990-PF

Department of the Treasury Internal Revenue Service

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 www.irs.gov/Form990PF for instructions and the latest information.\/

OMB No 1545-0047

2019

Open to Public Inspection

For cal	endar year 2019 or tax year beginning	, 2019	, and ending		
D # D E.	NE COLDEDO CEUMD			A Employer identification null 84-6890477	nber
	NE GOLDBERG STUMP RIAL SCHOLARSHIP TRUST			B Telephone number (see inst	ructions)
	COURT ST.:			(402) 228-299	95
	RICE, NE 68310			C If exemption application is	nending check here
	·	1		The exemption application is	pending, encor here
G Che	eck all that apply X Initial return	Initial return of a form	ner public charity	D 1 Foreign organizations, che	ck here
	Final return	Amended return		2 Foreign organizations meet	ting the 85% test, check
	Address change	Name change	ioundation (VO	here and attach computation	
H Che	eck type of organization X Section 50 Section 4947(a)(1) nonexempt charitable	1(c)(3) exempt private f	orivate foundation	E If private foundation status	was terminated
		counting method X C		under section 507(b)(1)(A)	
	m Part II, column (c), line 16)	Other (specify)	asii	If the foundation is in a CO	month termination
Ès	, , , , ,	column (d), must be on a	cash basis)	F If the foundation is in a 60 under section 507(b)(1)(B)), check here
	Analysis of Revenue and	(a),a			(d) Disbursements
(12 pri) ch	Expenses (The total of amounts in	(a) Revenue and	(b) Net investmer		for charitable
	columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per books	income	income	purposes
,	column (a) (see instructions))				(cash basis only)
シン	1 Contributions, gifts, grants, etc., received (attach schedule)	100,000.			
1/2	2 Check - j If the foundation is not required to attach Sch. 8	THE COMMENTS OF THE PROPERTY O			
10	. Interest on savings and temporary cash investments	\			
	4 Dividends and interest from securities		1		
	5 a Gross rents		<u> </u>		
	b Net rental income or (loss)				
	6 a flet gain or (loss) from sale of assets not on line 10	22403			
ਕ੍ਰ	b Gross sales price for all assets on line 6a	Carrollar in company of the company	Community Community a		
Revenue	7 Capital gain net income (from Part IV, line 2)				17 U.S. 16 (6)
Š	8 Net short-term capital gain	- Alternation and the second		97.3	
ž	9 Income modifications	Communication Transfer at 1 to 1 to 1 to 1 to 1			
	10 a Gross sales loss returns and allowances				
	Lass Cost of				
	goods sold, C Gross profit or (loss) (attach schedule)	Awar Triffinnminifibre (200 months at a state)	domining Research Communication	(MODUM) 7 (NOTABUS) 2. 7. Luis Audininin 15 (Taxas	wry i communications and
	11 Other income (attach schedule)		12.4 ROSE 12. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	(40-5 (50))	
	•				
	12 Total Add lines 1 through 11	100,000.		0. 0.	
	13 Compensation of officers, directors, trustees, etc	0.			
xpenses	14 Other employee salaries and wages				
` ह	15 Pension plans, employee benefits			RECEIVED	
ğ.	16a Legal fees (attach schedule) b Accounting fees (attach sch)			· COLIVEO	
	C Other professional fees (attach sch).		\$ S	 	
Š	17 Interest			10 0 9 2020 101	
뮰	18 Taxes (attach schedule)(see instrs)	·		<u> </u>	
, t	19 Depreciation (attach		1 0	GOEN, UT	
Ξ΄.	schedule) and depletion			0.0214, 01	
<u>E</u>	20 Occupancy			<u>'</u>	
Ą	21 Travel, conferences, and meetings. 22 Printing and publications				
모	23 \ Other expenses (attach schedule)				
ä					
된	24 Total operating and administrative				
.E	expenses Add lines 13 through 23				
Operating and Administrative	25 Contributions, gifts, grants paid.				
Ö	26 Total expenses and disbursements. Add lines 24 and 25	0.		0.	0.
	27 Subhact ling 25 blood line 12:	0.			
	à Excess of revenue over expenses				
	and disbursements	100,000.			probleministration of the continuous of the cont
	b Net investment income (if negative, enter -0-)		TEST VOICESSENG TO LIVE OF THE TOTAL	0.	A STATE OF THE STA
	C Adjusted net income (if negative, enter -0-)	Add to the second	West States	<u> </u>	

