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Form 990-PF

D

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

	CIAID IAO	1545-004
	20	19
_		

Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs gov/Form990PFfor instructions and the latest information.

Open to Public Inspection

	niendar year 2019 or tax year beginning of foundation		, 2019, and		A Employer identifi	, <u>20</u> ication number	
_RAY	_C_MCKINLEY FAMILY FOUNDATION	N CUSTODY			20-	5604435	
Numbe	r and street (or P O box number if mail is not delivered to	street address)	Room	n/suite	B Telephone numbe	er (see instructions)	
246	58 CROSSPARK DRIVE				61	5-692-4612	
City or town, state or province, country, and ZIP or foreign postal code							
					C If exemption applica pending, check here	tion is	
MURFREESBORO, TN 37129 3 Check all that apply. Initial return Initial return of a former public charity						г	
G Che	eck all that apply. Initial return		•	charity	D 1 Foreign organizat		
	Final return	Amended ret			2 Foreign organizat 85% test, check h		
U Ch	Address change eck type of organization: X Section 5010	Name change		0.1	computation .	▶∟	
$\overline{}$	Section 4947(a)(1) nonexempt charitable trust	Other taxable pri		04	E If private foundation		
	r market value of all assets at J Acco)(1)(A), check here . P	
		ther (specify)	Accidar	ŀ		n a 60-month termination	
	· · · · · · · · · · · · · · · · · · ·	column (d), must be on ca	sh basis)		21100. 30011011 30713	, , , , , , , , , , , , , , , , , , ,	
	Analysis of Revenue and Expenses (The					(d) Disbursements	
	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investmen	nt (c) Adjusted net	for charitable purposes	
	may not necessarily equal the amounts in column (a) (see instructions))	books	income		income	(cash basis only)	
1	Contributions, gifts, grants, etc., received (attach schedule)	1,007,172.					
2	Check If the foundation is not required to attach Sch B.						
3	Interest on savings and temporary cash investments-						
4	Dividends and interest from securities	- 83,410.	-83,4	10.			
5a	Gross rents						
ь	Net rental income or (loss)	- ,					
⊉ 6a		398,808.					
	Gross sales price for all 2,808,267.				-		
enue 6a b	Capital gain net income (from Part IV, line 2) .		398,8	08.	PE	~ E30 / 6-21 \$	
8	Net short-term capital gain				1/5	していたり	
9	Income modifications				2	RC BCC	
.00	and allowances				MAY	1 1 2020	
b	Less Cost of goods sold .		 	-			
l c		266,490.	266,4	90	000		
11	Other income (attach schedule)	1,755,880.	748,7		1 001	DEN, UT	
13	Compensation of officers, directors, trustees, etc	1,133,000.	140,1				
	Other employee salaries and wages						
14 15 16a	Pension plans, employee benefits						
162	Legal fees (attach schedule)		· · · · · · · · · · · · · · · · · · ·				
	Accounting fees (attach schedule)						
	Other professional fees (attach schedule . 1 .	31,259.	15,6	29.		6	
	Interest						
18 19 20	Taxes (attach schedule) (see instructions, 2.	3,604.	6	67.			
19	Depreciation (attach schedule) and depletion .						
20	Occupancy						
21	Travel, conferences, and meetings						
21 22	Printing and publications						
23 24 25 25	Other expenses (attach schedule)					ļ	
24	Total operating and administrative expenses					_	
ē	Add lines 13 through 23	34,863.	16,2	96.		6	
	Contributions, gifts, grants paid	198,500.	4.5.5	. -		198,5	
26	Total expenses and disbursements. Add lines 24 and 25	233,363.	16,2	96.		199,1	
27	Subtract line 26 from line 12	1 500 515		İ			
8	•	1,522,517.	730 1	12		<u> </u>	
i	Net investment income (if negative, enter -0-)		732,4	<u> </u>			
C	Adjusted net income (if negative, enter -0-)	<u> </u>	<u></u>			Form 990-PF (20	

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Fo	rm 990	PF (2019)	20-	-5604435	Page 2
P	art II	Balance Sheets Attached schedules and amounts in the	Beginning of year	End o	f year
_		description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing			
	2	Savings and temporary cash investments	169,353.	122,993.	122,993
	3	Accounts receivable >	7	· - •	ــــــــــــــــــــــــــــــــــــــ
		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)		<u></u>	أشب في منظمات والمنظمات والمنظم المنظم المنظ
		Less allowance for doubtful accounts			
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
◂		Investments - U S and state government obligations (attach schedule).			
	,b	Investments - corporate stock (attach schedule) . STMT .3	1,584,520.		
	11°	Investments - corporate bonds (attach schedule) . STMT .5 Investments - land, buildings.		1,820,816.	1,846,177
	.,	and equipment basis		\$. 0 the way "7.	^ 7/4 At 6 10 3
		Less accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13 14	Investments - other (attach schedule)			
		equipment basis Less accumulated depreciation		· · · · · · · · · · · · · · · · · · ·	
	_	(attach schedule)	-	- •	
	15	Other assets (describe >)			
	16	Total assets (to be completed by all filers - see the	0 000 045	4 452 530	4 005 501
_		instructions Also, see page 1, item I)		4,453,732.	4,926,501
	17	Accounts payable and accrued expenses			
s	18	Grants payable			<u> </u>
₽.	19	Deferred revenue			
薑	20	Loans from officers, directors, trustees, and other disqualified persons.			
Liabilities	21 22	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe			· · · · · · · · · · · · · · · · · · ·
	23	Total liabilities (add lines 17 through 22)		NONE	
		Foundations that follow FASB ASC 958, check here		NONE	· · · · · · · · · · · · · · · · · · ·
Fund Balances		and complete lines 24, 25, 29, and 30.			
曺	24	Net assets without donor restrictions		l	
駋	25	Net assets with donor restrictions · · · · · · · · · · · · · · · · · · ·			<u>`</u>
ַפַ		Foundations that do not follow FASB ASC 958, check here			
₫		and complete lines 26 through 30.			ţ
ŏ	26	Capital stock, trust principal, or current funds	2,932,845.	4,453,732.	
2	27 28 29 30	Paid-in or capital surplus, or land, bldg , and equipment fund			'
Se	28	Retained earnings, accumulated income, endowment, or other funds			1
ğ	29	Total net assets or fund balances (see instructions)	2,932,845.	4,453,732.	ţ
亨	30	Total liabilities and net assets/fund balances (see)
_		instructions) · · · · · · · · · · · · · · · · · · ·	2,932,845.	4,453,732.	
	art II				
1		al net assets or fund balances at beginning of year - Part			
_		-of-year figure reported on prior year's return)			2,932,845.
		er amount from Part I, line 27a			1,522,517.
		er increases not included in line 2 (itemize) SEE STA		3	2,315.
		l lines 1, 2, and 3			4,457,677.
		reases not included in line 2 (itemize) SEE STA		5	3,945.
6	lota	al net assets or fund balances at end of year (line 4 minus l	ine 5) - Part II, column (b),	, line 29 6	4,453,732.
					Form 990-PF (2019)

