	qqn	(-
Form	330	

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047 Open to Public

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/Form990 for instructions and the latest information.

Inspection

A	Fo	r the	2017 calendar year, or tax year beginning $$	ng Ji	UN 30, 2018	
В	Che	eck if blicable	C Name of organization		D Employer identific	cation number
	X	Address change	WARREN AND VELDA WILSON FOUNDATION	1		
Ē	=	Name change	Doing business as		47-0	741012
·Ē	r					
7	Ī	Final return/	402-	460-2153		
		termin- ated	City or town, state or province, country, and ZIP or foreign postal code	Į	G Gross receipts \$	1,136,628.
٦٠		Amendo return	HASTINGS, NE 00901-4014		H(a) Is this a group re	
1	1	Applica tion	Finame and address of principal officer DOTTA FARREDD		for subordinates	? Yes X No
_		pendini	1/4/ N. BURLINGTON AVE, HASTINGS, NE 0890		H(b) Are all subordinates in	
_				527	If "No," attach a	list (see instructions)
			e: ► N/A		H(c) Group exemptio	
				L Year o	t formation: 1990 N	State of legal domicile: NE
1	'ar		Summary	ITTOM:	TON WITHU MU	E CENTOD AT
6	2		Briefly describe the organization's mission or most significant activities. IN CONJCOMMUNITY COLLEGE FOUNDATION. TO CARRY ON E			E CENTRAL
Š	<u> </u>	_	Check this box if the organization discontinued its operations or disposed o			
			Number of voting members of the governing body (Part VI, line 1a)	i inore	3	6
ૂ હ	3		Number of voting members of the governing body (Part VI, line 1b)		4	6
	8		Fotal number of individuals employed in calendar year 2017 (Part V, line 2a)		5	<u> </u>
<i>0</i> (⊛a			Fotal number of volunteers (estimate if necessary)		6	0
, , , ,	3		Fotal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	(Net unrelated business taxable income from Form 990-T, line 34		7b	0.
のうところで	7				Prior Year	Current Year
	, l	8 (Contributions and grants (Part VIII, line 1h)		0.	0.
\subset		9 I	Program service revenue (Part VIII, line 2g)		0.	0.
OCT 1	١	10	n∨estment income (Part VIII, column (A), lines 3, 4, and 7d)	<u> </u>	211,002.	240,280.
<u></u>	-	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	442,607.	510,587.
	4	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-4	653,609.	750,867.
2018			Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	285,134.	211,563.
90			Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
	Šes		Salanes, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
	Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	-	0.	0.
ľ	X		Total fundraising expenses (Part IX, column (D), line 25)		301,004.	328,296.
	- (Other expenses (Part IX, column (A), lines 11a-11d (11f-24e)	 	586,138.	539,859.
	- [Total expenses Add lines 13-17 (must equal Part IX, column A) (in 23)	 	67,471.	211,008.
_	8	19	As A	Ren	inning of Current Year	End of Year
ets (auc	20	Total assets (Part X, line 16)		20,753,578.	21,190,242.
Ass	Ba	21	Total liabilities (Part X, line 26)	ļ'	0.	0.
Net	Fund Balances	22	Net assets or fund balances Subtract line 21 from line 20GDFN 11T		20,753,578.	21,190,242.
		rt II	Signature Block			
٠Ū	nde	r pena	ties of perjury, declare that I have examined this return, including accompanying schedules and	stateme	ents, and to the best of m	y knowledge and belief, it is
tr	ue,	correc	, and complete, Declaration of preparer (other than officer) is based on all information of which pr	reparer	has any knowledge.	
ſ [_]		J	of y yanel		8-1	5-18
s	ign	۱ ۱	Signature of officer		Date 2	
Н	ere	•	JOHN FARRELL, PRESIDENT			
_			Type or print name and title		ata Tabut	OTIN
_		ļ	Print/Type preparer's name		ate Check [PTIN
	aid	1	CURTIS THOMPSON, CPA	0	8/14/18 self-employ	
		arer	Firm's name LUTZ AND COMPANY, P.C.		Firm's EIN	47-0625816
U	se (Only	Firm's address PO BOX 1317		Dhana na An	2-462-4154
-	1000	+bc !5	HASTINGS, NE 68902-1317		Phone no. 4 U	X Yes No
_		tne (F	RS discuss this return with the preparer shown above? (see instructions) 8-17 LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2017)
- 1	-200		2 11 E. S. C. OF LAPORTION COMMUNICATION OF SOUTH SOPERIOR HIGH ACTION OF			· · · · · · · · · · · · · · · · · · ·

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Form	990 (2017) WARREN AND VELDA WILSON FOUNDATION	47-0741012	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		\mathbf{x}
1	Briefly describe the organization's mission:		
	IN CONJUCTION WITH CENTRAL COMMUNITY COLLEGE FOUNDATION.	TO CARRY O	N
	EXCLUSIVELY THE EDUCATIONAL, CHARITABLE, AND CIVIC ACTIV		
	ESPECIALLY TO PROMOTE AND ENCOURAGE EDUCATION, CHARITABI		
	ACTIVITIES IN THE COUNTIES OF CLAY, NUCKOLLS, THAYER, FI		
2	Did the organization undertake any significant program services during the year which were not listed on the		
2	prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.	103	110
_	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	V Ma
3		L Yes	סא בב
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$ 280,778. including grants of \$ 211,563.) (Revenue)
	SCHOLARSHIPS PROVIDED - THE FOUNDATION WAS ABLE TO PROVI		OF_
	SCHOLARSHIPS TO STUDENTS DURING THE FISCAL YEAR ENDED JU	JNE 30, 2018	•
		·	
4b	(Code) (Expenses \$) (Revenue)	e \$)
			
40	(Code) (Expenses \$ including grants of \$) (Revenue		
4c	(Code) (Expenses \$) (Revenue	e \$	/
4d	Other program services (Describe in Schedule O.)		
40		,	
	(Expenses \$ including grants of \$) (Revenue \$		
_ <u>4e</u>	Total program service expenses ► 280,778.		90 (2017)
		Form 9	∌∪ (2017)

Form 990 (2017) WARREN AND VELDA WILSON FOUNDATION Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ	X
6	Did the Organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			}
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			Х
40	If "Yes, " complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
44	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X	-10		-22
11	as applicable			1
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		}	
	Schedule D, Parts XI and XII	12a	X	ļ
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	ŀ		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	}	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		}		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			7,7
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	 	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4=		v
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
47		10		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	}	x
10	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- '' -	 	
18	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
13	complete Schedule G, Part III	19	}	x
	Complete Constitution of Carlotte		990	(2017)

	 -		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	<u> </u>	L
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			ļ
	Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22	X	<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
-	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
· 24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	}	}	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	}	Ì	}
	Schedule K If "No", go to line 25a	24a	<u> </u>	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		}	}
	any tax-exempt bonds?	24c	<u> </u>	<u> </u>
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	-
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and		}	}
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete)	
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		ł	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"		1	
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	}		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	}		77
	of any of these persons? If "Yes," complete Schedule L, Part III	27	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ļ		ļ
	instructions for applicable filing thresholds, conditions, and exceptions)	00-]	v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	1	X
~~	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions. In res, complete schedule in	25		
30	contributions? If "Yes," complete Schedule M	30	1	_X
24	Did the organization liquidate, terminate, or dissolve and cease operations?	00		
31	If "Yes," complete Schedule N, Part I	31	Ì	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u></u>		 -
32	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	_ <u></u>		 -
30	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	1		 -
04	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
-	If "Yes," complete Schedule R, Part V, line 2	36	}	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	<u></u>
		Form	990	(2017

