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OMB No 1545-0052

Form 990-PF Department of the Treasury

Internal Revenue Service

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation Do not enter social security numbers on this form as it may be made public.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

2017 Open to Public

							Inspection
For	caler	ndar year 2017, or tax year beginning 01-01-2	017 , aı	nd er	nding 12-31-	2017	
	e of fou RON J A	indation NDD LINDA A STIGGE FOUNDATION			<b>A Employer Id</b> 26-3837060	entification numbe	r
Num	ber and	street (or P O box number if mail is not delivered to street address	) Room/suite				`
		RFRONT PLZ NO 1102	,		(402) 659-4052	mber (see instruction	15)
		, state or province, country, and ZIP or foreign postal code 68102			<b>C</b> If exemption	application is pendin	g, check here
G Ch	neck al	I that apply	former public charity		<b>D 1.</b> Foreian ord	ganizations, check he	ere $\Box$
<b>u</b> c.	icek un	☐ Final return ☐ Amended return				ganizations meeting	▶ ∟
		$\square$ Address change $\square$ Name change			test, chec	k here and attach co	mputation 🕨 🔼
H C	neck ty	pe of organization Section 501(c)(3) exempt private	foundation			undation status was t n 507(b)(1)(A), chec	
	Section	4947(a)(1) nonexempt charitable trust	le private foundation				
of '	year <i>(f</i> .	tet value of all assets at end from Part II, col (c), \$ 679,552  J Accounting method  Other (specify)  (Part I, column (d) must	Cash Accru	ıal		ation is in a 60-montl n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Expenses (The total	Ī				(d) Disbursements
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)	71,400				
	2	Check ▶ ☐ If the foundation is <b>not</b> required to attach Sch. B.					
	3	Interest on savings and temporary cash investments	28		28		
	4	Dividends and interest from securities	11,609		11,609		
	5a	Gross rents					
	ь	Net rental income or (loss)	-				
KIE	6a	Net gain or (loss) from sale of assets not on line 10	7,803				
Revenue	ь	Gross sales price for all assets on line 6a 96,008	3				
$\aleph$ e	7	Capital gain net income (from Part IV, line 2)			7,803		
	8	Net short-term capital gain					
	9	Income modifications					
	10a b	Gross sales less returns and allowances Less Cost of goods sold	<u> </u>				
	°	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	90,840		19,440	0	
	13	Compensation of officers, directors, trustees, etc	, ,		0	0	(
	14	Other employee salaries and wages					
Sè	15	Pension plans, employee benefits					
1156	16a	Legal fees (attach schedule)					
<u>x</u>	ь	Accounting fees (attach schedule)	920		460	0	460
e) e)	С	Other professional fees (attach schedule)					
Operating and Administrative Expenses	17	Interest					
stra	18	Taxes (attach schedule) (see instructions)	77		0	0	(
≣	19	Depreciation (attach schedule) and depletion					
Ē	20	Occupancy					
ַ ק	21	Travel, conferences, and meetings					
a	22	Printing and publications					
<u> </u>	23	Other expenses (attach schedule)	6,376		6,306	0	70
erat	24	Total operating and administrative expenses.	7.000		6 366	_	
ă	25	Add lines 13 through 23	7,373	-	6,766	0	530 38,000
-	25	Contributions, gifts, grants paid	38,000				36,000
	26	<b>Total expenses and disbursements.</b> Add lines 24 and 25	45,373		6,766	0	38,530
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	45,467				
	ь	Net investment income (if negative, enter -0-)			12,674		
	С	Adjusted net income(If negative, enter -0-)				0	

2	Savings and temporary cash investments	118,977	65,096	65,096
3	Accounts receivable ►			
	Less allowance for doubtful accounts ▶			
4	Pledges receivable ▶			
	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule)			
	Less allowance for doubtful accounts ▶			
8	Inventories for sale or use			
9	Prepaid expenses and deferred charges			
10a	Investments—U S and state government obligations (attach schedule)			
Ь	Investments—corporate stock (attach schedule)	494,997	<b>%</b> 614,456	614,456
c	Investments—corporate bonds (attach schedule)			
11	Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
12	Investments—mortgage loans			
13	Investments—other (attach schedule)			
14	Land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶			
15	Other assets (describe ►)			
16	Total assets (to be completed by all filers—see the			
	instructions Also, see page 1, item I)	613,974	679,552	679,552
1	A			

