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Form **990-PF**

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0052

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	calend	dar year 2016 or tax year beginning ,	and ending	_			_
Na	ime of fou	undation			A Empl	oyer identification number	
TA	יינזא	SINGER FAMILY FOUNDATION INC			46	-4602121	
		d street (or P O box number if mail is not delivered to street address)		com/suite		phone number (see instructions	3)
_7	15	N 25TH STREET			40	2-371-9721	
		n, state or province, country, and ZIP or foreign postal code			C If exe	mption application is pending.	check here
	ORF				}		. —
G	Check a		rn of a former public cl	hanty	D 1 F	oreign organizations, check he	re 🕨
		Final return Amended				oreign organizations meeting t 5% test, check here and attach	
		Address change Name cha	- 			5% test, check here and attach	computation >
		type of organization: X Section 501(c)(3) exempt private				ate foundation status was term	ninated under
			le private foundation			on 507(b)(1)(A), check here	
		rket value of all assets at J Accounting method	X Cash Acc	rual	l .	foundation is in a 60-month te section 507(b)(1)(B), check h	.
	na or y ne 16)	ear (from Part II, col (c), \$\bigs \$ 312,243 (Part I, column (d) must	ha an anah hasia \		unge.	Section Sor(b)(1)(b), Greek II	CIE
	art i	Analysis of Revenue and Expenses (The total of		Γ	L		(d) Disbursements
£	CAIL I	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net inv		(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	books		.	income.	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)					
	2	Check ► X if the foundation is not required to attach Sch B		<u> </u>			
	3	Interest on savings and temporary cash investments	254	 	254	254	
R.	4	Dividends and interest from securities		 		 	
\mathcal{L}	5a	Gross rents		ļ			
9	b	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	DECEME	85	·····		
100	6a b	Gross sales price for all assets on line 6a	[21m Water 1 22	-0			
Revenuerno	7	Conital ania and canona (from Dort IV (line 2)		Ø	0		
	8	Net short-term capital gain	FFR 1 5 2017			0	
FEB	9	Income modifications		18:			
~	10a	Gross sales less returns and allowances	AAACSI II	iy (
A	b	Less: Cost of goods sold	VUVIO.5				
	C	Gross profit or (loss) (attach schedule)					
2017	11	Other income (attach schedule)		<u> </u>			
_	12	Total. Add lines 1 through 11	254	ļ	254	254	
es	13	Compensation of officers, directors, trustees, etc.	0				
cpenses	14	Other employee salaries and wages					
be	15 16a	Pension plans, employee benefits					
	b	Legal fees (attach schedule) Accounting fees (attach schedule) STMT 1	475				475
<u>.</u>	C	Other professional fees (attach schedule)					
rat	17	Interest					
ist	18	Taxes (attach schedule) (see instructions) STMT 2	2		2		
ë	19	Depreciation (attach schedule) and depletion					
P	20	Occupancy					
φp	21	Travel, conferences, and meetings		<u></u>			
Operating and Administrative Ex	22	Printing and publications		ļ			
ng	23	Other expenses (att sch) STMT 3	6,250				6,250
ati	24	Total operating and administrative expenses.	6 707			١	C 705
Jer	25	Add lines 13 through 23 Contributions, oiffs, grants paid SEE STATEMENT 4	6,727 17,849		2	0	6,725
ŏ	25	Contributions, gifts, grants paid SEE STATEMENT 4 Total expenses and disbursements. Add lines 24 and 25	24,576	,	2	0	17,849 24,574
	26	Subtract line 26 from line 12:	24,3/6				24,314
	a	Excess of revenue over expenses and disbursements	-24,322				
	ь	Net investment income (if negative, enter -0-)			252		
	c	Adjusted net income (if negative, enter -0-)				254	

