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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491188004210

OMB No. 1545-0052

2019

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.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public

			110		2010	
		ndar year 2019, or tax year beginning 01-01-20 Indation	, an	nd ending 12-31	-2019 lentification numbe	ar
ΚI	M FOUN	INDATION Y J COURTNAGE		47-0837377	entification number	ar
		d street (or P.O. box number if mail is not delivered to street address)	Room/suite	B Telephone nu	umber (see instructio	ns)
1.	3609 CA	ALIFORNIA STREET NO 500		(402) 891-000	,	,
		n, state or province, country, and ZIP or foreign postal code 681545233			application is pendir	ng, check here
- CI	l l	that apply: Initial return Initial return of a	former public charity	D.1 Foreign or	ganizations, check h	· _
G CI	ieck ai	Final return Amended return	Torrier public criarity	_	rganizations, check in	▶ ⊔
		Address change Name change			ck here and attach co	
H Ch	neck ty	rpe of organization: Section 501(c)(3) exempt private	foundation		undation status was on 507(b)(1)(A), chec	
	Section	1 4947(a)(1) nonexempt charitable trust \Box Other taxable	e private foundation		00, (2)(2)(1,1), 00.	
of	year (f	xet value of all assets at end from Part II, col. (c), ▶\$ 16,297,978 J Accounting method: □ Other (specify) (Part I, column (d) must	✓ Cash ☐ Accrua		ation is in a 60-mont on 507(b)(1)(B), ched	
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	4,018,862			, , ,
	2	Check ▶ ☐ if the foundation is not required to attach Sch. B				
	3	Interest on savings and temporary cash investments	1,603	1,603	3	
	4	Dividends and interest from securities	334,702	334,702	2	
	5a	Gross rents				
	b	Net rental income or (loss)	4 222 077			
Me	6a	Net gain or (loss) from sale of assets not on line 10	4,333,077			
Revenue	b	Gross sales price for all assets on line 6a 9,769,700				
ž	7	Capital gain net income (from Part IV, line 2)		4,333,077	7	
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b	Less: Cost of goods sold				
	11	Other income (attach schedule)	9 50	850)	
	12	Total. Add lines 1 through 11	8,689,194	4,670,232	2	
	13	Compensation of officers, directors, trustees, etc.	0)	C
	14	Other employee salaries and wages	49,194	(49,194
Sè	15	Pension plans, employee benefits	14,767	()	14,767
nse	16a	Legal fees (attach schedule)				
Expenses	b	Accounting fees (attach schedule)	9 5,366	C)	5,366
لت ده	c	Other professional fees (attach schedule)	27,248	24,707	7	2,541
Ĭ	17	Interest				
stra	18	Taxes (attach schedule) (see instructions)	13,618	5,922	2	3,963
Administrative	19	Depreciation (attach schedule) and depletion	9,344	()	
Ē	20	Occupancy				
	21	Travel, conferences, and meetings	1,366			1,366
a	22	Printing and publications	1,875		+	1,875
ting	23	Other expenses (attach schedule)	150,799	(,	150,799
Operating and	24	Total operating and administrative expenses.	272 577	20.020		220 074
ă	25	Add lines 13 through 23	273,577 869,697	30,629	<u>'</u>	229,87 1 869,697
	26	Total expenses and disbursements. Add lines 24 and				
	27	25 Subtract line 26 from line 12:	1,143,274	30,629	9	1,099,568
	27 a	Subtract line 26 from line 12: Excess of revenue over expenses and				
	"	disbursements	7,545,920			
	b	Net investment income (if negative, enter -0-)		4,639,603	3	
	С	Adjusted net income (if negative, enter -0-)				

