Change of Accounting Period
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.

Department of the Treasury

A Employer Identification number COMPLETE CHILDREN'S HEALTH CHARITABLE TRUET COMPLETE CHILDREN'S HEALTH CHARITABLE COMPLETE CHILDREN'S HEALTH CHARITABLE Complete and the second of the complete of the complete fired in not delivered to short action on the complete of the com	$\overline{}$	1946466	2 1 2010		- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Open to Public Inspection
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TRUST <u>26-0274559</u> Page 2 Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year Part II (a) Book Value (b) Book Value (c) Fair Market Value 36,626. 44,803. Cash - non-interest-bearing 44,803. 2 Savings and temporary cash investments 3 Accounts receivable Less: allowance for doubtful accounts 4 Pledges receivable Less: allowance for doubtful accounts 5 Grants receivable . . . 8 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable 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 b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis 1,240. 955. Less accumulated depreciation Stmt 2 > 955. 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the 37.866. 45,758, instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 23 23 Total liabilities (add lines 17 through 22) Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. Net Assets or Fund Balances 24 Net assets without donor restrictions 25 Net assets with donor restrictions Foundations that do not follow FASB ASC 958, check here ▶ 🗶 and complete lines 26 through 30. 26 Capital stock, trust principal, or current funds 0. 27 Paid-in or capital surplus, or land, bldg., and equipment fund 37,843 45,758. 28 Retained earnings, accumulated income, endowment, or other funds <u>45,7</u>58. 37,843. 29 Total net assets or fund balances 37,866 30 Total liabilities and net assets/fund balances Part III Analysis of Changes in Net Assets or Fund Balances Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return) 37,843. 2 Enter amount from Part I, line 27a 7,915. 3 Other increases not included in line 2 (itemize) Add lines 1, 2, and 3 758. Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 Form **990-PF** (2019)

Form 990-PF (2019)

Form 990-PF (2019) TRUST 26-0274559 Page 3 Capital Gains and Losses for Tax on Investment Income Part IV (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold (for example, real estate. (d) Date sold (c) Date acquired (mo., day, yr.) 2-story brick warehouse, or common stock, 200 shs. MLC Co.) (mo., day, yr.) <u>1a</u> NONE þ C đ (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale ((e) plus (f) minus (g)) b C d e Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69. (I) Gains (Col. (h) gain minus col. (k), but not less than -0-) or (j) Adjusted basis (k) Excess of col. (i) (i) FMV as of 12/31/69 Losses (from col. (h)) as of 12/31/69 over col. (j), if any а b C đ e If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) If (loss), enter -0- in Part I, line 7 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income (For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.) If section 4940(d)(2) applies, leave this part blank. Yes X No Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part. Enter the appropriate amount in each column for each year; see the instructions before making any entries. (d) Distribution ratio (col. (b) divided by col. (c)) (a) Base period years Calendar year (or tax year beginning in) Adjusted qualifying distributions Net value of noncharitable-use assets 20,750 34.297 2018 .605009 14,750. <u>36,063</u>. 2017 .409006 15,875 33,987 2016 .467090 20,373 21,200 2015 1.040593 2014 2 Total of line 1, column (d) 2.521698 Average distribution ratio for the 5-year base period - divide 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 .630425 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5 25,472. 4 16,058. Multiply line 4 by line 3 5 Enter 1% of net investment income (1% of Part I, line 27b) 6 0. 7 16,058. 7 Add lines 5 and 6 8 Enter qualifying distributions from Part XII, line 4 15,850. 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. See the Part VI instructions. Form 990-PF (2019)

923521 12-17-19

COMPLETE CHILDREN'S HEALTH CHARITABLE Form 990-PF (2019) TRUST 26	6-027 4 559 P	age 4
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494		
1a Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) b Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	0.
3 Add lines 1 and 2	2 3	0. 0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5 (20) (20) (20) (20)	<u>0.</u>
6 Credits/Payments:		3.
a 2019 estimated tax payments and 2018 overpayment credited to 2019 b Exempt foreign organizations - tax withheld at source 6b 0.00		. 21
3		15
c Tax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 6 0 3		Tan
7 Total credits and payments. Add lines 6a through 6d	क्षत्र प्रतिकृति । द्वाप्तितिका सम्बद्धीयः इ	0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0.
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0.
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<u>u.</u>
11 Enter the amount of line 10 to be; Credited to 2020 estimated tax		
Part VII-A Statements Regarding Activities	<u></u>	
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	数据 Yes N	OV
any political campaign?	1a	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1 b	X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	\$34\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	17.
distributed by the foundation in connection with the activities.		(in
c Did the foundation file Form 1120-POL for this year?	1c	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		· · · ·
(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$0.		_
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2 5-45 1 1 2 2	<u>X</u>
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	<u>X</u>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<u>X</u>
	N/A 4b	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 3 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	<u>^</u>
If "Yes," attach the statement required by General Instruction T.		
 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or 		S. P
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	[5] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1	`.' .
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 Part II, col. (c), and Part XV	7 X	
. The state of the	अनेहरू अंग्रहे क	÷.
8a Enter the states to which the foundation reports or with which it is registered. See instructions.		
NE		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		#
of each state as required by General Instruction G? If "No," attach explanation	8b X	•
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		<u> </u>
year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	. 9 2	x X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10 2	<u> </u>
	Form 000-PE (00	40\