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312,243

312,243

3

4

5

6

Other increases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

5 Decreases not included in line 2 (itemize) ▶

Add lines 1, 2, and 3

Part IV Capital Gains a	nd Losses for Tax on Investr	nent Income	<u> </u>				·
2-story brick wa	ribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs MLC Co.)			(b) How acquired P – Purchase D – Donation		Date acquired to , day, yr)	(d) Date sold (mo , day, yr)
1a N/A							
_b					-		
_c				L	ļ		
_d				L	 -		
_ e				<u> </u>			_
(e) Gross sales price	(f) Depreciation allowed (or allowable)			other basis nse of sale	<u></u>	. ,	ain or (loss) s (f) minus (g)
_a		+			 		
_ b		+					
<u>c</u>					}		
_ d		- 			}		
Complete only for assets shown	g gain in column (h) and owned by the	foundation on 1	2/31/6	ο	}		
Complete only for assets showing					ł		Col (h) gain minus not less than -0-) or
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	,	•	s of col (i) (j), if any			(from col (h))
_ a							
_ <u>b</u>					 		
<u>c</u>							
_d							
_ e	T Marin also anto	- D- 41 1 7	 _		 		
2 Capital gain net income or (net c	apital loss) If gain, also enter If (loss), enter -0-		<u>}</u>		2		
, -	ss) as defined in sections 1222(5) and		_		} }		
	, column (c) (see instructions) If (loss)), enter -0- ın	¬		} }		
Part I, line 8			ᆜ_		3		
	nder Section 4940(e) for Redu				ome		
(For optional use by domestic private	e foundations subject to the section 49	40(a) tax on net	investr	ment income.)			
If section 4940(d)(2) applies, leave th	iis part blank.						
Was the foundation liable for the sec	tion 4942 tax on the distributable amo	unt of any year i	n the h	ase period?			Yes X No
	lify under section 4940(e). Do not com	• •		aso ponou.		•	103 [22] 140
	each column for each year; see the ins		makırı	og any entries			
(a)		Structions before	IIIakii		—т		(d)
Base penod years Calendar year (or tax year beginning in	(b) Adjusted qualifying distribution	ins N	let value	(c) of noncharitable-use asse	ts		histribution ratio b) divided by col. (c))
2015		3,630		362,	758	100, 10	0.175406
2014		= , 000		32,	833		
2013					-		
2012							
2011				 			
2 Total of line 1, column (d)					ļ	2	0.175406
	5-year base period – divide the total or	n line 2 by 5, or I	by the		Ţ		
-	nas been in existence if less than 5 year	•	•		ļ	3	0.175406
-	•				Γ		
4 Enter the net value of noncharita	ble-use assets for 2016 from Part X, li	ne 5			ļ	4	319,439
					Ţ		
5 Multiply line 4 by line 3						_5_	56,032
				ŕ	Ţ		·
6 Enter 1% of net investment incor	ne (1% of Part I, line 27b)				Į.	6	3
					Γ		
7 Add lines 5 and 6					L	7	56,035
					[
8 Enter qualifying distributions from	n Part XII, line 4				L	8	24,574
	n line 7, check the box in Part VI, line	1b, and complete	e that p	oart using a 1% tax i	rate Se	e the	
Part VI instructions.							

	1990-PF (2016) RRUTSINGER FAMILI FOUNDATION INC 46-4602121					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 and enter "N/A" on line 1.					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)	.				_
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1-1-				5
	here and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	1				
	Part I, line 12, col. (b)					^
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u> </u>
3	Add lines 1 and 2	3				5
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0 5
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				
6	Credits/Payments:					
а	2016 estimated tax payments and 2015 overpayment credited to 2016					
b	Exempt foreign organizations – tax withheld at source					
С.	Tax paid with application for extension of time to file (Form 8868) 6c					
_d	Backup withholding erroneously withheld 6d	_				
7	Total credits and payments. Add lines 6a through 6d	7				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				5
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶	11				
	rt VII-A Statements Regarding Activities					г
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it				Yes	No
	participate or intervene in any political campaign?			<u> 1a</u>		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see					
	Instructions for the definition)?			1b	<u> </u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	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			_		97
	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?		7/3	4a		<u> </u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	1	A\N	4b		45
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:				i	
	By language in the governing instrument, or					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				x	
_	conflict with the state law remain in the governing instrument?		i	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 Pai	τχν		7		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
L	NE					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			O.L	x	
^	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b		
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 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"					x
10	Complete Part XIV			9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			40		x
	names and addresses .			10 QC	n-PF	(2016)
			г			(2010)

If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of

Did the foundation invest during the year any amount in a manner that would reopardize its charitable purposes?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

foundation had excess business holdings in 2016.)

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4a

X

N/A

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Total. Add lines 1 through 3

За

3b

4

5

Enter 1% of Part I, line 27b (see instructions)

Adjusted qualifying distributions. Subtract line 5 from line 4

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income

Amounts set aside for specific charitable projects that satisfy the:

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

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.