12	investments—mortgage loans		
13	Investments—other (attach schedule)		
14	Land, buildings, and equipment basis 🕨		
	Less accumulated depreciation (attach schedule) ▶		
15	Other assets (describe		
16	Total assets (to be completed by all filers—see the		
	instructions Also, see page 1, item I)	613,974	
17	Accounts payable and accrued expenses		
18	Grants payable		
19	Deferred revenue		
20	Loans from officers, directors, trustees, and other disqualified persons		

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 30 (must agree with end-

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

Part III Analysis of Changes in Net Assets or Fund Balances

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 . . . . . Decreases not included in line 2 (itemize) ▶

Liabilities

und Balances

21

22

23

24

25

26

31

2

Other liabilities (describe -

Unrestricted

Temporarily restricted

Permanently restricted

Total liabilities(add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

9 1	and complete lines 27 through 31.		
왕 27	Capital stock, trust principal, or current funds	0	0
S 28	Paid-in or capital surplus, or land, bldg , and equipment fund	0	0
29	Retained earnings, accumulated income, endowment, or other funds	613,974	679,552
30 ع	Total net assets or fund balances (see instructions)	613,974	679,552

613,974

679,552

1

2

3

4

5

6

613,974

45,467

20,111

679,552

679,552 Form **990-PF** (2017)

		(a) the kind(s) of prope ehouse, or common			(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
<b>1</b> a CAP	ITAL GAIN DISTRIBU	TIONS			Р		2017-12-31
	N ON SALE OF SECUR				P		2017-06-28
	N ON SALE OF SECUR				P		2017-06-28
d							
e							
	(e) Gross sales price		(f) eciation allowed or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss) ) minus (g)
a		2,431	, anomabie,	pide exp	0.100 0. 00.0	(0) p.00 (1)	2,431
b		1,077			1,048		29
С .		2,500			87,157	+	5,343
d		,			, , , , , , , , , , , , , , , , , , ,		· · · · · · · · · · · · · · · · · · ·
е							
	onlete only for assets	showing gain in co	olumn (h) and ow	ned by the foundation	on 12/31/69	,	I)
	(i) M V as of 12/31/69	Ad	(j) djusted basis of 12/31/69	Excess	( <b>k)</b> of col (ı) (j), ıf any	Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))
a			0. 12, 31, 05	3701 331	(3/) 4		2,431
<u></u> b							29
С .							5,343
d							
е е							
If <u>c</u>	t short-term capital <u>c</u> gain, also enter in Pa Part I, line 8			1222(5) and (6) ons) If (loss), enter -0	· }	3	7,803
Part V	Qualification U	Jnder Section 4	940(e) for Re	educed Tax on Net	Investment In	come	
(f section 4 Was the fo	1940(d)(2) applies, le undation liable for th	eave this part blank e section 4942 tax	on the distributa	ction 4940(a) tax on ne ble amount of any year not complete this part		·	es 🗸 No
				see instructions before	making any entrie	s	
	(a) rıod years Calendar ax year beginning in)	(b) Adjusted qualifyir		(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by c	
	2016		52,965		509,658		0 103923
	2015		25,470		354,157		0 071917
	2014		24,225		244,325		0 099151
	2013		18,582		142,032		0 130830
	2012		12,000		101,065		0 118735
2 Tota	al of line 1, column (d	d)			2		0 524556
num	ber of years the four	idation has been in	existence if less		<u>3</u>		0 104911
	r the net value of no iply line 4 by line 3			,	4		628,050
	iply line 4 by line 3 ir 1% of net investme				· · · · · <del>- · ·</del>		65,889
					6		127
					7	-	66,016
If lın				art VI, line 1b, and com		 ng a 1% tax rate Se	38,530 e the Part VI

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	· · · · · · · · · · · · · · · · · · ·			
Down WIII	Information About Officers,	Directors, Trustees,	Foundation Managers,	Highly Paid Employees,
Part VIII	and Contractors			

1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table			Componibution.	
2 Compensation of five highest-pai	d employees (other than t	hose included on line :	L—see instructions). If nor  Contributions to	ie, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week  (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE			(a) compensation	
	<del></del>			
<b>Total</b> number of other employees paid ove				
3 Five highest-paid independent co				0 E".
(a) Name and address of each person		1	e of service	(c) Compensation
NONE				
		-		
		_		
		-		
Total number of others receiving over \$50	,000 for professional services			0
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable organizations and other beneficiaries served, con			nation such as the number of	Expenses
1				
2				
3				
4				
<b>-</b>				
Part IX-B Summary of Program	m-Related Investments	(see instructions)		
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
<del></del>				
2				
All II	<u> </u>			
All other program-related investments  3	See instructions			
Total. Add lines 1 through 3 .		· · · · · <del>· · ·</del>		000 <b>PE</b> (2017)

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

1a

1b

2

3a 3h

4

5

38,530

38.530

38.530

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Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Amounts set aside for specific charitable projects that satisfy the

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

Expenses, contributions, gifts, etc —total from Part I, column (d), line 26. . . . . . . . . . . .

