1.5		<del></del> -
	published or distributed by the foundation in connection with the activities.				
С	Did the foundation file Form 1120-POL for this year?		1c		x
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
_	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	-			
	on foundation managers. > \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		x
_	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of				
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		_6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part	XV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶				
	ne .				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	X	<u> </u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9_		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X
			Form 99	4D-PF	(2015)

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

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Part VII-B Statements Regardi	ng Activities for Which Fo		Peguired (cont	inued)		Page
		riii 4/20 May De N	required (COIII	inueu)		
<ul><li>5a During the year did the foundation pay of</li><li>(1) Carry on propaganda, or otherwise a</li></ul>	_	tion 4045(o))2	П,	res 🗓 No		
(2) Influence the outcome of any specific	· · · · · · · · · · · · · · · · · · ·		لــا	165 25 110		
directly or indirectly, any voter registi	·	), or to carry on,		res 🗓 No		
(3) Provide a grant to an individual for the	•	052	<del></del>	res X No		
(4) Provide a grant to an organization of	• •		لـــا	165 21 110		
section 4945(d)(4)(A)? (see instruction		adon described in	П,	Yes 🗓 No		
(5) Provide for any purpose other than re		ny or educational	. 🗀	163 23 110		
purposes, or for the prevention of cru	=	ry, or educational	г,	Yes X No		
b If any answer is "Yes" to 5a(1)—(5), did a	·	under the exceptions d		165 21 140		
Regulations section 53.4945 or in a curre				N/A	5b	ĺ
Organizations relying on a current notice		•		· "/iii	35	_
c If the answer is "Yes" to question 5a(4), or	-					
because it maintained expenditure respo	•	on nom the tax	N/A □ ·	Yes No		
•	•	1	24/22	163 [] 140		
If "Yes," attach the statement required by 6a Did the foundation, during the year, received.						
on a personal benefit contract?	ive any lunius, unechy or munechy,	to pay premiums	┌┐,	Yes X No		
<ul><li>b Did the foundation, during the year, pay </li></ul>	oremiums directly or indirectly on	a nersonal honofit contr		ies Zi NU	6b	x
If "Yes" to 6b, file Form 8870	oreimanns, affectly of mailectry, on	a personal benefit conti	act:	•	00	
	foundation a party to a prohibited to	av chaltar transaction?	П,	Yes X No		
<ul><li>7a At any time during the tax year, was the</li><li>b If "Yes," did the foundation receive any p</li></ul>				N/A	7b	İ
	ficers, Directors, Trustees,					
and Contractors	nicers, Bricetors, Trustees,	, i oundation man	agers, mgmy	raid Employ	· · · · · · · · · · · · · · · · · · ·	
1 List all officers, directors, trustees, four	dation managers and their comp	pensation (see instruc	tions)			
				(d) Contributions to		
(a) Name and a	ddress	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit		ense account,
(-)		devoted to position	enter -0-)	plans and deferred compensation	d other allowances	
RONALD KRUTSINGER	NORFOLK	PRESIDENT				
715 N 25TH STREET	NE 68701	1.00	0	۰ ا	İ	0
CAROL KRUTSINGER	NORFOLK	VICE-PRES	- · · · · ·	<u> </u>		<del>-</del>
715 N 25TH STREET	NE 68701	1.00	0			0
CHRIS KALKOWSKI	ОМАНА	DIRECTOR				<u>`</u>
1620 DODGE STREET, STOP 1057	NE 68197-1057	1.00	o	۰ ا	l	0
1010 20201 01141111 2101 100.	112 00231 200.	2,00	<del>_</del>	<del>_</del>		
				! 		
2 Compensation of five highest-paid em	ployees (other than those include	led on line 1 – see inst	tructions). If non	e. enter	<u> </u>	
"NONE."	Elipide (Illie) man mode more			,		
		(b) Title, and average		(d) Contributions to	Γ	
(a) Name and address of each employee p	eard more than \$50,000	hours per week	(c) Compensation	employee benefit		ense account,
• • • • • • • • • • • • • • • • • • • •		devoted to position		plans and deferred compensation	other	allowances
NONE						
<del></del>						
						-
	-				<del> </del>	
			i	I	ı	
•					l	
·					<del> </del>	
•						
					:	
Total number of other employees paid over \$5	0.000				•	1 0

Form 990-PF (20	215) KRUTSINGER FAMILY FOUNDATION INC 46-	4602121	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation Mai and Contractors (continued)	nagers, Highly Paid E	
3 Five highe	est-paid independent contractors for professional services (see instructions). If n	one, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
	·		
•			
Total number of	others receiving over \$50,000 for professional services		<u> </u>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct chantable activities during the tax year. Include relevant statistical information such as the numb other beneficianes served, conferences convened, research papers produced, etc.	er of	Expenses
1 N/A			
2		•	3//.
3			
4			
Part IX-B	Summary of Program-Related Investments (see instructions)		~-
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2	· · · · · · · · · · · · · · · ·	Amount
1 N/A			
2			
All other program-re	elated investments See instructions		-
3			
Total. Add lines	1 through 3	. •	