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24,574

3

Pa	rt XIII Undistributed Income	e (see instructions)				
			(a)	(b)	(c)	(q)
1	Distributable amount for 2016 from Part	XI,	Corpus	Years prior to 2015	2015	2016
	line 7	{				15,967
2	Undistributed income, if any, as of the e	nd of 2016:			,	
а	Enter amount for 2015 only					
b	Total for prior years: 20 , 20	, 20				
3	Excess distributions carryover, if any, to	2016:				
а	From 2011					
b	From 2012					
c	From 2013					
d	From 2014					
е	From 2015	43,854				
f	Total of lines 3a through e		43,854			
4	Qualifying distributions for 2016 from Pa	rt XII,				
	line 4: ▶ \$ 24,574	i i				
а	Applied to 2015, but not more than line 2	2a				
b	Applied to undistributed income of prior	years [
	(Election required – see instructions)	į				
С	Treated as distributions out of corpus (E	lection				
	required - see instructions)					
d	Applied to 2016 distributable amount	[15,967
е	Remaining amount distributed out of cor	pus	8,607			
5	Excess distributions carryover applied to	2016				
	(If an amount appears in column (d), the	same				
	amount must be shown in column (a))	į				
6	Enter the net total of each column as	1				
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e. Subtra	ct line 5	52,461			
b	Prior years' undistributed income. Subtra	act				
	line 4b from line 2b					
С	Enter the amount of prior years' undistril	outed				
	income for which a notice of deficiency i	nas			,	
	been issued, or on which the section 49	42(a)	•			
	tax has been previously assessed	Ĺ				····
ď	Subtract line 6c from line 6b. Taxable	l				
	amount – see instructions	L.				······································
е	Undistributed income for 2015 Subtract	line				
	4a from line 2a. Taxable amount - see	-				
	instructions	Ĺ				
f	Undistributed income for 2016 Subtract	lines				
	4d and 5 from line 1. This amount must	be			Ì	
	distributed in 2017	<u> </u>				0
7	Amounts treated as distributions out of o	corpus				
	to satisfy requirements imposed by sect	ion				
	170(b)(1)(F) or 4942(g)(3) (Election may	be				
	required—see instructions)	4				······································
8	Excess distributions carryover from 201	1 not				
	applied on line 5 or line 7 (see instruction					
9	Excess distributions carryover to 201	7.			1	
	Subtract lines 7 and 8 from line 6a	1	52,461			
10	Analysis of line 9:	j			1	
а	Excess from 2012	 				
b	Excess from 2013	ļ				
C	Excess from 2014					
d	Excess from 2015	43,854				
e_	Excess from 2016	8,607	<u> </u>		<u> </u>	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the	If recipient is an individual,	Foundation		
Recipient	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		·
a Paid during the year HAIGLER METHODIST CHURCH 361 S KING AVE HAIGLER NE 69030		PUBLIC	CHARITABLE	5,200
		-	Charitable	5,200
MAYO CLINIC 200 FIRST STREET SW ROCHESTER MN 55905		PULIC	CHARITABLE	1,025
NEBRASKA HISTORICAL SOCIETY				
1500 R ST LINCOLN NE 68501		PUBLIC	CHARITABLE	100
FIRST UNITED METHODIST CHURCAGE 406 W PHILIIP AVE	CH NORFO	PUBLIC		
NORFOLK NE 68701			CHARITABLE	5,000
KIDS WISH NETWORK 4060 LOUIS AVE		PUBLIC		
HOLIDAY FL 34691			CHARITABLE	24
NEBRASKA COUMMUNITY FOUNDAT: PO BOX 83107	ION	PUBLIC		
LINCOLN NE 68501-3107			CHARITABLE	5,000
NEBRASKA LAND TRUST 9200 ADERMATT DRIVE		PUBLIC		
LINCOLN NE 68526			CHARITABLE	1,000
FAITH REGIONAL FOUNDATION - 2700 W NORFOLK AVE NORFOLK NE 68701	HOPE	PUBLIC	CHARITABLE	250
CHEYENNE MANOR				2.00
PO BOX 938 CHEYENNE WELLS CO 80810		PUBLIC	CHARITABLE	250
Total			▶ 3a	17,849
b Approved for future payment		7	Ja Ja	
N/A				
·				
Total			▶ 3b	

_	Part XVI-A Analysis of Income-Producing Ac	<u> </u>				
En	ter gross amounts unless otherwise indicated.	(a) Business code	d business income (b) Amount	(c) Exclusion	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1	Program service revenue:			code		(See instructions)
	a		- 			
	b					
	С					
	d					
	e					
	f					
	g Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments					254
4	Dividends and interest from securities					
5	Net rental income or (loss) from real estate:					
	a Debt-financed property					
	b Not debt-financed property			T		
6	Net rental income or (loss) from personal property			Τ		
7	Other investment income			<u> </u>		
8	Gain or (loss) from sales of assets other than inventory			F		
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a					
	b					
	c			<u> </u>		
	d	_		<u> </u>		
	e			Ļ,		
	Subtotal. Add columns (b), (d), and (e)		0		0	254
	Total. Add line 12, columns (b), (d), and (e)				13	254
	ee worksheet in line 13 instructions to verify calculations)				-	
	Part XVI-B Relationship of Activities to the A					
			dump (a) of Part XV/L	A		
	Line No. Explain below how each activity for which income					
	 accomplishment of the foundation's exempt purp 					ons.)
 						ons.)
 	 accomplishment of the foundation's exempt purp 					ons.)
	 accomplishment of the foundation's exempt purp 					ons.)
	 accomplishment of the foundation's exempt purp 					ons.)
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	 accomplishment of the foundation's exempt purp 					ons.)
	 accomplishment of the foundation's exempt purp 					ons.)