2 - 2 2 2 2 2 2	******** 1	Dalamaa Chásta	Attached schedules and amounts in the description	Beginning of year	i i	na o	r year
Par		Balance Sheets	column should be for end-of year amounts only (See instructions)	(a) Book Value	(b) Book Valu	e	(c) Fair Market Value
	1	Cash — non-interest	-bearing		100,0		100,000.
	2		ary cash investments		100,0	•••	200,000.
		Accounts receivable	-			3000000	
	3	•	_		manageralli sa		
		Less allowance for	doubtini accounts				
	4	Pledges receivable		12-13-12-12-12-12-12-12-12-12-12-12-12-12-12-	17 / 18/4 · ·		Control of the Contro
	<u> </u>	Less allowance for	doubtful accounts				
	5	Grants receivable					
	6	Receivables due from offic disqualified persons (atta	cers, directors, trustees, and other ch schedule) (see instructions)				
	7	Other notes and loans rec	eivable (attach sch)				A Company of the Comp
	ļ	Less allowance for	doubtful accounts >		, F		
	8	Inventories for sale	or use				
•	9	Prepaid expenses a	nd deferred charges				
Assets	10 a		and state government				
Š	Ŀ	Investments — corporate	stock (attach schedule)				
4	1	Investments — corporate	•				
		Investments — land,	·	dilimitarah di inggan di Artana		27 7 9	
	''	equipment basis					
		Less accumulated depred (attach schedule)					
	1	Investments - mort					
	13	Investments - other		INC. N. P. O. W. D.	TO STAND SMALL THE STAND STANDS OF THE STANDS	TALL PURE 2	The state of the same of the s
	14	Land, buildings, and		inalization in 15 Calebration in 12	DVIGG DIJANJANJON UNITED TO TO THE STATE OF	Ma of Section	india jo jo jo jo jo jo jo jo je
		Less: accumulated depred (attach schedule)	enation •				
	15	Other assets (descri					
	16	see the instructions	completed by all filers – Also, see page 1, item I).	0.	100,0	00.	100,000.
	17	Accounts payable as	nd accrued expenses				
	18	Grants payable					
88	19	Deferred revenue					##1577-A
ء	20	Loans from officers, direct	tors, trustees, & other disqualified persons				4.5
Liabilities	21	Mortgages and other note	s payable (attach schedule)				
Ë	22	Other liabilities (des	cribe ►)	-			
	23	Total liabilities (add	I lines 17 through 22)	0.		0.	
-83			llow FASB ASC 958, check here ►				
nce		and complete lines					
Bala	24	Net assets without of	donor restrictions		<u> </u>		
72	25	Net assets with don	or restrictions				
Net Assets or Fund Balance		Foundations that do and complete lines	not follow FASB ASC 958, check here X 26 through 30.	,			
ō	26	Capital stock, trust i	orincipal, or current funds		100,0	00.	
용	27	·	, or land, bldg , and equipment fund				
28	28		ulated income, endowment, or other funds				
4	29	- ·	fund balances (see instructions)	0.	100,0	00	E C
2	30		net assets/fund balances	0.	100,0		
Par	talli.	Analysis of Chan	iges in Net Assets or Fund Balanc	es	· · · · · · · · · · · · · · · · · · ·		
1	Total	I net assets or fund b	alances at beginning of year — Part II, cold d on prior year's return)		igree with	1	0.
2		r amount from Part I,				2	100,000.
3		increases not included in li			i.	3	
4		lines 1, 2, and 3				4	100,000.
5		ases not included in line 2	(Itemize)			5	100,000.
-			alances at end of year (line 4 minus line 5)) - Part II, column (b).	 line 29	6	100,000.
•		14114 0					