Enter the number reported in Box 3 of Form 1096 Enter O if not applicable Inter the number of Forms W26 included in line 1a Enter O if not applicable Did the organization comptly with backup withholding rules for reportable payments to vendors and reportable garning (gambling) withings to prize werenes?	Par	Check if Schedule O contains a response or note to any line in this Part V				
tale Enter the number eproted in Bix 3 of Form 1086 Enter -0 if not applicable be Enter the number of Forms W32 included in the 18 Enter -0 if not applicable or Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) within gambling) with gambling by with most with the payment of the payments of					Yes	No
b Enter the number of Forms W20 included in lane 1a. Enter 0-find applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) withings to price winners? 2a Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. It c the first the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. It c the first the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. It c the first example the second of the second of the organization is all required federal employment tax returns? Note. If the sum of line at and 2as greates than 250, you may be required to -five feed and employment tax returns? Note in the sum of line at and 2as greates than 250, you may be required to -five feed and employment tax returns? Note. If the sum of line is and 2as greates than 250, you may be required to -five feed and employment tax returns? Note. If the sum of line is and 2as greates than 250, you may be required to -five feed and 2as greates than 250, you may be required to -five feed and 2as greates than 250, you may be required to -five feed and 2as greates than 250, you may be such as a signature or other authority over, a financial account of the feed and 2 year, did the organization have an interest in, or a signature or other authority over, a financial account of the feed and 2 year, did the organization security in a prohibited tax sheller transaction? See instructions for filting requirements for Fince RSB-91? Did any transle party to a prohibited sax sheller transaction at any time during the tax year? So bit "Yes," to line 5a or 6b, did the organization file Form 889-17. So line 5a or 6b, did the organization have an organization and prohibited tax sheller transaction? So line 1"Yes," did the organization shell with a way or a party to a prohibited tax sheller transaction? So line 1"Yes," did the organization shell with a way or a party to a prohibit	12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0			110
c Dit the organization comply with backup withholding rules for reportable payments to vendors and reportable garming (gambing) winnings to price winners? 2s Enter the number of employees reported on Form W3. Transmittal of Wage and Tax Statements. 1s				1 1	- {	1
2ambing) wrinings to price winners? 2bit The the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, held for the calendar year ending with or within the year covered by this return by It at least one is reported on line 2a, dut the organization file all required federal employment tax returns? Note: If the sum of line is a land 2a is greater than 250, you may be required to e-file (see instructions) 3b Did the organization have unrelated business gross moone of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a freeign country (such as a bank account, a purpose). 5b If "Yes," enter the name of the foreign country. Image as a bank account, a country or other financial accounts (FBAR) 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Id any time the great party to a prohibited tax shelter transaction at any time during the tax year? 5c In the same of the organization than that was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c In Yes, "I do the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible for Form 8881." 5c If Yes, "I do the organization make with overly solicitation an express statement that such contributions or grifts were not tax deductible as charitable contributions and party for goods and services provided to the payor? 7c Organizations that may receive deductible contributions under section 170(c). a Did the organization should with overly solicitation an express statement that such contributions or grifts were not tax deductible? 7c If Yes, "I did the organization receive a pyriment in excess of \$75 made party as a contribution of prompting the file or greater to the poods of services provided? 7b If "Yes," "Indicate the	-		eportable gaming	1 1	1	ĺ
2a Enter the number of employees reported on Form W-3, Transmittal of Mage and Tax Statements, filed for the cabilitary as the cabilitary	•			1c	1	ĺ
tied for the calendar year ending with or within the year covered by this return If at least one is reported on the 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross is succine of \$1,000 or more during the year? 3b If *Yes*, Than 5 filed a 15 mm 990. To this year? If *No, *to line 8b, provide an explanation in Schedule O. 4a At any time during the calendar year, did the organization have an intreest in, or a signature or other authority over, a financial account; or the financial corount; or the fi	2a					
b If at least one is reported on line 2a, did the organization file at required federal employment tax returns? Note. If the sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated businesse gross income of \$1,000 or more during the year? 3b If "Yes," has it filed a Form 990.1 for this year? If "No," to line 3b, provide an explanation in Schedule 0 3b At any time during the calendary year, did the organization have an interest in or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 5b If "Yes," that the name of the foreign country! ► 5c In the street in a proper of the foreign country! ► 5c In the street in a proper of the foreign country! ► 5c In the street in a proper of the foreign country! ► 5c In the street in a proper of the foreign country! ► 5c In the street in a proper of the foreign country! ► 5c In the street of the great in the foreign country! ► 5c In the street in the proper of the foreign country! ► 5c In the street in the proper of the foreign bank and Financial Accounts (FBAR) 5c In the street of the great in the street in			2a 0) []	
Note: If the sum of lines 1a and 2 as greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securine, and other authority over, a financial account of the foreign country (such as a bank account, securine, and other authority over, a financial account of the foreign country (such as a bank account, securine, and other and othe	_		ns?	2b		l
b f*Yes,* has it field a Form 990.T for this year? If *No,* to line 3b, provide an explanation in Schedule O 43 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account?) 4 X X TYes,* enter the name of the foreign country See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Did any taxable party notify the organization file Form 8886-T? 6 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 If Yes,* did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions? 6 Organizations that may receive deductible contributions? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes,* did the organization notify the donor of the value of the goods or services provided? 7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to this Form 8282? 7 Organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Organization received a contribution of cara, boats, anpliens, or other vehicles, did the organization file Form 8989 as required? 8 Organization flower organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund by the sponsoring organization have						
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14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b		organization is licensed to issue qualified health plans	13b]	ļ	
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			13c	 		
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	<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	<u> 0 </u>		900	(0047

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
		ì	1		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<u>1a</u>	6	<u>i</u>	1	
	If there are material differences in voting rights among members of the governing body, or if the governing	- 1		1	}	
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			1		ļ
b	Enter the number of voting members included in line 1a, above, who are independent	1b	6		ĺ	
_ 2	Did any officer, director, trustee, or key employee have a family relationship or a business relations	hip with	any other		}	1
	officer, director, trustee, or key employee?			2		X
- 3	Did the organization delegate control over management duties customarily performed by or under	the dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3	<u> </u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form	1 990 wa	as filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's a	ssets?		_5_	L	X_
6	Did the organization have members or stockholders?			_6_	<u> </u>	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	one or)	}	
	more members of the governing body?			7a	<u> </u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockh	olders, or	1	Ì	
	persons other than the governing body?			7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the	ear by th	ie following:	1		
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b_	X	L
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be r	eached	at the	1		
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9	Ĺ	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenu	e Code.)		. —	
					Yes	,
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapter	s, affiliates,		l	
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	<u></u>	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing be	ody befo	ore filing the form?	11a	X	<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			Ì	ľ	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	ļ
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give r			12b	X	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," d	escribe	ĺ	ĺ	\
	in Schedule O how this was done			12c	X	ļ <u>.</u>
13	Did the organization have a written whistleblower policy?			13	ļ —	X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and appro		ndependent		1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	17				
а	The organization's CEO, Executive Director, or top management official			15a		X
b	Other officers or key employees of the organization			15b	<u> </u>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					ļ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement v	vith a		}	
	taxable entity during the year?			16a	<u> </u>	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization of			}	l	-
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org	janizatio	n's	ļ	ļ	
	exempt status with respect to such arrangements?			16b	L	<u> </u>
Sec	ction C. Disclosure	-				
17	List the states with which a copy of this Form 990 is required to be filed ►NE					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	J-T (Sec	tion 501(c)(3)s only)	avaılat	пе	
	for public inspection. Indicate how you made these available Check all that apply					
	Own website Another's website X Upon request Other (explain					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, or	conflict o	of interest policy, an	d finan	cial	
	statements available to the public during the tax year					
20	State the name, address, and telephone number of the person who possesses the organization's	ooks a	nd records. >			
	SHARON LISKE - 308-398-7577					
	201 FOUNDATION PL. STE. 200, HASTINGS, NE 68901					

