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SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

| Name | of t | ne organization | | | | | | | , - | | ion number |
|----------|--|---------------------------------------|--|---|--------|-----------------------|--|------------|-------------------------|-------------------|-------------------|
| | 23 PRESERVATION FOUNDATION Part Reason for Public Charity Status (All organizations must complete this | | | | | | | 47-0800212 | | | |
| | t I | ···· | | | | | | | | <u>instruct</u> | ions) |
| The 1 | _ | | • | ation because it is (Pation of the character) | | | _ | | | (i). | |
| 2 | \exists | • | | n 170(b)(1)(A)(ii). (Att | | | | | (2)(1)(1) | 1.7. | |
| 3 | | | | | | | section | 170(b)(1) | (A)(iii). (| Attach Sc | hedule H) |
| 4 | ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H) ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the | | | | | | | | | | |
| | _ | • | ne, city, and sta | ****************** | | | | | | | |
| 5 | نا | • | organization operated for the benefit of a college or university owned or operated by a governmental unit described ction 170(b)(1)(A)(iv). (Complete Part II) | | | | | | | unit described in | |
| 6 | | | _ | ernment or governme | | | | | | | |
| 7 | | • | | receives a substantia 1)(A)(vi). (Complete F | • | its suppo | ort from a | governm | ental uni | or from | he general public |
| 8 | | | | | | Complete | Part II) | | | | |
| 9 | \boxtimes | | | | | | | | | | |
| 10 11 | An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions) An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. | | | | | | to carry out the)(2) See section | | | | |
| е | a ☐ Type I b ☐ Type II c ☐ Type III—Functionally integrated d ☐ Type III—Other☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) | | | | | | | | | | |
| f g | | organization, | check this box t 17, 2006, has | a written determination | | | | | | or Type | III supporting |
| | | (i) A person | who directly or | indirectly controls, eining body of the supp | | - | | persons | describe | ed in (ii) | Yes No |
| | | (ii) A family | member of a pe | rson described in (i) a if a person described | above? | | | · · · | | · · · | 11g(n) 11g(n) |
| h | | Provide the | following informa | tion about the organi | | | T | | , | | |
| | | me of supported (ii) EIN organization | | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) (iv) Is the organization in col (i) listed in your governing document? (v) Did you not the organization col (i) of you support? | | ization in of your | (vi) Is the organization in col (i) organized in the US? | | (vii) Amount of support | | |
| | | | | , " | Yes | No | Yes | No | Yes | No | |
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Total

Part III Support Schedule for Organizations Described in Section 509(a)(2)

| (Complete only if you checked the box on line 9 of Part I) | | | | | | | |
|--|--|--|------------------|---------------------------------------|---------------------------------------|-------------------|-------------------|
| Section A. Public Support | | | | | | | |
| Ca | lendar year (or fiscal year beginning in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| | Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | 25,816 | 220,575 | 153,827 | 58,183 | 4,644 | 463,045 |
| 2 | 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 | | | | 1,036 | | 1,036 |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | 25 216 | 220 575 | 152 007 | 50.210 | 1 511 | 464 001 |
| 6 | Total. Add lines 1-5 | 25,816 | 220,575 | 153,827 | 59,219 | 4,644 | 464,081 |
| | Amounts included on lines 1, 2, and 3 received from-disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | _ | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | ĝ ² μ h _i ε ^{γ'} gn l | 第3. 6 · · · | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | 7,-6, 1-1, 2, 1 | 464,081 |
| | tion B. Total Support | | | | | | |
| Ca | lendar year (or fiscal year beginning ın) ▶ | (a) 2004 25,816 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 4,644 | (f) Total |
| 9 10a | Amounts from line 6 | 25,816 5,153 | 220,575 4,404 | | 59,219 | | 464,081 63,722 |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | , | | | | | |
| с 11 | Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | 5,153 | 4,404 | 13,299 | 22,444 | 18,422 | 63,722 |
| 12 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12) | A 100 | 7 , | 5- 2 1 - May 1 - 2 | t, sty | , , | 527,803 |
| 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | | |
| Section C. Computation of Public Support Percentage | | | | | | | |
| 15 16 | | | | | | | |
| Sec | ection D. Computation of Investment Income Percentage | | | | | | |
| 17 | Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). | | | | | | |
| 18 | investment income percentage from 2007 ochedule A, I alt 17-A, line 2711 | | | | | | 3.17 % |
| 19a | a 33½% support tests—2008. If the organization did not check the box on line 14, and line 15 is more than 33½%, and line 17 is not more than 33½%, check this box and stop here. The organization qualifies as a publicly supported organization ▶ □ | | | | | | |
| b | | | | | | | |
| 20 | Private foundation. If the organization | did not check | a box on line 1 | 4, 19a, or 19b | , check this box | x and see instri | uctions 🕨 🗌 |

| Schedule A (Fo | orm 990 or 990-EZ) 2008 | | | | Page 4 |
|----------------|---|---------------------------------------|--|---|-------------------------------|
| Part IV | Supplemental Information. Com Part II, line 17a or 17b, or Part III, | plete this part to line 12 Provide | provide the explainable any other addition | nation required by Par al information (see ins | t II, line 10, structions) |
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| Sched | ule A (Form 990 or 990-EZ) 2008 | | | | ······ | | 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) | | | | | | | |
| Sec | tion A. Public Support | ited the box c | 711 11710 0, 7, 0 | o or runt | <i>)</i> | ····· | |
| | lendar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and 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 1-3 | 1 Administration of the | 1 1 m (2) 15 , 1 me 1 | h = 14% () 34 27 87 8. | uelle til a 1975 | 10 F. 1. 9 7. | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | The state of the s | |
| 6 | Public support. Subtract line 5 from line 4 | 以下部。温度 | M. C. | [12] 中国中国 | 1. K. L. T. L. A. L. | 一种特别或类似 | |
| | tion B. Total Support | 4-1 0004 | (1.) 0005 | (-) 2000 | (4) 0007 | () 0000 | |
| Ca | lendar <u>year (or fiscal year beginning</u> in) ▶ | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 7 | Amounts from line 4 | | | | | | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | |
| 11 | Total support. Add lines 7 through 10 | SHALL THE | ARTHUR TO THE STATE OF THE STAT | 一次是一個中華 | Same and the state of | Mark Galery | |
| 12 | Gross receipts from related activities, etc | | | | | 12 | |
| 13 | First five years. If the Form 990 is for organization, check this box and stop he | ere <u></u> . | <u> </u> | | or fifth tax ye | ar as a section | 501(c)(3) . ▶ □ |
| | tion C. Computation of Public Su | - N N N N N N N N. | | | | | |
| 14 | Public support percentage for 2008 (line | | | | | 14 | <u>%</u> % |
| 15 | Fublic support percentage from 2007 Schedule A, Fait 17-A, fille 201 | | | | | | |
| 16a | and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| b | 33½% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33½% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | | | | | |
| 17a | 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. | | | | | | |
| b 18 | 10%-facts-and-circumstances test—2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐ Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐ | | | | | | |
| | | | | | | | |

23 PRESERVATION FOUNDATION PO BOX 137 FAIRBURY NE 68352



DECLARATION

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Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

| Mell | 12/9/2010 |
|---------------------------------|-----------|
| Signalure of officer or trustee | Date |
| TREASURER | |
| Title | |