Return of Private Foundation

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

OMB No 1545-0047

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/Form990PF for instructions and the latest information.

F	or calen	dar year 2019 or tax year beginning	, 201	9, and	ending		, 20
N	ame of four	_ / _	55050	<i>(</i> =5	-A-E mploye	r identification number	
	5	eline Family Foundation Inc.	RECEI	/ヒレ	م ا	F7-677864	7 47-0778
N	umber and	street (or P.O. box number/ff mail is not delivered to street address)	Room	/suite	BOT elephor	e number (see instructi	ons)
		8712 W. Davae Rd. #220	NOV 23	2020		02-991-221	0/
c	ty or town,		<u> </u>			ion application is pend	
		OMATAR NE. 68114			17.		
G	Check	all that apply: Initial return Initial return	n of a former-public	charity	D 1 Foreign	n organizations, check l	here
		☐ Final return ☐ Amended		-			-
1		☐ Address change ☐ Name cha	nge			n organizations meeting here and attach compu	
H	Check	type of organization: Section 501(c)(3) exempt p		$\lambda \lambda$	· ·	foundation status was	
Г		on 4947(a)(1) nonexempt charitable trust	1	11-11		07(b)(1)(A), check here	▶ □
ī		narket value of all assets at J Accounting method					
		f year (from Part II, col. (c), Other (specify)	👱 ೦೩೦ 🗀 🗡	00.00.		ndation is in a 60-mont ction 507(b)(1)(B), checl	
)		(Part I, column (d), must b	e on cash basis.)				
	Part I						(d) Disbursements
('-	art.	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		investment	(c) Adjusted net	for charitable
4	•	the amounts in column (a) (see instructions)	books	l tr	come	income	purposes (cash basis only)
<u>'</u>	1	Contributions, gifts, grants, etc , received (attach schedule)	36850	6842860	NATIONAL AND A		DEATHORN VIEWS
\approx	2	Check ► I if the foundation is not required to attach Sch. B	3 6 232	CONTRACTOR	ones trumo Paralentes		
20,	3	Interest on savings and temporary cash investments	37.74	ARC IN PROPERTY	<i>37.74</i>	ALEBOTOMO NEL LABORATION	SANTE NO SERVICE
10	4	Dividends and interest from securities		10	2187.21		HEADER OF THE TANK OF
>= d	5a	Gross rents	132187.21	,/32	18 1.21		Section of the contract of the
മ	b	Net rental income or (loss)	2507-324-06-52-06-1	1-76001-8400			SALA AND MARKET
LLI.		Net gain or (loss) from sale of assets not on line 10	231573.23		HARLACTONISA Majadania, dainai d		
SCANNED F	2 6a	· · · · · · · · · · · · · · · · · ·	631513.63	795523304 72324743334			1.330F.000.000.000.000.000
	, b	Gross sales price for all assets on line 6a		2423	1 ~ 7 2 2 2		Z-12/14/19/19/19/19/19
		Capital gain net income (from Part IV, line 2)		23 I	12 12.65 28361.633431.25		TEST WEST SHOPE THE
4	- °	Net short-term capital gain	SECTION OF THE SECTION OF	7-7-18-200 16-23-13-13-13-13-13-13-13-13-13-13-13-13-13		-	
-Z	9	Income modifications	AND THE CONTRACTOR OF THE PARTY	36 00 1 CO	SCHOOL OF CHANGE	Taraan maa Jaraha dalah	
ਾਹਾਂ ਹ	10a	Gross sales less returns and allowances		\$4650-154 00-041-0-00			
4 Y	b	Less: Cost of goods sold	POLICE OF THE PROPERTY OF THE	AL PROPERTY.			0170230402370100
	C	Gross profit or (loss) (attach schedule)	0	30.50	CPS AND PA		Market Care Control
	11	Other income (attach schedule)	0	.04	<u> </u>		CHARLES AND CHARLES AND CHARLES
_	12	Total. Add lines 1 through 11	400648.18	54.	3798.18		
:	13	Compensation of officers, directors, trustees, etc.	0		<u>د</u>		10
	14	Other employee salaries and wages	0		U		0
	15	Pension plans, employee benefits	0				2
Ĺ	14 15 16a	Legal fees (attach scriedule)			<u>د</u>		0
	I D	Accounting fees (attaol senesule) ED			<u>v</u>		0
4	⋛	Other professional fees (attach schedule)	0	 			O
	17	Interest MAY MA 2020 Color Taxes (attach schedule) (see instructions) ω.	5200.60		0		
- 1	18	Taxes (attachischedule) (see instructions) ()	5799.90	5/	99.90		5799.90
ï	19	Depreciation attach schedule and depletter Occupancy	0		0		
7	5 20			<u> </u>	<u> </u>	<u> </u>	0
3	17 18 19 20 21 22 23 24 25	Travel, conferences, and meetings	0	<u> </u>	<u> </u>	- "	0
i	22	Printing and publications	9)		٥
		Other expenses (attach schedule)		0	<u> </u>		<u> </u>
1	24	Total operating and administrative expenses.	Enga GI		00.00		mon
į	ī	Add lines 13 through 23	5799.90	26628888	99.90	Sell Ottos sange and market water	5799.90
ď	25	Contributions, gifts, grants paid	183500.00	STANS.			183500.00
_	26	Total expenses and disbursements. Add lines 24 and 25	189299.90	57	99,90	NO. TROM LEGISLANDON AND SET A CO.	189299.96
	27	Subtract line 26 from line 12:					247504
	а	Excess of revenue over expenses and disbursements	21/348.28				
	b	Net investment income (if negative, enter -0-)	17561G5 X 131	The district of the A. A.	998.28	TACHER CONTRACTOR	
	i c	Adjusted net income (if negative, enter -0-)	I WAR TO THE TAX				

For Paperwork Reduction Act Notice, see instructions.