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated
	hours per week	box	, unle cer an	ss pe id a d	rson irecto	ıs bot or/trus	h an stee)	compensation from	compensation from related	amount of other
	(list any hours for related	Individual trustee or director	trustee	!	93	pensated		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization
	organizations below line)	Individual tr	institutional trustee	Officer	Key employee	Highest compensated employee	Former			and related organizations
(1) JOHN FARRELL	0.00							_	_	
PRESIDENT	ļ	X	<u> </u>	X		<u> </u>		0.	0.	0.
(2) JENNIFER FLEISCHER	0.00		1				['	_	_	_
VICE-PRESIDENT	<u> </u>	X		X	Ĺ	ļ		0.	0.	0.
(3) LULABELLE LOEHR	0.00		ĺ				'			1
SECRETARY/TREASURER	ļ	X		X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(4) SCOTT KUMMER	0.00		ĺ	ĺ	İ		ĺ	_	_	_
DIRECTOR	<u> </u>	X	<u> </u>	L.	L_	<u> </u>	_	0.	0.	0.
(5) JAY LANDELL	0.00			İ	Ì				_	_
DIRECTOR		X	<u> </u>	<u> </u>	<u> </u>	<u> </u>	 	0.	0.	0
(6) VACANT	0.00	1		İ	}		Ì		_	
DIRECTOR		X	<u> </u>	<u> </u>	<u> </u> _	<u> </u>	<u> </u>	0.	0.	0.
(7) CCC FOUNDATION REPRESENTATIVE	0.00		ì	Ì	Ì					
EX-OFFICIO DIRECTOR		X			<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(8) JANET HAJNY	0.00		}	1	}		}			
EX-OFFICIO DIRECTOR	 	X	<u> </u>	<u> </u>	 _	<u> </u>	<u> </u>	0.	0.	0.
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<u>-</u>		•	Check if Schedule O cont	ains a response i	or note to any line	e in this Part VIII			
					,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts ts	1 a	 I	Fe derated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b		Membership dues	1b					<u> </u>
اغ ي	c	:	Fundraising events	1c			,]
# 1			Related organizations	1d		']
3.5			Government grants (contribut	ions) 1e					•
Š	f		All other contributions, gifts, gran						,
the let	•		similar amounts not included abo	1 1	į				}
Ē	a	,	Noncash contributions included in lines						1
a S	-	-	Total. Add lines 1a-1f	· 			<u> </u>		1
		-			Business Code			 	
ایه	2 a	3							
Š	b								
Program Service Revenue	c								
e a	c								
P	e								
F.	_		All other program service reve	enue					
1			Total. Add lines 2a-2f		•				
	3		Investment income (including	dividends, intere	est, and				Ţ
ì	_		other similar amounts)		▶	93,828.			93,828.
Ì	4		Income from investment of ta	x-exempt bond p	roceeds				
	5		Royalties		▶ أ				1
ı	_		•	(ı) Real	(II) Personal				
	6 a	а	Gross rents						
		-	Less rental expenses						\
			Rental income or (loss)						
			Net rental income or (loss)		>				}
			Gross amount from sales of	(i) Securities	(II) Other				
		-	assets other than inventory	532,213.					1
	ŀ	b	Less: cost or other basis						1
			and sales expenses	385,761.	1				
		С	Gain or (loss)	146,452.					į.
	,	d	Net gain or (loss)		>	146,452.			146,452.
ø	8 8	а	Gross income from fundraisin	ig events (not					
ž)		including \$	of	}				
eve	ļ		contributions reported on line	1c). See	}				ļ
Other Revenu	}		Part IV, line 18	а	l				
ŧ		b	Less, direct expenses	b					ļ
0	(С	Net income or (loss) from fund	draising events	.				
	9 :	а	Gross income from gaming a	ctivities. See					
	{		Part IV, line 19	а	<u> </u>				
	ı	b	Less direct expenses	b					
	(С	Net income or (loss) from gan	ning activities	>				
	10 :	а	Gross sales of inventory, less	returns					
			and allowances	а	<u> </u>				
	l i	b	Less: cost of goods sold	b					,
			Net income or (loss) from sale	es of inventory	>				
			Miscellaneous Revenu		Business Code				}
	11 :	a			111000	510,587.			510,587.
	1	b							
	!	c							
	}	d	All other revenue						
	1	e	Total. Add lines 11a-11d		•	510,587.			
	12_		Total revenue. See instructions.			750,867.	0.	0.	750,867.
7320	09 11-	28							Form 990 (2017)

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	Section	on 501(c)(3) and 501(c)(4) organizations must com			mpiete column (A).	
Total expenses Program derivative operations of the program derivative operation operations of the program derivative operation of the program derivative operation of the program derivative operation of the program derivative operation of the program derivative operatio				(B)	(C)	(D)
and domestic governments. See Part IV, Ine 21 Grants and other assistance to domestic individuals. See Part IV, Ine 22 3 Grants and other assistance to domestic individuals. See Part IV, Ine 22 3 Grants and other assistance to foreign organizations, foreign organizations, foreign governments, and foreign individuals. See Part IV, Ines 15 and 16 8 Banefitts paid to or for members 5 Compensation of current officers, directors, trustees, and key emptybees 6 Compensation of current officers, directors, trustees, and key emptybees 7 Compensation of current officers, directors, trustees, and key emptybees 8 Compensation of current officers, directors, trustees, and key emptybees 9 Persons described in section 4956(k(3)kf) 9 Cother assistance and varges 9 Person plan accrusis and confibutions (proble section 401 kg) and 402(b) employer confibitions) 9 Cother employee benefits 10 Payroll bases 10 Payroll bases 10 Payroll bases 10 Payroll bases 10 Payroll bases 10 Payroll bases 10 Payroll bases 10 Payroll bases 10 Payroll bases 10 Payroll bases 10 Payroll bases 11 Interest Payroll bases 12 Payrents of travel or entertainment expenses for any federal, state, or local public officials 10 Conferences, conventions, and meetings 10 Interest 10 Payrolls to finitives	Do n 7b, 8	ot include amounts reported on lines 66, b, 9b, and 10b of Part VIII.	Total expenses	Program service	Management and	Fundraising expenses
2 Grants and other assistance to domestic individuals See Part IV, into 22 (211,563. 211,563.	1		}		(
individuals See Part IV, Ine 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits pad to or for members Compensation of current officers, decidents, trustees, and key employees. Compensation of current officers, decidents, trustees, and key employees. Compensation of current officers, decidents, trustees, and key employees. Compensation of current officers, decidents, trustees, and key employees. Compensation of current officers, decidents, trustees, and key employees. Compensation of current officers, decidents, trustees, and key employees. Compensation of current officers, decidents, and part of the part of		and domestic governments. See Part IV, line 21				
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12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royatties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 19 Interest 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization Insurance 24 Other expenses, Itemize expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 28 RENTAL PROPERTY TAX 29 Depreciation, and mortization (29, 936.) 35, 071.	3	· · · · · · · · · · · · · · · · · · ·				
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15 Royalties 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e armount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 2	13	Office expenses				
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17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 3 RENTAL PROPERTY TAX 5 W/F TR.ACCT, INV & FARM 6 SCHOLARSHIP ADMINISTRAT 7 d RENTAL REPAIRS AND MAIN 8 e All other expenses 9 (293. 233. 23,058. 69,175. 200.) 25 Total functional expenses. Add lines 1 through 24e 539,859. 280,778. 229,145. 0 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	15	Royalties				
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19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 35,071. 24 Ofther expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a RENTAL PROPERTY TAX b W/F TR.ACCT, INV & FARM c SCHOLARSHIP ADMINISTRAT d RENTAL REPAIRS AND MAIN e All other expenses 7 Total functional expenses. Add lines 1 through 24e 539,859. 280,778. 29,145. 0. Check here	18	Payments of travel or entertainment expenses				
20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Insurance 35,071. 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) a RENTAL PROPERTY TAX b W/F TR.ACCT, INV & FARM c SCHOLARSHIP ADMINISTRAT d RENTAL REPAIRS AND MAIN e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here		for any federal, state, or local public officials	<u> </u>			
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b W/F TR.ACCT, INV & FARM c SCHOLARSHIP ADMINISTRAT d RENTAL REPAIRS AND MAIN e All other expenses Total functional expenses. Add lines 1 through 24e 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	а	· · · · · · · · · · · · · · · · · · ·	100.692.		100,692.	
c SCHOLARSHIP ADMINISTRAT d RENTAL REPAIRS AND MAIN e All other expenses 7, 293. 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				23,058.		
d RENTAL REPAIRS AND MAIN e All other expenses 7 Total functional expenses. Add lines 1 through 24e Total functional exp	-					
e All other expenses 25 Total functional expenses. Add lines 1 through 24e 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here	_				10,575.	
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Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				280,778.		0.
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)						
educational campaign and fundraising solicitation. Check here Infollowing SOP 98-2 (ASC 958-720)		·]	}	j	
Check here Inf following SOP 98-2 (ASC 958-720)		• • • •		ļ		
		Check here If following SOP 98-2 (ASC 958-720)				

Form 990 (2017)
Part X Balance Sheet

Par	t X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	
1	2	Savings and temporary cash investments	167,890.	2	221,534.
- }	3	Pledges and grants receivable, net		3	
ĺ	4	Accounts receivable, net		4	
1	5	Loans and other receivables from current and former officers, directors,			
• }		trustees, key employees, and highest compensated employees Complete	(
Ì		Part II of Schedule L		5	<u></u>
}	6	Loans and other receivables from other disqualified persons (as defined under			
}		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
l		employers and sponsoring organizations of section 501(c)(9) voluntary			
\$		employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹ {	8	Inventories for sale or use		8	
}	9	Prepaid expenses and deferred charges		9_	
	10a	Land, buildings, and equipment: cost or other			
Ì		basis Complete Part VI of Schedule D 10a 16,625,684.			
	b	Less accumulated depreciation 10b 110,094.	16,411,892.	10c	16,515,590.
	11	Investments - publicly traded securities	4,172,982.	11	4,449,187.
	12	Investments - other securities. See Part IV, line 11		12	<u> </u>
	13	Investments - program-related See Part IV, line 11		13	<u> </u>
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	814.	15	3,931.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	20,753,578.	16	21,190,242.
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
¥	ł	key employees, highest compensated employees, and disqualified persons	Ì		
Liabilities		Complete Part II of Schedule L		22	<u> </u>
~	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third	}		
	}	parties, and other liabilities not included on lines 17-24) Complete Part X of			}
		Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ► X and		26	·
	}	+- 3			
çes		complete lines 27 through 29, and lines 33 and 34.	20,753,578.	07	21,190,242.
aŭ	27	Unrestricted net assets	20,133,310.	27	21,190,244.
Ва	28	Temporarily restricted net assets		28	
Pur	29	Permanently restricted net assets		29	
丘		Organizations that do not follow SFAS 117 (ASC 958), check here			
S		and complete lines 30 through 34.	ļ	20	
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income, or other funds	20,753,578.	32	21,190,242.
_	33	Total net assets or fund balances	20,753,578.	34	21,190,242.
	34	Total liabilities and net assets/fund balances	40,133,310	34	Form 990 (2017)