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

1

2

3

4

5

31,150

31,150

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0

(d)

2017

_	_	_	•	١	_	_	_	_	/	
Ī	X	П	ī	1		Π		ī	j	

**b** Total for prior years

From 2012. . . . .

**b** From 2013. . . . c From 2014. . .

From 2015. . . .

e From 2016. . . . .

Distributable amount for 2017 from Part XI, line 7

6.954 11,484

12.048

7.856 27,559

11.484 12,048

7.856

27,559

7.380

2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . .

Excess distributions carryover, if any, to 2017

f Total of lines 3a through e. . . . . . . . .

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9 a Excess from 2013. .

**b** Excess from 2014. .

c Excess from 2015. . . .

d Excess from 2016. . .

e Excess from 2017. . .

(If an amount appears in column (d), the

6 Enter the net total of each column as

b Prior years' undistributed income Subtract line 4b from line 2b . . . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f Undistributed income for 2017 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2018 . . . . . 7 Amounts treated as distributions out of corpus 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 2012 not

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a Applied to 2016, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

Form 990-PF (20	017)	
Part XIII	Undistributed Income	(see instructions)

(c) 2016

(a)

Corpus

65.901

7.380

73,281

6.954

66,327

0

(b)

Years prior to 2016

	or Substantial Continuator			
a Paid during the year				
NOTRE DAME SISTERS OF OMAHA 3501 STATE ST	NONE	()()	SUPPORT INDEPENDENT AND ASSISTED LIVING FOR LOW	25,000
OMAHA, NE 68112			INCOME SENIORS	
UNIVERSITY OF NEBRASKA FOUNDATION	NONE	509(A)(1)	SUPPORT BUFFETT EARLY	5,000
1010 LINCOLN MALL SUITE 300			CHILDHOOD INSTITUTE TO	·
LINCOLN, NE 68508			TRANSFORM THE LIVES OF	
			YOUNG CHILDREN BY	
	1		TMADDOVING THEID LEADNING	

LINCOLN, NE 68508			TRANSFORM THE LIVES OF YOUNG CHILDREN BY IMPROVING THEIR LEARNING AND DEVELOPMENT	
ST CECILIA CATHEDRAL 701 N 40TH ST OMAHA, NE 68131	NONE	509(A)(1)	SUPPORT THE CATHOLIC EDUCATION OF CHILDREN AT THE PARISH GRADE SCHOOL AND SUPPORT THE PARISH MASS AND CHOIR MINISTRIES	5,000

MT MICHAEL BENEDICTINE ABBEY INONE 509(A)(1) SUPPORT COLLEGE 22520 MOUNT MICHAEL ROAD PREPARATORY EDUCATION FOR ELKHORN, NE 68022 YOUNG MEN COMMITTED TO

3,000 ACADEMIC EXCELLENCE 38,000

**b** Approved for future payment

nter gross	amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
<b>1</b> Program	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
<b>2</b> Membe	and contracts from government agencies rship dues and assessments.					
ınvest	st on savings and temporary cash ments			14	28	
	ds and interest from securities			14	11,609	
	tal income or (loss) from real estate financed property					
	ebt-financed property					
	ntal income or (loss) from personal property					
7 Other II	nvestment income.					
<b>8</b> Gain o	r (loss) from sales of assets other than					
	ory			18	7,803	
	ome or (loss) from special events					
	orofit or (loss) from sales of inventory evenue <b>a</b>					
	evenue a					
с						
е						
2 Subtota	al Add columns (b), (d), and (e)		0		19,440	
2 Subtota 3 Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)				19,440	
2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e)	lations )		13	· · · · · · · · · · · · · · · · · · ·	
2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify calcu	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
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2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
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Subtota Total. (See wo Part XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
Subtota Total. (See wo Part XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
Subtota Total. (See wo Part XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
Subtota Total. (See wo Part XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
Subtota Total. (See wo Part XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
2 Subtota 3 Total. (See wo Part XVI Line No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
Subtota Total. (See wo Part XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
Subtota Total. (See wo Part XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
Subtota Total. (See wo Part XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	
2 Subtota 3 Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exempled in column (e) of	13 pt Purposes F Part XVI-A contribut	Bted importantly to	19,440