Cat No 11289X

"Form **990-PF** (2019)



Pa	rt II	Ralance Sheets Attached schedules and amounts in the description column	Beginning of year	Er	nd of year
		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	0	U	70
İ	2	Savings and temporary cash investments	22221.71	28348.7	8 28483,78
Ì	3	Accounts receivable ▶	1 ' '	·	
ļ		Less: allowance for doubtful accounts ▶	0	0	0
-	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶	0	0	0
	5	Grants receivable	<i>h</i>	0	0
	6	Receivables due from officers, directors, trustees, and other			
	-	disqualified persons (attach schedule) (see instructions)	1)	0	0
	7	Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶	0	0	0
ध	8	Inventories for sale or use	Ö	<u> </u>	
Se	9	Prepaid expenses and deferred charges	٥	Ö	0
Assets	10a	Investments—U.S. and state government obligations (attach schedule)	0	0	0
~	b	Investments—corporate stock (attach schedule)	4101755.63	4305606	.84 4197 490,20
	c	Investments—corporate bonds (attach schedule)	0	0	0
	11	Investments—land, buildings, and equipment, basis ▶			
	••	Less: accumulated depreciation (attach schedule) ▶	O	0	6
ı	12	Investments—mortgage loans	$\dot{\phi}$	0	0
	13	Investments—other (attach schedule)			6
	14	Lord to delice an end amount to the No.			, ,
-		Less: accumulated depreciation (attach schedule)	0	0	0
	15	Other assets (describe ► Equity Fund)	42650c	7335.Q	
	16	Total assets (to be completed by all filers—see the	WZES,OC		1775,00
		instructions. Also, see page 1, item I)	413024234	4341590	62 4233308,98
1	17	Accounts payable and accrued expenses	6	0	
	18	Grants payable	U	0	
Liabilities	19	Deferred revenue	0	0	
≝∣	20	Loans from officers, directors, trustees, and other disqualified persons	0	Ü	
a	21	Mortgages and other notes payable (attach schedule)	$\bar{\varrho}$	0	
	22	Other Baltitan Adequates	.0	0	
	23	Total liabilities (add lines 17 through 22)		0	
\rightarrow		Foundations that follow FASB ASC 958, check here	•		
alances		and complete lines 24, 25, 29, and 30.			
티	24	Net assets without donor restrictions			
	25	Net assets with donor restrictions			
<u> </u>		Foundations that do not follow FASB ASC 958, check here ▶			
إ 5ٍ		and complete lines 26 through 30.			
_	26	Capital stock, trust principal, or current funds	0	\circ	
0	27	Paid-in or capital surplus, or land, bldg., and equipment fund	3/37498,17	3320 495.	17
ا ة	28	Retained earnings, accumulated income, endowment, or other funds	92214411	1020 592	
SS	29	Total net assets or fund balances (see instructions)	4130242,34		
Net Assets or Fund B	30	Total liabilities and net assets/fund balances (see	-1100212101	751.010,	
<u>8</u>	0 0	instructions)	4/30242.34	434/590	102
	t III	Analysis of Changes in Net Assets or Fund Balances	4/20010.	7 7 17 3 10	
•		net assets or fund balances at beginning of year—Part II, colu	mn (a) line 20 (mus	t agree with	· [· · · · · · · · · · · · · · · · · ·
'		of-year figure reported on prior year's return)			1 4/302423
2		r amount from Part I, line 27a		-	2 21/348.28
3				-	2 211 3 40, 28 3 O
		lines 1, 2, and 3		<u> </u>	4 434/590/2
4	_				4 434/340 <u>6</u> 2
_		eases our dichoed in time / membre 🖚		1 '	υ i U
5 6	Total	eases not included in line 2 (itemize) ► I net assets or fund balances at end of year (line 4 minus line 5)—l	Part II column (h) lie	10 20	6 48415966

Part	(a) List and describe the kind	Losses for Tax on Investm (s) of property sold (for example, real e e, or common stock, 200 shs MLC Co.)	state,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr)	(d) Date sold (mo , day, yr)
<u>1a</u>		- 1 - D				
b	See Sch	edule PART IV				
С						
<u>d</u>	·					
<u>е</u>						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		un or (loss) (f) minus (g))
a		-				· · · · · · · · · · · · · · · · · · ·
<u> </u>						
<u> </u>						
<u>d</u>						
е_						
	Complete only for assets show	ing gain in column (h) and owned	by the foundation	on 12/31/69		ol (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col. (i) (j), if any		ot less than -0-) or (from col (h))
а						
b						
С						
d						
е						
2	Capital gain net income or (also enter in Pa , enter -0- in Pai		2 2	31573.23
3	If gain, also enter in Part I, Part I, line 8	or (loss) as defined in sections line 8, column (c). See instru	1222(5) and (6) ctions. If (loss)	: , enter -0- ın }	3	
Part		r Section 4940(e) for Redu ate foundations subject to the				-
Was t	s," the foundation doesn't qu	tris part blank. ection 4942 tax on the distribu alify under section 4940(e). Do nt in each column for each yea	not complete t	his part.		☐ Yes ☐ No
•	(a)		ar, see the mate		aking any entires.	(d)
Cale	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions		(c) f noncharitable-use a		stribution ratio divided by col. (c))
	2018	189444	3	828861		4.95
	2017	139286		457832		4,03
	2016	152469		442672		5,73
	2015	170 474		352506		5.09
	2014	154985	3	1051538		5,08
2	Total of line 1, column (d)				. 2	24.88
3		or the 5-year base period—div ndation has been in existence			' •	4.98
4	Enter the net value of nonch	narıtable-use assets for 2019 fr	om Part X, line	5	. 4	3894721
5	Multiply line 4 by line 3 .				. 5	193957
6	Enter 1% of net investment	ıncome (1% of Part I, line 27b))		. 6	3579.98
7	Add lines 5 and 6				. 7	19753498
8		s from Part XII, line 4				189299:90
	If line 8 is equal to or greate Part VI instructions.	er than line 7, check the box in	ı Part VI, line 1b	, and complete t	that part using a	1% tax₊rate. See the