orm	990 (2017) WARREN AND VELDA WILSON FOUNDATION	<u> 47-</u>	<u>0741</u>	012	Pag	ge 12
	t XI Reconciliation of Net Assets		· <u>-</u>			
	Check if Schedule O contains a response or note to any line in this Part XI					
		ĺ				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>750</u>),8	<u>67.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		539	8,6	<u>59.</u>
3	Revenue less expenses Subtract line 2 from line 1	3		213	L,0	08.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	20	,753	3,5	78.
5	Net unrealized gains (losses) on investments	5		225	5,6	56.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	21	,190	<u>,2</u>	<u>42.</u>
Par	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					<u> </u>
	·				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				1	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			{	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		<u>X</u> _
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a		1	Í	
	separate basis, consolidated basis, or both				- 1	
	Separate basis Consolidated basis Both consolidated and separate basis			i 1	- 1	
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			- 1	
	consolidated basis, or both				ſ	
	Separate basis Consolidated basis X Both consolidated and separate basis				ſ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,			ſ	
	review, or compilation of its financial statements and selection of an independent accountant?			2c		<u>X</u>
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit	1	1	
	Act and OMB Circular A-133?			3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired aud	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b	200	
				Form !	9 9 0 ((2017)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	WARR	EN AND VEL	DA WILSON FO	UNDAT	ION		4	7-0741012
Part I	Reason for Public	Charity Status (A	All organizations must co	mplete th	ııs part) S	ee instructions		
he organ	ization is not a private found	lation because it is. (l	For lines 1 through 12, o	heck only	one box.)			0
1	A church, convention of ch	urches, or associatio	n of churches described	in sectio	on 170(b)(1)(A)(i).		
2	A school described in sect	ion 170(b)(1)(A)(ii). (4	Attach Schedule E (Form	n 990 or 9	90-EZ))			
з 🗔	A hospital or a cooperative	hospital service orga	inization described in se	ection 170)(b)(1)(A)(i	ii).		•
4	A medical research organiz	ation operated in cor	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii), Enter	the hospital's name,
	city, and state							
5	An organization operated f	or the benefit of a col	lege or university owned	d or opera	ted by a g	overnmental ur	nt describ	ed in
	section 170(b)(1)(A)(iv). (Complete Part II)						
6 🗀	A federal, state, or local go	vernment or governm	nental unit described in s	section 17	70(b)(1)(A)	(v).		
7	An organization that norma	ally receives a substai	ntial part of its support f	rom a gov	ernmental	unit or from th	e general	public described in
	section 170(b)(1)(A)(vi). (C	Complete Part II)						
8	A community trust describ	ed in section 170(b)(1)(A)(vi). (Complete Part	t II)				
9	An agricultural research or	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	inction with a la	and-grant	college
	or university or a non-land-	grant college of agrici	ulture (see instructions).	Enter the	name, city	y, and state of	he college	e or
	university							
10	An organization that norma	•						= :
	activities related to its exer	•	•					•
	income and unrelated busi		(less section 511 tax) fro	om busine	esses acqu	ured by the org	anızatıon	after June 30, 1975
C-1	See section 509(a)(2). (Co	•						
11 🕌	An organization organized	•	•	-				
12 X	An organization organized		•				•	
	more publicly supported or	-	• • • •					neck the box in
[- 12	lines 12a through 12d that	• •			•		_	
a X	• • • • • • • • • • • • • • • • • • • •	=	-	-				
•	the supported organizati			majority	or the aire	ctors or trustee	s or the s	upporting
	organization You must	•		tion with it	ta aumanat	ad arganization	(a) bu ba	
b L_	Type II. A supporting org							
	control or management of	•		ame perso	JIIS IIIAI CI	onition of manag	e uie sup	ported
<u> </u>	organization(s) You mus Type III functionally into	-		in connec	tion with	and functionally	, integrate	ad with
c L_	its supported organization						milegrate	70 Willi,
d \square	Type III non-functional		•	•	•	•	ed organi	zation(s)
u	that is not functionally in		· -			• •	_	
	requirement (see instruc	•	•	•		•	a a	
e 🗀	Check this box if the org	•					. Type III	
	functionally integrated, o					, . , . , , , , , , , , , , , , ,	, .,,,,	
f Ent	er the number of supported	• •	, 3 , ,	. 5 - 5				1
	vide the following informatio	~	d organization(s)					
	(ı) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	anization listed ing document?	(v) Amount of r	- 1	(vi) Amount of other
	organization	1	(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	tructions)	support (see instructions)
CENTE	AL COMMUNITY							
COLLE	GE FOUNDATION	47-0728813	7	X		254	,313.	
		}						
					<u> </u>			
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	n	, 1		i		, ') [/	4 1 4 1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 732021 10-08-17 Schedule A (Form 990 or 990-EZ) 2017

Sch	edule A (Form 990 or 990-EZ) 2017 W	ARREN AND	VELDA WI	LSON FOUN	DATION	47-074	1012 Page 2
Pa	rt II Support Schedule for (
	(Complete only if you checked				n failed to qualify	under Part III. If the	organization
	fails to qualify under the tests	listed below, plea	ise complete Part	III)		/	
Sec	ction A. Public Support			₁			
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017/	(f) Total
1	Gifts, grants, contributions, and			į į		/	
	membership fees received (Do not			[
	include any "unusual grants ")		ļ		·	 	·
2	Tax revenues levied for the organ-			{	İ	1 /	
•	ization's benefit and either paid to			1	· 	/	
	or expended on its behalf		<u></u>			 /	
. 3	The value of services or facilities					í l	
	furnished by a governmental unit to) !]	
	the organization without charge			 		 	
4	Total. Add lines 1 through 3			<u> </u>			
5	The portion of total contributions		}	l	/	Į.	
	by each person (other than a		}	,	/	ļ	
	governmental unit or publicly			ļ		ļ	
	supported organization) included		1	l i			
	on line 1 that exceeds 2% of the			ł			
	amount shown on line 11,			ł		į.	
_	column (f)				/		
	Public support. Subtract line 5 from line 4		<u> </u>		<u>, </u>	<u> </u>	··· <u>·</u>
_	ction B. Total Support		420014	(-) 0015	(4) 0010	(1) 0017	/0.T-+-I
	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015 /	(d) 2016	(e) 2017	(f) Total
-	Amounts from line 4			 		 	
8	Gross income from interest,					j	
	dividends, payments received on			/			
	securities loans, rents, royalties,					ļ	
_	and income from similar sources Net income from unrelated business			/		 	
9	activities, whether or not the			/ /			
	· ·			/			
40	business is regularly carried on			 /		 	
10	- i			\			
	or loss from the sale of capital		1	1	!	1	
	assets (Explain in Part VI.) Total support. Add lines 7 through 10		 ,	·			
		etc (eas instructi	one) /	<u> </u>	<u> </u>	12	
12 13		•		rd fourth or fifth ta	ay year as a sectio		
13	organization, check this box and stop	•	/ Jecond, the	ra, roaran, or mar a	ix year as a seeme	11 30 1(0)(0)	▶□
Se	ction C. Computation of Publ		rcentage				
14				column (f))		14	%
15	Public support percentage from 2016		-	(,,,		15	%
	a 33 1/3% support test - 2017. If the c			n line 13, and line	14 is 33 1/3% or r		
	stop here. The organization qualifies		,			,	ightharpoons
	b 33 1/3% support test - 2016. If the c		, •		line 15 is 33 1/3%	6 or more, check th	is box
	and stop here. The organization quali	-	/				ightharpoons
17	a 10% -facts-and-circumstances test				13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
	b 10% -facts-and-circumstances test	-				17a, and line 15 is	10% or
	more, and if the organization meets th	,					
	organization meets the "facts-and-circ	j			-		ightharpoons
_18	Private foundation. If the organization	,	_				■
						edule A (Form 990	