For	m 990-	PF (2019)			Page 2
Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year		of year
	1	Cash—non-interest-bearing	(a) Book Value 29,493	(b) Book Value 165,223	(c) Fair Market Value 165,223
	2	Savings and temporary cash investments	22,556	144,43	
	3	Accounts receivable	22,555	111,10	111,107
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
	~	Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	"	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			_
	′	Less: allowance for doubtful accounts			
	8	Inventories for sale or use			_
Assets		Prepaid expenses and deferred charges			
155	9	Investments—U.S. and state government obligations (attach schedule)			
ď	10a				
	b	Investments—corporate stock (attach schedule)			
	C	Investments—corporate bonds (attach schedule)			
	11		-		
	4.	Less: accumulated depreciation (attach schedule)			
	12	Investments—mortgage loans	F 993 961 99	14 452 70	7 15 000 210
	13	Investments—other (attach schedule)	5,882,861	14,153,70	7 15,988,318
	14	Land, buildings, and equipment: basis 9,344			
		Less: accumulated depreciation (attach schedule) ▶ 9,344 Other assets (describe ▶)			
	15				
	16	Total assets (to be completed by all filers—see the	5 024 040	14 462 26	16 207 070
		instructions. Also, see page 1, item I)	5,934,910	14,463,36	
	17	Accounts payable and accrued expenses		794	1
Ş	18	Grants payable	50,000	35.00	
Liabilities	19	Deferred revenue	50,000	25,000 1,000,000	4
Ē	20	Loans from officers, directors, trustees, and other disqualified persons	720	1,000,000	<u></u>
Ë	21	Mortgages and other notes payable (attach schedule)			_
	22		50,000	1 025 70	1
	23	Total liabilities(add lines 17 through 22)	50,000	1,025,79	<u>+</u>
e s		Foundations that follow FASB ASC 958, check here			
3		and complete lines 24, 25, 29 and 30.			
<u> </u>	24	Net assets without donor restrictions			
Ē	25	Net assets with donor restrictions			
Fund Balances		Foundations that do not follow FASB ASC 958, check here 🕨 🗹			
or F		and complete lines 26 through 30.			
	26	Capital stock, trust principal, or current funds	0	(ס
Assets	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0	(D .
Ą	28	Retained earnings, accumulated income, endowment, or other funds	5,884,910	13,437,57	3
Net	29	Total net assets or fund balances (see instructions)	5,884,910	13,437,57	3
_	30	$\textbf{Total liabilities and net assets/fund balances} \; (\textbf{see instructions}) \;\; \textbf{.}$	5,934,910	14,463,36	7
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		ll net assets or fund balances at beginning of year—Part II, column (a), lir ear figure reported on prior year's return)	ne 29 (must agree with er	nd- . 1	5,884,910
2	Ente	r amount from Part I, line 27a		. 2	7,545,920
3	Othe	er increases not included in line 2 (itemize) >		3	6,743
4		lines 1, 2, and 3		. 4	13,437,573
5		reases not included in line 2 (itemize)		5	0
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5)—Part II,	column (b), line 29	. 6	13,437,573

	e the kind(s) of property sold (e.g., rehouse; or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)				
1 a PUBLICLY TRADED SECU	RITIES		D	2019-08-15	2019-12-31			
b PUBLICLY TRADED SECU			D	2018-01-01	2019-12-31			
c PUBLICLY TRADED SECU	RITIES		D	2018-01-01	2019-12-31			
d CAPITAL GAINS DIVIDEN	DS		Р					
e								
(e)	(f)		(g)		h)			
Gross sales price	Depreciation allowed (or allowable)		other basis ense of sale		r (loss)) minus (g)			
a 64	6,050	pids exp	643,307	, , , ,	2,743 2,743			
	5,956		2,172,676		523,280			
·	0,316		2,620,640	+	3,799,676			
· · · · · · · · · · · · · · · · · · ·	7,378		2,020,010		7,378			
u e	,,,,,				7,570			
_	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	,	I)			
	(i)	<u> </u>	(k)		יי h) gain minus			
(i) EMV ps of 12/21/60	Adjusted basis		of col. (i)	col. (k), but not	less than -0-) or			
F.M.V. as of 12/31/69	as of 12/31/69	over col	. (j), if any	Losses (fr	om col.(h))			
a					2,743			
b					523,280			
c					3,799,676			
d					7,378			
e								
	gain or (loss) as defined in sections 1 rt I, line 8, column (c) (see instruction		,	3	4,333,077			
Part V Qualification U	Jnder Section 4940(e) for Re	duced Tax on Net	Investment In	come				
For optional use by domestic p	rivate foundations subject to the sec	tion 4940(a) tax on ne	et investment incom	ne.)				
f section 4940(d)(2) applies, le	eave this part blank.							
	e section 4942 tax on the distributal	, ,		? \ \ \ \ \ \ \ \	es 🗹 No			
1 Enter the appropriate am	nount in each column for each year;	see instructions before	making any entrie	s.				
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col. (b) divided by c				
2018	685,254		5,910,822	(cor. (b) arriaca by c	0.115932			
2017	595,209		5,867,572		0.101440			
2016	493,394		5,738,692		0.085977			
2015	478,300		6,624,985		0.072196			
2014	468,275		6,388,467		0.073300			
2 Total of line 1, column (d)		2		0.448845			
3 Average distribution ratio	for the 5-year base period—divide t	the total on line 2 by 5.						
,	dation has been in existence if less	,	3		0.089769			
	ncharitable-use assets for 2019 from	,	4		10,964,211			
5 Multiply line 4 by line 3	5		984,246					
	ent income (1% of Part I, line 27b)		6		46,396			
			7	-	1,030,642			
	ons from Part XII, line 4 ,			10/ 5- 1 2	1,099,568			
If line 8 is equal to or gre instructions.	If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.							

