

SCANNER JUL 1 9 2018

**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.

OMB No 1545-0052

Depa	rtment nal Rev	enue Service	Go to www.	irs.gov/Form990PF for inst	ructions and the latest inf	ormation.	Open to Public Inspection
		dar year 2017 or tax yea	r beginning		, and ending		
		foundation				A Employer identification	on number
L	OT	HLORIEN FOU	NDATION			47-081644	7
			rif mail is not delivered to stree	t address)	Room/suite	<b>B</b> Telephone number	
		5 LYNNWOOD				(402) 451	- <u>8051</u>
		own, state or province, co HA, NE 681	ountry, and ZIP or foreign $\mathfrak{s}$	postal code		C If exemption application is	pending, check here
		all that apply:	Initial return	Initial return of a fo	ormer public charity	D 1 Foreign organization	ns, check here
			Fınal return	Amended return		2 5	
			Address change	Name change		2 Foreign organizations no check here and attach of	computation
H (	_		Section 501(c)(3) e		Dy.	E If private foundation st	
<u> </u>		ction 4947(a)(1) nonexer rket value of all assets at		Other taxable private foundaring method: X Cash	Accrual	under section 507(b)(	., .,
		art II, col. (c), line 16)		ther (specify)	Accidal	F If the foundation is in a under section 507(b)(	
	•\$	1.89	8 . 932 . (Part I, colu	mn (d) must be on cash base	s.)	ander section 507(b)(	i)(b), check here
_	art I	Analysis of Revenue a	nd Expenses umns (b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, gran	<del></del>	315,250.	<del>_</del>	N/A	(caar basis orny)
	2		ion is not required to attach Sch. B				
	3	Interest on savings and temp	porary	677.	677.		STATEMENT 1
	4	Dividends and interest fr	om securities	32,828.	32,828.		STATEMENT 2
	5a	Gross rents					
	b Net rental income or (loss)						
ō	6a	Net gain or (loss) from sale of Gross sales price for all		37,656.			<del></del>
enn	b	assets on line 6a	344,571.		25 656		
Revenue	7	Capital gain net income (from			37,656.	ļ - <del></del>	
	8	Net short-term capital ga	ain	<u> </u>			
	9	Income modifications Gross sales less returns					
	10a	and allowances		<del>                                     </del>		<del> </del>	+
		Less Cost of goods sold Gross profit or (loss)					
	11	Other income					<del>                                     </del>
	12	Total Add lines 1 through	gh 1 <u>1</u>	386,411.	71,161.		
	13	Compensation of officers, dir	rectors, trustees, etc	0.	0.		0.
	14	Other employee salaries	and wages		<del></del>		
10		Pension plans, employee	e benefits				EIVED
Se	16a	Legal fees				REC	TIVE TO
De C	b	Accounting fees	amim 2	16 407	1.6 407	- E MAV	2 1 2018 8 0.
ũ	C	Other professional fees	STMT 3	16,407.	16,407.	B MAY	2 1 ZU18 13 0.
¥.	17 18	Interest Taxes	STMT 4	1,005.	190.		MENI LIT 10.
stra	19	Depreciation and depleti		1,003.		OG	DEN, U! Jo.
ni.	20	Occupancy	OH .				<del></del>
Adr	21	Travel, conferences, and	l meetinas				
ם	22	Printing and publications	<del>-</del>				
Operating and Administrative Expenses	23	Other expenses	STMT 5	1,257.	0.		0.
atir	24	Total operating and adn					
per		expenses. Add lines 13		18,669.	16,597.		0.
0	25	Contributions, gifts, gran		217,985.			217,985.
	26	Total expenses and disl	bursements.	]			
	<u> </u>	Add lines 24 and 25		236,654.	16,597.		217,985.
		Subtract line 26 from line		140 757			
		Excess of revenue over exper		149,757.	54,564.		<del> </del>
	1 0	Net investment income	(ii negative, enter -U-)	l	J4,J04.	l	. <u>L</u>

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions

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

Form **990-PF** (2017)