• • • •

Part IV Capital Gains	and Losses for Tax on Inve	estment Income			
(a) List and des	cribe the kind(s) of property sold (for earlick warehouse; or common stock, 200	xample, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a PUBLICLY TRADED	SECURITIES				
b			ļ		<u> </u>
<u> </u>	···· · · · · · · · · · · · · · · · · ·				
d					
<u>e</u>					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a 2,808,267.		2,409,459.			<u>398,808.</u>
<u>b</u>			ļ		
С			<u> </u>		
d					
Complete only for goods of	awar says is solvers (b) and award b	u the foundation on 12/21/69			
Complete only for assets sh	owing gain in column (h) and owned b			Gains (Col (h) ga (k), but not less t	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		Losses (from co	l (h))
<u>a</u>		<u></u>			<u>398,808.</u>
b		<u> </u>			
C					
d			-		
<u>e</u>		in also auton in Doublike 7			-
2 Capital gain net income	or (not capital loce)	oin, also enter in Part I, line 7 sos), enter -0- in Part I, line 7	2		398,808.
3 Net short-term capital ga	ain or (loss) as defined in sections				330,000.
	art I, line 8, column (c) See ins				
_			3		
		uced Tax on Net Investment I			
		outable amount of any year in the b	ase perio	d?	Yes X No
	t qualify under section 4940(e). De				
1 Enter the appropriate an		r; see the instructions before makir	ig any en	tries.	
Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
Calendar year (or tax year beginning in) 2018	13,149.	259,780.	ļ	(coi (b) divided by	0.050616
2017	16,205.	140,209.			0.115577
2016	7,411.	104,160.			0.071150
2015	5,000.	70,660.			0.070761
2014	4,000.	75,646.			0.052878
2 Total of line 1, column (d)		2		0.360982
3 Average distribution rate	o for the 5-year base period - divid	e the total on line 2 by 5.0, or by	[
the number of years the	foundation has been in existence	if less than 5 years	3		0.072196
4 Enter the net value of no	oncharitable-use assets for 2019 fr	om Part X, line 5	4	3,	668,110.
5 Multiply line 4 by line 3.			5		264,823.
6 Enter 1% of net investme	ent income (1% of Part I line 27b)		6		7,324.
	, ,				
7 Add lines 5 and 6			7		272,147.
O Enter quelificia a distanta	tions from Part VII. line 4		8		199,113.
If line 8 is equal to or go Part VI instructions.	reater than line 7, check the box	in Part VI, line 1b, and complete		using a 1% ta	

17	990-PF (2019) 20-5604435 VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 - 500	instru		age ' s)
	Exempt operating foundations described in section 4940(d)(2), check here	10 300	1113414	<u> </u>	-
	Date of ruling or determination letter				
	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1		14,6	548
	here I and enter 1% of Part I, line 27b	•		17,	710
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	İ			
	Part I, line 12, col (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	2		1	NON
	Add lines 1 and 2	3		14.6	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	4			NON
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5		14,6	
	Credits/Payments.			<u> </u>	710
	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 2,820 .				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868) 6c NONE				
	Backup withholding erroneously withheld	İ			
	Total credits and payments Add lines 6a through 6d	7		2 8	320
	Enter any penalty for underpayment of estimated tax. Check here	8		~ / \	, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		11,8	128
		10		/	
		11			
į	VII-A Statements Regarding Activities	··.			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation	or did it	T	Yes	No
	participate or intervene in any political campaign?		1a		7
	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes				
	instructions for the definition		16		;
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of an				
	published or distributed by the foundation in connection with the activities	y materials	1		
	Did the foundation file Form 1120-POL for this year?		1c		
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.		1		-
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax				İ
	on foundation managers > \$	Ппрозец			
	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		
	If "Yes," attach a detailed description of the activities		H		_
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrume	ant articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		7
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		48		
			4b		<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year?		5		-
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				
	If "Yes," attach the statement required by General Instruction T Are the requirements of conton 509(a) (relating to sections 4941 through 4945) cottofied other		1		ŀ
	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. • By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory dire	ctions that			
	By state legislation that effectively amends the governing instrument so that no mandatory direconflict with the state law remain in the governing instrument?		6	X	
	 By state legislation that effectively amends the governing instrument so that no mandatory dire conflict with the state law remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), a 		6 7	X	
	By state legislation that effectively amends the governing instrument so that no mandatory direconflict with the state law remain in the governing instrument?				
	● By state legislation that effectively amends the governing instrument so that no mandatory dire conflict with the state law remain in the governing instrument?	nd Part XV			
	● By state legislation that effectively amends the governing instrument so that no mandatory dire conflict with the state law remain in the governing instrument?	nd Part XV	7		
	● By state legislation that effectively amends the governing instrument so that no mandatory dire conflict with the state law remain in the governing instrument?	nd Part XV			

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

Form **990-PF** (2019)