	990-F1 (2019)		- 4-20.14	— • • • • • • • • • • • • • • • • • • •	,		P	age (
श्च		ing Activities for Which	Form 4720 May Be	Required (continued)	<i>)</i>			
ā	During the year did the foundation p	·					Yes	No
	(1) Carry on propaganda, or otherw	ise attempt to influence legisl	ation (section 4945(e))?	☐ Yes ि	✓ No			
	(2) Influence the outcome of any sp	ecific public election (see sect	tion 4955); or to carry					
	on, directly or indirectly, any vot	er registration drive?		· · 🗌 Yes 🛭	✓ No			
	(3) Provide a grant to an individual	for travel, study, or other sim	ilar purposes?	☐ Yes ☐	▼ No			
	(4) Provide a grant to an organization	on other than a charitable, etc	, organization described		<u> </u>			
	in section 4945(d)(4)(A)? See in	structions		· · □ v [✓ No			
	(5) Provide for any purpose other th	an religious, charitable, scien	tific, literary, or	· · L Yes	⊻ No			
	educational purposes, or for the	prevention of cruelty to childr	en or animals?					
b	If any answer is "Yes" to $5a(1)-(5)$,	•		Ceptions described in	⊻ No			
	Regulations section 53.4945 or in a	•		•		5b		
	Organizations relying on a current no			_	t			
_	If the answer is "Yes" to question 5a				ШΙ			
	tax because it maintained expenditu	• • •	•		_			
	If "Yes," attach the statement requir			' '	_ No			
	•	· -						
ìа	Did the foundation, during the year,	, , ,						
	a personal benefit contract?			⊔ Yes D	✓ No			
b	Did the foundation, during the year,	pay premiums, directly or ind	lirectly, on a personal be	nefit contract?		6b		No
	If "Yes" to 6b, file Form 8870.							
'a	At any time during the tax year, was	the foundation a party to a p	prohibited tax shelter tra	nsaction? Yes	✓ No			
b	If "Yes", did the foundation receive a	any proceeds or have any net	income attributable to the			7b		
3	Is the foundation subject to the sect	ion 4960 tax on payment(s) o	of more than \$1,000,000	in remuneration or				
	excess parachute payment during th	e year?		· · 🗌 Yes	√ N° [
	Information About O	fficers, Directors, Trust	tees. Foundation Ma			ees.		
Pai	t VIIII and Contractors	, 2,	,		,	,,		
1	List all officers, directors, trustee	s. foundation managers ar	nd their compensation	See instructions				
	List an officers, an ectors, trustee	(b) Title, and average	(c) Compensation (If	(d) Contributions to	1,,	_		
	(a) Name and address	hours per week	not paid, enter	employee benefit plans a			ise acci	
		devoted to position	-0-)	deferred compensation	י ו	iller ai	lowanic	.63
ee A	Additional Data Table							
2	Compensation of five highest-pai	d employees (other than t	l hose included on line :	l —see instructions). If ⊢	none, er	ter "l	NONE.	71
	, , ,			(d) Contributions to	1			
a)	Name and address of each employee [paid (b) Title, and average hours per week	(c) Compensation	employee benefit			se acco	
	more than \$50,000	devoted to position	(c) compensation	plans and deferred	otl	ner all	owance	es
				compensation				
ONI	<u> </u>							
					\perp			
nt2	I number of other employees paid ove	r \$50 000.						
Jid	Hamber of other employees paid over				Farr	~ QQ(0-PF (2010
					LOL	□ プラし	5-PF (Z019

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Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	es (see instructions). 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 rele organizations and other beneficiaries served, conferences convened, research papers produ		r of Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments (see i	nstructions)	
Describe the two largest program-related investments made by the foundation during the	·	Amount
1	,	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		• o
Total Add Into I through 5		Form 990-PF (2019)

3

4

5

6

7

1a

1b

2

3a 3b

4

5

501.815

501.815

501.815

1,099,568

1,099,568

1,053,172

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46,396

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

3

4 5

6

1

2

3

4

5

b

Part XII

Page 9

501,815

501,815

Form **990-PF** (2019)

Form 990-PF (20	019)
Part XIII	Undistributed Income (see instructions)

a From 2014.

b From 2015. c From 2016. . .

d From 2017.

e From 2018.

Excess distributions carryover, if any, to 2019:

f Total of lines 3a through e.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. . .

b Excess from 2016. .

c Excess from 2017. . . .

d Excess from 2018. . .

e Excess from 2019. . .

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract 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. **d** Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020 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) 8 Excess distributions carryover from 2014 not

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 1,099,568 a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

Form 990-PF (2019)					
Part XIII	Und				

1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019: a Enter amount for 2018 only.

> 152.307 153,619

209.471

305.746 396,651

153.619 209,471

305.746

396.651

597.753

(a)

Corpus

1,217,794

597.753

1,815,547

152.307

1,663,240

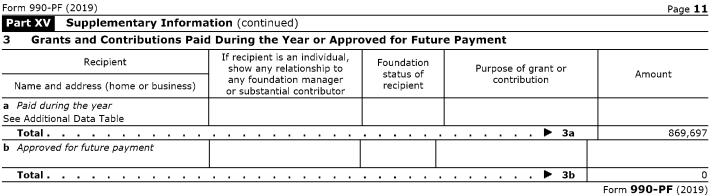
(b)

Years prior to 2018

(c)

2018

factors:



