

For calendar year 2018, or tax year beginning 10-01-2018, and ending 09-30-2019

Name of foundation CARRIAGE HOUSE FOUNDATION		A Employer identification number 36-3390546	
Number and street (or P O box number if mail is not delivered to street address) 701 S 13TH ST		Room/suite	
City or town, state or province, country, and ZIP or foreign postal code LINCOLN, NE 68508		B Telephone number (see instructions) (402) 475-1079	
G Check all that apply <div><input type="checkbox"/> Initial return</div> <div><input type="checkbox"/> Initial return of a former public charity</div> <div><input type="checkbox"/> Final return</div> <div><input type="checkbox"/> Amended return</div> <div><input type="checkbox"/> Address change</div> <div><input type="checkbox"/> Name change</div>		D 1. Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ 3,513,187		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis)	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here	

Part I Analysis of Revenue and Expenses (The total 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	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc , received (attach schedule)	500			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	18,325	18,325	18,325	
	4 Dividends and interest from securities	1,956	1,956	1,956	
	5a Gross rents	150,346	150,346	150,346	
	b Net rental income or (loss) 98,796				
	6a Net gain or (loss) from sale of assets not on line 10	181			
	b Gross sales price for all assets on line 6a 388,569				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	171,308	170,627	170,627	
	13 Compensation of officers, directors, trustees, etc				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	1,730	1,730	1,730	
	c Other professional fees (attach schedule)	15,021	9,021	9,021	6,000
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	22,013	22,013	22,013	
	19 Depreciation (attach schedule) and depletion	3,765	3,765	3,765	
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	15,021	15,021	15,021	
	24 Total operating and administrative expenses. Add lines 13 through 23	57,550	51,550	51,550	6,000
	25 Contributions, gifts, grants paid	221,194			221,194
	26 Total expenses and disbursements. Add lines 24 and 25	278,744	51,550	51,550	227,194
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-107,436			
	b Net investment income (if negative, enter -0-)		119,077		
	c Adjusted net income (if negative, enter -0-)			119,077	

Part II **Balance Sheets** Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	15,085	6,004	6,004
	2 Savings and temporary cash investments	21,413	24,401	24,401
	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)			

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			
(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	(l) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
a			
b			

Part VII-A Statements Regarding Activities (continued)

11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a	During the year did the foundation pay or incur any amount to		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.	5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input checked="" type="checkbox"/>	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870	6b	No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Part VIII

3 Five hig

(a) Name

Total number

Part IX-A

List the foundations

1

Part IX-B

Describe the

1 N/A

Total. Add line

Part X **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, 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	823,208
b	Average of monthly cash balances.	1b	33,125
c	Fair market value of all other assets (see instructions).	1c	2,697,458
d	Total (add lines 1a, b, and c).	1d	3,553,791
e	Reduction claimed for blockage or other factors reported on lines 1a and 1b (attach detailed explanation)		

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				173,833
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2017 only.			217,558	
b Total for prior years 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2018				
a From 2013.				
b From 2014.				
c From 2015.				
d From 2016.				
e From 2017.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 227,194				
a Applied to 2017, but not more than line 2a			217,558	
b Applied to undistributed income of prior years (Election required—see instructions).				
c Treated as distributions out of corpus (Election required—see instructions)				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, enter the date of the ruling. ▶**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(1)(3) or ☐ 4942(1)(5)**TY 2018 Taxes Schedule****Name:** CARRIAGE HOUSE FOUNDATION

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FARM PROPERTY SHERMAN CO,NE	22,013	22,013	22,013	

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total			▶ 3a	
b <i>Approved for future payment</i>				
Total			▶ 3b	

Enter gross amounts unless otherwise indicated

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Form **990-PF** (2018)

Part XVII

- 1** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c)(3) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?
- a** Transfers from the reporting foundation to a noncharitable exempt organization of
- (1) Cash.
- (2) Other assets.
- b** Other transactions
- (1) Sales of assets to a noncharitable exempt organization.
- (2) Purchases of assets from a noncharitable exempt organization.
- (3) Rental of facilities, equipment, or other assets.
- (4) Reimbursement arrangements.
- (5) Loans or loan guarantees.
- (6) Performance of services or membership or fundraising solicitations.
- c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees.
- d** If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received