N/A

_		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	vear
P	art	Column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	90,452.	66,302.	66,302.
	-	Savings and temporary cash investments			
	_	Accounts receivable >		7	<del></del>
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons			
	7	Other notes and loans receivable			<del> </del>
		Less: allowance for doubtful accounts			
Ø	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
Ä		Investments - U.S. and state government obligations			<del></del>
		Investments - corporate stock			<del></del>
	C	Investments - corporate bonds			<del></del>
		Investments - land, buildings, and equipment basis			
		Less accumulated depreciation	<b>\</b>	-	
	12	Investments - mortgage loans			
	13	Investments - other STMT 6	1,288,161.	1,462,068.	1,832,630.
	14	Land, buildings, and equipment; basis ►			
		Less accumulated depreciation			
	15	Other assets (describe ►)			
	16	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	1,378,613.	1,528,370.	1,898,932.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
ap	21	Mortgages and other notes payable			
J	22	Other liabilities (describe >)			
	ļ				
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
"		and complete lines 24 through 26, and lines 30 and 31			
čě	24	Unrestricted			
lau	25	Temporarily restricted			
8	26	Permanently restricted			
Ĕ		Foundations that do not follow SFAS 117, check here	1		
Ē		and complete lines 27 through 31.		_	
tso	27	Capital stock, trust principal, or current funds	0.	0.	
sse,	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other funds	1,378,613.	1,528,370.	
Š	30	Total net assets or fund balances	1,378,613.	1,528,370.	
	ĺ		4 070 640	4	
_	31	Total liabilities and net assets/fund balances	1,378,613.	1,528,370.	
P	art	III Analysis of Changes in Net Assets or Fund Ba	alances		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		st agree with end-of-year figure reported on prior year's return)		1	1,378,613.
		r amount from Part I, line 27a		2	149,757.
		r increases not included in line 2 (itemize)		3	0.
		lines 1, 2, and 3		4	1,528,370.
		eases not included in line 2 (itemize)		5	0.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	lumn (b) line 30	6	1,528,370.

47-0816447 Page 2

Form **990-PF** (2017)

Form 990-PF (2017) LOTHLORIEN FOUNDATION

217,985.

8 Enter qualifying distributions from Part XII, line 4

See the Part VI instructions.

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.

	1990-PF (2017) LOTHLORIEN FOUNDATION	(a) A0 40 (b)	1 4040(-)	- 4	<u>47-08</u>	<u> 316447</u>	<u> </u>	Page 4	<u> </u>
	Int VI Excise Tax Based on Investment Income (Section 4940)			or 49	948 - s	ee instri	uctio	ns)	_
1a	Exempt operating foundations described in section 4940(d)(2), check here								
	Date of ruling or determination letter: (attach copy of letter if neces		, ,						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and ente	er 1%		1		1,0	91.	-
	of Part I, line 27b		1						
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of line 27b. Exempt foreign organizations, enter 4% of line 27b. Exempt foreign organizations, enter 4% of line 27b.		2, col. (b). )	- 1				_	
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; other	ers, enter -U-)		+	2			0.	
3	Add lines 1 and 2  Subtitle A (page 1) by (demostic section 4047/a)(1) trusts and touchle foundations as he at he	0 \		}	3	_	1,0	91.	•
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; other Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	ers, enter -u-)		-	4		1 0	0.	•
_	Credits/Payments:			-	5	<del></del>	1,0	91.	
6	2017 estimated tax payments and 2016 overpayment credited to 2017	c.	60						
	Exempt foreign organizations - tax withheld at source	6a   6b	0	0.					
	Tax paid with application for extension of time to file (Form 8868)	6c		0.	1				
	Backup withholding erroneously withheld	6d	· · · · · · · · · · · · · · · · · · ·	0.					
	Total credits and payments. Add lines 6a through 6d	OU		•	,		_	0.0	
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attach.	ha		-	7 8		0	80.	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	Gu			9		1	$\frac{0.}{11.}$	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				10		- 4	<u> </u>	
	Enter the amount of line 10 to be: Credited to 2018 estimated tax		Refunded		11				
	rt VII-A Statements Regarding Activities		Titelanded						•
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislati	ion or did it pa	articipate or inter	vene ı	n		Yes	No	
	any political campaign?	,	•			1a		Х	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	s? See the inst	tructions for the	definit	ion	1b		Х	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of a	any materials p	oublished or						
	distributed by the foundation in connection with the activities.								
C	Did the foundation file Form 1120-POL for this year?					10		Х	
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	ear:							
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶	▶ \$		0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditur	re 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 inst	trument, artıcl	es of incorporation	on, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes					_ 3		X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?					4a		_X_	
_	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		<u>X</u>	
	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	er;							
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so that no mandatory d	irections that	conflict with the	state la	aw				
_	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	e Part II, col. (	c), and Part XV			7	X		
٥.	The the states to which the foundation was also as with which it is seen as a first transfer.								
ва	Enter the states to which the foundation reports or with which it is registered. See instructions.	· •							
L	NE If the ancient is "Ver" to line 7, has the foundation furnished a copy of Form 000 DE to the Attention		ar dan:-+-\			-			
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attor	rney General (	or designate)				<b>,</b>		
n	of each state as required by General Instruction G? If "No," attach explanation	m 4040(3/0)	S- 4040(3)(5) (	I-	<b>.</b>	8b	X		٨
9	Is the foundation claiming status as a private operating foundation within the meaning of section was 2017, or the tay was beginning in 2017. See the instructions for Part XIV. If You'll complete		או (5)(1)(4942) אונ	calend	ıar			37	2
10	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," comple Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule lit					9		X	U
10	DID any person's Decome substantial continuitors during the tax year? If "Yes," attach a schedule lin	sting their name:	s and addresses			10	DE	<u>A</u>	
						Form <b>990</b>	-rr (	201/)	