Enter gros	s amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
1 Program service revenue: a PRESENTATIONS b		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
		-				100
е						
f						
g Fees	and contracts from government agencies					
	ership dues and assessments					
3 Interes	st on savings and temporary cash ments					
	nds and interest from securities			14	1,603 334,702	
	ntal income or (loss) from real estate:			14	334,702	
	-financed property.					
	debt-financed property.					
	ntal income or (loss) from personal property					
	investment income			15	850	
	r (loss) from sales of assets other than					
invent	•			18	4,333,077	
	come or (loss) from special events: profit or (loss) from sales of inventory					
	revenue: a					
с						
	tal. Add columns (b), (d), and (e).			0	4,670,232	
	Add line 12, columns (b), (d), and (e) vorksheet in line 13 instructions to verify calcu			13	.	4,670,332
	I-B Relationship of Activities to the		ment of Exem	npt Purposes		
Line No. ▼	Explain below how each activity for which	income is report	ed in column (e) o	of Part XVI-A contribu		
1A	EDUCATIONAL PRESENTATIONS ON YOUTH	MENTAL HEALTH	& SUICIDE PREV	ENTION		
	EBOOKTION/LETKESENT/ITIONS ON TOOTH	THE IT I THE THE TENT	a soldist i kev	LITTION.		
					Ea	rm 990-PF (2019)

For	rm 990-Pf	(2019)				Pa	ge 13
	Part XVI	Information Re Exempt Organi		ions and Relationships With Nonchari	table		
1			directly engage in any of the following with a organizations) or in section 527, relating to	any other organization described in section 501 political organizations?		Yes	No
а	Transfer	s from the reporting foun	dation to a noncharitable exempt organization	on of:			
	(1) Cas	sh			1a(1)		No
	(2) Oth	ner assets			1a(2)		No
b	Other tr	ansactions:					
	(1) Sal	es of assets to a nonchar	itable exempt organization		1b(1)		No
	(2) Pur	chases of assets from a r	noncharitable exempt organization		1b(2)		No
	(3) Rer	ntal of facilities, equipmer	nt, or other assets		1b(3)		No
	(4) Rei	mbursement arrangemen	ts		1b(4)		No
		<u>-</u>			1b(5)		No
	(6) Perf	ormance of services or m	embership or fundraising solicitations		1b(6)		No
C	Sharing	of facilities, equipment, n	nailing lists, other assets, or paid employees		1c		No
u	of the go	oods, other assets, or ser		olumn (b) should always show the fair market of the foundation received less than fair market values goods, other assets, or services received.			
(a) Line No.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	ıring arra	ngemen	ts
_							
_							
_							
_							
_				-			

in any tr	ansaction or sharing arra	angement, show in	column (d) the value of th	e goods, ot	her assets, or services received.
(a) Line No.	(b) Amount involved	(c) Name of noncha	aritable exempt organization	(d) Desc	cription of transfers, transactions, and sharing arrangements
2a Is the fo	undation directly or indir	ectly affiliated with	, or related to, one or more	e tax-exemi	pt organizations
	•	•	c)(3)) or in section 527? .		· - <u>— —</u>
	complete the following s		,, ,,		
,	(a) Name of organizati		(b) Type of organizat	ion	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign May the IRS discuss this 2020-05-21 return Here with the preparer shown Signature of officer or trustee Title Date (see instr.) 🗹 Yes 🗆 No PTIN Print/Type preparer's name Preparer's Signature Date Check if self-P01523804 employed ▶ 🔲 WENDY R COOLEY Paid **Preparer** Firm's name ▶ SEIM JOHNSON LLP Firm's EIN ▶47-6097913 **Use Only** Firm's address ▶ 18081 BURT STREET SUITE 200 Phone no. (402) 330-2660 OMAHA, NE 680224722 Form **990-PF** (2019)

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, Contributions to (e) other allowances hours per week not paid, enter (b) devoted to position -0-) employee benefit plans and deferred compensation LARRY J COURTNAGE PRESIDENT 1.00 13609 CALIFORNIA STREET OMAHA, NE 681545233 KATHLEEN A COURTNAGE VICE O n PRESIDENT/SECRETARY 13600 CALTEODNIA STREET

OMAHA, NE 681545233	1.00			
VICKI F WITKOVSKI	TREASURER	0	0	0
766 GAVELLO AVE SUNNYVALE, CA 94086	1.00			
CRAIG WOLF	BOARD MEMBER	0	0	0
	7 1 00			

VICKI F WITKOVSKI	IREASURER		U	1
766 GAVELLO AVE SUNNYVALE, CA 94086	1.00			
CRAIG WOLF	BOARD MEMBER	0	0	0
13609 CALIFORNIA STREET	1.00			

OMAHA, NE 681545233

BOARD MEMBER

MARK WOLF 1.00

13609 CALIFORNIA STREET OMAHA, NE 681545233

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year **BRAIN INJURY ALLIANCE** PC PARTNER W/ MENTAL HEALTH 16,700 2424 RIDGE POINT CIR AMERICA FOR EDUCATION

LINCOLN, NE 68512		THROUGHOUT NEBRASKA ON BRAIN INJURY'S IMPACT ON SUICIDAL IDEATION.	
BRYAN LGH FOUNDATION 1600 S 48TH STREET	PC	SUPPORT THEIR MENTAL ILLNESS AWARENESS WEEK	30,000

BRYAN LGH FOUNDATION 1600 S 48TH STREET LINCOLN, NE 68506	PC	SUPPORT THEIR MENTAL ILLNESS AWARENESS WEEK 2020.	3
CAROLE'S HOUSE OF HOPE 7815 HARNEY ST	PC	EXPANSION OF MENTAL HEALTH SERVICES FOR RESIDENTS.	2

Total .