orm 99	90-PI	F (20:	L7)											Pa	ge <b>13</b>
Part	XV:	11	Information Re Exempt Organi		ransi	fers To a	and Transac	tion	s and	Relatio	nships With	Nonchari	table		
			ization directly or in le (other than sectio									section 501		Yes	No
<b>a</b> Tra	nsfer	s fror	n the reporting foun	dation to a n	ioncha	ırıtable exe	empt organizat	ion d	of						
(1)	Cas	sh											1a(1)		No
(2)	Oth	ner as	sets										1a(2)		No
<b>b</b> Oth	er tr	ansac	tions												
(1)	Sal	es of	assets to a nonchar	ıtable exemp	t orga	nızatıon.							1b(1)		No
(2)	Pur	chase	es of assets from a r	noncharitable	exem	ıpt organız	zation						1b(2)		No
(3)	Rer	ntal o	f facılıtıes, equipmer	nt, or other a	ssets.								1b(3)		No
(4)	Rei	mbur	sement arrangemen	its									1b(4)		No
(5)	Loa	ans or	loan guarantees.					•					1b(5)		No
(6)	Perf	orma	nce of services or m	embership o	r fundi	raising sol	licitations						1b(6)		No
	_		cilities, equipment, notes to any of the above	-		-							1c		No
	ny tr	ransa	other assets, or ser ction or sharing arra a) Amount involved	ngement, sh	ow in	column (d	<b>i)</b> the value of	the	goods, ot	her asset	s, or services	received		naomon	te
a) Line	INO	(1	Amount involved	(c) Name of	noncha	аптаріе ехеі	mpt organization		(a) Desi	гірцыі ы	transfers, transa	CLIONS, and Sna	ring arrai	ngemen	its
des	cribe	d in s	tion directly or indirection 501(c) of the older the following signs of organization	· Code (other chedule		section 50	•	secti	on 527?			rıptıon of relatı	Yes	V	No
	of	my k	enalties of perjury, nowledge and belief reparer has any kno	, it is true, co											
Sign Here	•		***	wictoo		2018-04-25		retur with below			the preparer shown		vn		
			nature of officer or t		  -		Date			itle			nstr )?	✓ <sub>Yes</sub>	□ <sub>No</sub>
		P	rint/Type preparer's	name	Prepa	arer's Sıgr	nature		Date		CI 1 C 1C	PTIN			

Paid **Preparer** 

Print/Type preparer's name JAMES L SOUSLEY

Firm's name ▶ SEIM JOHNSON LLP

**Use Only** Firm's address ▶ 18081 BURT STREET SUITE 200 OMAHA, NE 680224722

Phone no (402) 330-2660

P00283883

Firm's EIN ▶47-6097913

Check if self-

employed ightharpoonup

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position -0-) employee benefit plans and deferred compensation BYRON J STIGGE DIRECTOR 4 00 555 RIVERFRONT PLZ 1102 OMAHA, NE 68102 LINDA A STIGGE DIRECTOR 2 00 555 RIVERFRONT PLZ 1102 OMAHA, NE 68102 BYRON J STIGGE JR DIRECTOR 1 00 135 PLYMOUTH STREET LOFT 203 BROOKLYN, NY 11201 401 NORTH 61ST STREET OMAHA. NE 68132 MARY M FAHRENKRUG DIRECTOR 1 00 22202 STONEYBROOKE DRIVE COUNCIL BLUFFS, IA 51503 ANN M GOMEZ DIRECTOR 0

,					
HELEN G HAMMOND	DIRECTOR	0	0		
3802 NORTH 28TH STREET PHOENIX, AZ 85016	1 00				
ELIZABETH A MCGUIRE	DIRECTOR	0	0	(	
401 NORTH 61ST STREET	1 00				

1 00

6401 SOUTH MILBROOKE WAY

AURORA, CO 80016

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

BYRON J STIGGE

LINDA A STIGGE

efile GRAPHIC print - DO NOT PRO	OCESS As Fil	ed Data -		DL	N: 93491121005088							
TY 2017 Accounting Fee	TY 2017 Accounting Fees Schedule											
Name: BYRON J AND LINDA A STIGGE FOUNDATION EIN: 26-3837060												
Accounting Fees Schedule												
Category	Amount	Net	Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes							