Form 990-PF (2019) TRUST 26-0274559 Page 5 Part VII-A Statements Regarding Activities (continued) 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 11 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 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? 13 Website address ► N/A 14 The books are in care of ► SIAN JONES-JOBST Telephone no. ▶402-437-0860 Located at ▶ 8201 NORTHWOODS DRIVE, LINCOLN, ZIP+4 ▶68505 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year N/A 16 At any time during calendar year 2019, 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? X 16 See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. Yes 1a During the year, did the foundation (either directly or indirectly); Yes X No (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? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No (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)? Yes X No (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 Yes X No 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 Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions 16 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 before the first day of the tax year beginning in 2019? X 1c 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 Yes X No 6d and 6e) for tax year(s) beginning before 2019? If "Yes," list the years 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 N/A statement - see instructions.) 2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time 🗌 Yes 🗶 No during the year? b If "Yes," did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A 3h X 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 4a b Did the foundation make any investment in a prior year (but after December 31, 1969) that could leopardize its charitable purpose that

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had not been removed from jeopardy before the first day of the tax year beginning in 2019?

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Total number of other employees paid over \$50,000

Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE.		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	·	
		
Total number of others receiving over \$50,000 for professional services	. >	. 0
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	ation such as the	Expenses
1 N/A		*
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	2	Amount
N/A		Allount
All other program-related investments. See instructions.		
otal. Add lines 1 through 3		0 . m 990-PF (2019)

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F	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ındations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	1	
a		1a	0.
b	Average of monthly cash balances	16	25,860.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	25,860.
е	Reduction claimed for blockage or other factors reported on lines 1a and	22.3	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	25,860.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	388.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	25,472.
6	Minimum investment return. Enter 5% of line 5 Adjusted for Short Tax Period.	6	1,068.
P	art XI: Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations, check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	1,068.
2a	Tax on investment income for 2019 from Part VI, line 5	Y b)	
b	Income tax for 2019. (This does not include the tax from Part VI.)	' . '	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,068.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,068.
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	1,068.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	`	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	15,850.
b	Program-related investments - total from Part IX-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:	```	
a	Surtability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	15,850.
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	15,850.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies for the	

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Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for	2019 from Part XI.		, tour prior to 2010		2010
line 7	Lo to trom t art M,		,		1,068.
2 Undistributed income, if any	es of the end of 2019				1,000.
a Enter amount for 2018 of				0.	
b Total for prior years:				`	
g rotal for prior yours.		,	0.	•	
3 Excess distributions car	ryover, if any, to 2019:				
a From 2014		·	,		İ
b From 2015	20,181.				,
c From 2016	14,176.			,	
d From 2017	12,947.		,		, , ,
e From 2018	19,035.		, ,		} ,
f Total of lines 3a through		66,339.		14	
4 Qualifying distributions f					
Part XII, line 4: ►\$	15,850.				
a Applied to 2018, but not				0.	
b Applied to undistributed		,			<u> </u>
years (Election required	1		0.		
c Treated as distributions				¥ ,	
(Election required - see i	, 1	0.		, , , , ,	J. 77 . 4
d Applied to 2019 distribut					1,068.
e Remaining amount distri	· · · · · · · · · · · · · · · · · · ·	14,782.			270001
5 Excess distributions carryove (If an amount appears in colu-	or applied to 2019 mn (d), the same amount	0.		· · · · · · · · · · · · · · · · · · ·	0.
must be shown in column (a) 6 Enter the net total of each indicated below:	ī		,	,	<u> </u>
	An Subtract line E	81,121.			
a Corpus Add lines 3f, 4c, and b Prior years' undistributed	T T	01,121.			
line 4b from line 2b	Jancome. Subtract		0.	,	
c Enter the amount of prior	r vaare'				· · · · · · · · · · · · · · · · · · ·
undistributed income for deficiency has been issue the section 4942(a) tax h assessed	which a notice of ed, or on which		0.	,	•
d Subtract line 6c from line	Sh Tavahla	:			
amount - see instructions	ì	· ·	0.	,	
e Undistributed income for	T T		-		·*····································
4a from line 2a. Taxable	T. Contract of the contract of	,	·	0.	
f Undistributed income for	F		·		
lines 4d and 5 from line 1		,			
be distributed in 2020				,	0.
7 Amounts treated as distri	butions out of	···_	* * * * * * * * * * * * * * * * * * * *	P	
corpus to satisfy requirer			, , , , , , , , , , , , , , , , , , ,		•
section 170(b)(1)(F) or 4			,	'	
may be required - see ins		0.			·
8 Excess distributions carry	· r			, , , , , , , , , , , , , , , , , , , ,	
not applied on line 5 or lii	·	0.		· · · · · · · · · · · · · · · · · · ·	•
9 Excess distributions care	T T				
Subtract lines 7 and 8 fro	·	81,121.	,	ì	
10 Analysis of line 9:	· · · · · · · · · · · · · · · · · · ·				
a Excess from 2015	20,181.	†	}		
b Excess from 2016	14,176.		_ 1	}	
c Excess from 2017	12,947.				
d Excess from 2018	19,035.	·	. 1		
e Excess from 2019	14,782.				•