1600 S 48TH STREET LINCOLN, NE 68506		ILLNESS AWARENESS WEEK 2020.	
CAROLE'S HOUSE OF HOPE 7815 HARNEY ST OMAHA. NE 68114	PC	EXPANSION OF MENTAL HEALTH SERVICES FOR RESIDENTS.	25,000

За

869,697

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OMAHA 3300 N 60TH STREET	PC	SCHOOL MENTAL HEALTH SERVICES	40,000

OMAHA, NE 68104			
CENTERPOINTE2633 P ST LINCOLN, NE 68503	PC	EMDR TRAINING FOR STAFF TO HELP THOSE WITH TRAUMATIC EXPERIENCES.	10,000

CENTERPOINTE2633 P ST LINCOLN, NE 68503	PC	EMDR TRAINING FOR STAFF TO HELP THOSE WITH TRAUMATIC EXPERIENCES.	10,000
CHARLES DREW HEALTH CENTER 2915 GRANT ST OMAHA, NE 68111	PC	EXPAND GROUP THERAPY TREATMENT SPACE AND PROGRAMMING.	21,240

		EXPERIENCES.	
CHARLES DREW HEALTH CENTER 2915 GRANT ST OMAHA, NE 68111	PC	EXPAND GROUP THERAPY TREATMENT SPACE AND PROGRAMMING.	21,240
Total	 	▶ 3a	869,697

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

CHILD SAVING INSTITUTE

4545 DODGE STREET OMAHA, NE 68132		PROGRAMMING THROUGH THE SHELTER AND GENERAL PROGRAMS.	30,000
CHILDREN'S SQUAREN 6TH ST COUNCIL BLUFFS, IA 51503	PC	A VARIETY OF MENTAL HEALTH TRAININGS FOR STAFF TO	10,000

l pc

REHAVIORAL HEALTH

50 000

CHILDREN'S SQUAREN 6TH ST COUNCIL BLUFFS, IA 51503	PC	A VARIETY OF MENTAL HEALTH TRAININGS FOR STAFF TO BETTER SERVE THEIR YOUTH.	10,000
FIRST RESPONDERS FOUNDATION 2800 S 110TH CT OMAHA, NE 68144	PC	MENTAL HEALTH SUPPORT FOR LOCAL FIRST RESPONDERS.	50,000

,		BETTER SERVE THEIR YOUTH.	
FIRST RESPONDERS FOUNDATION 2800 S 110TH CT OMAHA, NE 68144	PC	MENTAL HEALTH SUPPORT FOR LOCAL FIRST RESPONDERS.	50,000
Total	 	▶ 3a	869,697

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

a Paid during the year			
COMPLETELY KIDS 2566 SAINT MARYS AVE OMAHA, NE 68105		EXPANSION OF MENTAL HEALTH SERVICES FOR YOUTH.	25,000
HEARTI AND FOLITIF THERAPELITIC	PC	FOLINE THERAPY FOR	25 000

HEARTLAND EQUINE THERAPEUTIC RIDING ACADEMY 10130 S 222ND STREET GRETNA, NE 68028	PC	EQUINE THERAPY FOR VETERANS WITH MENTAL HEALTH CONDITIONS.	25,000
HEARTLAND FAMILY SERVICE	PC	TO SUPPORT A NEW YOUTH	50,000

10130 S 222ND STREET GRETNA, NE 68028		HEALTH CONDITIONS.	
HEARTLAND FAMILY SERVICE 2101 S 42 ST OMAHA, NE 68105	PC	TO SUPPORT A NEW YOUTH MENTAL HEALTH PROGRAM THAT IS MORE INTENSIVE.	50,000
Total		▶ 3a	869,697

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
LUTHERAN FAMILY SERVICES OF NEBRASKA 124 S 24 ST SUITE 230 OMAHA, NE 68102	PC	A PROGRAM WITH AN EMBEDDED THERAPIST WITHIN THE OMAHA POLICE DEPARTMENT.	300,000

124 S 24 ST SUITE 230 OMAHA, NE 68102		THE OMAHA POLICE DEPARTMENT.	
OPEN DOOR MISSION2828 N 23RD ST E OMAHA, NE 68110	PC	GENERAL MENTAL HEALTH SERVICES.	20,000
METHODIST HOSPITAL FOUNDATION 8401 WEST DODGE RD STE 225	PC	SUPPORT THE COMMUNITY COUNSELING PROGRAM IN ALL	50,000

OPEN DOOR MISSION2828 N 23RD ST E OMAHA, NE 68110	PC	GENERAL MENTAL HEALTH SERVICES.	20,000
METHODIST HOSPITAL FOUNDATION 8401 WEST DODGE RD STE 225 OMAHA, NE 68114	PC	SUPPORT THE COMMUNITY COUNSELING PROGRAM IN ALL OMAHA PUBLIC SCHOOLS MIDDLE & HIGH SCHOOLS.	50,000

OMAHA, NE 68110	PC	SERVICES.	20,000
METHODIST HOSPITAL FOUNDATION 8401 WEST DODGE RD STE 225 OMAHA, NE 68114	PC	SUPPORT THE COMMUNITY COUNSELING PROGRAM IN ALL OMAHA PUBLIC SCHOOLS MIDDLE & HIGH SCHOOLS.	50,000
Total	 	▶ 3a	869,697

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
SALVATION ARMY3612 CUMING ST OMAHA, NE 68131	PC	GENERAL MENTAL HEALTH SERVICES.	5,000
NEBRASKA CHILDREN'S HOME SOCIETY	PC	GENERAL BEHAVIORAL HEALTH	20,000

EBRASKA CHILDREN'S HOME SOCIETY 939 S 118TH STREET MAHA, NE 68137	PC	GENERAL BEHAVIORAL HEALTH PROGRAMMING.