			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	l		
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	11		<u> X</u>
12	If "Yes," attach statement. See instructions	12		х
13		13	X	
	Website address ► N/A			L
14	The books are in care of ► GRACE LONGLEY  Telephone no. ► (402)	451	-80	51
	Located at ► 1325 LYNNWOOD LANE, OMAHA, NE ZIP+4 ►68	152	-52	39
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		<b>&gt;</b>	
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		<u>X</u>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
Pź	foreign country  art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required	L		
<u> </u>	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	During the year, did the foundation (either directly or indirectly):		163	140
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?		-	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		ĺ	
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
t	old fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			v
9	before the first day of the tax year beginning in 2017?  Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	1c		<u>X</u>
_	defined in section 4942(j)(3) or 4942(j)(5)):	]		
а	a At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		İ	
	before 2017?			
	If "Yes," list the years $\blacktriangleright$		1	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		1	
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	<b>&gt;</b>		Ì	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?		į	
b	of "Yes," did it have excess business holdings in 2017 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 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 2017.)  N/A	a.		
A	Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A  Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b		X
	Did the foundation mivest during the year any amount in a manner that would jeopardize 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	4a	+	
u	had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4b		х
		າ <b>990</b>	-PF (	

Form 990-PF (2017) LOTHLORIEN FOUNDATION  Part VII-B Statements Regarding Activities for Which	Form 4720 May Be	Required (contin	47-08164	47	F	Page 6
5a During the year, did the foundation pay or incur any amount to:		require (contin	ueu)		/es	No
<ul> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section)</li> <li>(2) Influence the outcome of any specific public election (see section 4955)</li> </ul>	1 77		es X No		. 55	
any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purpose	•	Y	es X No			
(4) Provide a grant to an organization other than a charitable, etc., organizat	tion described in section					
4945(d)(4)(A)? See instructions			es X No			
(5) Provide for any purpose other than religious, charitable, scientific, literar the prevention of cruelty to children or animals?		Ye	es X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify u		ın Regulations	1			
section 53.4945 or in a current notice regarding disaster assistance? See ins			N/A	5b		
Organizations relying on a current notice regarding disaster assistance, check						
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption expenditure responsibility for the grant?			es No			
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	1	V/A L TO	es L No			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	n nav nremilime on					
a personal benefit contract?	o pay promiums on	□ v <sub>e</sub>	s X No			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	a personal benefit contract?		33 [22] 100	6b		Х
If "Yes" to 6b, file Form 8870.	•		_			
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?			es 🗶 No 📙			
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?  Part VIII Information About Officers, Directors, Trustees, Foundation Manager				7b		
Paid Employees, and Contractors		anagers, Highly	/ 			
1 List all officers, directors, trustees, and foundation managers and		(-) Companyation	(d) Contributions to	<del></del>		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	acc al	) Expe ount, lowan	ense other ces
MICHAEL C. LONGLEY	_PRESIDENT			ļ		
1325 LYNNWOOD LANE	4					_
OMAHA, NE 68152	1.00	0.	0.	-		0.
KATHARINE CORBIN	TREASURER					
4126 WINDCHIME LN	1 00		•	İ		^
GRACE M. LONGLEY	1.00 SECRETARY	0.	0.	-		0.
1325 LYNNWOOD LANE	DECKETAKI					
OMAHA, NE 68152	1.00	0.	0.			0.
OTHIN, NE 00132	1.00					<u> </u>
	1					
2 Compensation of five highest-paid employees (other than those in	 ncluded on line 1). If none,	enter "NONE."	. —	<u> </u>		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acci	Expe	other
NONE				<u> </u>		
		]		ļ		
					_	
	4	ļ ,				
		ļ				
	4					
Total number of other employees paid over \$50,000	<u> </u>	<u> </u>				0

Form **990-PF** (2017)

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	1,484,277.
b	Average of monthly cash balances	1b	1,484,277. 100,529.
C	Fair market value of all other assets	1c	33,849.
d	Total (add lines 1a, b, and c)	1d	1,618,655.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 .		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,618,655.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	24,280.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,594,375.
6_	Minimum investment return. Enter 5% of line 5	6	79,719.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and	id certain	
_	foreign organizations, check here  and do not complete this part.)		<del></del>
1	Minimum Investment return from Part X, line 6	1	79,719.
2a			
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,091.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	78,628.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	78,628.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	78,628.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		015 005
а	1	1a	217,985.
b		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	,	3b	015 005
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	217,985.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		^
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	217,985.
	Note: The emount on line 6 will be used in Part V. column (b) in subsequent years when calculating whether the foundation of	unalitiae fo	r the cection

Form **990-PF** (2017)

4940(e) reduction of tax in those years.