Form	990-PF (2019) - ~ 20-5604435	•	- 1	age 🕽
Par	VII-A Statements Regarding Activities (continued)		152	
		<u> </u>	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	1	١,	
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11	ļ	<u> </u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► SECURITY NATIONAL BANK TRUST Telephone no ► (402) 344	- 730	0	
	Located at ▶ 1120 S 101ST STREET, OMAHA, NE ZIP+4 ▶ 68124			1
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	ш
	and enter the amount of tax-exempt interest received or accrued during the year		Van	81-
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	l	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
_	the foreign country	<u> </u>		
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	81-
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		res	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			i
	(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?	}		,]
	(3) Hansier any income of assets to a disqualined person for make any of cities available for			ļ
	(6) Agree to pay money or property to a government official? (Exception. Check "No" 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).			
				.
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	1b		
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	10		
_	Organizations relying on a current notice regarding disaster assistance, check here	ļ		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	1c		J
_	were not corrected before the first day of the tax year beginning in 2019?	"		^
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years			
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
U	(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 statement - see instructions)	2b		/
	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
·	the provisions of section 4542(a)(2) are being appried to any or the years hatco in 20, hat the years hatc.	1		
3.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
Jd	at any time during the year?	ł		
h	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	1		
J	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1		
	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 Form 4720, Schedule C, to determine if the	1		
	foundation had excess business holdings in 2019)	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u> </u>		<u> </u>
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		<u> </u>
			0-PF	

Part	VII-B Statements Regarding Activities f	or Which Form 4	720 May Be Req	uired (continued)	+		
5a	During the year, did the foundation pay or incur any amo	ount to		· · · · · · · · · · · · · · · · · · ·		Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (section	n 4945(e))?	. Yes X No	,		
	(2) Influence the outcome of any specific public ele	ection (see section 4	1955), or to carry or	n,			- {
	directly or indirectly, any voter registration drive?		<i>.</i> 	. Yes X No	,	İ	- 1
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?		. Yes X No	,		j
	(4) Provide a grant to an organization other than a	charitable, etc, org	anization described i	n		į	1
	section 4945(d)(4)(A)? See instructions			Yes X No	•		
	(5) Provide for any purpose other than religious, ch	aritable, scientific, l	iterary, or educationa	ıl l		ļ	
	purposes, or for the prevention of cruelty to children						
b	If any answer is "Yes" to 5a(1)-(5), did any of the				n		
	Regulations section 53.4945 or in a current notice regar	dıng disaster assıstan	ce? See instructions.	· · · · · · · · · · · · · ·	5b		.
	Organizations relying on a current notice regarding disas	ter assistance, check	here				-
C	If the answer is "Yes" to question 5a(4), does the						1
	because it maintained expenditure responsibility for the			. Yes No	'		1
_	If "Yes," attach the statement required by Regulations se						į
6a	Did the foundation, during the year, receive any fur						Ì
L	on a personal benefit contract?				1		 -
ь	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benefit contra	ect/	. 66		<u> X</u>
70	If "Yes" to 6b, file Form 8870		-h-la				- 1
7a b	At any time during the tax year, was the foundation a pail if "Yes," did the foundation receive any proceeds or have						
8	Is the foundation subject to the section 4960 tax on pay	•		onr	· 7b		 1
•	remuneration or excess parachute payment(s) during the			. Yes X No			1
Part	VIII Information About Officers, Director	rs, Trustees, Fou	ndation Manager	s, Highly Paid Emi			'
	and Contractors List all officers, directors, trustees, and foundation		_				
	List all dilicers, directors, trustees, and foundation	n managers and tr	ieir compensation.	See instructions.			
		(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evaces		
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)		(e) Expens		
		(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
GREGO	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
GREGO	(a) Name and address	(b) Title, and average hours per week devoted to position PRESIDENT	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			s
GREGO 2468 CATHE	(a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129	(b) Title, and average hours per week devoted to position PRESIDENT 1	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			s
GREGO 2468 CATHE 2468 DOUGL	(a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 RINE MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 AS OLDAKER	(b) Title, and average hours per week devoted to position PRESIDENT 1 TREASURER	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			s
GREGO 2468 CATHE 2468 DOUGL	(a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 RINE MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129	(b) Title, and average hours per week devoted to position PRESIDENT 1 TREASURER 1	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owance	s
GREGO 2468 CATHE 2468 DOUGL	(a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 RINE MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 AS OLDAKER	(b) Title, and average hours per week devoted to position PRESIDENT 1 TREASURER 1 DIRECTOR	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation - 0 -		owance	-0- -0-
GREGO 2468 CATHE 2468 DOUGL 1120	(a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 RINE MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 AS OLDAKER S 101ST STREET, OMAHA, NE 68124	(b) Title, and average hours per week devoted to position PRESIDENT 1 TREASURER 1 DIRECTOR 1	(e) Compensation (if not paid, enter -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - () () () -	other allo	owance:	-0- -0-
GREGOI 2468 CATHE 2468 DOUGL	(a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 RINE MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 AS OLDAKER	(b) Title, and average hours per week devoted to position PRESIDENT 1 TREASURER 1 DIRECTOR 1	(e) Compensation (if not paid, enter -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - () () () -	other allo	owance:	-0- -0-
GREGO 2468 (CATHE 2468 (DOUGL 1120 ((a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 RINE MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 AS OLDAKER S 101ST STREET, OMAHA, NE 68124 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT 1 TREASURER 1 DIRECTOR 1 (other than thos	(e) Compensation (if not paid, enter -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation -0- -0- 1 - see instruction	other allo	owance	-0- -0- -0-
GREGO 2468 (CATHE 2468 (DOUGL 1120 ((a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 RINE MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 AS OLDAKER 3 101ST STREET, OMAHA, NE 68124 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position PRESIDENT 1 TREASURER 1 DIRECTOR 1 (other than thos	(e) Compensation (if not paid, enter -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred plans and deferred	other allo	one, c	-0- -0- -0-
GREGO 2468 (CATHE 2468 (DOUGL 1120 ((a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 RINE MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 AS OLDAKER S 101ST STREET, OMAHA, NE 68124 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position PRESIDENT 1 TREASURER 1 DIRECTOR 1 (other than thos	(e) Compensation (if not paid, enter -0-) -0- -0- e included on line	(d) Contributions to employee benefit plans and deferred compensation -0- -0- 1 - see instruction (d) Contributions to employee benefit	other allo	one, c	-0- -0- -0-
GREGOI 2468 (CATHE 2468 (DOUGL 1120 (a)	(a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 RINE MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 AS OLDAKER S 101ST STREET, OMAHA, NE 68124 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 1 TREASURER 1 DIRECTOR 1 (other than thos	(e) Compensation (if not paid, enter -0-) -0- -0- e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0 - -0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	owance	-0- -0- -0-
GREGOI 2468 (CATHE 2468 (DOUGL 1120 (a)	(a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 RINE MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 AS OLDAKER S 101ST STREET, OMAHA, NE 68124 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 1 TREASURER 1 DIRECTOR 1 (other than thos	(e) Compensation (if not paid, enter -0-) -0- -0- e included on line	(d) Contributions to employee benefit plans and deferred compensation -0- -0- 1 - see instruction (d) Contributions to employee benefit plans and deferred plans and deferred	ons). If no (e) Expens other allo	one, c	-0- -0- -0-
GREGO 2468 (CATHE 2468 (DOUGL 1120 ((a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 RINE MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 AS OLDAKER S 101ST STREET, OMAHA, NE 68124 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 1 TREASURER 1 DIRECTOR 1 (other than thos	(e) Compensation (if not paid, enter -0-) -0- -0- e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0 - -0 - (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	owance	-0- -0- -0-
GREGOI 2468 (CATHE 2468 (DOUGL 1120 (a)	(a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 RINE MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 AS OLDAKER S 101ST STREET, OMAHA, NE 68124 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 1 TREASURER 1 DIRECTOR 1 (other than thos	(e) Compensation (if not paid, enter -0-) -0- -0- e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0 - -0 - (d) Contributionsto employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	owance	-0- -0- -0-
GREGOI 2468 (CATHE 2468 (DOUGL 1120 (a)	(a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 RINE MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 AS OLDAKER S 101ST STREET, OMAHA, NE 68124 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 1 TREASURER 1 DIRECTOR 1 (other than thos	(e) Compensation (if not paid, enter -0-) -0- -0- e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0 - -0 - (d) Contributionsto employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	owance	-0- -0- -0-
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GREGOI 2468 (CATHE 2468 (DOUGL 1120 (a)	(a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 RINE MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 AS OLDAKER S 101ST STREET, OMAHA, NE 68124 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 1 TREASURER 1 DIRECTOR 1 (other than thos	(e) Compensation (if not paid, enter -0-) -0- -0- e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0 - -0 - (d) Contributionsto employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	owance	-0- -0- -0-
GREGOI 2468 (CATHE 2468 (DOUGL 1120 (a)	(a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 RINE MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 AS OLDAKER S 101ST STREET, OMAHA, NE 68124 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 1 TREASURER 1 DIRECTOR 1 (other than thos	(e) Compensation (if not paid, enter -0-) -0- -0- e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0 - -0 - (d) Contributionsto employee benefit plans and deferred compensation	ons). If no (e) Expens other allo	owance	-0- -0- -0-
GREGOI CATHE	(a) Name and address RY A MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 RINE MCKINLEY CROSSPARK DRIVE, MURFREESBORO, TN 37129 AS OLDAKER S 101ST STREET, OMAHA, NE 68124 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position PRESIDENT 1 TREASURER 1 DIRECTOR 1 (other than those hours per week devoted to position	(e) Compensation (If not paid, enter -0-) -0- -0- e included on line (e) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0 - -0 - (d) Contributionsto employee benefit plans and deferred compensation	ons). If no	owance	-0- -0- -0-