Part	\mathbf{W} Excise Tax Based on investment income (Section 4940(a), 4940(b), 4940(e), or 4948—sec	Instr	uctioi	ns)
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	7/	159.	77
	here ► ☐ and enter 1% of Part I, line 27b	l		- 1
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0	
3	Add lines 1 and 2	7	(59.	97
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	7	<u> 159.'</u>	97
6	Credits/Payments:			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 0	ĺ		
b	Exempt foreign organizations—tax withheld at source	ĺ		
C	Tax paid with application for extension of time to file (Form 8868) 6c	ĺ		-
_d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d		<u>ŏ</u>	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		0	20
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		59,9	<u>~</u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid ► 10 Enter the amount of line 10 to be: Credited to 2020 estimated tax ► Refunded ► 11		<u>0</u>	
11 Part	Enter the amount of line 10 to be: Credited to 2020 estimated tax ► Refunded ► 11 VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	\neg	Yes	No
ıa	participate or intervene in any political campaign?	1a		\
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		 	
U	Instructions for the definition	1b		
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials		1	
	published or distributed by the foundation in connection with the activities.	1	1 1	ŀ
С	Did the foundation file Form 1120-POL for this year?	1c	1	$\overline{}$
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.	1		Ī
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	1		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	1,		
	on foundation managers. ▶ \$	<u> </u>		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		マ
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles]
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	3		V
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>/</u>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	<u> </u>	<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		
6	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 directions that conflict with the state law remain in the governing instrument?	6	V	
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		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
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 <i>General Instruction G?</i> If "No," attach explanation	8b	V	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
J	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		\overline{V}
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		V

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		V
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		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		V
	Website address ▶	. .		
14	The books are in care of ► Steven W. Selide Telephone no. ► 402 Located at ► 8712 W. Docke Rd. #220 Ontho, No W8/14 ZIP+4 ► G			0
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 ▶ 15			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	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			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	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 es			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes You Yes Yes			
	(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 Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □			
С	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?	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)):			
а	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?			
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 statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 20 , 20 , 20 , 20	20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time 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.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		V
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?			

Form **990-PF** (2019)