# Part XIII Undistributed Income (see instructions)

•	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI,	,			
line 7				78,628.
2 Undistributed income, if any, as of the end of 2017				
a Enter amount for 2016 only			0.	
b Total for prior years:		_		
		0.		
3 Excess distributions carryover, if any, to 2017:				
a From 2012 67,380.				
b From 2013 97,582.		•		
c From 2014 146,755. d From 2015 67,761.				
dFrom 2015 67,761. eFrom 2016 63,380.				
f Total of lines 3a through e	442,858.			
4 Qualifying distributions for 2017 from	442,030.	<del></del>		<u></u>
Part XII, line 4: ▶\$ 217, 985.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior				-
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2017 distributable amount				78,628.
e Remaining amount distributed out of corpus	139,357.			.070201
5 Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a) )  6 Enter the net total of each column as indicated below:				
	582,215.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract	302,213.			
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable				·
amount - see instructions		0.		
e Undistributed income for 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2018				<u> </u>
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)	0.			
8 Excess distributions carryover from 2012	4- 000			
not applied on line 5 or line 7	67,380.			<del></del>
9 Excess distributions carryover to 2018.	544 025			
Subtract lines 7 and 8 from line 6a	514,835.			
10 Analysis of line 9:				
a Excess from 2013 97,582.				
<b>b</b> Excess from 2014 <b>146</b> , 755.				
c Excess from 2015 67,761.				
d Excess from 2016 63,380.				
e Excess from 2017 139,357.		l		Fare 000 DE (0047)

	RIEN FOUNDAT				816447 Page 1
Part XIV Private Operating F	····		<del></del>	N/A	
1 a If the four dation has received a ruling of	or determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	or 2017, enter the date of	the ruling	<b>▶</b>		
b Check bo  x to indicate whether the foun	dation is a private operatii	ng foundation described		4942( <u>J)(3)</u> or	4942(j)(5) /
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	( <b>b</b> ) 2016	(c) 2015	(d) 2014	(e) Total
investmernt return from Part X for					
each year listed					
<b>b</b> 85% of lime 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed		ļ			
d Amounts included in line 2c not					
used directly for active conduct of				<i>'</i>	
exempt activities				,	
e Qualifying distributions made directly			<del></del>		
for active conduct of exempt activities.			,		
Subtract line 2d from line 2c		1	,		
3 Complete 3a, b, or c for the					
alternative test relied upon:			/		
a "Assets" a Iternative test - enter:					
(1) Value of all assets			<del> /</del>		
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		/			
b "Endowm ent" alternative test - enter			•		
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
divid ends, rents, payments on secu rities loans (section					
512(a)(5)), or royalties)	/	4			
(2) Support from general public					
and 5 or more exempt					
orga nizations as provided in secti on 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization	. /				
(4) Gross investment income	1				
Part XV   Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5,000 or n	nore in assets
at any time during					
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			tributions received by the	foundation before the c	lose of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	section 507(d)(2).)			
MICHAEL C. LONGLEY					
b List any managers of the foundation wh	no own 10% or more of th	ie stock of a corporation	(or an equally large porti	on of the ownership of a	partnership or
other entity) of which the foundation ha	is a 10% or greater interes	st.			
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., P	rograms:		
Check here ▶ ☐ If the foundation of	only makes contributions	to preselected charitable	organizations and does r		quests for funds. If
the foundation makes gifts, grants, etc.	, to individuals or organiza	ations under other cond	itions, complete items 2a,	b, c, and d.	
a The name, address, and telephone num	ber or email address of th	ne person to whom appl	cations should be addres	sed;	
GRACE LONGLEY, SECRE					
1325 LYNNWOOD LANE,					
b The form in which applications should t			should include:		
CONTACT ADDRESS FOR					
c Any submission deadlines:					
NONE					
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields	, kinds of institutions, or o	other factors:	
NONE	, ., ., ., ., ., ., ., ., ., ., ., ., .,		, •	<del>-</del>	

Supplementary Information (continued) Part XV 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) recipient or substantial contributor a Paid during the year AFRICAN ENTERPRISE NONE PUBLIC AFRICAN LEADERSHIP TRAINING PO BOX 727 MONVROVIA, CA 91017 2,420. ENGLISH LANGUAGE INSTITUTE CHINA PUBLIC OPERATING COST OF NONE NON-PROFIT ORG PO BOX 265 SAN DIMAS, CA 91773 1,200. FAMILY RESEARCH COUNCIL NONE PUBLIC POLICY DEVELOPMENT & EDUCATION 801 G STREET NW 3,000. WASHINGTON, DC 20001 FIRST FEDERATED CHURCH NONE PUBLIC OPERATING COSTS OF NON-PROFIT ORG 4801 FRANKLIN AVE 10,000. DES MOINES, IA 50310 PUBLIC FOCUS ON THE FAMILY NONE OPERATING COSTS OF NON-PROFIT ORG 8605 EXPLORER DRIVE 2.424. COLORADO SPRINGS CO 80920 CONTINUATION SHEET(S) SEE ▶ 3a <u>217.985.</u> Total b Approved for future payment NONE **▶** 3b Total

# Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	,	business income	Excluded to	by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a		<del></del>			
b	_				<u>-</u>
c	_				
d	_				
e	- }				
f	_				<del></del>
g Fees and contracts from government agencies					<del>-</del>
2 Membership dues and assessments					<del>-</del>
3 Interest on savings and temporary cash					
investments			14	677. 32,828.	·
4 Dividends and interest from securities	<u> </u>		14	32,828.	
5 Net rental income or (loss) from real estate:	ļ				· · · · · · · · · · · · · · · · · · ·
a Debt-financed property					<del>-</del>
b Not debt-financed property					<del>-</del>
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	37,656.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	_				
b	-				
c	_		1		<del></del>
d	_				
e	-		<del>                                     </del>		
12 Subtotal. Add columns (b), (d), and (e)	l	0	•	71,161.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	71,161.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accor	nplishment of E	xempt P	urposes	
Line No. Explain below how each activity for which inc			A contributed	importantly to the accomp	lishment of
▼ the foundation's exempt purposes (other than	n by providing tund	s for such purposes).	<del></del>		
	<del></del>				
	·	<del> </del>			
				<del></del>	<del></del>
			<del></del>		
		<del></del>	<del></del>		
	<del></del>				
	<del></del>				

OMAHA, NE 68130

			OKIEN FOUNI					4/-	081644/	Pa	ge 13
Pa	rt XV			ers to a	and Transactions a	and Rei	ationsh	iips With Noi	ncharitable	<b>)</b>	
		Exempt Organ	<del></del>							V	NIa
1		organization directly or indi					ea in secti	on 501(c)		Yes	NO
	•	than section 501(c)(3) organ				•					
а		ers from the reporting found	ation to a nonchantable	exempt or	ganization of:						7.7
	(1) Ca								1a(1)	-	X
	` '	her assets		•					1a(2)		X
b	_	ransactions:	-blo						4		37
		les of assets to a noncharita							1b(1)		X
		rc hases of assets from a no		anization					1b(2)		X
		ntal of facilities, equipment,							1b(3)		X
		imbursement arrangements	<del>;</del>						1b(4)		X
		ans or loan guarantees		1 - 4-4 -					1b(5)		X
		rformance of services or me							1b(6)		X
		g of facilities, equipment, ma					the terms		<u>1c</u>	لــــلــا	X
d		nswer to any of the above is							-	sets,	
		ices given by the reporting f				iue in any ir	ansaction	or snaring arrange	ement, snow in		
7-1.		(d) the value of the goods, (b) Amount involved	<del></del>			(4)					
(a)L	ine no	(b) Amount involved	(c) Name of no		e exempt organization	(0)	Description	of transfers, transaction	ons, and sharing ar	rangeme	nts
			<del></del>	N/A				<del></del>	<del></del>		
	+					_			·		
			<del></del>					<del>/</del>			
			<u> </u>			<del></del>					
			<del> </del>								
			<del></del>						· -		
										- · · · <del>- · ·</del>	
			<del> </del>								
	+	· · · · · · · · · · · · · · · · · · ·									
	-+										-
			-								
_			<u></u>						<del></del>		
2 <b>a</b>		oundation directly or indirec		•	or more tax-exempt organ	lizations des	scribea			17	] No
		ion 501(c) (other than section		on 5277					Yes	<b>.</b>	] NO
<u>D</u>	ir yes,	complete the following sch (a) Name of org			(b) Type of organization			c) Description of re	alationehin		
		N/A	Janization		(b) Type of organization	<del>                                     </del>		c) Description of re	Ciationariip		
		IV/ A	-			<del>                                     </del>					
		·	<del></del>								
		<del></del>				<del> </del>					
						<del>                                     </del>		<del></del>			
	l Un	der penalties of perjury, I declare	that I have examined this ref	turn, includir	l accompanying schedules and	d statements.	and to the b	est of my knowledge			
Si		d belief, it is true, correct, and cor							return with th	e prepare	er
	re	- base to	In al Dul		15/14/18	品		ENTE )	shown below X Yes	? See ins	] No
	5	Signature of Officer or trustee			Date	Title	<u> </u>				, 140
		Print/Type preparer's na	<del></del>	reparer's s		Date		Check If	PTIN		
		JOHN J. RO		$\frown$ 11		] ,	.	self- employed			
Pa	iid	CPA CPA	(		11111111-124	514	18		P00482	589	
Pr	epare		C ORIZON LI	rc,	W SAV		<del>-</del>	Firm's EIN ▶ 4			
	e On		VIII-DUII	-				_		. =	
		Firm's address N 1 CO 2 4 ED ANGEC CIT									