(a) List and de	and Losses for Tax on Investmen scribe the kind(s) of property sold (for examp rick warehouse, or common stock, 200 sh	le, real estate,	(b) How acquired P — Purchase D — Donation	(C) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a N/A					
b					
С					
d					
e			<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa		(h) Gain or ((e) plus (f) m	
b		•			
С					
d					
е					
Complete only for assets	showing gain in column (h) and owned by the	foundation on 12/31/69		(I) Gains (Col	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		ain minus col (k), b an -0-) or Losses (fi	
а					
b					
С					
d					
e					
2 Capital gain net income	or (net capital loss) — If gain, also If (loss), ent	enter in Part I, line 7 ter -0- in Part I, line 7	. 2		
3 Net short-term capital g	ain or (loss) as defined in sections 1222(5) and (6)			
If gain, also enter in Pai in Part I, line 8	rt I, line 8, column (c) See instructions If	(loss), enter -0-	. 3		
Part V Qualification I	Under Section 4940(e) for Reduce	d Tax on Net Investm	ent Income	, I	
·	rivate foundations subject to the section 4940			N/A	***************************************
10 40 40 (1) (0)				·	
If section 4940(d)(2) applies,	leave this part blank			_	
Was the foundation liable for	the section 4942 tax on the distributable a	mount of any year in the b	ase period?	Yes	∏No
	t qualify under section 4940(e) Do not co				
1 Enter the appropriate amo	ount in each column for each year; see the ins	structions before making any	entries		
(a) Base period years Calendar year (or tax yea beginning in)	Adjusted qualifying distributions ar	(c) Net value of noncharitable-use as	sets	(d) Distribution (col (b) divided	
2018					
2017		-			
2016					
2015					
2014		_			
2 Total of line 1, column ((d).		2		
3 Average distribution ratio	for the 5-year base period – divide the total of	on line 2 by 5.0 or by the			
number of years the fou	indation has been in existence if less than	5 years.	3		
-	oncharitable-use assets for 2019 from Par	5 years	4		
-	indation has been in existence if less than	5 years			
4 Enter the net value of n 5 Multiply line 4 by line 3	indation has been in existence if less than	5 years	4		
4 Enter the net value of n 5 Multiply line 4 by line 3	indation has been in existence if less than oncharitable-use assets for 2019 from Par	5 years	5		
 4 Enter the net value of n 5 Multiply line 4 by line 3 6 Enter 1% of net investm 7 Add lines 5 and 6 	indation has been in existence if less than oncharitable-use assets for 2019 from Par	5 years	5		