Part	VII-B	Statements Regarding Activities	s for Which Fo	rm 4720	May Be R	equire	ed (contir	nued)			
5a	During th	e year, did the foundation pay or incur	any amount to:					· · ·		Yes	No
,		on propaganda, or otherwise attempt t	•	•	•		☐ Yes	☑ No			
•		nce the outcome of any specific public		ection 495	55); or to ca	arry on	,	,			
	direct	tly or indirectly, any voter registration dr	ive?				☐ Yes	₩ No			
		de a grant to an individual for travel, stu	•				☐ Yes	☑No			
	(4) Provide a grant to an organization other than a charitable, etc., organization described in									ĺ	
	section 4945(d)(4)(A)? See instructions										
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?										
b		_					_	No [₩]			
D		swer is "Yes" to 5a(1)-(5), did any of thations section 53.4945 or in a current no						cribed	5b		
	_	tions relying on a current notice regardi	• •			JO 11150	aotions		35		
С	-	swer is "Yes" to question 5a(4), does t	•			the tax		- L			
		it maintained expenditure responsibility			•			□No		1	
		attach the statement required by Regula	_								
6a		oundation, during the year, receive any				emiums	3	,			
	on a pers	sonal benefit contract?					☐ Yes	☑ No			
b	Did the fo	oundation, during the year, pay premiun	ns, directly or inc	directly, on	a personal	benefi	t contract	?.	6b		
	If "Yes" to	o 6b, file Form 8870.									
7a	-	ne during the tax year, was the foundation									
b		did the foundation receive any proceed						1? .	7b		
8		undation subject to the section 4960 ta									
David		ation or excess parachute payment(s) di									
Part		Information About Officers, Direction and Contractors	tors, Trustees	, rounda	luon Mana	agers,	rignly P	aid Ei	пріоу	ees,	
1		fficers, directors, trustees, and found	lation managers	and their	compens	ation.	See instru	ctions	•		
		(-) Na	(b) Title, and avera	ge (c) Co	mpensation	(d)	Contributions			nse acc	ount.
		(a) Name and address		ge (c) Co	··· ··· · · · · · · · · · · · · · · ·	(d) emple		plans	(e) Expe	nse acc aliowan	
4	steven		(b) Title, and avera hours per week	ge (c)Co (lfi on er	mpensation not paid,	(d) emple	Contributions byee benefit i	plans	(e) Expe		
	steven Omann	W. Sline 8704 Hickory	(b) Title, and avera hours per week devoted to position	ge (c)Co (lfi on er	mpensation not paid,	(d) emple	Contributions byee benefit i	plans	(e) Expe		
	Omaka Nga	W. Sline 8704 Hickory No. 68124 ey Forten	(b) Title, and avera hours per week devoted to position	ge (c)Co (lfi on er	mpensation not paid,	(d) emple	Contributions byee benefit i	plans	(e) Expe		
	Omala Nan Icus I	W. Sine 8704 Hickory No. 68124 ey Forten Gaffy Ave Sidva Spryc Mil.	(b) Title, and avera hours per week devoted to position	ge (c)Co (lfi on er	mpensation not paid,	(d) emple	Contributions byee benefit i	plans	(e) Expe		
	Omalla Nan Icurs I Rex.	W. Sine 8704 Hickory No. 68124 ey Forten Lafy Ave Situasprye Mil. Selyne	(b) Title, and avera hours per week devoted to position	ge (c)Co (lfi on er	mpensation not paid,	(d) emple	Contributions byee benefit is erred compe	plans	(e) Expe		
	Omalia Nani Icurs I Red. 3710	W. Sline 8704 Holosy No 68124 ey Fonten Safy Ave Si Wasprys Mt. Selnd Winsbu Dr. Fint Wath Te	(b) Title, and avera hours per week devoted to position	ge (c)Co (lfi on er	mpensation not paid,	(d) emple	Contributions byee benefit i	plans	(e) Expe		
	Omalia Nani Icuus Red 3710 Sua	W. Sline 8704 Hickory No 68124 ey Fonten Safty Ave Si Wasprys Mt. Selnd Duinsbu Da. Fint Wath Te Selvie	(b) Title, and avera hours per week devoted to position	ge (c)Co (lfi on er	mpensation not paid,	(d) emple	Contributions byee benefit is erred compe	plans	(e) Expe other a		
	OMANA NAMI ICUUS I REX. 3710 SUA 8100	W. Sline 8704 Hickory. No. 68124 ey Forten. Saffy Ave. Sidva Sprye Mil. Selyne Duinsbu Da. Fint Wath Te Selvie Hidy Ongha Nie 68124	(b) Title, and avera hours per week devoted to position Pre-Billet -3 - VP; Sec - V/P - Tw - 1/4 - VP riket & 1/2	ge (c) Co (If er	mpensation not paid, nter -0-)	(d) emple and def	Contributions byee benefit is erred compe	plans nsation	(e) Expe other a	O O	ces
	OMANA NAMI ICUUS I REX. 3710 SUA 8100	W. Sline 8704 Hickory. No. 68124 ey Forten. Solyne Solyne Solyne Solyne Solyne Solyne Solyne Solyne Hidy Ongha No. 68124 sation of five highest-paid employee	(b) Title, and avera hours per week devoted to position Pre-Billet -3 - VP; Sec - V/P - Tw - 1/4 - VP riket & 1/2	ge (c) Co (If er	mpensation not paid, nter -0-)	(d) emple and def	Contributions byee benefit is erred compe	plans nsation	(e) Expe other a	O O	ces
	Omalla Nan Icuss I Ret, 37/4 S4A 8704 Compen	W. Sline 8704 Hickory. No. 68124 ey Forten. Solyne Solyne Solyne Solyne Solyne Solyne Solyne Solyne Hidy Ongha No. 68124 sation of five highest-paid employee	(b) Title, and avera hours per week devoted to position Pre-Billet -3 - VP: Sec - VF- Two - 1/4 VP: Italy Ses (other than to	ge (c) Co (lf er	mpensation not paid, nter -0-)	(d) emple and def	Contributions by ee benefit erred compe	plans nsation	(e) Expe other a	O O	ces
2	Omalla Nan Icuss I Rec. 37/0 S4.a 8104 Compen "NONE."	W. Sline 8704 Hickory. No. 68124 ey Forten. Solyne Solyne Solyne Solyne Solyne Solyne Solyne Solyne Hidy Ongha No. 68124 sation of five highest-paid employee	(b) Title, and avera hours per week devoted to position Pre-Billet -3 - VP; Sec - V/P - Tw - 1/4 VP riket Sec (other than to hours hours	ge (c) Co (if er er those incl	mpensation not paid, nter -0-)	(d) emplo and def	Contributions byee benefit is erred compe	plans nsation	(e) Expe other a	C C C C C C C C C C C C C C C C C C C	enter