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

800	qualify under the tests listed b	elow, please comp	nete Part II.)				
		(a) 2012	(b) 2014	(a) 2015	(4) 2016	(a) 2017	// (D Tatal
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	membership fees received (Do not include any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
	Gross receipts from activities that are not an unrelated trade or business under section 513						
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf			_			
	The value of services or facilities furnished by a governmental unit to the organization without charge		1				
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and	j		Ì	/		
	3 received from disqualified persons					ļ	ļ
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year		ı		/		
С	Add lines 7a and 7b			/			<u> </u>
	Public support. (Subtract line 7c from line 6)					<u> </u>	
	tion B. Total Support						,
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
_	Amounts from line 6	ļ	<u> </u>	/			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income	İ	ľ				
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	<u></u>	<u> </u>			 	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
	Total support. (Add lines 9, 10c, 11, and 12)	the granustics.	furct social thin	d fourth or fifth to	N VOOR OD O SEE!	n F01/a)/3) arasa	
14	First five years, If the Form 990 is for check this box and stop here	r trie organization's	s inst, second, third	u, louitri, or mith ta	an year as a section	ni ou i(c)(s) organi	Zation,
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2017 (olumn (fl)		15	%
	Public support percentage from 2016			(1)		16	<u> </u>
	ction D. Computation of Inve						
17			, -	e 13, column (f))		17	%
18	Investment income percentage from		1			18	%
	33 1/3% support tests - 2017. If the			on line 14, and line	15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	and stop here. The	organization quali	fies as a publicly s	supported organiz	ation	
t	33 1/3% support tests - 2016. If the line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A

Section A	A. All Supporting Organizations
_	Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)
	and bill you checked 125 of Fart 1, complete Sections A and Cill you checked 126 of Part 1, complete

Yes No Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by X class or purpose, describe the designation If historic and continuing relationship, explain Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2) 2 X 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below. X За b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination **3b** c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use Зс 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below X 4a b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations 4b c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) nurposes. 4c 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action X was accomplished (such as by amendment to the organizing document) 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5h c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in 6 X Part VI. Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with X 7 regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ). Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? X If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described X in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. Х 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. X 9c 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated X supporting organizations)? If "Yes," answer 10b below 10a **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.) 10b

Sche	dule A (Form 990 or 990-EZ) 2017 WARREN AND VELDA WILSON FOUNDATION 47-0	<u> 74101</u>	2 P	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	ļ		
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			l
	below, the governing body of a supported organization?	11a	 	X
	A family member of a person described in (a) above?	11b	 -	X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	L	X
Sec	tion B. Type I Supporting Organizations			
	Did the directors, trustees, or membership of one or more supported organizations have the power to	Γ	Yes	No
1	• • • • • • • • • • • • • • • • • • • •	}		l
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1	1	l
-	controlled the organization's activities. If the organization had more than one supported organization,	}		l
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	}	ŀ	l
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	x	l
_	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1	ł	(
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	1	ŀ	
	supervised, or controlled the supporting organization	2	İ	x
Sec	supervised, or controlled the supporting Organizations		L	
000	Mon or Type in cupper any organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			1.10
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	}]	1
	or man agement of the supporting organization was vested in the same persons that controlled or managed]	1
	the supported organization(s)	1		1
Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1	ł	l
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	<u> </u>	<u></u>
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		•	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	(Í	
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	<u> </u>	<u> </u>
3	By reason of the relationship described in (2), did the organization's supported organizations have a		1	
	significant voice in the organization's investment policies and in directing the use of the organization's	}		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	}	}	
	supported organizations played in this regard	3	<u> </u>	L
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	struction	<u>}</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		i	Ì
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			İ
	those supported organizations and explain how these activities directly furthered their exempt purposes,		İ	İ
	how the organization was responsive to those supported organizations, and how the organization determined		1	ĺ
	that these activities constituted substantially all of its activities.	2a	<u> </u>	<u> </u>
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	{		1
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	}]	1
	activities but for the organization's involvement	_2b	}	
3	Parent of Supported Organizations. Answer (a) and (b) below.)	1
a			}	1
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
t	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			1
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	l	Щ_

Sche Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting			4/-U/41U12 Page 6
	Check here if the organization satisfied the Integral Part Test as a qualifying			Part \/L\ Can in the street All
1	other Type III non-functionally integrated supporting organizations must co			rait vi) see instructions. All
Secti	on A - Adjusted Net Income	Jinpiete C	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	i i		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount	}	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)	1		<u> </u>
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)	_		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5_		
6	Multiply line 5 by 035	6	·	
7	Recoveries of prior-year distributions	7	. 	
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
_4	Enter greater of line 2 or line 3	4		<u></u>
5	Income tax imposed in prior year	5		<u> </u>
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1 1		
	emergency temporary reduction (see instructions)	6		<u> </u>
7	Check here if the current year is the organization's first as a non-functional	lly integra	ited Type (() supporting org	janization (see

instructions)

Sched Par	tive A (Form 990 or 990-EZ) 2017 WARREN AND VE			<u>17-0741012 Page 7</u>
	on D - Distributions	taylor Supporting Org	anizations (continued)	Current Year
	Amounts paid to supported organizations to accomplish exe	empt purposes		Odifent real
	Amounts paid to perform activity that directly furthers exemp		- 	
_	organizations, in excess of income from activity	,		
3	Administrative expenses paid to accomplish exempt purpose	 		
4	Amounts paid to acquire exempt-use assets	 		
5	Qualified set-aside amounts (prior IRS approval required)		 	
_ 6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6		·	
8	Distributions to attentive supported organizations to which ti	he organization is responsive		
0	(provide details in Part VI) See instructions	ne organization is responsive	6	
9	Distributable amount for 2017 from Section C, line 6			
	Line 8 amount divided by line 9 amount			
10	Line 8 amount divided by line 3 amount	(i)	(ii)	(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2017	Distributable
			116-2017	Amount for 2017
1	Distributable amount for 2017 from Section C, line 6	<u> </u>		
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI) See instructions	<u> </u>	ļ	
3	Excess distributions carryover, if any, to 2017		ļ	<u> </u>
a		<u></u>	<u></u>	<u> </u>
b	From 2013	<u></u>	ļ	<u> </u>
_с	From 2014			
d	From 2015			<u> </u>
e	From 2016			
f	Total Of lines 3a through e			
g	Applied to underdistributions of prior years			<u> </u>
h	Applied to 2017 distributable amount			<u> </u>
i	Carryover from 2012 not applied (see instructions)			
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2017 from Section D,			
	line 7 \$			<u> </u>
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
_ c	Remainder Subtract lines 4a and 4b from 4			
	Remaining underdistributions for years prior to 2017, if			
	any Subtract lines 3g and 4a from line 2 For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2017 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c			}
8	Breakdown of line 7 ⁻			
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 2017 WARREN	AND VELDA	WILSON FOUNDA	<u>TION 47</u>	-0741012 Page 8
Part VI	Supplemental Information. Pro Part IV, Section A, lines 1, 2, 3b, 3c, 4b line 1; Part IV, Section D, lines 2 and 3, Section D, lines 5, 6, and 8; and Part V (See instructions)	ovide the explanation , 4c, 5a, 6, 9a, 9b, 9d Part IV, Section E, lir	s required by Part II, line 10. c, 11a, 11b, and 11c, Part IV nes 1c, 2a, 2b, 3a, and 3b; F	, Part II, line 17a or 17b, /, Section B, lines 1 and 2 Part V, line 1, Part V, Sect	2, Part IV, Section C, tion B. line 1e, Part V,
-					
					
					
					
				····	
					
					

Yes No

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Schedule R (Form 990) 2017 WARREN AND VELDA WILSON FOUNDATION

Part V Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

Sale of assets to related organization(s)

Purchase of assets from related organization(s)

Exchange of assets with related organization(s)

i Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

I Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

Sharing of paid employees with related organization(s)

Reimbursement paid to related organization(s) for expenses

Reimbursement paid by related organization(s) for expenses

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> s Other transfer of cash or property from related organization(s) r Other transfer of cash or property to related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	elationships and transaction thresholds
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved
(1) CENTRAL COMMUNITY COLLEGE FOUNDATION	M	42,750.COST	COST
(2) CENTRAL COMMUNITY COLLEGE FOUNDATION	N	0	0.COST
(3) CENTRAL COMMUNITY COLLEGE FOUNDATION	0	0	0.COST
(4)			
(5)	!		
(9)			