NEBRASKA CHILDREN'S HOME SOCIETY 4939 S 118TH STREET OMAHA, NE 68137	PC	GENERAL BEHAVIORAL HEALTH PROGRAMMING.	20,00
SIENA FRANCIS HOUSE	PC	GENERAL MENTAL HEALTH	20,00

4939 S 118TH STREET OMAHA, NE 68137		PROGRAMMING.	
SIENA FRANCIS HOUSE	PC	GENERAL MENTAL HEALTH	20,00

OMAHA, NE 68137			
SIENA FRANCIS HOUSE 1702 NICHOLAS ST OMAHA, NE 68102	PC	GENERAL MENTAL HEALTH SERVICES.	20,000

SIENA FRANCIS HOUSE	PC	GENERAL MENTAL HEALTH	20,000
1702 NICHOLAS ST		SERVICES.	
OMAHA, NE 68102			

DMAHA, NE 68102		
Total	 	869,697

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or husiness)

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
PROJECT HARMONY11949 Q STREET OMAHA, NE 68137		PC	FORENSIC TRAUMA TRAINING FOR LAW ENFORCEMENT.	26,257

011111111111111111111111111111111111111		· · · · · · · · · · · · · · · · · · ·	
RESPECT2820 S 75TH ST OMAHA, NE 68114	PC	SCHOOL THEATRICAL PERFORMANCES TO HELP YOUTH WITH SUICIDE IDEATION, DEPRESSION, ANXIETY, ETC.	30,500
CTATE CUITOIDE DDE VENTION		TO LIEU D GLIDDODT GLIDOTDE	20.000

OPAIIA, NE 00114		WITH SUICIDE IDEATION, DEPRESSION, ANXIETY, ETC.	
STATE SUICIDE PREVENTION COALITION 1600 S 48TH STREET LINCOLN, NE 68502	PC	TO HELP SUPPORT SUICIDE PREVENTION EFFORTS THROUGHOUT THE STATE.	20,000

Total	 	▶ 3a	869,697
STATE SUICIDE PREVENTION COALITION 1600 S 48TH STREET LINCOLN, NE 68502	PC	TO HELP SUPPORT SUICIDE PREVENTION EFFORTS THROUGHOUT THE STATE.	20,00
		WITH SUICIDE IDEATION, DEPRESSION, ANXIETY, ETC.	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

	or substantial continuation			
a Paid during the year				
STEPHEN CENTER2723 Q STREET OMAHA, NE 68107		PC	GENERAL MENTAL HEALTH SERVICES	15,000

869,697

OMANA, NE 00107		SERVICES	
MODERN WARRIOR LIVEPO BOX 5683 CLEVELAND, OH 44101	PC	SHARE THE MESSAGE OF HOPE FOR THOSE IMPACTED BY PTSD, ANXIETY, DEPRESSION, SUICIDE IDEATION, ETC.	10,000

MODERN WARRIOR LIVEPO BOX 5683 CLEVELAND, OH 44101	ļ ,	PC	SHARE THE MESSAGE OF HOPE FOR THOSE IMPACTED BY PTSD, ANXIETY, DEPRESSION, SUICIDE IDEATION, ETC.	10,
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efile GRAPHIC print - DO NOT PROCESS	As Filed D	ata -	D	LN: 93491188004210
TY 2019 Accounting Fees Sc	hedule			_
Name	: KIM FOU	NDATION		
C/O LARRY J COURTNAGE				
EIN	l: 47-0837	377		
Category A	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	5,366	0		5,366

Note: To capture the full content of this document, please select landscape mode (11" \times 8.5") when printing.	

TY 2019 Depreciation Schedule

Name: KIM FOUNDATION

C/O LARRY J COURTNAGE

EIN: 47-0837377

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

	Depreci	ation Schedule							
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation Expense	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not Included
7 HP PRO DESKTOP COMPUTERS	2019-10-01	1,488		200DB	5.000000000000	1,488	0		
13 HP COMPAQ LA MONITORS	2019-10-01	342		200DB	5.000000000000	342	0		
LAPTOP - JULIA	2019-10-01	413		200DB	5.000000000000	413	0		
LAPTOP - LJC	2019-10-01	493		200DB	5.00000000000	493	0		
7 AMPLIFY HIGH BACK TASK CHAIRS	2019-10-01	5,827		200DB	7.000000000000	5,827	0		
FIREKING PATRIOT 2 DWR FILE CABINET	2019-10-12	781		200DB	7.000000000000	781	0		