Part IV Capital Gains and Los	ses for Tax on Investment Income	<u> </u>	) <del>111</del>	FAGE I OF Z
		d a s yeal actato	(b) How acquire	d(,, p,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
• 2-story bri	describe the kind(s) of property sole ick warehouse; or common stock, 20	o, e.g., rearestate, 00 shs. MLC Co.	P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a ALLIANZ NFJ			P	VARIOUS 11/03/17
b ALLIANZ NFJ			P	VARIOUS 11/03/17 VARIOUS 11/03/17
c RUSSELL GLOBAL	DEAL ECTATE		P	VARIOUS 11/03/17 VARIOUS 11/03/17
d SELECT SECTOR	KEAD ESTATE		P	VARIOUS 11/03/17 VARIOUS 11/03/17
e AT & T			P	11/11/1603/29/17
GENERAL ELECTRI	TC		P	01/26/17/10/20/17
9 HOME DEPOT	10		P	10/03/1605/10/17
h PFIZER	<del></del>		P	11/30/1605/10/17
· VALERO			P	09/28/1602/22/17
WALMART			P	04/24/1705/10/17
k WELLS FARGO		<del></del>	P	05/10/1710/16/17
APPLE			P	04/24/1305/10/17
m EXXON			P	12/09/1505/10/17
n IBM			P	12/09/15/04/24/17
o JP MORGAN			P	09/17/1505/10/17
	(f) Depreciation allowed	(g) Cost or other basis		n) Gain or (loss)
(e) Gross sales price	(or allowable)	plus expense of sale	(e)	plus (f) minus (g)
a 3,800.		3,132.		668.
b 7,814.		6,442.		1,372.
c 4,000.		4,335.		<335.
d 13,298.		13,557.		<u> </u>
e 24,938.		21,915.		3,023.
f 34,324.		45,456.		<11,132.
g 3,786.		3,084.		702.
h 754.		740.		14.
50,271.		42,041.		8,230.
1,832.		1,790.		42.
<u>k 2,688.</u>		2,748.		<60.
4,903.		1,852.		3,051.
m 2,125.		1,967.		158.
n 45,624.		38,816.		6,808.
O 432.	g gain in column (h) and owned by t	313.		119.
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess	sses (from col. (h)) of col. (h) gain over col. (k), not less than "-0-")
a				668.
b				1,372.
С				<335.
d				<259.
e				3,023.
f				<11,132.
g				702.
h				14.
1				8,230.
1				42.
k				<60.:
1				3,051.
m			<del></del>	158.
n				6,808.
0				119.
2 Capital gain net income or (net cap	oital loss) { If gain, also enter If (loss), enter "-0	in Part I, line 7 -" in Part I, line 7		
If gain, also enter in Part I, line 8, o	s) as defined in sections 1222(5) and column (c).	<b>.</b>		
If (loss), enter "-0-" in Part I, line 8		<u></u>		

	sses for Tax on Investment Income				
(a) List and 2-story br	describe the kind(s) of property so ick warehouse; or common stock, 2	ld, e.g., real estate, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PROCTER & GAMB			P	<del> </del>	02/15/17
b STRYKER			P		01/26/17
c WELLS FARGO			P		10/16/17
d OPTIONS			P		12/31/17
e BASIS ADJUSTME	NT		P		12/31/17
CAPITAL GAINS	DIVIDENDS				
9					
<u>h</u>	<del></del>				
<u> </u>	<del></del>			-	
k	<del></del>				
<u></u>	<del></del>				
m					
n					
0		<u> </u>			L
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) dus (f) minus (g)	
a 45,832.		39,053.			6,779.
b 24,162.		16,070.	- <del></del>	·	8,092.
c 40,323.		31,117.			9,206.
d 22,673.	· · · · · · · · · · · · · · · · · · ·	32,487.			<9,814.
e 580. f 10,412.	<del></del>				580. 10,412.
		<del> </del>	·	<del></del>	10,412.
g h					
1					
1					
k					
1					
m					
n o					
Complete only for assets showing	ng gain in column (h) and owned by	the foundation on 12/31/69	(I) I os	ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess o	of col. (h) gain over ot less than "-0-")	col. (k),
a					6,779.
b					8,092.
С					9,206.
d					<9,814.
e					580.
f					10,412.
g					
<u>h</u>		<del>  -   -   -   -   -   -   -   -   -   -</del>			
1	<del></del>	<del>                                     </del>	<del></del> _		<del></del>
k					
1					
m					
n					
0					
2 Capital gain net income or (net ca	pital loss) { If gain, also enter	r in Part I, line 7			37,656.
	s) as defined in sections 1222(5) ar	. 1			<u>_                               </u>
If gain, also enter in Part I, line 8,	column (c).	)			
If (loss), enter "-0-" in Part I, line 8			: 1	N/A	