[illegible]

- 2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule

(a) Name of organization	(b) Type of organization	(c) Description of relationship

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
	*****	2019-11-13	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below
 (see instr.) ☒ **Yes** ☐ **No**


Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	LESTER F BUCKLEY CPA		2019-11-15		P00765948
	Firm's name ▶ BUCKLEY & SITZMAN LLP				Firm's EIN ▶ 47-0350235
	Firm's address ▶ 4240 PIONEER WOODS DR LINCOLN, NE 685065278				Phone no (402) 484-7676

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
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				
[REDACTED]				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTHEAST COMMUNITY COLLEGE 600 STATE ST MILFORD, NE 68405	NONE	PUBLIC	SCHOLARSHIPS	67,250
WESTERN COMMUNITY COLLEGE 1601 EAST 27TH SCOTTSBLUFF, NE 69361	NONE	PUBLIC	SCHOLARSHIPS	13,000
CENTRAL COMMUNITY COLLEGE PO BOX 1024 HASTINGS, NE 68902	NONE	PUBLIC	SCHOLARSHIPS	26,000
Total ► 3a				221,194

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHEAST COMMUNITY COLLEGE PO BOX 469 NORFOLK, NE 68702	NONE	PUBLIC	SCHOLARSHIPS	27,500
METROPOLITAN COMMUNITY COLLEGE PO BOX 3777 OMAHA, NE 68103	NONE	PUBLIC	SCHOLARSHIPS	72,944
NORTH PLATTE COMMUNITY COLLEGE FNDT 1101 HALLIGAN DR NORTH PLATTE, NE 69101	NONE	PUBLIC	SCHOLARSHIPS	10,000
Total ▶ 3a				221,194

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MID-PLAINS COMMUNITY COLLEGE 601 WEST STATE FARM RD NORTH PLATTE, NE 69101	NONE	PUBLIC	SCHOLARSHIPS	4,500
Total  3a				221,194

TY 2018 Accounting Fees Schedule**Name:** CARRIAGE HOUSE FOUNDATION**EIN:** 36-3390546

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FARM PROPERTY SHERMAN CO,NE	1,730	1,730	1,730	

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TY 2018 Gain/Loss from Sale of Other Assets Schedule

Name: CARRIAGE HOUSE FOUNDATION

EIN: 36-3390546

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
ALLY BANK CD	2016-05	PURCHASE	2018-11		75,000	75,000				

TY 2018 Investments - Other Schedule

Name: CARRIAGE HOUSE FOUNDATION

EIN: 36-3390546

Investments Other Schedule 2

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
INVESTMENTS IN CDS/BONDS	FMV	782,228	782,228

**TY 2018 Land, Etc.
Schedule****Name:** CARRIAGE HOUSE FOUNDATION**EIN:** 36-3390546

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
	186,269	184,972	1,297	
	1,631,850		1,631,850	2,694,927

TY 2018 Other Assets Schedule

Name: CARRIAGE HOUSE FOUNDATION . . .

TY 2018 Other Expenses Schedule**Name:** CARRIAGE HOUSE FOUNDATION**EIN:** 36-3390546**Other Expenses Schedule**

Description	Revenue and Expenses	Net Investment Income	Adjusted Net Income	Disbursements for Charitable
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TY 2018 Other Increases Schedule

Name: CARRIAGE HOUSE FOUNDATION
EIN: 36-3390546

Description	Amount
UNREALIZED GAIN-INVESTMENTS	16,911

TY 2018 Other Professional Fees Schedule**Name:** CARRIAGE HOUSE FOUNDATION**EIN:** 36-3390546

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADMINISTRATIVE SUPPORT FEE	6,000			6,000
FARM PROPERTY SHERMAN CO,NE	9,021	9,021	9,021	