3 Five h	ighest-paid independent contractors for professional services. See instructions. If none, enter "NONE	<u>.</u>
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		NONE
ONE		NOINE
-4-1	- f - th	NONE
otal numbe	r of others receiving over \$50,000 for professional services	NONE NONE
	dation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of	Evenena
	s and other beneficiaries served, conferences convened, research papers produced, etc '	Expenses
1 NONE		
2		
3		
		•
4		
		•
Part IX-B	Summary of Program-Related Investments (see instructions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		
2		
	gram-related investments. See instructions	•
3 NONE		

	t X Minimum Investment Return (All domestic foundations must complete this part. Fore	ign foun	dations,
	see instructions.)	_	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes.		
а	Average monthly fair market value of securities	1a	3,569,582.
b		1b	154,388.
	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	3,723,970.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	3,723,970.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
_	instructions)		55,860.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,668,110.
6	Minimum investment return. Enter 5% of line 5	6	183,406.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	idations	
1	Minimum investment return from Part X, line 6	1	183,406.
2 a	.		
ь	-	1	
c	Add lines 2a and 2b	2c	14,648.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	168,758.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	168,758.
6	Deduction from distributable amount (see instructions)	6	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	168,758.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	199,113.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	199,113.
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. See instructions	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4		199,113.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	lculating	whether the foundation

Form **990-PF** (2019)