Schedule R (Form 990) 2017

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732163 09-11-17

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

WARREN AND VELDA WILSON FOUNDATION

Employer identification number 47-0741012

Par		ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	ne 6	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose confe	rring
	impermissible private benefit?	 	Yes No
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part IV	/, line 7
1	Purpose(s) of conservation easements held by the organization	on (check all that apply)	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a historically	y important land area
	Protection of natural habitat	Preservation of a certified h	istoric structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a co	
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	* *	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structure	
	listed in the National Register	la de la completada em la marca de del color de la completada em la completada en la comple	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the orgai	nization during the tax
	year >	annual a landad N	ø
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per	· · · · · · · · · · · · · · · · · · ·	
•	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,		Yes No
6	Stan and volunteer riodis devoted to monitoring, inspecting,	Handling of Violations, and emorcing conservati	on easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	tling of violations, and enforcing conservation of	assements during the year
′	S	ming of violations, and emorcing conservation ea	asements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4)(f	3)(i)
Ü	and section 170(h)(4)(B)(ii)?	ve satisfy the requirements of section 17 of 1/4/(Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense state	
·	include, if applicable, the text of the footnote to the organiza	·	
	conservation easements		3 • • • • • • • • • • • • • • • • • •
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue statement a	nd balance sheet works of art,
	historical treasures, or other similar assets held for public ext	hibition, education, or research in furtherance of	public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ea	ducation, or research in furtherance of public se	rvice, provide the following amounts
	relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 1		
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2017

		AND VELDA								Page 2	
Par	t III Organizations Maintaining C	Collections of A	<u>rt, His</u>	<u>torical Tr</u>	easures, o	or Othe	<u>er Similar</u>	Asset	S (continu	ied)	
3	Using the organization's acquisition, accessi	on, and other record	ds, checi	k any of the	following that	ıt are a sı	gnificant use	of its c	ollection	items	
	(check all that apply).										
а	Public exhibition	c	ı 🗀	Loan or exc	hange progra	ams					
b	Scholarly research	e	, 🔲	Other				_			
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII										
5	During the year, did the organization solicit o			-							
	to be sold to raise funds rather than to be ma								Yes	☐ No	
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or										
	reported an amount on Form 990, Pai			· ·				•	•		
	Is the organization an agent, trustee, custod	ian or other intermed	diary for	contribution	ns or other as	sets not	ıncluded				
	on Form 990, Part X?		,						Yes	No	
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowina t	table							
_									Amount		
c	Beginning balance						1c				
	Additions during the year						1d				
-	Distributions during the year						1e				
4	Ending balance						1f				
22	Did the organization include an amount on Fe	orm 990 Part X line	21 for 6	escrow or c	ustodial acco	unt liabili			Yes	No	
	If "Yes," explain the arrangement in Part XIII.										
Par							0				
		(a) Current year		rior year	(c) Two year		(d) Three year	s back	(e) Four v	ears back	
1a	Beginning of year balance			<u> </u>					107: 00: 7	<u></u>	
h	Contributions										
G	Net investment earnings, gains, and losses										
ď	Grants or scholarships										
e	Other expenditures for facilities										
·	and programs							J			
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curr	rent vear end balance	e (line 1	a, column (a	a)) held as						
а	Board designated or quasi-endowment	•	%	•	"						
b	Permanent endowment	%									
		%									
•	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	•	ation tha	at are held a	ind administe	red for th	ne organizatio	on			
	by	· ·					J		Γ¥	es No	
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	ations listed as requi	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	•									
Pai	rt VI Land, Buildings, and Equipm										
	Complete if the organization answere	d "Yes" on Form 990	D, Part IV	/, lin <u>e 11a S</u>	See Form 990), Part X,	line 10				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Ac	cumulated		(d) Book	value	
		basis (investr	nent)	basis	(other)	dep	reciation				
1a	Land .			16,26	3,000.			16	, 263	,000.	
b	Buildings										
	Leasehold improvements										
d	Equipment			36	2,684.	1	10,094	•	252	,590.	
e	Other										
<u>Tota</u>	I. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	10c.)			16	<u>, 515</u>	,590 <u>.</u>	

Schedule D (Form 990) 2017

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)
 Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII X

(7) (8) (9)

Schedule D (Form 990) 2017 WARREN AND VELDA WILSON		47-0741012 Page 4
Part XI Reconciliation of Revenue per Audited Financial Stat		leturn.
Complete if the organization answered "Yes" on Form 990, Part IV, line) 12a	
1 Total revenue, gains, and other support per audited financial statements		1 976,523.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	005 656	
a Net unrealized gains (losses) on investments	2a 225,656.	}
b Donated services and use of facilities	2b	-
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII)	2d	225 656
e Add lines 2a through 2d 3 Subtract line 2e from line 1		2e 225,656. 3 750,867.
As an abaded on Form COO Book VIII has 40 to 4 as 4 as 4 as 4		3 750,867.
Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	,
c Add lines 4a and 4b	70	4c 0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5 750,867.
Part XII Reconciliation of Expenses per Audited Financial Sta		
Complete if the organization answered "Yes" on Form 990, Part IV, line	•	
Total expenses and losses per audited financial statements		1 539,859.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		
a Donated services and use of facilities	_2a	
b Prior year adjustments	2b	
c Other losses	2c	
d Other (Describe in Part XIII)	2d	
e Add lines 2a through 2d		2e 0.
3 Subtract line 2e from line 1		3 539,859.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	
a investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII)	4b	
c Add lines 4a and 4b		4c 0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18		539,859.
Part XIII Supplemental Information.	Dat W. Land the and the D. L. W. Land	4.5.47.1.0.5.47
Provide the descriptions required for Part III, lines 3, 5, and 9, Part III, lines 1a and 4.		4, Part X, line 2, Part XI,
lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional information	
		
PART X, LINE 2:		
TAKT A, BIND 2.		
FOOTNOTE FOR UNCERTAIN TAX POSITIONS		
TOOTHOUT TOU ONCE THE TOOT TOUR		
ACCOUNTING PRINCIPLES GENERALLY ACCEPTED	IN THE UNITED STATE	S OF AMERICA
		<u> </u>
REQUIRE THE FOUNDATION'S MANAGEMENT TO EVA	ALUATE TAX POSITION	S TAKEN BY THE
FOUNDATION AND RECOGNIZE A TAX LIABILITY	(OR ASSET) IF THE F	OUNDATION HAS
TAKEN AN UNCERTAIN POSITION THAT MORE LIKE	ELY THAN NOT WOULD	NOT BE
SUSTAINED UPON EXAMINATION BY THE INTERNAL	REVENUE SERVICE.	THE
FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY	TAXING JURISDICTI	ONS; HOWEVER,
THERE ARE CURRENTLY NO AUDITS FOR ANY TAX	PERIODS IN PROGRES	S. THE
FOUNDATION'S MANAGEMENT BELIEVES IT IS NO	LONGER SUBJECT TO	INCOME TAX
W11/171		
EXAMINATIONS FOR YEARS PRIOR TO 2013.		
MUE ECIDIDAMICANIA DOLLAN TA MO TRALINOS DEVI	AIMIDO XXID IXMODOCO	. XCC/CTXM===
THE FOUNDATION'S POLICY IS TO INCLUDE PENA	TRITES AND INTEREST	MOOUCIATED

Schedule D (Form 990) 2017

732054 10-09-17

Schedule D (Form 990) 2017 WARREN AND VELDA WILSON FOUNDATION Part XIII Supplemental Information (continued)	47-0741012 Page 5
Part XIII Supplemental Information (continued)	
WITH INCOME TAXES AS INCOME TAX EXPENSE AND INTEREST EXP	PENSE RESPECTIVELY.
THE FOUNDATION DID NOT INCUR ANY PENALTIES OR INTEREST C	ON INCOME TAXES FOR
THE PERIODS BEING REPORTED.	
•	
	
	

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations, Governments, and Individuals in the United States ► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990)

% X Employer identification number 47-0741012 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection WARREN AND VELDA WILSON FOUNDATION General Information on Grants and Assistance Parti

criteria used to award the grants or assistance?