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

Pa	rt XIII Undistributed Income	(see instructions)				
	•		(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part >	(I,	Corpus	Years prior to 2014	2014	2015
	line 7	[				18,136
2	Undistributed income, if any, as of the en	d of 2015 <sup>.</sup>				
а	Enter amount for 2014 only				1,642	
b	Total for prior years: 20 , 20	_ , 20				
3	Excess distributions carryover, if any, to	2015:				
а	From 2010					
b	From 2011					
С	From 2012					
d	From 2013					
е	From 2014					
f	Total of lines 3a through e					
4	Qualifying distributions for 2015 from Par	t XII,				
	line 4. ▶ \$ 63,632					
а	Applied to 2014, but not more than line 2				1,642	
b	Applied to undistributed income of prior y	ears				
	(Election required – see instructions)					
С	Treated as distributions out of corpus (Ele	ection				
	required - see instructions)					
d	Applied to 2015 distributable amount					18,136
е	Remaining amount distributed out of corp	ous	43,854			·
5	Excess distributions carryover applied to	2015				
	(If an amount appears in column (d), the	same				
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:			1		
а	Corpus Add lines 3f, 4c, and 4e. Subtract	t line 5	43,854			
b	Prior years' undistributed income. Subtra	ct				
	line 4b from line 2b	ļ				·····
C	Enter the amount of prior years' undistrib	uted				
	income for which a notice of deficiency has	as			,	
	been issued, or on which the section 494	2(a)				
	tax has been previously assessed					
d	Subtract line 6c from line 6b. Taxable					
	amount - see instructions					
е	Undistributed income for 2014 Subtract	ine				
	4a from line 2a Taxable amount – see					
	instructions					
f	Undistributed income for 2015. Subtract	ines				
	4d and 5 from line 1. This amount must be	e				_
	distributed in 2016					0
7	Amounts treated as distributions out of o	•				
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may	be				
	required—see instructions)					
8	Excess distributions carryover from 2010	not				
	applied on line 5 or line 7 (see instruction	· .				
9	Excess distributions carryover to 2016	5.				
	Subtract lines 7 and 8 from line 6a	ļ	43,854			
10	Analysis of line 9					
а	Excess from 2011					
b	Excess from 2012					
C	Excess from 2013					
d	Excess from 2014					
e	Excess from 2015	43,854				

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Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of Amount contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL, PUBLIC LINCOLN NE 68508 CHARITABLE 52,000 NEBRASKA HISTORICAL SOCIETY PUBLIC 1500 R ST LINCOLN NE 68501 CHARITABLE 100 HILLSDALE COLLEGE PUBLIC 33 E COLLEGE ST HILLSDALE MI 49242 CHARITABLE 500 HAIGLER METHODIST CHURCH PUBLIC 361 S KING AVE CHARITABLE HAIGLER NE 69030 5,000 NANCY HOFFMANN SCHOLARSHIP 402 S WASHINGTON ST PUBLIC CHARITABLE 1,000 MULLEN NE 69152 CHRIST LUTHERAN SCHOOL FOUNDATION 511 S 5TH STREET PUBLIC NORFOLK NE 68701 CHARITABLE 100 DUNDY COUNTY COMMUNITY FOUNDATION PUBLIC 601 CHIEF STREET CHARITABLE BENKELMAN NE 69021 500 HAIGLER COMMUNITY FOUNDATION PO BOX 127 PUBLIC CHARITABLE HAIGLER NE 69030 500 59,700 3a Total  $\triangleright$ Approved for future payment N/A 3b Total