Form	990-PF (2019)				Page 9
Pa	rt XIII Undistributed Income (see instr	ructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				<u>168,758.</u>
2	Undistributed income, if any, as of the end of 2019		į		1
а	Enter amount for 2018 only			NONE	
b	Total for prior years 20,20,20		NONE		
3	Excess distributions carryover, if any, to 2019				1
а	From 2014				1
	From 2015				1
c	From 2016				
	From 2017				Ì
е	From 2018				}
f	Total of lines 3a through e	13,628.			
4	Qualifying distributions for 2019 from Part XII,				1
	line 4: ▶ \$199,113.		,		j
а	Applied to 2018, but not more than line 2a			NONE	<u> </u>
ь	Applied to undistributed income of prior years				}
	(Election required - see instructions)		NONE		
c	Treated as distributions out of corpus (Election				1
	required - see instructions)	NONB			
d	Applied to 2019 distributable amount				168,758.
	Remaining amount distributed out of corpus	30,355.			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same				
	amount must be shown in column (a).)	NONE			NONE
6	Enter the net total of each column as				1
	indicated below:	42 002)
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	43,983.			
b	Prior years' undistributed income Subtract		,,,,,,,,		
	line 4b from line 2b		NONE		<u>-</u>
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)		NONT]
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b. Taxable		NONE		•
	amount - see instructions	·	NONE	•	<u> </u>
e	4a from line 2a Taxable amount - see			NONE	
	instructions			NONE	<u></u>
f	Undistributed income for 2019. Subtract lines				
	4d and 5 from line 1 This amount must be				MONE
	distributed in 2020				NONE
7	Amounts treated as distributions out of corpus				i
	to satisfy requirements imposed by section				[
	170(b)(1)(F) or 4942(g)(3) (Election may be	NONE			
_	required - see instructions)	NOND	-		
8	Excess distributions carryover from 2014 not	218.		j	1
_	applied on line 5 or line 7 (see instructions)	210.			
9	Excess distributions carryover to 2020.	43,765.			1
10	Subtract lines 7 and 8 from line 6a	73,103.			
	Analysis of line 9: Excess from 2015 1,467.		j		i
	Excess from 2016				1
	Excess from 2016				i
	Excess from 2017				
	Excess from 2019 30,355.	1	-		
		 			Form 990-PF (2019)

	1 330-FF (20 13)				0004433	rage 10
Pai	t XIV Private Ope	erating Foundations	(see instructions a	nd Part VII-A, question	on 9)	NOT APPLICABLE
1a	If the foundation has	received a ruling or d	etermination letter that	t it is a private opera	ating	
	foundation, and the ruling	is effective for 2019, en	ter the date of the ruling			
ь	Check box to indicate	=	· ·		 	(j)(3) or 4942(j)(5)
	Enter the lesser of the ad-	Tax year	lo o pinoto oporating	Prior 3 years	70 72	10 120/107
	justed net income from Part	-	(1) 0010		10000	(e) Total
	I or the minimum investment	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	return from Part X for each					
	year listed					
Ь	85% of line 2a					
c	Qualifying distributions from Part					
_	XII, line 4, for each year listed .					1
d	Amounts included in line 2c not					· · · · · · · · · · · · · · · · · · ·
	used directly for active conduct]				
	of exempt activities	··				
е	Qualifying distributions made directly for active conduct of					
	exempt activities Subtract line					
_	2d from line 2c		\longrightarrow			
3	Complete 3a, b, or c for the alternative test relied upon					İ
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section					
ь	4942(j)(3)(B)(i) "Endowment" elternative test-			_		
	enter 2/3 of minimum invest-					1
	ment return shown in Part X,					j
	line 6 for each year listed					
C	"Support" alternative test - enter					
	(1) Total support other than					
	gross investment income (interest, dividends, repts,	1			\	1
	payments on securities					
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general	·				
	public and 5 or more					
	exempt organizations as provided in section 4942				İ	
	(j)(3)(B)(m)				'	`
	(3) Largest amount of sup-					1
	port from an exempt organization					1
	(4) Gross investment income .		•			
Pai	t XV Supplemen	tary Information (C	Complete this part	only if the founda	tion had \$5,000	or more in assets at
		uring the year - see		•		
1	Information Regarding	Foundation Manager	'S:			
а				e than 2% of the tota	ol contributions rece	ived by the foundation
	before the close of any	tax vear (but only if th	ev have contributed r	nore than \$5,000) (Se	ee section 507(d)(2).)
		,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
	N/A		4004			
Þ						lly large portion of the
	ownership of a partner	snip or other entity) of	wnich the foundation	nas a 10% or greater	interest.	
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarshi	p, etc., Programs:		
	Check here ► X If t	he foundation only	makes contributions	to preselected chari	table organizations	and does not accept
	unsolicited requests for	or funds. If the found	ation makes difts ara	ints etc. to individua	ils or organizations	under other conditions,
	complete items 2a, b,			mio, oto , to mairidae	or organizations	ander other conditions,
				-aran ta whom and	inneinna abauld ba as	
a	The name, address, an	a telephone number o	r email address of the	person to whom appi	ications snould be at	iaressea:
						
b	The form in which app	lications should be sub	omitted and information	on and materials they s	should include.	
c	Any submission deadli	nes:				
	,					
7	Any restrictions or li	mitations on awards	such as hy geogra	anhical areas charita	hle fields kinds o	f institutions, or other
u	factors.	audions on awaius	, Justin as by geogra	apinous urous, chailta	Horas, Kirius U	outanono, or ouisi

Grants and Contributions Paid Duri	ing the Year or App	roved for Fu	ture Payment	
Grants and Contributions Paid Duri Recipient Name and address (home or business)	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year	•			
				•
SEE STATEMENT 13				198,50
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b Approved for future payment			_	
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Part XVI	 A - Analysis of Income-Produ 	ucing Acti	ivities -		·- ·	-4
	amounts unless otherwise indicated		ated business income		y section 512, 513, or 514	(e) '. Related or exempt
1 Program	n service revenue.	Business code	Amount	(c) Exclusion code	Amount	function income (See instructions)
a	· · · · · · · · · · · · · · · · · · ·		<u> </u>			
ь						
c						
d						·-
f						
g Fees	and contracts from government agencies			 		
•	rship dues and assessments					
	on savings and temporary cash investments					
	ds and interest from securities			14	83,410.	
	tal income or (loss) from real estate	19 H 1	الدائد دامد به ۱۸ مکش و را دواواهد	445" " AST 18	No Lead To the Board of the	I THE WHAT IN MINISTER !
	t-financed property					
	debt-financed property			<u> </u>		
	al income or (loss) from personal property			<u> </u>		
	evestment income			18	398,808.	
	loss) from sales of assets other than inventory			 -~	370,000.	
	ome or (loss) from special events · · ·			<u> </u>		
	rofit or (loss) from sales of inventory			 		· , .
11 Other re	CHER REVENUE			14	266,490.	
				1.4	200,430.	
				<u> </u>		
				 		
e				 	740 700	
	Add columns (b), (d), and (e)			l	748,708.	740 700
	dd line 12, columns (b), (d), and (e)		• • • • • • • • • • • • • •		13	748,708.
	neet in line 13 instructions to verify calcu					
Part XVI	B Relationship of Activities	to the A	ccomplishment of Ex	cempt Pur	poses	
Line No.	Explain below how each activit	y for which	h income is reported in	n column (e) of Part XVI-A contrib	uted importantly to the
▼	accomplishment of the foundation	on's exemp	t purposes (other than I	by providing	g funds for such purpose	s). (See instructions.)
	w-					
						