DLN: 93491188004210

TY 2019 Investments - Other Schedule	

DLN: 93491188004210

Name: KIM FOUNDATION

C/O LARRY J COURTNAGE

EIN: 47-0837377

_		 	

RECEIVABLES

Investments Other Schedule 2						
Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value			
NORTHWESTERN MUTUAL FINANCIAL NETWORK	AT COST	14,039,034	15,873,645			
ACCRUED DIVIDENDS AND CAPITAL GAIN	AT COST	114,673	114,673			

efile GRAPHIC print - DO NOT PROCESS As	Filed Dat	a -	DLN: 93491188004210
TY 2019 Loans from Officers Sch	edule		
Name: KIN	M FOUNI	DATION	
C/0	O LARRY	J COURTNAGE	
EIN: 47-	7-083737	7	
	į.		
Iter	m No.		1
Lender's I	Name L	ARRY J COURTNAGE	
Lender's	s Title P	RESIDENT	
Original Amount of	f Loan	1000000	
Balance	e Due	1000000	
Date of	f Note 2	019-12	
Maturity	Date 2	020-01	
Repayment T	Terms 1	MONTH	
Interest	t Rate	0.000000000000	
Security Provided by Borr	rower II	IVESTMENTS	
Purpose of	f Loan G	RANT PAYMENTS	

1000000

Description of Lender Consideration CASH

Consideration FMV

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	93491188004210
TY 2019 Other Expenses Sche	dule			_
Name:	KIM FOUNDATION	NC		
	C/O LARRY J COURTNAGE			
EIN:	47-0837377			
Other Expenses Schedule				
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
COMMUNITY RELATIONS	5,907	0		5,907

1,030

911

78,637

4,533

30

575

298

144

57,060

0

0

0

0

0

0

0

1,030

78,637

4,533

30

575

298

144

57,060

911

Other Expenses Schedule					
Description					
	ı				

DUES & FEES

INSURANCE

TRAINING

POSTAGE

PAYPAL TRANSACTION FEES

BANK SERVICE CHARGES

PROGRAM EXPENSES

OFFICE EXPENSE

TIME FOR HOPE AND HEALING

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	

549

1,125 549

	Books		Purpos
PAYROLL PROCESSING FEES	1,125	0	

Other Expenses Schedule

FUNDRAISING

TY 2019 Oth	er Income Schedu	le		

Name: KIM FOUNDATION

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

C/O LARRY J COURTNAGE

EIN: 47-0837377

Other Income Schedule					
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income		
ROYALTY INCOME	850	850	850		
PRESENTATIONS	100		100		

DLN: 93491188004210

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491188004210
TY 2019 Other Increases Sche	edule	_
Name:	KIM FOUNDATION	
	C/O LARRY J COURTNAGE	
EIN:	47-0837377	
De	escription	Amount
PRIOR PERIOD ADJUSTMENT		6,743

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	-	DL	N: 93491188004210		
TY 2019 Other Professiona	al Fees Schedu	le				
Name: KIM FOUNDATION						
1101						
	C/O LARRY J COURTNAGE					
E	IN: 47-0837377	•				
T				1		
Category	Amount	Net Investment	Adjusted Net	Disbursements		
		Income	Income	for Charitable		
				Purposes		
INVESTMENT MANAGEMENT FEES	24,707	24,707		0		
CONTRACT SERVICES	2,541	0		2,541		

efile GRAPHIC print - DO NOT PR	ROCESS	As Filed Data	-	DLI	N: 93491188004210
TY 2019 Taxes Schedul	е				
	Name:	KIM FOUND	ATION		
		C/O LARRY	COURTNAGE		
	EIN:	47-0837377			
Category	Ar	mount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FOREIGN TAXES		5,922	5,922		0
PAYROLL TAXES		3,963	0		3,963
INCOME TAXES		3,733	0		0

efile GRAPHIC print - DO	NOT PROCESS As Filed Data	-		DLN: 93491188004210
Schedule B	Sche	dule of Contributors		OMB No. 1545-0047
(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service		to Form 990, 990-EZ, or 990-PF. .gov/Form990 for the latest inform	nation.	2019
Name of the organization KIM FOUNDATION				dentification number
C/O LARRY J COURTNAGE Organization type (chec	 k one):		47-0837377	
	,			
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization		
	4947(a)(1) nonexempt ch	naritable trust not treated as a p	private foundation	
	☐ 527 political organization			
Form 990-PF	☑ 501(c)(3) exempt private	foundation		
	4947(a)(1) nonexempt ch	naritable trust treated as a priva	te foundation	
	501(c)(3) taxable private	foundation		
	ion filing Form 990, 990-EZ, or 990 property) from any one contributor.			
Special Rules				
under sections 50 received from any	on described in section 501(c)(3) fil 9(a)(1) and 170(b)(1)(A)(vi), that cone contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1. Co	hecked Schedule A (Form 990 otal contributions of the greater	or 990-EZ), Part II, line 13	, 16a, or 16b, and that
during the year, to	on described in section 501(c)(7), (otal contributions of more than \$1,0 ne prevention of cruelty to children	000 exclusively for religious, cha	aritable, scientific, literary,	
during the year, could be during the year.	on described in section 501(c)(7), (contributions exclusively for religious ked, enter here the total contribution mplete any of the parts unless the le, etc., contributions totaling \$5,00	s, charitable, etc., purposes, bu ns that were received during th General Rule applies to this or	it no such contributions tot e year for an e <i>xclusively</i> re ganization because it rece	aled more than \$1,000. eligious, charitable, etc., ived <i>nonexclusively</i>
990-EZ, or 990-PF), but it	that isn't covered by the General must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't i	2, of its Form 990; or check th	e box on line H of its Form	
For Paperwork Reduction Ac	t Notice, see the Instructions	Cat. No. 30613X	Schedule B (Form 990	D, 990-EZ, or 990-PF) (2019)

for Form 990, 990-EZ, or 990-PF.