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	B – see instructions)
1 a 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,	⊢ · 1 0.
check here ► and enter 1% of Part I, line 27b	
c 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-)	2 0.
3 Add lines 1 and 2	3 0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter	-0-) 4 0.
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5 0.
6 Credits/Payments	
a 2019 estimated tax pymts and 2018 overpayment credited to 2019 6 a	
b Exempt foreign organizations — tax withheld at source 6b	
c Tax paid with application for extension of time to file (Form 8868)	
d Backup withholding erroneously withheld	
7 Total credits and payments Add lines 6a through 6d	7 0.
8 Enter any penalty for underpayment of estimated tax. Check here	8
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	► 9 <u>0.</u>
Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	► 10
11 Enter the amount of line 10 to be Credited to 2020 estimated tax Refunded	<u> 11 </u>
Part VII A Statements Regarding Activities	1200000000000
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or c participate or intervene in any political campaign?	did it 2 Yes No
b Did it spend moré than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b X
If the answer is 'Yes' to 1a or 1b, attach a detailed description of the activities and copies of any materials publish or distributed by the foundation in connection with the activities	ed
c Did the foundation file Form 1120-POL for this year?	1 c X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ►\$ (2) On foundation managers ►\$	
(1) On the foundation ►\$ 0. (2) On foundation managers ►\$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed or	0.
foundation managers > \$ 0.	
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2 X
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 chan	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a X
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	4b N/A
Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5 X
If 'Yes,' attach the statement required by General Instruction T	
Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	
By language in the governing instrument, or	
• By state legislation that effectively amends the governing instrument so that no mandatory directions that cowith the state law remain in the governing instrument?	6 X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, col (c), and Part XV	7 X
8 a Enter the states to which the foundation reports or with which it is registered. See instructions NE	
b If the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If 'No,' attach explanation	8 b X
9 Is the foundation claiming status as a private operating foundation within the meaning of section 49426 for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If 'Yes,' co	
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their na and addresses	ames 10 X
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Rai	TVII-A Statements Regarding Activities (continued)					
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		•	<i>9</i> € 11	Yes	No X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified persadvisory privileges? If 'Yes,' attach statement See instructions	on had		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemptio	n applica	tion?	13	Х	
	Website address • N/A		. -			
14	The books are in care of PINNACLE BANK Telephone		402-22	28- <u>3</u>	333_	
	Located at ► 523 COURT ST. BEATRICE NE ZIP + 4 ►	<u>683</u>	10	-,-,-		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 — check here	-1	a = 1	N/A	•	\Box
	and enter the amount of tax-exempt interest received or accrued during the year		15		V I	N/A
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority bank, securities; or other financial account in a foreign country?	over a		16	Yes	No X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,' enter the name of the foreign country					
Pai	MVII BM Statements Regarding Activities for Which Form 4720 May Be Required			1203. 2201		
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.				Yes	No
1 a	a During the year, did the foundation (either directly or indirectly)					
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	Yes	X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?	Yes	XNo			
	(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)	Yes	XNo			
1	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) ;	_	1 b	N	/A
	Organizations relying on a current notice regarding disaster assistance, check here	•	· 🔲	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?			1 c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)).					
;	a At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019°	Yes	XNo			
	If 'Yes,' list the years ► 20 , 20 , 20 , 20					
1	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942)	2(a)(2) (a)(2) to		31	,	
	all years listed, answer 'No' and attach statement — see instructions). c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years	horo		2 b	IN)	/A
	► 20 , 20 , 20 , 20	ilei e				
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	Yes	X No			
I	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 approve 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)	ed		3 b	N	/A
_						
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a		X
ا	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?			4 b		X

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Rart VII B Statements Regarding Activiti	es for Which Form	4720 May Be Req	uired (continue	d)	
5a During the year, did the foundation pay or incur a	-	n (cootion 4045(c))2	□vaa	√ Na	Yes No
(1) Carry on propaganda, or otherwise attempt(2) Influence the outcome of any specific pub			Yes	X No	
on, directly or indirectly, any voter registra	Yes	X No			
(3) Provide a grant to an individual for travel,	Yes	X No			
(4) Provide a grant to an organization other than in section 4945(d)(4)(A)? See instructions			Yes	X No	
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	c, literary, or or animals?	Yes	X No	
b If any answer is 'Yes' to 5a(1)—(5), did any of described in Regulations section 53 4945 or in a d See instructions	the transactions fail to current notice regarding d	qualify under the exce lisaster assistance?	ptions		5b N/A
Organizations relying on a current notice rega	rding disaster assistanc	ce, check here	•		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure responses	sibility for the grant?		N/A Yes	No	
If 'Yes,' attach the statement required by Regi			_		
6 a Did the foundation, during the year, receive ar on a personal benefit contract?b Did the foundation, during the year, pay premi			Yes	XNo	6 b X
If 'Yes' to 6b, file Form 8870			_	_	
7a At any time during the tax year, was the found				XNo	24 2 2 2 3 2 3 3 2 3 3 3 3 3 3 3 3 3 3 3
b If 'Yes,' did the foundation receive any procee8 Is the foundation subject to the section 4960 tax of	•			N/A	7 b
or excess parachute payment(s) during the ye		a 4 . ,	Yes	XNo	
Part VIII Information About Officers, D		Foundation Manag	gers, Highly Pai	d Emp	lovees,
and Contractors				·	
1 List all officers, directors, trustees, and found	(b) Title, and average	(c) Compensation. See	(d) Contributions	to	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee bene plans and defer compensation	fit (e)	Expense account, other allowances
PINNACLE BANK OF BEATRICE	TRUSTEE	0.		0.	0.
523 COURT ST.	0				
BEATRICE, NE 68310				· · ·	
				ļ	
-					
2 Compensation of five highest-paid employees (or	(b) Title, and average	on line 1 – see instructio	(d)Contributions	0	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee bene plans and deferi compensation	111	Expense account, other allowances
NONE					
<u>-</u>					
-		-	-	_	· · · · · · · · · · · · · · · · · · ·
		11 , 1			
Total number of other employees paid over \$50,000			L	>	0
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 Five highest-paid independent contractors for professional services. 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 relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	A
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions	
3	
Total Add lines 1 through 3	
Total. Add lines 1 through 3 BAA	O . Form 990-PF (2019)