	TE CHILDREN'	S HEALTH CH	IARITABLE		
Form 990-PF (2019) TRUST		-A	1.4		274559 Page 10
Part XIV Private Operating		·	I-A, question 9)	N/A	
1 a If the foundation has received a ruling			,		
foundation, and the ruling is effective f			▶ └	1	
b Check box to indicate whether the four		ng foundation described		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(1) 0010	Prior 3 years	1 (5000	<u>-</u>
income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
investment return from Part X for					
each year listed				//	
b 85% of line 2a			<u> </u>	4	
c Qualifying distributions from Part XII,		·			
line 4, for each year listed		· · · · · · · · · · · · · · · · · · ·	 /	 	
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities				 	
e Qualifying distributions made directly					
for active conduct of exempt activities.			1		1
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					:
(1) Value of all assets				 	·
(2) Value of assets qualifying					1
under section 4942(j)(3)(B)(i) b "Endowment" afternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6, for each year]				
listed	<u> </u>				
c "Support" alternative test - enter:				}	
 Total support other than gross investment income (interest, 					
dividends, rents, 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(j)(3)(B)(iii)	/			 	
(3) Largest amount of support from	/				
an exempt organization	/ 			 	
(4) Gross investment income Part XV Supplementary Info	rmation (Complet	a this part only	f the foundation	had \$5 000 or me	ro in cocoto
at any time during t			ii tile loulidatioi	1 11au \$5,000 01 mic	ne in assets
Information Regarding Foundation					
a List any managers of the foundation wh	_	han 2% of the total contr	shutions received by the	foundation before the elec	o of any toy
year (but only if they have contributed in			mulions received by the	Touridation before the clos	e or any tax
one	, ,				
b List any managers of the foundation wh	o own 10% or more of the	stock of a corneration (or an equally large ports	on of the ownership of a pa	urtnership or
other entity) of which the foundation ha			or an equality large porti	on or the ownership of a pe	rulership of
one	-				
Information Regarding Contributi	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ngrams:		
Check here ► X if the foundation of				not accent unsolicited requi	ests for funds. If
the foundation makes gifts, grants, etc.,					roso for fullyd. II
a The name, address, and telephone num					
a				- •	
b The form in which applications should b	e submitted and informati	on and materials thev sh	ould include:		
			- ·-		
c Any submission deadlines:	-				
-	_				
d Any restrictions or limitations on awards	s, such as by geographical	areas, charitable fields,	kınds of institutions, or o	other factors:	

26-0274559 Form 990-PF (2019) TRUST Page 11 Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to **Amount** any foundation manager or substantial contributor status of Name and address (home or business) recipient a Paid during the year AUTISM FAMILY NETWORK ÞС GENERAL PURPOSE 6500 HOLDREGE STREET LINCOLN NE 68505 1,000, BIKE KITCHEN ÞС GENERAL PURPOSE 1635 S. 1ST STREET LINCOLN NE 68502 400. CEDARS HOME FOR CHILDREN PC. GENERAL PURPOSE 6601 PIONEERS BOULEVARD LINCOLN NE 68506 1,000. CHILD ADVOCACY CENTER GENERAL PURPOSE ₽C 5025 GARLAND ST LINCOLN NE 68504 1,000. CHILDREN'S HOSPITAL & MEDICAL CENTER ÞС GENERAL PURPOSE FOUNDATION 8200 DODGE STREET OMAHA NE 68114 5,000. See continuation sheet(s) Total ➤ 3a 15,850. b Approved for future payment None