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	Domestic Organi \$5,000 Part II car	izations and Domestic	c Governments. C	omplete if the orga	inization answered "\	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any of if additional space is needed	V, line 21, for any
1 (a) Name and address of organization or government	(a) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	and government or	rganizations listed in th 1 table	le line 1 table				
_	s, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2017)

Schedule I (Form 990) (2017) (f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information Schedule I (Form 990) (2017) WARREN AND VELDA WILSON FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 (d) Amount of non-cash assistance 211,563 (c) Amount of cash grant 27 (b) Number of recipients 171 (a) Type of grant or assistance SCHOLARSHIPS 732102 11-01-17

Page 2

47-0741012

WARREN AND VELDA WILSON FOUNDATION

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 **Open to Public**

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Inspection

WARREN AND VELDA WILSON FOUNDATION

Employer identification number 47-0741012

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EDUCATIONAL, CHARITABLE, AND CIVIC ACTIVITIES, ESPECIALLY TO PROMOTE
AND ENCOURAGE EDUCATION, CHARITABLE AND CIVIC ACTIVITIES IN THE
COUNTIES OF CLAY, NUCKOLLS, THAYER, FILLMORE, YORK, HAMILTON, HALL,
ADAMS, PHELPS AND WEBSTER, TO PERFORM ALL OTHER ACTS AND ENGAGE IN ALL
OTHER ACTIVITIES NECESSARY, CONVENIENT OR INCIDENTAL TO THE FOREGOING.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
HAMILTON, HALL, ADAMS, PHELPS AND WEBSTER, TO PERFORM ALL OTHER ACTS
AND ENGAGE IN ALL OTHER ACTIVITIES NECESSARY, CONVENIENT OR INCIDENTAL
TO THE FOREGOING.
FORM 990, PART VI, SECTION B, LINE 11B:
A COPY OF THE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS
FOR THEIR REVIEW PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
THE BOARD OF DIRECTORS HAS ADOPTED A CONFLICT OF INTEREST POLICY WHEREBY
ALL OFFICERS, DIRECTORS, COMMITTEE MEMBERS, AND KEY EMPLOYEES WILL REVIEW
THE POLICY UPON INITIALLY ASSOCIATING WITH THE FOUNDATION, AND ANNUALLY AT
THE ANNUAL BOARD MEETING THEREAFTER. A STATEMENT IDENTIFYING ANY
CONFLICTS, OR POTENTIAL CONFLICTS, WILL THEN BE COMPLETED AND REVIEWED BY
THE BOARD OF DIRECTORS AND APPROPRIATE ACTION TAKEN TO RESOLVE OR MONITOR
THE SITUATION.

Schedule O (Form 990 or 990-EZ) (2017) Name of the organization WARREN AND VELDA WILSON FOUNDATION	Page 2 Employer identification number 47-0741012
THE FOUNDATION'S GOVERNING DOCUMENTS, CONFLICT OF INTERES	T POLICY AND
FINANCIAL STATEMENTS ARE KEPT AT THE FOUNDATION'S BUSINES	S OFFICE AND ARE
AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.	
·	
FOOTNOTE #1	
TERMINATION OF PRIVATE FOUNDATION STATUS - PUBLIC CHARITY	STATUS TYPE I
509 (A) (3)	
EFFECTIVE JANUARY 1, 2013, THE WARREN AND VELDA WILSON FO	UNDATION
BECAME AN ORGANIZATION CONTROLLED BY THE CENTRAL COMMUNIT	Y COLLEGE
FOUNDATION, INC. WHICH IS A PUBLIC CHARITY UNDER SECTION	
170(B)(1)(A)(VI) OF THE CODE.	
RELATED TO THIS CHANGE, THE WARREN AND VELDA WILSON FOUND	ATION FILED
FORM 8940 WITH INFORMATION RELATED TO ITS NEW STATUS AS A	TYPE I PUBLIC
CHARITY UNDER 509(A)(3) OF THE CODE.	
ON MARCH 17, 2014 THE INTERNAL REVENUE SERVICE GRANTED AL	VANCED
APPROVAL TO THE WARREN AND VELDA WILSON FOUNDATION'S PUBL	IC CHARITY
STATUS UNDER 509(A)(3) AND PROVIDED FOR A 60 MONTH ADVANC	ED RULING
PERIOD OF 60 MONTHS BEGINNING JULY 1, 2013.	
AS OF JUNE 30, 2018, THE WARREN AND VELDA WILSON FOUNDATI	ON HAD
CONTINUED TO OPERATE CONSISTENT WITH THE INFORMATION PROV	IDED RELATED

TO THE ADVANCED APPROVAL AND ARE FILING FORM 8940 RELATED TO THE END OF

THE 60 MONTH TERMINATION PERIOD.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Open to Public Inspection 2017

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

WARREN AND VELDA WILSON FOUNDATION

Employer identification number 47-0741012

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	plete if the organization answered "Yes	" on Form 990, Part IV, line 3:	~			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets		(f) Direct controlling entity
Part II organization of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year	nizations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	or more related tax-ex	empt
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
CENTRAL COMMUNITY COLLEGE - 47-0494188 PO BOX 4903 GRAND ISLAND NE 68802-4903	EDUCATIONAL INSTITUTION	NEBRASKA	501(C)(3)	LINE 2	N/A	
NITY 201 FC 6890	PROVIDE SCHOLARSHIPS	NEBRASKA	501(¢)(3)	LINE 7	N/A	×
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	tions for Form 990.				Schedule R	Schedule R (Form 990) 2017

Page 2 47-0741012

Schedule R (Form 990) 2017 WARREN AND VELDA WILSON FOUNDATION

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

	1		•										
¥	General or Percentage managing ownership												re related
9	aging ther?	Yes No											È
_	Gene	ë		 _	_	 	 	_			 _	 	 au
8	Code V-UBI amount in box	K-1 (Form 1065)											hecause it had
		S S		 						_			34
Ê	Disproportionate allocations?	Yes		 	-	 	 	-			 -	 	 <u>=</u>
	Drsg	۶		 	_	 	 	_			 -	 	 02rt
(6)	Share of end-of-year	455615											" on Form 990
Œ	Share of total income								_				Yes Newsrand
(e)	Predominant income (related, unrelated,	sections 512-514)											Complete if the organization answered "Yes" on Form 990 Part IV line 34 hecalise if had one or more related
(P)	Direct controlling entity									_			O tours or Truck
(2)	Legal domicile (state or	foreign country)					 					 	 0 0
(q)	Primary activity												A description of the second
(e)	Name, address, and EIN of related organization												nother than the property of th

Section 512(b)(13) controlled	No No	_		 _	 	_				-) 2017
(h) Se Percentage 512	Yes				 				 			Schedule R (Form 990) 2017
(g) Share of												Sche
(f) Share of total												
(e) Type of entity	or trust)		-						_			
(d) (e) Direct controlling Type of entity					 							
(C) Legal domicile	foreign country)						•					31
(b) Primary activity												
(a) Name, address, and EIN	טן פומנפט טושמווגמונטין											732162 09-11-17

33

732164 09-11-17

Schedule R (Form 990) 2017

Part VI_ Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

	(4)	3		9	[7]	3	5	5	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income parties sec (related, unfeated, to 501(c)(3)	ρ, _τ	Share of end-of-year	Dispropor- tionate allocations?	Dispropor- Code V-UBI General or Percentage total amount in box 20 managing ownership	Seneral or nanaging partner?	Percentage ownership
		country)	sections 512-514) Yes No	Income	assets	Yes No	(Form 1065)	Yes No	
			-						
						-		-	
							,		
								-	
				-				-	
								+	
			-						
								-	

<u>Schedule R</u>	(Form 990) 2017 WARREN AND VELDA WILSON FOUNDATION	<u>47-0741012</u> Page 5
Part VII	(Form 990) 2017 WARREN AND VELDA WILSON FOUNDATION Supplemental Information.	
L	Provide additional information for responses to questions on Schedule R. See instructions	
	Provide additional information for responses to questions on scriedule in See instructions	
_		
_		
_		
_		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Name of the organization Employer identification number WARREN AND VELDA WILSON FOUNDATION **/47-0741012** Reason for Public Charity Status (All organizations must complete this part.) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, Ain organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 Am organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) Am agricultural research organization described in section 170(b)(1)(A)(ix) operațed in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or Am organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 X more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box in lin es 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other n your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions)) CENTRAL COMMUNITY COLLEGE FOUNDATION 47-0728813 254,312 X

Schedule A (Form 990 or 990-EZ) 2017 WARREN AND VELDA WILSON FOUNDATION 47-0741012 Page 2

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Section A. Public Support

Calendar year (or fiscal year beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total

1 Gifts, grants, contributions, and

			T						
membership fees received (Do not include any 'unusual grants.') 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines I through 3 5 The portion of total contributions by sech person (pitner than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Becautive 5 tom line 4 8 Cection B. Total Support 2 Amounts from line 4 8 Gross income from interest, dividencia, payments received on securities loss, payments received on securities loss, payments received on securities loss, rents, royaltes, and income from similar sources 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 Other income Do not include grain or loss from the sale of capital assess (Explann in Part VI) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization of sirst, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization in each stop here. The organization qualifies as a publicly supported organization in meets the "facts and circumstances" test. 1 (the chief has box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. 1 (the kins box and stop here. Explain in Part VI how the organization meets the "facts and circumstances" test. 1 (heck this box and stop here. Explain in Part VI how the organization moreance and organization meets the "facts and circumstances" test. 1 (heck this box and stop here. Explain in Part VI how the organization moreance and if the organization meets the "facts and circumstances" test. 1 (heck this box and stop here. Explain in Par			(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
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organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
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	18							<u>▶</u>	

Schedule A (Form 990 or 990-EZ) 2017

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part !!)