2	Omalla Nan Icuss I Rec. 37/0 S4.a 8104 Compen "NONE."	W. Sline 8704 Holosy We 68124 ey Forten Seyne Dinsbu Da. Firt Walt Te Schie Hids Ongha Nie Ge124 sation of five highest-paid employed	(b) Title, and avera hours per week devoted to position Pre-Billet -3 - VP; Sec - V/P - Tw - 1/4 VP riket Sec (other than to hours hours	ge (c) Co (lf i er	mpensation not paid, ter -0-)	(d) emplo and def	Contributions byee benefit is erred compe	plans nsation	(e) Expe other a	O O O One, e	enter
2	Omalla Nan Icuss I Rec. 37/0 S4.a 8104 Compen "NONE."	W. Sline 8704 Holosy We 68124 ey Forten Seyne Dinsbu Da. Firt Walt Te Schie Hids Ongha Nie Ge124 sation of five highest-paid employed	(b) Title, and avera hours per week devoted to position Pre-Billet -3 - VP; Sec - V/P - Tw - 1/4 VP riket Sec (other than to hours hours	ge (c) Co (if er er those incl	mpensation not paid, ter -0-)	(d) emplo and def	Contributions by ee benefit erred compe	plans nsation	(e) Expe other a	C C C C C C C C C C C C C C C C C C C	enter
2	Omalla Nan Icuss I Rec. 37/0 S4.a 8104 Compen "NONE."	W. Sline 8704 Holosy We 68124 ey Forten Seyne Dinsbu Da. Firt Walt Te Schie Hids Ongha Nie Ge124 sation of five highest-paid employed	(b) Title, and avera hours per week devoted to position Pre-Billet -3 - VP; Sec - V/P - Tw - 1/4 VP riket Sec (other than to hours hours	ge (c) Co (if er er those incl	mpensation not paid, ter -0-)	(d) emplo and def	Contributions by ee benefit erred compe	plans nsation	(e) Expe other a	C C C C C C C C C C C C C C C C C C C	enter
2	Omalla Nan Icuss I Rec. 37/0 S4.a 8104 Compen "NONE."	W. Sline 8704 Holosy We 68124 ey Forten Seyne Dinsbu Da. Firt Walt Te Schie Hids Ongha Nie Ge124 sation of five highest-paid employed	(b) Title, and avera hours per week devoted to position Pre-Billet -3 - VP; Sec - V/P - Tw - 1/4 VP riket Sec (other than to hours hours	ge (c) Co (if er er those incl	mpensation not paid, ter -0-)	(d) emplo and def	Contributions by ee benefit erred compe	plans nsation	(e) Expe other a	C C C C C C C C C C C C C C C C C C C	enter
2	Omalla Nan Icuss I Rec. 37/0 S4.a 8104 Compen "NONE."	W. Sline 8704 Holosy We 68124 ey Forten Seyne Dinsbu Da. Firt Walt Te Schie Hids Ongha Nie Ge124 sation of five highest-paid employed	(b) Title, and avera hours per week devoted to position Pre-Billet -3 - VP; Sec - V/P - Tw - 1/4 VP riket Sec (other than to hours hours	ge (c) Co (if er er those incl	mpensation not paid, ter -0-)	(d) emplo and def	Contributions by ee benefit erred compe	plans nsation	(e) Expe other a	C C C C C C C C C C C C C C C C C C C	enter
2	Omalla Nan Icuss I Rec. 37/0 S4.a 8104 Compen "NONE."	W. Sline 8704 Holosy We 68124 ey Forten Seyne Dinsbu Da. Firt Walt Te Schie Hids Ongha Nie Ge124 sation of five highest-paid employed	(b) Title, and avera hours per week devoted to position Pre-Billet -3 - VP; Sec - V/P - Tw - 1/4 VP riket Sec (other than to hours hours	ge (c) Co (if er er those incl	mpensation not paid, ter -0-)	(d) emplo and def	Contributions by ee benefit erred compe	plans nsation	(e) Expe other a	C C C C C C C C C C C C C C C C C C C	enter
2	Omalla Nan Icuss I Rec. 37/0 S4.a 8104 Compen "NONE."	W. Sline 8704 Holosy We 68124 ey Forten Seyne Dinsbu Da. Firt Walt Te Schie Hids Ongha Nie Ge124 sation of five highest-paid employed	(b) Title, and avera hours per week devoted to position Pre-Billet -3 - VP; Sec - V/P - Tw - 1/4 VP riket Sec (other than to hours hours	ge (c) Co (if er er those incl	mpensation not paid, ter -0-)	(d) emplo and def	Contributions by ee benefit erred compe	plans nsation	(e) Expe other a	C C C C C C C C C C C C C C C C C C C	enter
2	Omalla Nan Icuss I Rec. 37/0 S4.a 8104 Compen "NONE."	W. Sline 8704 Holosy We 68124 ey Forten Seyne Dinsbu Da. Firt Walt Te Schie Hids Ongha Nie Ge124 sation of five highest-paid employed	(b) Title, and avera hours per week devoted to position Pre-Billet -3 - VP; Sec - V/P - Tw - 1/4 VP riket Sec (other than to hours hours	ge (c) Co (if er er those incl	mpensation not paid, iter -0-)	(d) emplo and def	Contributions by ee benefit erred compe	plans nsation	(e) Expe other a	C C C C C C C C C C C C C C C C C C C	enter
2	Omalla Nan Icuss I Rec. 37/0 S4.a 8104 Compen "NONE."	W. Sline 8704 Holosy We 68124 ey Forten Seyne Dinsbu Da. Firt Walt Te Schie Hids Ongha Nie Ge124 sation of five highest-paid employed	(b) Title, and avera hours per week devoted to position Pre-Billet -3 - VP; Sec - V/P - Tw - 1/4 VP riket Sec (other than to hours hours	ge (c) Co (if er er those incl	mpensation not paid, iter -0-)	(d) emplo and def	Contributions by ee benefit erred compe	plans nsation	(e) Expe other a	C C C C C C C C C C C C C C C C C C C	enter
2	Omalla Nan Icuss I Rec. 37/0 S4.a 8104 Compen "NONE."	W. Sline 8704 Holosy We 68124 ey Forten Seyne Dinsbu Da. Firt Walt Te Schie Hids Ongha Nie Ge124 sation of five highest-paid employed	(b) Title, and avera hours per week devoted to position Pre-Billet -3 - VP; Sec - V/P - Tw - 1/4 VP riket Sec (other than to hours hours	ge (c) Co (if er er those incl	mpensation not paid, iter -0-)	(d) emplo and def	Contributions by ee benefit erred compe	plans nsation	(e) Expe other a	C C C C C C C C C C C C C C C C C C C	enter