Minimum Investment Return (All domestic foundations must complete this part. see instructions.)	Foreign four	ndations,
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes a Average monthly fair market value of securities.	1 a	
b Average of monthly cash balances	1 b	8,333.
c Fair market value of all other assets (see instructions)	1 c	
d Total (add lines 1a, b, and c)	1 d	8,333.
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	8,333.
4 Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	125.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	8,208.
6 Minimum investment return. Enter 5% of line 5	6	410.
PartXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private op and certain foreign organizations, check here ☐ and do not complete this part		dations
1 Minimum investment return from Part X, line 6	1	410.
2 a Tax on investment income for 2019 from Part VI, line 5		
b Income tax for 2019 (This does not include the tax from Part VI) 2b		
c Add lines 2a and 2b	2 c	
3 Distributable amount before adjustments Subtract line 2c from line 1	3	410.
4 Recoveries of amounts treated as qualifying distributions	4	
5 Add lines 3 and 4	5	410.
6 Deduction from distributable amount (see instructions)	6	
7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	410.
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	1 a	
b Program-related investments — total from Part IX-B	1 b	
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the a Suitability test (prior IRS approval required)	3 a	
b Cash distribution test (attach the required schedule)	3 b	
4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	0.
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	0.
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the qualifies for the section 4940(e) reduction of tax in those years	foundation	

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
Distributable amount for 2019 from Part XI, line 7				410.
2 Undistributed income, if any, as of the end of 2019				410.
a Enter amount for 2018 only	:		0.	
b Total for prior years 20 , 20 , 20		0.		
3 Excess distributions carryover, if any, to 2019				
a From 2014	6.111 000000000011100000000000	Million i million i n	, and 1910 11 11 4 5 1196 1199000000000000000000000000000000	ddan Walana
b From 2015	7 % M/s (AMP (AMP (AMP (AMP (AMP (AMP (AMP (AMP	MINA MININO (14	10 P. Alline's 2006 & 400p or 10000000000000000	MMMMM44 00 1 11
c From 2016				
d From 2017	-			
e From 2018		Name and the state of the state		DROBHHHHHHH 3
f Total of lines 3a through e	0.	alitantaliittä ja ja ah - 755 n	r as r configuration annual annual de la company de la com	# 11 # #2 #4 # 11 # #2 #4 # 11 # # #4
4 Qualifying distributions for 2019 from Part	0.			
XII, line 4 > \$:	
a Applied to 2018, but not more than line 2a			0.	
 Applied to undistributed income of prior years (Election required — see instructions) 		0.		
		0.		
c Treated as distributions out of corpus (Flection required — see instructions)	0	արում անագորյան արդական ա		Hinteroring Hinter
d Applied to 2019 distributable amount				0.
e Remaining amount distributed out of corpus	0.	1.		
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.
6 Enter the net total of each column as				,
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	0.			!
b Prior years' undistributed income Subtract 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		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2018 Subtract line 4a from line 2a. Taxable amount — see instructions			0.	
INIC ZE. TEXABIGUINOUN. 555 INSTRUCTION			0.	
f Undistributed income for 2019 Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2020.		1		410.
7 Amounts treated as distributions out of		- 1.0-1000000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election may be required — see instructions)	0.			
			10040 MARIAN WALLEY W. 1 1	(4. (/ 2.000, 0004, 00000, 00000, 0000, 0000, 0000, 0000, 0000, 0000, 0000, 0000, 0000, 0000, 0
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	0.	V//V/ /9888AA VARN	9// 0.0000000000000000000000000000000000	7
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9				
a Excess from 2015				
b Excess from 2016			P restrate this plant a common of the common	A A A A CAMPAN A ST.
c Excess from 2017	angle additional and a comment of the comment of th	Internation and international comments of the	and the contract of the contra	manusamente se all'illipia componente se accio con componente se accio con componente se accio componente se accio componente se accio con componente se accio componente se accio componente se accio con componente se accio componente se accio componente se accio con
d Excess from 2018			9999-0-F-000000000000000000000000000000	
e Excess from 2019		1 IIII 111 WAAAA - 1	WM 101 III 1	V 52 998867 1 11 100 100 100 100 100 100 100 100 1
BAA			<u> </u>	Form 990-PF (2019)