Form 99		16) KRUTSINGI Information Reg					4602121 tionships W	ith Noncharitable		Pag	је 1
	3421.	Exempt Organiz				nio ana mora					
in or	section 5 ganization	anization directly or inc 01(c) of the Code (others?	lirectly enga er than secti	on 501(c)(3) orgar	nizations) or in se	ection 527, relatır				Yes	No
	ransfers fr) Cash	om the reporting found	dation to a n	oncharitable exem	pt organization o	ıf:			2/1)		X
) Other a	ssets							a(1) a(2)		X
	ther trans										
-	•	f assets to a nonchant	•	-					b(1)		<u> </u>
	-	ses of assets from a n		·	ion				b(2)		X
•	-	of facilities, equipment		sets					b(3)		X
		ırsement arrangement or loan guarantees	5						b(4) b(5)		$\frac{\Lambda}{X}$
		nance of services or m	embership o	r fundraising solic	itations				b(6)		X
c S	haring of t	acılıties, equipment, m	nailing lists, d	other assets, or pa	id employees				1c		X
d If	the answ	er to any of the above	ıs "Yes," con	nplete the following	g schedule. Colu	mn (b) should al	ways show the f	air market			
		goods, other assets,									
	lue in any	(b) Amount involved	T	nt, show in columine of noncharitable exem				rices received ransactions, and shanng arrai	ngement		
$\overline{N/A}$	one no	(b) Amount involved	(c) Nan	ie of Honorial Itable exem	ipt organization	(d) Desc	cription of dansiers, t	ransactions, and sharing and	igenient.		
		 	†		·	<u> </u>					
		<u> </u>	ļ			<u> </u>					
			ļ			 					
			 	_ _		 					
		 	 		<u> </u>	 					—
			 			 					
			 								
			ļ <u> </u>			 					
		-				 					
de	escribed i	I lation directly or indirectly in section 501(c) of the implete the following so	Code (other				ations			: X	No
		a) Name of organization		(b) Type of o	organization	 	(c) Descri	ption of relationship			
N/	Α			 	·	 					
				 		<u> </u>					
		naities of perjury, I declare the ind complete Declaration of						my knowledge and belief, it	ıs true,		
Sign Here		α	rutse		. ^	C 17		May the IRS discuss with the preparer sh (see instructions)?		w	No
	Sign	nature of officer or trustee		"	Date	<u> </u>	PRES	SIDENT			
	'	ype preparer's name			Preparer's signatu		- 1100	Date		Check [<u></u>
Paid Prepare	er	BROCKHAUS		0.75	<u> </u>	whan	CPA	1 31 /1	7	elf-emp	
	. Firm's	name ► SCHUI	MACHER	SMEJKAL	BROCKHAU	S & HERL	EY PC	PTIN POO	267 7	/49	Į.

508 WEST PROSPECT AVENUE

NORFOLK, NE 68701

402-379-2722

Firm's EIN ▶ 47-0552214

Phone no

Use Only

Firm's address ▶

Federal Statements

46-4602121

Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees

Charitable Purpose	\$ 475	\$ 475
Adjusted Net	S	\$
Net Investment	\$	\$
Total	475	475
	w	ς»
Description	ACCOUNTING	TOTAL

Statement 2 - Form 990-PF, Part I, Line 18 - Taxes

Charitable Purpose	v _r	\$
Adjusted Net	\$	\$
Net Investment	\$	8
Total	\$	\$
Description	MISC TAXES	TOTAL

Statement 3 - Form 990-PF, Part I, Line 23 - Other Expenses

			Z	Net	Adjus	sted	ට්	aritable
Description		Total	Inves	Investment	Net	et :	<u>a</u>	Purpose
	₩		ጭ		V.		S	
EXPENSES								
ADMINISTRATION FEES		5,400						5,400
DUES		100						100
MISC		750						750
TOTAL	, γ	6,250	\$	0	φ	0	ν	6,250

Statement 4 - Form 990-PF, Part I, Line 25 - Noncash Contributions, Gifts, Grants

Book Value Explanation	
Book Value Amount	
FMV Explanation	
Noncash Description	
Amount	250

Date 11/15/16