Part XVI-A Enter gross and	Analysis of Income-Producing Acounts unless otherwise indicated.		d business income	Excluded	by section 512, 513, or 514	(c)
•		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program se	rvice revenue.			1		(See instructions )
		-				
b		-	-	+		
		-		++		<del></del>
		·	<del>-</del>			
	_ <del></del>		··	1		
f		-		+		
_	nd contracts from government agencies					<del></del>
-	o dues and assessments	+	<u> </u>	<del>-  </del>	-	19'
	savings and temporary cash investments nd interest from securities					
				-		
	ncome or (loss) from real estate ranced property					
	ariced property t-financed property	<del>                                     </del>		+ +	· <del></del>	<del></del>
	ncome or (loss) from personal property					
<ul><li>6 Net rental in</li><li>7 Other invest</li></ul>						
	s) from sales of assets other than inventory			<del></del>		<del></del>
•	or (loss) from special events			<del>                                     </del>		
	or (loss) from sales of inventory	<u> </u>	<del></del>			
	ue: a					
е						
12 Subtotal Ac	dd columns (b), (d), and (e)			0	o	197
12 Jubiolai. Ad	a columns (b), (a), and (c)			-1 -1		
	ine 12, columns (b), (d), and (e)			-1	13	
<b>13 Total</b> . Add I (See worksheet	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations)		-		13	
13 Total. Add I (See worksheet Part XVI-B	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations ) Relationship of Activities to the A		ent of Exempt F	ourpose:	13	197
<b>13 Total</b> . Add I (See worksheet	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which incom	e is reported in co	ent of Exempt Folumn (e) of Part XV	Purpose:	s	197
13 Total. Add I (See worksheet Part XVI-B Line No.	ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations ) Relationship of Activities to the A	e is reported in co	ent of Exempt Folumn (e) of Part XV	Purpose:	s	197
13 Total. Add I (See worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which incom	e is reported in co	ent of Exempt Folumn (e) of Part XV	Purpose:	s	197
13 Total. Add I (See worksheet Part XVI-B Line No.	ne 12, columns (b), (d), and (e) n line 13 instructions to verify calculations )  Relationship of Activities to the A  Explain below how each activity for which incom	e is reported in co	ent of Exempt Folumn (e) of Part XV	Purpose:	s	197
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		5) KRUTSINGE					602121		Pa	ge <b>1</b>
Part )		Information Rega		ansters To an	d Transactio	ns and Relation	onships With	Noncharitable		
		Exempt Organiza				<del></del>	<del></del>		T	T
	_	nization directly or ind				<del>-</del>			Yes	No
		01(c) of the Code (other	r than section	on 501(c)(3) organ	nizations) or in se	ection 527, relating	to political			
_	anization					_				
		om the reporting found	ation to a no	ncharitable exem	pt organization o	f				
(1)	Cash							1 <u>a(1</u>	-	X
(2)	Other as	sets						1a(2)	4	X
b Oth	ner transa	ictions:								
(1)	Sales of	assets to a noncharita	able exempt	organization				1 <u>b(1</u>	<u>                                     </u>	X
(2)	Purchas	es of assets from a no	onchantable	exempt organizati	ion			1b(2	<u> </u>	X
(3)	Rental o	f facilities, equipment,	or other ass	sets	•			1b(3	<u> </u>	X
(4)	Reimbu	rsement arrangements	<b>;</b>					1b(4	<u>ا</u>	X
(5)	Loans o	r Ioan guarantees						1b(5		X
(6)	Perform	ance of services or me	embership or	r fundraising solic	itations			1b(6	<u>.                                    </u>	X
c Sh	aring of fa	acilities, equipment, ma	ailıng lısts, o	ther assets, or pa	id employees			1c		X
d Ifti	he answe	r to any of the above is	s "Yes," com	plete the following	g schedule Colu	mn (b) should alwa	ays show the fair	market		
val	ue of the	goods, other assets, o	or services g	ven by the reporti	ing foundation. If	the foundation rec	eived less than f	air market		
		transaction or sharing	_		-					
(a) Lıı		(b) Amount involved		e of nonchantable exem				actions, and sharing arrangem	ents	
N/A								· · ·		
					· · · · · · · · · · · · · · · · · · ·	<u> </u>	<del></del>	· · · · · · · · · · · · · · · · · · ·		
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2a Ist	the found	ation directly or indirec	tly affiliated	with, or related to	. one or more tax	-exempt organizat	ions			
		section 501(c) of the	•					□ Y	es 🕱	No
		nplete the following sc	•	(	-/(-// -:		•		** [==	j
		) Name of organization	100010	(b) Type of	organization		(c) Descriptio	n of relationship		
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				<u> </u>						
	Under no	natives of necurs. I dealers th	at I have ever-	ned this return include	M accompanies esh	edules and statements	and to the heet of	knowledge and belief, it is tru	<u> </u>	
		nd complete Declaration of p						<del></del>		
								May the IRS discuss this with the preparer shown i		
Sign		$\cap$	_						Yes	□ No
Here		Kma 1/11	+1111	010)	. 1	-10-11		<u> </u>		
l	_	HUVI LYLL	MUM	P4		-00-16	PRESI	DENT		
1	▼ Sign	ture of officer or trustee	(	J	Date	<del></del>	▼ Title			
	Print/Ty	pe preparer's name		-	Preparer's signatu	ге		Date	Check	
Daid					1,		<b>24</b>	المعالية ا	self-em	" ليا ployed
Paid	MARK	BROCKHAUS			Marh 13	roubbank C	TA	ا العالا	<u></u>	
Prepare	Firm's r	ame ► KRUSE	SCHUN	MACHER SM	EJKAL BR	OCKHAUS P	C T	PTIN P0026	7749	•

Firm's EIN > 47-0552214

**Use Only** 

Firm's name

Firm's address

508 WEST PROSPECT AVENUE

NORFOLK, NE 68701

Federal Statements

46-4602121