LOTHLORIEN FOUNDATION

Part XV Supplementary Informati	RIEN FOUNDATION		47-081	044/
3 Grants and Contributions Paid During the Recipient	If recipient is an individual,	T		
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
	or substantial contributor	, voo.pioni		
INSTITUTE FOR CREATION RESEARCH	NONE	PUBLIC	OPERATING COST OF	
РО ВОХ 2667			NON-PROFIT ORG	
EL CAJON, CA 92021				2,272
LINGONIER MINISTRIES	NONE	PUBLIC	OPERATING COST OF	
РО ВОХ 547500			NON-PROFIT ORG	
ORLANDO FL 32854		<del> </del>		800
NAVIGATORS	NONE	PUBLIC	TRAINING OF TEACHERS	
ро вох 6000			FOR INTL POSITIONS	
COLORADO SPRINGS, CO 80934				1,560
PROJECT MEDSEND	NONE	PUBLIC	OPERATING COST OF	
999 ORONOQUE LANE			NON-PROFIT ORG	
STRATFORD CT 06614				25,000
SEARCH MINISTRIES	NONE	PUBLIC	OPERATING COST OF	
5038 DORSEY HALL DRIVE	HONE	T ODDIC	NON-PROFIT ORG	
ELLICOTT CITY, MD 21042				2,436
SEND INTL	NONE	PUBLIC	ENGLISH LITERACY	
PO BOX 513	nong.	102210	DEVELOPMENT & CAMP	
FARMINGTON, MI 48332		ļ	WORK - JAPAN	1,224
SIM	NONE	PUBLIC	AFRICAN LITERACY WORK	
PO BOX 7900	NONE	100210	MATORIA BIIDIGICI WORK	
CHARLOTTE NC 28241		<u> </u>		1,260
THE EVANGELICAL ALLIANCE MISSION	NONE	PUBLIC	OPERATING COST OF	
(TEAM)			NON-PROFIT ORG	
PO BOX 969 .		1		
WHEATON, IL 60187				33,460
CAMPUS CRUSADE FOR CHRIST	NONE	PUBLIC	OPERATING COST OF	
PO BOX 628222			NON-PROFIT ORG	
ORLANDO, FL 32862-8222				6,320,
WYCLIFFE ASSOCIATES	NONE	PUBLIC	OPERATING COST OF	
PO BOX 620143			NON-PROFIT ORG	
ORLANDO FL 32862		<u> </u>		909
Total from continuation sheets				198,941,

Part XV Supplementary Informati 3 Grants and Contributions Paid During th				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CITYLIGHT	NONE	PUBLIC	OPERATING COST OF	
1383 NICHOLAS STREET, SUITE 120 DMAHA, NE 68131			NON-PROFIT ORG	106.00
JAMIN, NO COLO				100,00
HUNTER FIRST BAPTIST	NONE	PUBLIC	OPERATING COST OF	
593 TENNESSEE 91			NON-PROFIT ORG	
ELIZABETHTON, TN 37643				3,60
KILGORE UNITED METHODIST MISSION 14630 STATE ROUTE 854	NONE	PUBLIC	OPERATING COST OF NON-PROFIT ORG	
RUSH, KY 41168				2,400
NEBRASKA FAMILY ALLIANCE	NONE	PUBLIC	OPERATING COST OF	
1106 E ST #3 LINCOLN, NE 68508		ļ	NON-PROFIT ORG	6,000
INCODA, 142 00500				0,000
ALLIANCE DEFENDING FREEDOM	NONE	PUBLIC	OPERATING COST OF	
15100 N. 90TH STREET			NON-PROFIT ORG	
SCOTTSDALE AZ 85260				1,000
GLOBAL FRIENDS	NONE	PUBLIC	OPERATING COST OF	
2511 SCOTCH PINE DRIVE	NO.		NON-PROFIT ORG	
OAKVILLE, ONTARIO, CANADA L6M 4C3				3,200
DALLAS THEO SEMINARY 3909 SWISS AVENUE	NONE	PUBLIC	OPERATING COST OF NON PROFIT	
DALLAS, TX 75204				100
DISCOVERY INSTITUTE 208 COLUMBIA STREET	NONE	PUBLIC	OPERATING COST OF NON PROFIT	
SEATTLE, WA 98104			FROFII	1,000
				•
DISTANT SHORES MEDIA	NONE	PUBLIC	SUPPORT PROJECTS OF	
10524 MOSS PARK ROAD STE 204 ORLANDO, FL 32832	,		NON-PROFIT ORG	400
Total from continuation sheets				

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Name of the organization

Employer identification number

		THLORIEN FOUNDATION	<u>4/~U81644/</u>		
Organiz	ation type (check o	ne)			
Filers of	:	Section:			
Form 990 or 990-EZ		501(c)( ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 99	0-PF	X 501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
	, -	s covered by the <b>General Rule</b> or a <b>Special Rule.</b> (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e See instructions		
General	Rule				
X		n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's			
Special	Rules				
	sections 509(a)(1) any one contributo	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support of and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amounding 1 Complete Parts I and II	or 16b, and that received from		
	year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III			
	year, contributions is checked, enter his purpose. Don't con	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a exclusively for religious, charitable, etc., purposes, but no such contributions totaled motere the total contributions that were received during the year for an exclusively religious, implete any of the parts unless the <b>General Rule</b> applies to this organization because it responses, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box charitable, etc ,		
but it mi	ust answer "No" on	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fo he filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)			