Se	ction A. Public Support							
Cale	endar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not			Ì			ĺ	
	ınclude any "unusual grants ")							
2								
	merchandise sold or services per-						İ	
	formed, or facilities furnished in any activity that is related to the			İ				
	organization's tax-exempt purpose							
3	Gross receipts from activities that							
	are not an unrelated trade or bus-							
	iness under section 513							
4	Tax revenues levied for the organ-							
	ızatıon's benefit and either paid to							
	or expended on its behalf]			
5	The value of services or facilities							
Ī	furnished by a governmental unit to			ļ	1			
	the organization without charge					}		
6	Total. Add lines 1 through 5							
	Amounts included on lines 1, 2, and						 	
•	3 received from disqualified persons	}						
1	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that	İ						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	1				i		
	c Add lines 7a and 7b							
			<u> </u>	1	, ,	5		
	Public support. (Subtract line 7c from line 6) ction B. Total Support	<u>I'</u>	<u></u>	<u></u>			<u> </u>	
		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total	
	endar year (or fiscal year beginning in)	(a) 2013	(0) 2014	(6) 2013	(0) 2010	(e) 2017	(i) rotai	
_	Amounts from line 6 Gross income from interest,					<u> </u>		
10	dividends, payments received on					ļ		
	securities loans, rents, royalties,							
_	and income from similar sources					 		
	Unrelated business taxable income							
	(less section 511 taxes) from businesses							
	acquired after June 30, 1975			 _				
	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b,							
	whether or not the business is							
	regularly carned on						· 	
12	Other income. Do not include gain or loss from the sale of capital							
	assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12)	l				<u></u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3) organız	ation,	
	check this box and stop here	····						
	ction C. Computation of Publ					,		
15	Public support percentage for 2017 (I	ine 8, column (f) d	ivided by line 13, c	olumn (f))		15	%	
16	Public support percentage from 2016	Schedule A, Part	III, line 15			16	%	
Se	ction D. Computation of Inves	stment Incom	e Percentage					
17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f)) 17 96							
	Investment income percentage from 2							
	· · · · · · · · · · · · · · · · · · ·	1/3% support tests - 2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not						
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
	b 33 1/3% support tests - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and							
	line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
20	Private foundation. If the organization			•			▶□	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was arry supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes, " complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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5c_		
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9a		X
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9b		X
به بند،	2	X
9c		<u>X</u>
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10a		X
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10b		(E)-()

	edule A (Form 990 or 990-EZ) 2017 WARREN AND VELDA WILSON FOUNDATION 47-0	7 <u>4101</u>	2 P	age 5			
Pa	rt IV Supporting Organizations (continued)						
			Yes	No			
11	Has the organization accepted a gift or contribution from any of the following persons?	,	1				
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? 11a						
L	A family member of a person described in (a) above?	11a	-	X			
	A 35%_controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b	├	X			
	tion B. Type I Supporting Organizations		Щ				
			Yes	No			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		, ,	110			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	5					
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		1	·			
	controlled the organization's activities. If the organization had more than one supported organization,			,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported						
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	X				
2	Did the organization operate for the benefit of any supported organization other than the supported		ļ ·				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	100	, ,	1			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			_			
	supervised, or controlled the supporting organization.	2		X			
Sec	tion C . Type II Supporting Organizations						
		· ·	Yes	No			
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	-					
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			'			
	or management of the supporting organization was vested in the same persons that controlled or managed			1			
Sec	the supported organization(s) tion D . All Type III Supporting Organizations	1		L			
000	tion b. An Type in Supporting Significations		Yes	No			
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	<u> </u>	res	NU			
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	, ,	,				
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			'			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1	, .	,			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	,	20				
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1.75			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		 			
3	By reason of the relationship described in (2), did the organization's supported organizations have a	÷ .ç.		, ,			
	significant voice in the organization's investment policies and in directing the use of the organization's] , , ,	<i>'</i>	, (
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's						
	supported organizations played in this regard	3					
<u>Sec</u>	tion E. Type III Functionally Integrated Supporting Organizations						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).					
а	The organization satisfied the Activities Test Complete line 2 below						
b	The organization is the parent of each of its supported organizations. Complete line 3 below.						
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see ins	tructions 1					
2	Activities Test. Answer (a) and (b) below.		Yes	No.			
а	Did sub-stantially all of the organization's activities during the tax year directly further the exempt purposes of	15		٠,			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	1.0	, ,	2			
	those supported organizations and explain how these activities directly furthered their exempt purposes,	[,`	`	- ;			
	how the organization was responsive to those supported organizations, and how the organization determined	' ·		2.			
h	that these activities constituted substantially all of its activities. Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a					
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		,				
	reasons for the organization's position that its supported organization(s) would have engaged in these						
	activities but for the organization's involvement.	2b	***	nf ~ 1			
3	Parent of Supported Organizations Answer (a) and (b) below.	- 20					
о a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	j v	- ,	i			
a	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	~~ - 1 7-31			
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	, Ja	_,	1, 4, -1			
~	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		ا `ب			
	M						

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	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting				
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. Al	
Sec	other Type III non-functionally integrated supporting organizations must cition A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)		
1	Net sh ort-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	mainte nance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year)				
а	Averag e monthly value of securities	1a			
b	Averag e monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI)				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash d eemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,				
	see instructions)	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6_	Multiply line 5 by 035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	,		
2	Enter 85% of line 1	2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5	1		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6	, 'Y		
-	Chook have if the current year is the organization's first as a pen functional		tod Tuna III auganadus augant		

Schedule A (Form 990 or 990-EZ) 2017

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	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
	ion D - Distributions Amounts paid to supported organizations to accomplish ex	Current Year					
1	Amounts paid to supported organizations to accomplish ex Amounts paid to perform activity that directly furthers exen						
2	organizations, in excess of income from activity						
	Administrative expenses paid to accomplish exempt purpo	coc of augmented experients		 			
3_	Amounts paid to acquire exempt use assets	ses o <u>i supported organizatio</u>	ns				
4_	Qualified set-aside amounts (prior IRS approval required)			 			
5	Other distributions (describe in Part VI) See instructions						
6_	Total annual distributions. Add lines 1 through 6						
7	Distributions to attentive supported organizations to which	the error of the e					
8	(provide details in Part VI) See instructions.	the organization is responsiv	e				
_	Distributable amount for 2017 from Section C, line 6						
9							
10	Line 8 amount divided by line 9 amount	(3)	(m)				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable			
			Pre-2017	Amount for 2017			
1_	Distributable amount for 2017 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2017 (reason-	•		·			
	able cause required- explain in Part VI) See instructions	1		<u> </u>			
3	Excess distributions carryover, if any, to 2017						
а		` ,					
b	From 2013						
С	From 2014		ı				
d	From 2015		u				
е	From 2 016			,			
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years			v.			
h	Applied to 2017 distributable amount		, ,				
i	Carryover from 2012 not applied (see instructions)		`				
Ĺ	Remainder Subtract lines 3g, 3h, and 3i from 3f						
4	Distributions for 2017 from Section D,						
	line 7. \$						
а	Applied to underdistributions of prior years	, , 5,					
b	Applied to 2017 distributable amount						
c	Remainder Subtract lines 4a and 4b from 4						
5	Remaining underdistributions for years prior to 2017, if			, , ,			
	any Surbtract lines 3g and 4a from line 2 For result greater	, ,		,			
	than ze ro, explain in Part VI. See instructions.	, , ,					
6	Remaining underdistributions for 2017. Subtract lines 3h	, ,					
	and 4b from line 1 For result greater than zero, explain in	, , , , , ,					
	Part VI. See instructions		•				
7	Excess distributions carryover to 2018. Add lines 3j		,				
	and 4c.			1.			
8_	Breakdown of line 7.		1 /	3, 7, 1			
а	Excess from 2013	1 11 1		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1			
	Excess from 2014		4 - 1 - 4	* **			
С	Excess from 2015	, `-, .		and the second			
d	Excess from 2016			* ' ', ', ', ', ', ', ', ', ', ', ', ', '			
	Excess from 2017		1, -1, 1, -, -	. 1 77 7.1 1			

Schedule A (Form 990 or 990-EZ) 2017

Schedule A	(Form 990 or 990-EZ) 201	7 WARREN AND	VELDA WILSO	N FOUNDATION	47-0741012 Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1, Part IV, Section D,	rmation. Provide the I, 2, 3b, 3c, 4b, 4c, 5a Ines 2 and 3, Part IV,	e explanations required , 6, 9a, 9b, 9c, 11a, 11b, Section E, lines 1c, 2a,	by Part II, line 10, Part II, line 17a and 11c, Part IV, Section B, line 2b, 3a, and 3b, Part V, line 1; Par o complete this part for any addi	or 17b, Part III, line 12, s 1 and 2, Part IV, Section C, t V. Section B, line 1e, Part V.
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