	·		-	- · ·	•	
	ra p () m.s.					wart N
					· -··· · · · · · · · · · · · · · · · ·	
						
		_	NOT APPLICABLE	E	***	
		_	·			
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				· · · · · · · · · · · · · · · · · · ·		•
	 					· · ·
	<u> </u>	···		•		-

Part	XVII	Information Re Organizations	egarding Tra	nsfers to	o and	Transaction	ns and	Relationship	ps With	Nonchar	itable	e Exc	empt
1 1	Did the	e organization direct	ly or indirectly	engage II	n any of	the following	g with a	iny other orga	nization	described		Yes	No
1	n sec	tion 501(c) (other	•				-	_					
	_	zations?	a foundation to	a noncha	ritable e	vomnt orga	vization o	· f ·					
		ers from the reporting	-								1a(1)		X
,		ner assets									18(2)		X
		transactions:									10(2)		
		es of assets to a non-	charitable exer	not organ	ization .						1b(1)		X
		chases of assets from									1b(2)		Х
		ntal of facilities, equip		•	_						 	1	Х
		mbursement arrange	•										Х
		ens or loan guarantee											Х
		formance of services											Х
c	Sharing	g of facilities, equipm	ent, mailing lis	ts, other a	ssets, o	r paid emplo	yees				1c		Х
		answer to any of th										fair m	arket
		of the goods, other		_	-								
	value i	n any transaction or	sharing arrang	gement, s	show in	column (d)							
(a) Lin	e no	(b) Amount involved	(c) Name of	noncharitable	e exempt o	rganization	(d) De	escription of transf	ers, transac	tions, and shar	ıng arra	ingeme	nts
			ļ										
													