Name of organization KIM FOUNDATION C/O LARRY J COURTNAGE

Employer identification number

<u>/O LARRY</u>	' J COURTNAGE	47-08373	47-0837377		
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
	See Additional Data Table	\$	Person Payroll Noncash (Complete Part II for noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contribution.) (d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	contribution.) (d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II for noncash contribution.)		

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Page 3					
Name of org KIM FOUND		Employer identification number			
C/O LARRY	J COURTNAGE	47-0837377			
Part II	Noncash Property				
(a) No. from Part I	(see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
1	7 HP DESKTOP COMPUTERS; 13 HP COMPAQ LA MONITORS; 2 LAPTOPS; 7 CHAIRS; 1 FILE CABINET	\$ 9,344	2019-10-01		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
1	2,721 SHARES OF SPDR S&P500 ETF TRUST	\$ 644,632	2019-07-26		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
1	12,175 SHARES SPDR DOW JONES INDL AVERAGE ETF TR UNIT	\$ 1,336,338	2019-07-26		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received		
1	23,895 SHARES VANGUARD INDEX FDS VANGUARD	\$ 1,448,062	2019-07-26		
(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)					

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4	
Name of or KIM FOUND			E	mployer identification number	
	J COURTNAGE		4	7-0837377	
Part III					
(a) No. from Part I	(b) Purpose of gift	ose of gift (c) Use of gift		(d) Description of how gift is held	
L					
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationsh		nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	- (c) Use c	of gift	(d) Description of how gift is held	
	Transferee's name, address, and Z	(e) Transfe		nship of transferor to transferee	
(a) No. from Part I	(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 Relationshi		nship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	- (c) Use c	of gift	(d) Description of how gift is held	
	Transferee's name, address, and Z	(e) Transfe		nship of transferor to transferee	
		_	Sch	edule B (Form 990, 990-EZ, or 990-PF) (2019)	

Additional Data

Software ID:

Software Version:

EIN: 47-0837377

Name: KIM FOUNDATION

C/O LARRY J COURTNAGE

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed.

	ule B, Part I - Contributors (see Instructions) Use duplicate	copies of Part I it additional sp	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	C & A INDUSTRIES INC		Person 🗸
<u>1</u>	13609 CALIFORNIA ST		Payroll 🗌
		\$ 3,828,677	Noncash 🗹
	OMAHA, NE 68154		(Complete Part II for noncash contribution.)
r	NEBRASKA MEDICAL CENTER		Person 🗸
<u>2</u>	42ND AND EMILE	\$ 5,000	Payroll 🗌
	OMAHA, NE 68198		Noncash \square
			(Complete Part II for noncash contribution.)
2	REGION 6 BEHAVIORAL HEALTHCARE		Person 🗸
<u>3</u>	3801 HARNEY ST		Payroll 🗌
	OMANA NE COASA	\$ 8,000	Noncash \square
	OMAHA, NE 68131		(Complete Part II for noncash contribution.)
	UNITED WAY OF THE MIDLANDS		Person 🗸
<u>4</u>	1805 HARNEY STREET	\$ 15,610	Payroll 🔲
	OMAHA, NE 68154		Noncash \square
	0. http://de.		(Complete Part II for noncash contribution.)
-	HARRISON FINANCIAL		Person 🗸
<u>5</u>	9300 UNDERWOOD AVE 500		Payroll 🗌
		\$ 10,000	Noncash \square
	OMAHA, NE 68114		(Complete Part II for noncash contribution.)
	HEIDER FAMILY FOUNDATION		Person 🗸
<u>6</u>	2225 ISLAND PT		Payroll 🗌
		\$ 5,000	Noncash \square
	EVERGREEN, CO 80439		(Complete Part II for noncash contribution.)
	·		

Form 990 Schedule B, Part I - Contributors (see Instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) Total contributions Type of contribution No. Name, address, and ZIP + 4 PROJECT HARMONY Person $\overline{\mathbf{v}}$ Payroll 11949 Q ST \$ 5,000 Noncash OMAHA, NE 68137 (Complete Part II for noncash contribution.) JOHN & WENDE KOTOUC Person **V** 8 Payroll 8308 HICKORY ST \$ 5,050 Noncash **OMAHA, NE 68124** (Complete Part II for noncash contribution.) LOCKTON Person Payroll 13710 FNB PKWY SUITE 400 \$ 5,000 Noncash **OMAHA, NE 68154** (Complete Part II for noncash contribution.)