Part VIII Information About Officers, Directors, Trustees, Foundary and Contractors (continued)		
3 Five highest-paid independent contractors for professional service	ces. See instructions. If none, enter "NONI	."
(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	<u> </u>	<u> </u>
Part IX-A Summary of Direct Charitable Activities		r
List the foundation's four largest direct charitable activities during the tax year. Include re organizations and other beneficianes served, conferences convened, research papers produced to the conference of t		Expenses
1		
- 100KE		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see II Describe the two largest program-related investments made by the foundation during the tax		Amount
1	ax year on mies i ano 2.	Amount
-Nong-		
2		
All other program-related investments. See instructions.		
3		•
Total, Add lines 1 through 3		

Form **990-PF** (2019)

Part	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign fo	undations,
,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	3925432
b	Average of monthly cash balances	1b	28599
c	Fair market value of all other assets (see instructions)	1c	2037/
d	Total (add lines 1a, b, and c)	1d	3954031
e	Reduction claimed for blockage or other factors reported on lines 1a and	10	3101031
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	()
3	Subtract line 2 from line 1d	3	3954031
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see		210 1007
	instructions)	4	59310
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3894721
6	Minimum investment return. Enter 5% of line 5	6	194736
Part			ations
1	Minimum investment return from Part X, line 6	1	194136
2a	Tax on investment income for 2019 from Part VI, line 5		71,104
b	Income tax for 2019. (This does not include the tax from Part VI.) 2b	1	
С	Add lines 2a and 2b	2c	7159.97
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	187576.03
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	187574.03
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	187576.03
Part	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	189299.90
b	Program-related investments—total from Part IX-B	1b	U
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	189299.90
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	U
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	189299,90
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	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	189299,90
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	g whe	ther the foundation

	90-PF (2019)	200)			Page 9
Part	XIII Undistributed Income (see instruction	ons) (a)	(b)	(c)	(d)
	`	Corpus	Years prior to 2018	2018	2019
1	Distributable amount for 2019 from Part XI,				100001 10
^	line 7				187546.03
2	Undistributed income, if any, as of the end of 2019: Enter amount for 2018 only			0	
a b	Total for prior years: 20, 20, 20		V		-
3	Excess distributions carryover, if any, to 2019:				
a	From 2014 Q	,		,	2 4
b	From 2015		,		
С	From 2016	,			
d	From 2017			,	
е	From 2018 3687./U				
f	Total of lines 3a through e	12181.14			
4	Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ 189299.90				
а	Applied to 2018, but not more than line 2a .			0	
b	Applied to undistributed income of prior years (Election required—see instructions)		0		
С	Treated as distributions out of corpus (Election				
	required—see instructions)	0			
d	Applied to 2019 distributable amount	1400 1			187576.63
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2019				
	(If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
~	1 1 1	<u> </u>		<u> </u>	
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3t, 4c, and 4e. Subtract line 5	13905,01			
	Prior years' undistributed income. Subtract	121-41-			
	line 4b from line 2b		0		
C	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a) tax has been previously assessed		c		
	·				
a	Subtract line 6c from line 6b. Taxable amount—see instructions		U		
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see			İ	
	instructions			0	
f	Undistributed income for 2019, Subtract lines				
•	4d and 5 from line 1. This amount must be			1	
	distributed in 2020				\mathcal{O}
7	Amounts treated as distributions out of corpus				
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)	0			
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	0			
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	13905,01			·
10	Analysis of line 9:				
а	Excess from 2015				
b	Excess from 2016 8494,04				
С	Excess from 2017	_			
d	Excess from 2018 3687.10				
e	Excess from 2019	. '	1 1		

Any submission deadlines. Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions; or other twands will only be made to caganizations that gooding to receive August from private fundations

Under FRS Incy Aptions

Form 990-PF (2019)

Dan	XV Supplementary Information (conti	inuad)					
Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment							
			ed for Fu	ture Payment	,		
	Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or			
	Name and address (barres or business)	any foundation manager or substantial contributor	status of	contribution	Amount		
	Name and address (home or business)	or substantial contributor	recipient				
а	Paid during the year						
	See Schedule Paet X	Z					
	· .						
			•				
	Total		<u></u>	▶ 3a			
	Approved for future payment						
D	Approved for future payment						
	Total			▶ 3h			