Tota I

: 26-0274559 Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) or substantial contributor recipient Ьc GENERAL PURPOSE CIVIC NEBRASKA 1111 LINCOLN MALL SUITE 350 LINCOLN NE 68508 400. CLINIC WITH A HEART INC Ьc GENERAL PURPOSE 1701 S 17TH STREET SUITE 4G LINCOLN NE 68502 500, DOWN SYNDROME ASSOCIATION FOR ÞС GENERAL PURPOSE FAMILIES OF NEBRASKA PO BOX 57362 LINCOLN NE 68505 500. ₽C GENERAL PURPOSE F STREET RECREATION CENTER 1225 F ST LINCOLN NE 68508 400. FOOD BANK OF LINCOLN ÞС GENERAL PURPOSE 4840 DORIS BAIR CIRCLE, STE A LINCOLN NE 68504 1,000, ÞC FOOD FORT GENERAL PURPOSE 2124 Y ST #130 LINCOLN NE 68503 400. FRIENDSHIP HOME OF LINCOLN PC GENERAL PURPOSE PO BOX 85358 LINCOLN NE 68501 500. MILK WORKS PC GENERAL PURPOSE 5930 S 58TH STREET STE W 250, LINCOLN NE 68516 NEBRASKA SPORTS COUNCIL ÞС GENERAL PURPOSE PO BOX 29366 LINCOLN NE 68529 1,000. PARTNERSHIP FOR A HEALTHY LINCOLN PC GENERAL PURPOSE 4600 VALLEY ROAD STE, 250 LINCOLN NE 68510 1,000.

7.450.

Total from continuation sheets

26-0274559 Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager Name and address (home or business) or substantial contributor ROYAL FAMILY KIDS PC GENERAL PURPOSE 6000 S 84TH ST LINCOLN NE 68516 400. ST. MONICA'S ₽C GENERAL PURPOSE 120 WEDGEWOOD DRIVE LINCOLN NE 68510 500. ÞС GENERAL PURPOSE STAR TRAN 710 J STREET LINCOLN NE 68508 600. Total from continuation sheets

Form 990-PF (2019)

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Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income	Exclu	ided by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	Exclusion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Code		1000		
			┼		
b		 	┼──		
<u> </u>			 	 	
<u> </u>		 	 - -	 -	
e	 	 	+		
g Fees and contracts from government agencies	 		├─-		
2 Membership dues and assessments			 		
3 Interest on savings and temporary cash			 		
investments	_		i		
4 Dividends and interest from securities	 				
5 Net rental income or (loss) from real estate:	ļ- ,	7 . 47.	i,,		
a Debt-financed property	· · · · · · · ·	<u> </u>	 		
b Not debt-financed property					
6 Net rental income or (loss) from personal	— —				
• •					
property 7 Other investment income	 		 		
•	ļ		-		
8 Gain or (loss) from sales of assets other					
than inventory Net income or (loss) from special events	 				
Gross profit or (loss) from sales of inventory					
• • •					
1 Other revenue:	1 1				
<u>a</u>			-		
b	<u> </u>		-		
<u> </u>	 	<u></u>	 		
d	——	<u> </u>			
Cubatel Add columns (b) (d) and (c)	ÿ	0.		0.	
2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e)	لبنسيا			13	0.
See worksheet in line 13 instructions to verify calculations.)		•		13	
					
Part XVI-B Relationship of Activities t	o the Acco	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which inco	me is reported i	n column (e) of Part XVI-A	contrib	uted importantly to the accom	plishment of
the foundation's exempt purposes (other than					p. 10111110111 01
					
	-			~	
					
			_		
					

COMPLETE CHILDREN'S HEALTH CHARITABLE Form 990-PF (2019) TRUST 26-0274559 Page 13 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) Yes No (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 1a(1) (2) Other assets 1a(2) b Other transactions: (1) Sales of assets to a noncharitable exempt organization X 1b(1) (2) Purchases of assets from a noncharitable exempt organization 16(2) (3) Rental of facilities, equipment, or other assets 16(3) (4) Reimbursement arrangements X 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) 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. (c) Name of noncharitable exempt organization (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 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? X No b If "Yes," complete the following schedule. (c) Description of relationship (b) Type of organization (a) Name of organization N/A

Under penalties of persury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this and belief, it is true, or more and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge return with the prepar shown below? See in Sign Here PRESIDENT X Yes Signature of officer or trustee Date Title Print/Type preparer's name Preparer's signature Date Check if self-employed **Paid** KENT M. KLUTE P00249558 Preparer COLE COMPANY, LLP Firm's EIN ► 47-0526649 Firm's name ► DANA F **Use Only** Firm's address ▶ 1248 O STREET, SUITE 500 LINCOLN, NE 68508 Phone no. <u>(402)</u> 479-9300

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/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer Identification number

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

COMPLETE CHILDREN'S HEALTH CHARITABLE 26-0274559 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 X 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 totaling \$5,000 or more during the year 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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Name of organization

COMPLETE CHILDREN'S HEALTH CHARITABLE

Employer identification number

TRUST

26-0274559

sugare in	Continuators (see instructions). Ose duplicate copies or rain in additions	al space is fleeded.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	Complete Children's Health, P.C.		Person X
	9201 Northwoods Drive	25 000	Noncash

1	Complete Children's Health, P.C. 8201 Northwoods Drive Lincoln, NE 68505	\$25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Onncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash 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 Payroli Noncash (Complete Part II for noncash contributions.)

Name of organization

: A. :

COMPLETE CHILDREN'S HEALTH CHARITABLE TRUST

Employer identification number

<u>26-0274559</u>

Pärt II N	Noncash Property (see instructions). Use duplicate copies of P	art 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 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	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** COMPLETE CHILDREN'S HEALTH CHARITABLE TRUST 26-0274559 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (c) Use of gift (b) Purpose of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (d) Description of how gift is held from Part I (b) Purpose of gift (c) Use of gift (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Form 990-PF 2	Accounting Fees			Statement		
	(a) penses Books	(b) Net Inve ment Inc		(c) Adjusted Net Incom		
Accounting	950.		0.			0.
To Form 990-PF, Pg 1, ln 16b	950.		0.			0.
Form 990-PF Depreciation of Ass	ets Not	Held for	Inve	estment	Statement	2
Description		t or Basis		umulated reciation	Book Valu	е
ART WORK - LIGHT BULB		2,395.		1,440.	9	55.
Total To Fm 990-PF, Part II, ln 1	.4	2,395.		1,440.	9	55.

	List of Officers, Directors and Foundation Managers		Statement 3	
Name and Address	Title and Avrg Hrs/Wk	Compen- sation	Employee Ben Plan Contrib	
Brad Brabec 8201 Northwoods Drive Lincoln, NE 68505	President 1.00	0.	0.	0.
Paul Bernhardson 8201 Northwoods Drive Lincoln, NE 68505	Vice President 1.00	/Treasurer 0.	0.	0.
Sian Jones-Jobst 8201 Northwoods Drive Lincoln, NE 68505	Director 1.00	0.	0.	0.
Amy Bargen 8201 Northwoods Drive Lincoln, NE 68505	Director 1.00	0.	0.	0.
Stephen Russell 8201 Northwoods Drive Lincoln, NE 68505	Director 1.00	0.	0.	0.
Sue Springman 8201 Northwoods Drive Lincoln, NE 68505	Director 1.00	0.	0.	0.
Heather Christianson 8201 Northwoods Drive Lincoln, NE 68505	Director 1.00	0.	0.	0.
Amy Pinkall 8201 Northwoods Drive Lincoln, NE 68505	Director 1.00	0.	0.	0.
Pamela Zegers 8201 Northwoods Drive Lincoln, NE 68505	Director 1.00	0.	0.	0.
Sonya Reynolds 8201 Northwoods Drive Lincoln, NE 68505	Director 1.00	0.	0.	0.
Sahra Niazi 8201 Northwoods Drive Lincoln, NE 68505	Director 1.00	0.	0.	0.

COMPLETE CHILDREN'S HEALTH	CHARITABLE TR		26-0274559	
Monica Matthias 8201 Northwoods Drive Lincoln, NE 68505	Director 1.00	0.	0.	0.
Luke Anschutz 8201 Northwoods Drive Lincoln, NE 68505	Director 1.00	0.	0.	0.
David Maduna 8201 Northwoods Drive Lincoln, NE 68505	Director 1.00	0.	0.	0.
Totals included on 990-PF, Pa	age 6, Part VIII	0.	0.	0.