ACCOUNTING FEES

TY 2017 Inv	estments Corporate	Stock Sche	dule	

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Name: BYRON J AND LINDA A STIGGE FOUNDATION

DLN: 93491121005088

**EIN:** 26-3837060

Name of Stock	End of Year Book	End of Year Fair
	Value	Market Value
UBS INVESTMENT ACCOUNT	614,456	614,456

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491121005088						
TY 2017 Other Expenses Sche	TY 2017 Other Expenses Schedule									
	BYRON J AND L 26-3837060	INDA A STIGGE F	OUNDATION							
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes						
MANAGEMENT FEES	6,306	6,306	0	0						

20

50

20

Other E	xpenses Schedule	
	Description	

ANNUAL MEETING EXPENSE

FILING FEE

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491121005088					
TY 2017 Other Increases Schedule								
Name:	BYRON J AND	LINDA A STIGGE FOUNDATIO	N					
EIN:	26-3837060							
De	escription		Amount					
UNREALIZED GAINS			20,111					

efile GRAPHIC print - DO NOT PROC	CESS	As Filed Data -		DLI	N: 93491121005088						
TY 2017 Taxes Schedule	TY 2017 Taxes Schedule										
		BYRON J ANI 26-3837060	) LINDA A STIGG	E FOUNDATION							
Category	Aı	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes						

FEDERAL TAXES

efile GRAPHIC print -	DO NOT PROCESS	As Filed Data -			DLN: 93491121005088				
Schedule B		Schedu	ule of Contributors		OMB No 1545-0047				
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service	► Information a	about Schedule B (F	Form 990, 990-EZ, or 990-PF Form 990, 990-EZ, or 990-PF) and if www.irs.gov/form990	2017					
Name of the organizate BYRON J AND LINDA A S				Employe	er identification number				
				26-3837	J60				
Organization type (ch	eck one)								
Filers of:	Section:								
Form 990 or 990-EZ	☐ 501(c)(	) (enter number) o	organization						
	☐ 4947(a)( <sup>2</sup>	1) nonexempt chai	ritable trust <b>not</b> treated as a priva	ate foundation					
	☐ 527 politi	cal organization							
Form 990-PF	<b>✓</b> 501(c)(3)	exempt private fo	undation						
	4947(a)(1	4947(a)(1) nonexempt charitable trust treated as a private foundation							
	☐ 501(c)(3)	taxable private fo	undation						
			PF that received, during the year complete Parts I and II See instri						
Special Rules									
under sections received from a	509(a)(1) and 170(b)	(1)(A)(vi), that che uring the year, tota	g Form 990 or 990-EZ that met t cked Schedule A (Form 990 or 9 al contributions of the greater of plete Parts I and II	990-EZ), Part II, line	13, 16a, or 16b, and that				
during the year	, total contributions of	f more than \$1,000	or (10) filing Form 990 or 990-E Dexclusively for religious, charita animals Complete Parts I, II, ar	able, scientific, literai					
during the year If this box is che purpose Don't	, contributions <i>exclus</i> ecked, enter here the complete any of the p	eively for religious, total contributions parts unless the <b>G</b>	or (10) filing Form 990 or 990-E charitable, etc., purposes, but no s that were received during the y- eneral Rule applies to this organ or more during the year	o such contributions ear for an <i>exclusivel</i> nization because it re	totaled more than \$1,000 by religious, charitable, etc., eccived nonexclusively				
990-EZ, or 990-PF), bu	ıt it <b>must</b> answer "No	o" on Part IV, line 2	lle and/or the Special Rules does , of its Form 990, or check the bi it it doesn't meet the filing require	ox on line H of its					
For Paperwork Reduction for Form 990, 990-EZ, or 9		ructions	Cat No 30613X	Schedule B (Form	990, 990-EZ, or 990-PF) (2017)				

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 2 Name of organization Employer identification number BYRON J AND LINDA A STIGGE FOUNDATION 26-3837060 Part I Contributors (See instructions) Use duplicate copies of Part I if additional space is needed (d) (a) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 BYRON J AND LINDA A STIGGE Person **Payroll** 555 RIVERFRONT PLZ 1102 \$ 70,000 Noncash OMAHA, NE68102 (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (d) (b) (c) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (c) (d) (b) No. **Total contributions** Type of contribution Name, address, and ZIP + 4 Person **Payroll** \$ Noncash (Complete Part II for noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)