raitAv	I-A. Analysis of Income-Producing Ac	tivities		_		
Enter gros	ss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	(e)
1 Proc	gram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
a		-	-			-
		-				
c c						
ď						
e -						
f				<u> </u>		
g F	ees and contracts from government agencies					
-	nbership dues and assessments					
3 Inter	est on savings and temporary cash investments					
4 Divid	dends and interest from securities					132/02,30
5 Net	rental income or (loss) from real estate:					
a (Debt-financed property					
b N	Not debt-financed property					
6 Net	rental income or (loss) from personal property					
7 Othe	er investment income					
8 Gain	or (loss) from sales of assets other than inventory					23/573.2
9 Net	income or (loss) from special events					
	ss profit or (loss) from sales of inventory					
11 Othe	er revenue: a					
b _						_
c _						
ď						
е_				ļ		
12 Sub	total. Add columns (b), (d), and (e)			<u> </u>		0101000
					13	21.21.7556
13 Tota	al. Add line 12, columns (b), (d), and (e)					363675,59
See work	sheet in line 13 instructions to verify calculation	ns.)				
See work Part XV	Asheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ıs.) .ccomplishm	ent of Exemp	ot Purposes		
See work	Asheet in line 13 instructions to verify calculation 1-B Relationship of Activities to the A	ıs.) .ccomplishm	ent of Exemp	ot Purposes		
See work Part XV Line No.	Asheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ıs.) .ccomplishm	ent of Exemp	ot Purposes		
See work Part XV Line No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ncomplishm income is report poses (other that	ent of Exemp orted in column n by providing fur	ot Purposes (e) of Part XVI nds for such purp		
See work Part XV Line No.	Asheet in line 13 instructions to verify calculation I-B Relationship of Activities to the A	ncomplishm income is report poses (other that	ent of Exemp orted in column n by providing fur	ot Purposes (e) of Part XVI nds for such purp		· · · · · · · · · · · · · · · · · · ·
See work Part XV Line No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ncomplishm income is report poses (other that	ent of Exemp orted in column n by providing fur	ot Purposes (e) of Part XVI nds for such purp		
See work Part XV Line No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ncomplishm income is report poses (other that	ent of Exemp orted in column n by providing fur	ot Purposes (e) of Part XVI nds for such purp		
See work Part XV Line No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ncomplishm income is report poses (other that	ent of Exemp orted in column n by providing fur	ot Purposes (e) of Part XVI nds for such purp		
See work Part XV Line No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ncomplishm income is report poses (other that	ent of Exemp orted in column n by providing fur	ot Purposes (e) of Part XVI nds for such purp		
See work Part XV Line No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ncomplishm income is report poses (other that	ent of Exemp orted in column n by providing fur	ot Purposes (e) of Part XVI nds for such purp		
See work Part XV Line No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ncomplishm income is report poses (other that	ent of Exemp orted in column n by providing fur	ot Purposes (e) of Part XVI nds for such purp		· · · · · · · · · · · · · · · · · · ·
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See work Part XV Line No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ncomplishm income is report poses (other that	ent of Exemp orted in column n by providing fur	ot Purposes (e) of Part XVI nds for such purp		· · · · · · · · · · · · · · · · · · ·
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See work Part XV Line No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ncomplishm income is report poses (other that	ent of Exemp orted in column n by providing fur	ot Purposes (e) of Part XVI nds for such purp		· · · · · · · · · · · · · · · · · · ·
See work Part XV Line No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ncomplishm income is report poses (other that	ent of Exemp orted in column n by providing fur	ot Purposes (e) of Part XVI nds for such purp		· · · · · · · · · · · · · · · · · · ·
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See work Part XV Line No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ncomplishm income is report poses (other that	ent of Exemp orted in column n by providing fur	ot Purposes (e) of Part XVI nds for such purp		
See work Part XV Line No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ncomplishm income is report poses (other that	ent of Exemp orted in column n by providing fur	ot Purposes (e) of Part XVI nds for such purp		
See work Part XV Line No.	Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ncomplishm income is report poses (other that	ent of Exemp orted in column n by providing fur	ot Purposes (e) of Part XVI nds for such purp		
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Part	XVII	Information Organization		sfers to and Trans	actions and R	Relationship	os With N	lonchar	itable Ex	empt
1	ın se orgar	ection 501(c) (o nizations?	ther than section	engage in any of the f 501(c)(3) organization	ns) or in secti	on 527, rel			Yes	No
а		-	-	a noncharitable exer	npt organization	OT:				╌╽╌╌╌┹
	• •	ash						• •	1a(1)	-
		ther assets .						• •	1a(2)	 ,
b	-	r transactions:								- -
				mpt organization .					1b(1)	<u> </u>
				ıble exempt organizat					1b(2)	<u> </u>
	(3) R	ental of facilities,	, equipment, or othei	rassets					1b(3)	
	(4) R	eimbursement ai	rrangements						1b(4)	<u> </u>
									1b(5)	
	(6) P	erformance of se	ervices or membersh	p or fundraising solic	ritations				1b(6)	
		_		ts, other assets, or p					1c	
d				s," complete the follo						
				ces given by the repo						
	value	in any transaction	on or sharing arrange	ement, show in colum	n (d) the value o	f the goods,	other asse	ets, or ser	vices rece	eived.
(a) Line	no ((b) Amount involved	(c) Name of nonch	arıtable exempt organizatio	n (d) Descr	iption of transfer	rs, transactio	ns, and shar	ring arrangen	nents
				N/A			•			-
				-/						
				-						
				· · · · · · · · · · · · · · · · · · ·	<u> </u>					-
										
	-	-								
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2a b	desc	ribed in section 5	•	filiated with, or relate ction 501(c)(3)) or in s		ore tax-exer	npt organ	zations 	☐ Yes [□No
		(a) Name of organ	ızatıon	(b) Type of orga	inization		(c) Description	n of relation	ship	·
					*					
									•	
										
	Unde	er penalties of perjury, I	declare that I have examined	d this return, including accom	panying schedules and	statements, and	to the best of	my knowled	ge and belief,	rt is true,
Sign Here		Afon to	e Ste	n taxpayer) is based on all inf	PRESIDE		wledge	with the pro	S discuss this eparer shown tions Yes	below?
	Sign	ature of officer or trus		Date	Title	1 -				
Paid		Print/Type preparer	's name	Preparer's signature		Date	Chec	k □ ıf ^F	MIT	
Prepa	rer							mployed		
Use C		Firm's name ▶					Firm's EIN	<u> </u>		
		Firm's address ▶					Phone no			