TEFA0310L 08/22/19

Form 990-PF (2019)

BAA

Grants and Contributions Paid During th	If required to an individual	are raymen		N/A
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
Paid during the year				
1				
				ļ
				1
•		1		
•		1		
		1 1		
		l		
Total		1	► 3a	
Approved for future payment				
•				
		}		
		1		
				1
Total		 	► 3 b	

	IFA Analysis of Income-Producing			 		
⊏nter gros	ss amounts unless otherwise indicated		ed business income	 	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions)
•	gram service revenue			code		
a b				 		
ь.—				 		
ď.—	<u>. </u>	 		 	<u> </u>	-
e				<u> </u>		
f						- <u>-</u>
g Fees	s and contracts from government agencies					
2 Mem	nbership dues and assessments					
	est on savings and temporary cash investments					
	dends and interest from securities	Amministrat po para	www.waranasasasasasasasasasasasasasasasasasas		pomenium na nominie ispan ji jirina rimoni manoni	
	rental income or (loss) from real estate	- 75 EK				8.75 (2 20 0%)
	t-financed property			<u> </u>		
	debt-financed property ental income or (loss) from personal property			 		
	er investment income			 	 -	
	or (loss) from sales of assets other than inventory	-		 -		<u> </u>
	income or (loss) from special events.				-	
	ss profit or (loss) from sales of inventory					
II Othe	er revenue					
a	'					
b						
ċ						
d		····	***************************************			
12 Cubi	total Add columns (b) (d) and (c)	AGA COMPANIA		feiner en		
14 SUDE	total Add columns (b), (d), and (e)					
	I Add line 12 columns (b) (d) and (e)				12	0
13 Tota	il. Add line 12, columns (b), (d), and (e)	ions)			13	0.
13 Tota (See works	sheet in line 13 instructions to verify calculat		ishment of Evemo	t Purn		0.
13 Tota (See works	sheet in line 13 instructions to verify calculates Relationship of Activities to the	e Accompl	<u></u> -		oses	
13 Tota (See works	sheet in line 13 instructions to verify calculates Relationship of Activities to the	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See works	sheet in line 13 instructions to verify calculated Relationship of Activities to the Explain below how each activity for which	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemptions.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	ly to the
13 Tota (See work: Part XV Line No.	Relationship of Activities to the Explain below how each activity for which accomplishment of the foundation's exemption.	e Accompl	orted in column (e) of F	Part XVI-	oses A contributed important	0. Ny to the instructions)

Form 990-PF (2019) RADENE GOLDBERG STUMP 84-6890477 Part:XVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable

E	Exempt Organiz	ations					
described relating to	l în section 501(c) (o political organizat	other than sec ions?	ngage in any of the followin tion 501(c)(3) organizations	s) or in sectio	her organization n 527,	Yes	i No
a Transfers	from the reporting	foundation to	a noncharitable exempt org	janization of			
(1) Cash						1 a (1)	X
(2) Other	r assets					1 a (2)	Х
b Other train							
	of assets to a non-	charitable exer	mot organization			1 b (1)	X
			ble exempt organization			1 b (2)	X
	al of facilities, equip					1 b (3)	X
, ,			355615			1 b (4)	X
` '	bursement arranger					· · · · · · · · · · · · · · · · · · ·	
	s or loan guarantee		6	_		1 b (5)	X
• •			p or fundraising solicitation			1 b (6)	X
c Sharing o	of facilities, equipme	ent, mailing lis	ts, other assets, or paid em	iployees.		1 c	<u> </u>
d If the ans the goods any trans	swer to any of the a , other assets, or ser action or sharing a	bove is 'Yes,' ovices given by trrangement, sh	complete the following sche he reporting foundation. If the now in column (d) the value	edule Columr foundation re of the goods	n (b) should always show to ceived less than fair market other assets, or services	the fair market value o t value in s received	f
	(b) Amount involved		f noncharitable exempt organization		Description of transfers, transac		ents
I/A	<u> </u>						
:4							
				-	 		
			····				
		-				 -	
<u> </u> _							
					······································		
described	d in section 501(c) ((other than sec	with, or related to, one or mition 501(c)(3)) or in section	ore tax-exemp ore 527?	t organizations	Yes	ΚΝο
*****	complete the followi						
	Name of organizati	on	(b) Type of organiz	ation	(c) Description	on of relationship	
N/A							
					- <u> </u>		
lere	enalties of perjury, I declar and complete Declaration Machine Declaration Machine Declaration Machine Declaration	re that I have examing of preparer (office)	ned this return, including accompany han taxpayer) is based on all inform	ying schedules and ation of which pre	UP+ tust q	May the IRS di this return with prepager show see instruction X Yes	scuss the
	Print/Type preparer's nar	me	Freparer's signature	\a_ d a \a_	Date Check	ıf PTIN	
Paid	TINA GARLANI)	5mn Fan	whi chi	10/29/20 Check self-emp	P0005635	4
			SOCIATES, P.C.		Firm's EIN	32-0049932	
Preparer				.71	7 3 2 117	25 0043335	
Jse Only			H ST., P.O. BOX 5)/4	Phone no	(402) 223-226	:7
	<u> </u>	EATRICE,	NE 68310		Priorie no	(402) 223-336	
BAA						Form 990-PF	(2019)

Schedule B

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury Internal Revenue Service

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

Name of th	e organization RADENE	GOLDBERG STUMP	Employer identification number
	MEMORIA		84-6890477
Organiz	ation type (check one)		
Filers of	:	Section:	
Form 99	0 or 990-EZ	501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	on
Form 99	0-PF	527 political organization	
		X 501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
-	•	ed by the General Rule or a Special Rule. (8), or (10) organization can check boxes for both the General Rule and a Sp	pecial Rule See instructions
General	Rule		
X		ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling the contributor. Complete Parts I and II. See instructions for determining a contribution	
Special	Rules		
	under sections 509(a)(received from any or	lescribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line e contributor, during the year, total contributions of the greater of (1) \$5,000, ine 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II	e 13, 16a, or 16b, and that
	during the year, total	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that recein contributions of more than \$1,000 exclusively for religious, charitable, sciention of cruelty to children or animals. Complete Parts I, II, and III	
	during the year, cont \$1,000 If this box is charitable, etc., purp	lescribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that receivable in sections exclusively for religious, charitable, etc., purposes, but no such contributions that were received during the year ose. Don't complete any of the parts unless the General Rule applies to this convely religious, charitable, etc., contributions totaling \$5,000 or more during the	ributions totaled more than for an exclusively religious, organization because
990-PF),	but it must answer 'N	sn't covered by the General Rule and/or the Special Rules doesn't file Schedu o' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 9 oesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-	90-EZ or on its Form 990-PF,

Dag	•	2
Pac	16	_

RADENE GOLDBERG STUMP

Employer identification number

84-6890477

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional s		-
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	RALPH A. STUMP 523 COURT ST BEATRICE, NE 68310	\$100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ 	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
~		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