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

Employer identification number

# LOTHLORIEN FOUNDATION

Part I	Contributors (see instructions) Use duplicate copies of Part I	if additional space is needed.	7-0010447
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL AND GRACE LONGLEY  1325 LYNNWOOD LANE  OMAHA, NE 68152	\$ <u>120,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SALLY AND PETER FREYMARK  10139 NW 106TH  GRANGER, IA 50109	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	AMANDA LONGLEY  1325 LYNNWOOD LANE  OMAHA, NE 68152	\$ 36,350.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	GEOFFREY LONGLEY  1325 LYNNWOOD LANE  OMAHA, NE 68152	\$ 37,350.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	KATHERINE LONGLEY  1325 LYNNWOOD LANE  OMAHA, NE 68152	\$\$. 36,350.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) <b>N</b> o.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	TIMOTHY LONGLEY  1325 LYNNWOOD LANE	\$ 36,350.	Person X Payroll
723452 11-0	OMAHA, NE 68152	Schadula B (Form	noncash contributions ) 990, 990-F7, or 990-PF) (2017)

Name of organization

Employer identification number

# LOTHLORIEN FOUNDATION

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	al space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	VICTORIA LONGLEY  1325 LYNNWOOD LANE  OMAHA, NE 68152	\$36,350.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions )

Name of organization

Employer identification number

# LOTHLORIEN FOUNDATION

Part II	Noncash Property (see instructions) Use duplicate copies of F	Part II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I			
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		   \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		s	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	990, 990-EZ, or 990-PF) (2

TEN FOINDAMION		47, 0016447
Exclusively religious, charitable, etc., contri the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious	olumns (a) through (e) and the follow , charitable, etc , contributions of \$1,000 or I	/INQ line entry. For organizations
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, an	UZIF+4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
	the year from any one contributor. Complete of completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if additional (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift  (b) Purpose of gift  (b) Purpose of gift  Transferee's name, address, and (b) Purpose of gift	Exclusively religious, charitable, etc., contributions to organizations described the year from any one contributor. Complete columns (a) through (e) and the follow completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or Use duplicate copies of Part III if additional space is needed  (b) Purpose of gift  (c) Use of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (e) Transfer of gift  Transferee's name, address, and ZIP + 4  (b) Purpose of gift  (c) Use of gift  (c) Use of gift  (d) Transfer of gift  (e) Transferee's name, address, and ZIP + 4

SOURCE  GREAT WESTERN BANK		/ 7				
		REVE PER B			(B) VESTMENT ICOME	(C) ADJUSTED NET INCOME
NORTHWESTERN MUTUAL WELLS FARGO BANK			650. 20. 7.	·	650. 20. 7.	
TOTAL TO PART I, LI	NE 3		677.		677.	
FORM 990-PF	DIVIDEND	S AND INTER	EST FRO	OM SECUR	ITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	RI		(B) NET INVES MENT INCO	(C) T- ADJUSTED ME NET INCOME
CHARLES SCHWAB	19,180	•	0.	19,180.	19,18	0.
MUTUAL	24,060	. 10,41	2.	13,648.	13,64	8.
TO PART I, LINE 4	43,240	. 10,41	2.	32,828.	32,82	8.
FORM 990-PF	0	THER PROFES	SIONAL	FEES		STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET IN	3) NVEST- INCOME		
MANAGEMENT FEES	_	16,407.	1	L6,407.	<del></del>	0.
TO FORM 990-PF, PG	 1, LN 16C	16,407.	1	16,407.		0.

FORM 990-PF'	TAX	ES 		STATEMENT
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		= :
FOREIGN INVESTMENT TAXES FEDERAL TAXES	190. 815.	19	90.	0
TO FORM 990-PF, PG 1, LN 18	1,005.	19	90.	0
FORM 990-PF	OTHER E	XPENSES		STATEMENT !
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM		
DUES & SUBSCRIPTIONS LEGAL-PROF FEES FEES BANK CHARGES	750. 475. 23. 9.		0. 0. 0.	0 0 0
TO FORM 990-PF, PG 1, LN 23	1,257.		0.	0
FORM 990-PF	OTHER INV	ESTMENTS		STATEMENT
DESCRIPTION		LUATION ETHOD	BOOK VALUE	FAIR MARKET VALUE
CHARLES SCHWAB NORTHWESTERN MUTUAL PRECIOUS METALS		COST COST COST	795,794 616,867 49,407	668,277
TOTAL TO FORM 990-PF, PART I	I, LINE 13		1,462,068	1,832,630