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-	$\neg \uparrow$												
		foundation directly											~
(describ	ed in section 501(c)	(other than se	ction 501	(c)(3)) o	r ın section 5	277			[Y	es 📝	∐ No
_ b	f "Yes,	" complete the follow	wing schedule.										
		(a) Name of organization	n		(b) Type o	of organization			(c) Descript	tion of relations	hip		
		~~~~					-						
		·											•
					-								
							-						
	Under	penalties of penjury, I decla	are that I have exam	ined this retu	ırn, ıncludin	g accompanying	schedules an	d statements, and	to the best	of my knowledg	e and t	oelief, it	is true
		t, and complete Declaration of											
Sign		Anna a ma	Kila	lo	05/01/	2020	DRRG	SIDENT		May the IRS			
Here	Sign	nature of officer or trustee	7		ate	2020	Title	OIDENI		with the pre	parer s	Yes	below? No
	GR	REGORY A MCKIN	T.EY							L		7 ~ F	
	1 01	Print/Type preparer's na		Prepar	rer's signat	ure		Date	Ch	eck If F	TIN		
Paid		SARAH WALLAC		S	المتكم	Weller		05/01/	l l	. — 1.	P014	4043	38
Prep	arer		NST & YOU	NG U.S.	LLP		•		Firm's EIN		6565		
Use	Only		0 YARD ST			200							
	•	i e	ANDVIEW,	OH			212		Phone no	614-2	32-7	295	
										r	_ 00	A DE	(2010)

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

Department of the Treasury Internal Revenue Service Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Go to www.irs.gov/Form990for the latest information.

OMB No 1545-0047

Employer identification number

2019

RAY C MCKINLEY FAMILY FOUNDATION CUSTODY 20-5604435 Organization type (check one): Filers of Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts I and II For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such, ..., contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2019)

JSA

9E1251 1 000

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization

RAY C MCKINLEY FAMILY FOUNDATION CUSTODY

**Employer identification number** 20-5604435

Part I	Contributors (see instructions). Use duplicate copies of P	art I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) - Type of contribution
1_	RAY C MCKINLEY FAMILY TRUST  1120 SOUTH 101ST STREET  OMAHA, ,	\$17,365.	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	PATRICIA MCKINLEY IRREVOCABLE TRUST  1120 SOUTH 101ST STREET  OMAHA, ,	\$194,232	Person Payroll Noncash  (Complete Part II for noncash contributions)
(a) No.	' (b) Name, address, and ZIP + 4	(c) Total contributions	(d) . Type of contribution
3	RAY C MCKINLEY FAMILY TRUST  1120 SOUTH 101ST STREET  OMAHA, ,	\$26,083.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) . Type of contribution
4	PATRICIA MCKINLEY IRREVOCABLE TRUST  1120 SOUTH 101ST STREET  OMAHA, ,	\$ 769,492.	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)

Employer identification number 20-5604435

Part II Noncash Property (see instructions). Use duplicate copies of 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
1	Shares of Enhanced US Large Co Port DFA Fun	17.265	02/15/2010
		\$ 17,365.	03/15/2019
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions )	(d) Date received
2_	Shares of Black Hill Corp Com (092113109)		
		\$194,232.	10/31/2019
(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
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

20-5604435

### FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	CHARITABLE PURPOSES
OTHER ALLOCABLE EXPENSE-PRINCI INVESTMNT MNGMNT FEES (NON-DED	1,226. 30,033.	613. 15,016.	613
TOTALS	31,259.	15,629.	613.

20-5604435

### FORM 990PF, PART I - TAXES

	REVENUE	
	AND	NET
	EXPENSES	INVESTMENT
DESCRIPTION	PER BOOKS	INCOME
FEDERAL TAX PAYMENT - PRIOR YE	117.	
FEDERAL ESTIMATES - PRINCIPAL	2,820.	
FOREIGN TAXES ON QUALIFIED FOR	603.	603.
FOREIGN TAXES ON NONQUALIFIED	64.	64.
		~
TOTALS	3,604.	667.
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#### . . . 20-5604435

# FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV 
ACTIVISON BLIZZARD INC AMAZON COM INC COM	54,430. 61,684.	,63,342. ,64,532.
LOWES COS INC COM NIKE INC CLASS B COM	58, <b>4</b> 32. 27,970.	65,048., 127,546.
ROSS STORES INC YUM BRANDS INC COM	54,246.	63,088.
YUM CHINA HOLDINGS INC W I ROYAL CARIBBEAN CRUISES LTD COLGATE PALMOLIVE CO COM	- 1.64,034. , 62,059.	72,711. 62,262.
PEPSICO INC COM  EOG RES INC COM	58,014.	61,119.
BERKSHIRE HATHAWAY INC DEL CL COLUMBIA BANKING SYSTEM INC	56,610.	62,122.
GUARANTY BANCORP DEL HERITAGE COMMERCE CORP	61,567.	63,232.
CHUBB LTD ABBVIE INC	58,336. 49,822.	62,876. 67,228.
AMGEN INC COM JOHNSON & JOHNSON COM	49,622. 44,539. 56,255.	46,710.
MERCK AND CO INC NEW RESMED, INC	47,210. 59,269.	.66,269. 65,566. 70,200.
UNITEDHEALTH GROUP INC COM ZOETIS INC HONEYWELL INTERNATIONAL THE CO	50,269. 50,963. 55,545.	67,070. 59,661.
HONEYWELL INTERNATIONAL INC CO LOCKHEED MARTIN CORP COM RESIDEO TECHNOLOGIES INC COM	54,262.	63,899.
UNION PACIFIC CORP COM APPLE INC COM	56,817. 45,631.	61,972. 70,282.
MICROSOFT CORP COM	52,460.	67,300.

# 20-5604435

### FORM 990PF, PART II - CORPORATE STOCK

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV .
MICROCHIP TECHNOLOGY INC NVIDIA CORP COM TEXAS INSTRS INC COM VISA INC	49,625: 53,484. 54,816.	67,175. 66,081. 64,981.
DOWDUPONT INC NEXTERA ENERGY INC WEC ENERGY CORP ENHANCED US LARGE CO PORT DFA	53,052.	64,427.
REAL EST SECURITIES PORT DFA F NUANCE MID CAP VALUE Z UNDISCOVERED MGRS BEHAVIORAL V VANGUARD EQUITY INCOME FUND #5	52,304. 228,017.	52,036. 227,598.
VANGUARD MID CAP INDEX ADMIRAL LAZARD INTERNATIONAL STRATEGIC MATTHEWS INTL FDS	99,089. 111,955.	, 189,389. 120,325.
DISNEY WALT CO ALEXANDRIA REAL ESTATE EQ INC CAMDEN PPTY TR SH BEN INT AMERIS BANCORP	61,264. 39,892. 54,837. 34,118.	68,172. 41,370. 56,732. 39,321.