RADENE GOLDBERG STUMP

84-6890477

Part II	Noncash Property (see instructions) Use duplicate copies of Part II if additional sp	pace is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	N/A		
		ć	
		9	
(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
		- s	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(2) No.	(h)	(c)	(d)
(a) No. from Part I	(b) Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
		 \$ 	<u></u>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	<u></u>	- \$	
BAA	Cob	edule B (Form 990, 990-E	7 or 990 DE\ (201

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

Employer identification number

Name of organization	Employer Identificat
RADENE GOLDBERG STUMP	84-6890477
Part III Exclusively religious, charitable, etc., contributions to organizations des	cribed in section 501

Part III	Exclusively religious, charitable, et	tc., contributions to organ	nizations desc	ribed in section 501(c)(7), (8),
	or (10) that total more than \$1,000 for the	he year from any one contrib	utor. Complete col	umns (a) through (e) and
	the following line entry. For organizations of contributions of \$1,000 or less for the year			
	Use duplicate copies of Part III if additional		ee mstructions)	►\$N/A
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	N/A			
		(e) Transfer of gift		•
	Transferee's name, addres		Relations	ship of transferor to transferee
		· -		
		:		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(0)	I	
		(e) Transfer of gift		
	Transferee's name, addres		Relations	ship of transferor to transferee
			- 	
		. -		
				_
(a)	(b)	(c)	···	(d)
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
Parti				
,			 	
			-	
		(e) Transfer of gift		
	Transferee's name, addres		Relations	ship of transferor to transferee
				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
			I- <u>-</u>	.
		(e) Transfer of gift		
	Transferee's name, addres		Relations	ship of transferor to transferee

2019

FEDERAL STATEMENTS

RADENE GOLDBERG STUMP MEMORIAL SCHOLARSHIP TRUST PAGE 1

84-6890477

STATEMENT 1 FORM 990-PF, PART XV, LINE 2A-D **APPLICATION SUBMISSION INFORMATION**

NAME OF GRANT PROGRAM:

NAME: CARE OF:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE:

E-MAIL ADDRESS: FORM AND CONTENT:

SUBMISSION DEADLINES: RESTRICTIONS ON AWARDS: RADEN € GOLDBERG STUMP MEMORIAL SCH.

PINNANCLE BANK DARIN BAEHR 523 COURT ST.

BEATRICE, NE 68310

402-228-2995

APPLICATIONS ARE AVAIALBE FROM PINNANCLE BANK, 523 COURT ST. OR FROM GAGE COUNTY NE SCHOOL GUIDANCE COUNSELORS I

MARCH 15

THE RECIPIENTS MUST BE A GRADUATE OF A HIGH SCHOOL IN GAGE COUNTY, NEBRASKA OR BE A RESIDENT OF GAGE COUNTY, NEBRASKA

AND SHALL BE IN THE TOP 1/3 OF HIS OR HER GRADUATING CLASS. A RECIPIENT WILL ALSO BE ELIGIBLE IF HE OR SHE IS A GRADUATE OF AN ACCREDITED NEBRASKA INSTITUION OF HIGHER LEARNING HAVING GRADUATED IN THE TOP 1/3 OF HIS OR HER GRADUATING CLASS. A SCHOLARSHIP SHALL BE GRANTED ON AN ANNUAL YEAR TO YEAR BASIS. REIPENTS THAT QUALIFY MAY MAKE

APPLICATION IN EACH SUBSEQUENT YEAR.

2019		FEDER RADEI MEMORI	AL WO	FEDERAL WORKSHEETS RADENE GOLDBERG STUMP MEMORIAL SCHOLARSHIP TRUST	ETS MP RUST				P 48	PAGE 2 84-6890477
AVERAGE MONTHLY CASH BALANCES FORM 990-PF, PART X, LINE 1B	ANCES	ı	•		ı	ł !		!	•	:
CASH BAL. JANUARY FEBRUARY	Y MARCH	APRIL	MAY	JUNE	JULY	AUGUST SE	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
AVERAGES 0 0	0	0	0	0	0	0	0	0	0	100,000
TOTALS 100,000	NUMBER OF MONTHS		12							
AVERAGE MONTHLY CASH BALANCES	8, 333									•
				1						
				,						
										••••
										• •
								,		