Seline Family Foundation 47-0778047

47-0778047 2019 990 PF

Schedule XV

Charity	Location	Status	Purpose	Amount
Christ Child Society	Omaha, NE	501(c)(3)	Operating Funds	\$13,000 00
Nebraska Games & Parks Foundation	Lincoln, NE	501(c)(3)	Operating Funds	\$500 00
Open Door Mission	Omaha, NE	501(c)(3)	Operating Funds	\$750 00
University of Nebraska Foundation	Lincoln, NE	501(c)(3)	Operating Funds	\$9,100 00
Nebraska Organ Recovery	Lincoln, NE	501(c)(3)	Operating Funds	\$250 00
Omaha Childrens Musuem	Omaha, NE	501(c)(3)	Operating Funds	\$5,000 00
Nebraska Humane Society	Omaha, NE	501(c)(3)	Operating Funds	\$500 00
Cornerstone Church School	Omaha, NE	501(c)(3)	Operating Funds	\$1,000 00
First Presbyterian Church	Lincoln, NE	501(c)(3)	Operating Funds	\$250 00
Sienna Francis House	Omaha, NE	501(c)(3)	Operating Funds	\$100 00
Salem Lutheran Church	Omaha, NE	501(c)(3)	Operating Funds	\$100 00
Fremont United Way	Fremont, NE	501(c)(3)	Flood Relief	\$2,500 00
Salem Lutheran Church	Fremont, NE	501(c)(3)	Operating Funds	\$500 00
Father Vincent Mission	Omaha, NE	501(c)(3)	Capital Purchase	\$2,500 00
St Paul Methodist	Omaha, NE	501(c)(3)	Operating Funds	\$250 00
Children's Scholarship Fund	Omaha, NE	501(c)(3)	Operating Funds	\$1,000 00
Lauritzen Gardens	Omaha, NE	501(c)(3)	Operating Funds	\$2,500 00
Good News Prison Ministry	Omaha, NE	501(c)(3)	Operating Funds	\$250 00
George Washington University	Washington, DC	501(c)(3)	Operating Funds	\$1,000 00
Muscular Dystrophy Association	Omaha, NE	501(c)(3)	Operating Funds	\$1,000 00
Northstar Foundation	Omaha, NE	501(c)(3)	Operating Funds	\$4,000 00
Fremont Area Chamber Foundation	Fremont, NE	501(c)(3)	Operating Funds	\$1,000 00
St Patrick's Church	Chicago, IL	501(c)(3)	Operating Funds	\$500 00
Creighton University	Omaha, NE	501(c)(3)	Operating Funds	\$7,500 00
Leap for a Cure	Omaha, NE	501(c)(3)	Operating Funds	\$1,000 00
Advocate Nebraska	Omaha, NE	501(c)(3)	Operating Funds	\$5,000 00
ALS Association	Omaha, NE	501(c)(3)	Operating Funds	\$2,500 00
St Mary Magdalene	Omaha, NE	501(c)(3)	Operating Funds	\$5,000 00
Durham Museum	Omaha, NE	501(c)(3)	Operating Funds	\$1,000 00
Omaha National Cemertary	Omaha, NE	501(c)(3)	Operating Funds	\$250 00
St Margaret Mary's	Omaha, NE	501(c)(3)	Operating Funds	\$5,000 00
Focus Church Today	Omaha, NE	501(c)(3)	Operating Funds	\$1,000 00
Midlands Community Foundation	Omaha, NE	501(c)(3)	Operating Funds	\$200 00
Westside Foundation	Omaha, NE	501(c)(3)	Operating Funds	\$4,500 00
United Way	Omaha, NE	501(c)(3)	Operating Funds	\$20,000 00
Platte Institute	Omaha, NE	501(c)(3)	Operating Funds	\$250 00
Salvation Army	Omaha, NE	501(c)(3)	Operating Funds	\$5,250 00
Launch Leadership	Omaha, NE	501(c)(3)	Operating Funds	\$8,000 00
Nebraska Family Alliance	Omaha, NE	501(c)(3)	Operating Funds	\$1,000 00
Hope Center	Omaha, NE	501(c)(3)	Operating Funds	\$500 00
Madonna School	Omaha, NE	501(c)(3)	Operating Funds	\$1,000 00
Omaha Street School	Omaha, NE	501(c)(3)	Operating Funds	\$500 00
Henry Doorly Zoo	Omaha, NE	501(c)(3)	Operating Funds	\$500 00
Teammates	Omaha, NE	501(c)(3)	Operating Funds	\$1,000 00
Sacred Heart Church	Greeley, NE	501(c)(3)	Operating Funds	\$250 00
St Vincent De Paul	Omaha, NÉ	501(c)(3)	Operating Funds	\$2,500 00
Project Harmony	Omaha, NE	501(c)(3)	Operating Funds	\$2,500 00
Father Mukasa Fund	Omaha, NE	501(c)(3)	Operating Funds	\$2,500 00
Holy Trinity Church	Omaha, NE	501(c)(3)	Operating Funds	\$100 00
Mid America Council Boy Scouts	Omaha, NE	501(c)(3)	Operating Funds	\$15,000 00
Heritge Services	Omaha, NE	501(c)(3)	Operating Funds	\$5,000 00
Arch Foundation	Omaha, NE	501(c)(3)	Operating Funds	\$150 00
American Heart Association	Omaha, NE	501(c)(3)	Operating Funds	\$1,000 00
St Margaret Mary's	Omaha, NE	501(c)(3)	Operating Funds	\$25,000 00
Boys & Girls Club	Omaha, NE	501(c)(3)	Operating Funds	\$1,000 00
Rejoice Lutheran Church	Omaha, NE	501(c)(3)	Operating Funds	\$1,000 00
St Margaret Mary's	Omaha, NE	501(c)(3)	Capital Project	\$1,000 00
African Education Fund	Omaha, NE	501(c)(3)	Operating Funds	\$3,000 00
Madonna School	Omaha, NE	501(c)(3)	Operating Funds	\$5,000 00
				\$183,500 00

Seline Family Foundation	47-0778047
	2019 990 -PF

Schedule Part I, Line 18

U.S. Treasury 2018 Taxes	3/24/2019	\$5,665.58
	7/17/2019	\$134.32
		\$5,799.90

Schedule Part II, Line 10 (b)

Corporate Stock Investments 12/31/2019

AT&T	10,000	shares
Apple	2,250	shares
Blackstone Group Inc	285	shares
Bristol Myers Squibb	2,265	shares
Enlink Midstream LLC	7,500	shares
Oneok inc	8,560	shares
Pfizer Inc	15,000	shares
Sinclair Broadcast Group Class A	2,500	shares
Targa Resources Corp	10,225	shares
Union Pacific Corp	2,250	shares
Verizon Communications	3,300	shares
Williams Companies	25,000	shares

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

47-0778049 INE 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** 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) filling Form 990 or 990-EZ that met the 331/3% 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).

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of	of Part I if additional space is	needed.
(a) No.	', (b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Suzann Seline	\$ 36850°	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

Schedule & (Form 990, 990-PF) (2019)

Name of organization

Schedule & (Form 990, 990-PF) (2019)

Employer identification number

47-0778049

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

Part II	Noncash Property (see instructions). Use auplicate copies	or Part II II additional Spa	ace is needed.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	500 SHARES OF ONEOLITUC	\$ 36850	9/30/19
(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
		\$	
(a) No. from Part 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) Employer identification number Name of organization Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (10) that total more than \$1,000 for the year 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 information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. from (c) Use of gift (b) Purpose of gift (d) Description of how gift is held Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift from Part I (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