BOEING CO BROADRIDGE FINANCIAL SOLUTIONS DUPONT DE NEMOURS INC	60,385. 58,685. 61,936.	56,331. 63,623. 53,340.
EOG RES INC COLUMBIA FDS SER TR I PACIFIC LAZARD FDS INC GL INFRA INST	45,491. 108,704. 92,114.	40,051. 118,968. 93,376.
TOTALS	2,509,923. ==========	2,957,331.

#### 20-5604435

ENDING

## FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION	BOOK VALUE	FMV
FEDERATED TOTAL RETURN BD		
BAIRD FDS INC SHRT TRM BD I	168,486.	172,069.
FREMONT NEB COMBINED UTIL SYS		•
LINCOLN NE PKG REV RFDG 3.5%		
LINCOLN-LANCASTER CNTY NEB PUB		
UNIV.NEB FACS CORP REV 3%		
NEBRASKA INV FIN AU SING 1.8%	,	
DAWSON NEB PUB PWR DIST ELEC 3		•
OMAHA NE SAN SEW REV 3%		
UNIV NEB REVS RFDG 3% LINCOLN NE ARENA GEN OBLIG 3%		
LINCOLN NEB WTR REV NE 3%		•
FLORIDA ST BRD ED PUB ED 2.5%		
LINCOLN NE 3% MAT 7/15/22		
POLK CNTY NE SCH DIST #15		
SCOTTS BLUFF CNTY NE 2.35%		
LINCOLN-LANCASTER CNTY NEB 4%		
LAS CRUCES NEW MEX JT UTIL 4%		
MARYLAND CMNTY DEV ADMIN LOC 2		
DIST ENERGY CORE NE 3%		
LINCOLN NE 2.375%		
CITY OF ROCHESTER MN HEALTH CA		
OMAHA PUBLIC POWER DIST 2.25% CALIFORNIA ST 4.875%		
FEDERAL NATIONAL MORTGAGE ASSN		
LANCASTER CNTY NE SCH DIST NO		
CITYBANK NA N Y 2.125%	113,099.	115,100.
JP MORGAN CHASE BANK 2.604%	114,483.	115,038.
TWDC ENTERPRISES 18 CORP 2/12/	100,653.	100,523.
· ·	•	•

ENDING

#### 20-5604435

### FORM 990PF, PART II - CORPORATE BONDS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV 
PEPSICO INC 10/6/2021 POTAMAC ELEC POR CO 3/15/2023 BURLINGTON NORTHN SANTA FE 3/1 CATERPILLAR FINL SVCS MTNS 12/ WALMART INC 6/26/2025 UTAH ST BRD REGENTS REV 8/1/20 UNIVERSITY TEX UNIV REVS IAM 4 UNITED STATES TREASURY 5/28/20 FHLMC REMIC SERIES 4024 3/15/2 FNMA PASS-THRU MEGA MULT 1/1/2 TEXAS ST 10/1/2029 BAYLOR SCOTT & WHITE HLDGS 11/ LINCOLN NEB WEST HAYMARKET 12/	100,879. 114,724. 115,148. 118,230. 50,848. 123,870. 110,084. 99,207. 79,217. 37,618. 148,927. 104,057. 121,286.	100,717. 117,308. 118,167. 121,870. 53,500. 123,155. 108,787. 99,371. 80,020. 38,901. 144,342. 113,106. 124,203.
TOTALS	1,820,816.	1,846,177.

FORM	990PF,	PART	III	- OTH	ER	INCREASES	IN	NET	WORTH	OR	FUND	BALANCES
=====	======	=====	====	=====	===	=======	===:	====	======	====	=====	=======

DESCRIPTION		AMOUNT
2018 TRANSACTIONS POSTED TO 2019	)	283.
MISC CASH DEPOSITS		13.
RETURN OF CAPITAL		5.
ACCRETION CARRYOVER		1,747.
MUTUAL FUND FACTORING		267.
	TOTAL	2,315.
		===============

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FORM 990PF,	PART	III	-	OTHER	DECREASES	IN	NET	WORTH	OR	FUND	BALANCES	
=========		====	==	=====:	========	===	====	=====	====		=======	
DESCRIPTION			ì								AMOU	T

2019 TRANSACTIONS POSTED TO 2020

ACCRUED INTEREST CARRYOVER

ROUNDING

BANK FEE

TOTAL

2,017.

1,920.

3.

5.

990PF, PART VII-A LINE 8b - EXPLANATION OF NON-FILING WITH A.G. STMT. 

NEBRASKA HAS NO FORMAL REQUIREMENT FOR FILING 990-PF WITH STATE AUTHORITIES. INSTEAD, THIS RETURN IS AVAILABLE THROUGH PUBLIC INSPECTION RULES OF NON-PROFIT ORGANIZATIONS. TAXPAYER IS ORGANIZED UNDER THE STATE OF NEBRASKA NOT-FOR-PROFIT STATUTES.

RAY C MCKINLEY FAMILY FOUNDATION CUSTODY 20-5 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID	5604435
RECIPIENT NAME: ALZHEIMER'S DISEASE RESEARCH ADDRESS: 22512 GATEWAY CENTER DR	
CLARKSBURG, MD 20871 AMOUNT OF GRANT PAID	2,500.
RECIPIENT NAME: UNITED WAY OF THE MIDLANDS ADDRESS: 2201 FARNAM ST.	
OMAHA, NE 68102 AMOUNT OF GRANT PAID	55,000.
RECIPIENT NAME: NEBRASKA FARM BUREAU FOUNDATION ADDRESS: P.O. BOX 80299	
LINCOLN, NE 68501-0299 AMOUNT OF GRANT PAID	15,000.
RECIPIENT NAME: FARM RESCUE ADDRESS: P.O. BOX 28	
HORACE, ND 58047 AMOUNT OF GRANT PAID	5,000.
RECIPIENT NAME: NEBRASKA CATTLEMEN DISASTER RELIEF FUND ADDRESS: 4611 CATTLE DR	
LINCOLN, NE 68521 AMOUNT OF GRANT PAID	15,000.

RAY C MCKINLEY FAMILY FOUNDATION CUSTODY 20-9 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID	5604435
RECIPIENT NAME: BETHANY LUTHERAN CHURCH ADDRESS: 4200 N 204TH ST ELKHORN, NE 68022 AMOUNT OF GRANT PAID	10,000.
RECIPIENT NAME: TRINITY LUTHERAN CHURCH ADDRESS: 330 W HALLECK ST PAPILLION, NE 68046 AMOUNT OF GRANT PAID	5,000.
RECIPIENT NAME: ALZHEIMER'S ASSOCIATION, TN CHAPTER ADDRESS: P.O. BOX 96011 WASHINGTON, DC 20090-6011 AMOUNT OF GRANT PAID	2,500.
RECIPIENT NAME: ST. JUDE CHILDREN'S RESEARCH HOSPITAL  ADDRESS: 501 ST. JUDE PLACE MEMPHIS, TN 38105 AMOUNT OF GRANT PAID	2,500.
RECIPIENT NAME: ASPCA ADDRESS: P.O. BOX 96929 WASHINGTON, DC 20090-6929 AMOUNT OF GRANT PAID	2,500.

RAY C MCKINLEY FAMILY FOUNDATION CUSTODY 20-5 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID	5604435
·	
RECIPIENT NAME: JAY COUNTY LAW ENFORCEMENT YOUTH CAMP ADDRESS: 224 W WATER ST PORTLAND, IN 47371	
AMOUNT OF GRANT PAID	1,000.
RECIPIENT NAME: WOUNDED WARRIOR PROJECT ADDRESS: 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256 AMOUNT OF GRANT PAID	2,500.
RECIPIENT NAME: SECOND HARVEST FOOD BANK OF MIDDLE TN ADDRESS: P.O. BOX 306172	
NASHVILLE, TN 37230-6172 AMOUNT OF GRANT PAID	5,000.
RECIPIENT NAME: FEEDING AMERICA ADDRESS: P.O. BOX 96749 WASHINGTON, DC 20090-6749 AMOUNT OF GRANT PAID	2,500.
RECIPIENT NAME: THE PORTLAND FOUNDATION ADDRESS: 107 S MERIDIAN STREET PORTLAND, IN 47371	
AMOUNT OF GRANT PAID	50,000.

RAY C MCKINLEY FAMILY FOUNDATION CUSTODY 20-5604435 FORM 990PF, PART XV, LINE 3a - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: SECOND HARVEST FOOD BANK ADDRESS: 6621 N OLD SR 3 RECIPIENT NAME: ELDERS FIRST ADULT DAY SERVICES ASSN/ MINDFUL CARE ADDRESS: PO BOX 332966 MURFREESBORO, TN 37133 RELATIONSHIP: NONE PURPOSE OF GRANT: FURTHERANCE OF ORGANIZATION'S PROGRAMS FOUNDATION STATUS OF RECIPIENT: PC 2,500. AMOUNT OF GRANT PAID ..... RECIPIENT NAME: RALSTON UNITED CHURCH OF CHRIST ADDRESS: 7638 MAYWOOD STREET RALSTON, NE 68127 198,500. TOTAL GRANTS PAID: