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SUPPLEMENTAL INFO - PER LETTER
0425867219

Form **990-PF**

**Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation**

OMB No 1545-0052

2008

Department of the Treasury
Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2008, or tax year beginning **JULY 1**, 2008, and ending **JUNE 30**, 20 09

G Check all that apply: ☐ Initial return ☐ Final return ☒ Amended return ☐ Address change ☐ Name change

Use the IRS
label.
Otherwise,
print
or type.
See Specific
Instructions.

Name of foundation
NANCY L. NIXON FOUNDATION

Number and street (or P.O. box number if mail is not delivered to street address) Room/suite
6231 PROSPECT ROAD

City or town, state, and ZIP code
LONGMONT, CO 80503

A Employer identification number
01 0759072

B Telephone number (see page 10 of the instructions)
(303) 772-6792

C If exemption application is pending, check here ☐

D 1. Foreign organizations, check here ☐

2. Foreign organizations meeting the 85% test, check here and attach computation ☐

E If private foundation status was terminated under section 507(b)(1)(A), check here ☐

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ☐

H Check type of organization ☐ Section 501(c)(3) exempt private foundation
☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) **\$**

J Accounting method ☐ Cash ☐ Accrual
☐ Other (specify) _____
(Part I, column (d) must be on cash basis)

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions))

| | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
|-------------------------------------------------------------------------------------|------------------------------------|---------------------------|-------------------------|-------------------------------------------------------------|
| Revenue | | | | |
| 1 Contributions, gifts, grants, etc., received (attach schedule) | | | | |
| 2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B | | | | |
| 3 Interest on savings and temporary cash investments | | | | |
| 4 Dividends and interest from securities | | | | |
| 5a Gross rents | | | | |
| b Net rental income or (loss) | | | | |
| 6a Net gain or (loss) from sale of assets not on line 10 | | | | |
| b Gross sales price for all assets on line 6a | | | | |
| 7 Capital gain net income (from Part IV, line 2) | | | | |
| 8 Net short-term capital gain | | | | |
| 9 Income modifications | | | | |
| 10a Gross sales less returns and allowances | | | | |
| b Less: Cost of goods sold | | | | |
| c Gross profit or (loss) (attach schedule) | | | | |
| 11 Other income (attach schedule) | | | | |
| 12 Total. Add lines 1 through 11 | | | | |
| Operating and Administrative Expenses | | | | |
| 13 Compensation of officers, directors, trustees, etc. | | | | |
| 14 Other employee salaries and wages | | | | |
| 15 Pension plans, employee benefits | | | | |
| 16a Legal fees (attach schedule) | | | | |
| b Accounting fees (attach schedule) | | | | |
| c Other professional fees (attach schedule) | | | | |
| 17 Interest | | | | |
| 18 Taxes (attach schedule) (see page 14 of the instructions) | | | | |
| 19 Depreciation (attach schedule) and depletion | | | | |
| 20 Occupancy | | | | |
| 21 Travel, conferences, and meetings | | | | |
| 22 Printing and publications | | | | |
| 23 Other expenses (attach schedule) | | | | |
| 24 Total operating and administrative expenses. Add lines 13 through 23 | | | | |
| 25 Contributions, gifts, grants paid | | | | |
| 26 Total expenses and disbursements. Add lines 24 and 25 | | | | |
| 27 Subtract line 26 from line 12 | | | | |
| a Excess of revenue over expenses and disbursements | | | | |
| b Net investment income (if negative, enter -0-) | | | | |
| c Adjusted net income (if negative, enter -0-) | | | | |

| Part II Balance Sheets | | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.) | | |
|-----------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|----------------|-----------------------|
| | | Beginning of year | End of year | |
| | | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| Assets | 1 Cash—non-interest-bearing | | | |
| | 2 Savings and temporary cash investments | 8,660 | 9,162 | 9,162 |
| | 3 Accounts receivable ▶ | | | |
| | Less allowance for doubtful accounts ▶ | | | |
| | 4 Pledges receivable ▶ | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| | 5 Grants receivable | | | |
| | 6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions) | | | |
| | 7 Other notes and loans receivable (attach schedule) ▶ | | | |
| | Less allowance for doubtful accounts ▶ | | | |
| | 8 Inventories for sale or use | | | |
| | 9 Prepaid expenses and deferred charges | | | |
| | 10a Investments—U S and state government obligations (attach schedule) | | | |
| | b Investments—corporate stock (attach schedule) | | | |
| | c Investments—corporate bonds (attach schedule) | | | |
| | 11 Investments—land, buildings, and equipment basis ▶ | | | |
| Liabilities | Less accumulated depreciation (attach schedule) ▶ | | | |
| | 12 Investments—mortgage loans | 260,000 | 260,000 | 260,000 |
| | 13 Investments—other (attach schedule) | | | |
| | 14 Land, buildings, and equipment basis ▶ | | | |
| | Less accumulated depreciation (attach schedule) ▶ | | | |
| | 15 Other assets (describe ▶) | | | |
| | 16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I) | 268,660 | 269,162 | 269,162 |
| | 17 Accounts payable and accrued expenses | | | |
| | 18 Grants payable | | | |
| | 19 Deferred revenue | | | |
| Net Assets or Fund Balances | 20 Loans from officers, directors, trustees, and other disqualified persons | | | |
| | 21 Mortgages and other notes payable (attach schedule) | | | |
| | 22 Other liabilities (describe ▶) | | | |
| | 23 Total liabilities (add lines 17 through 22) | | | |
| | Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> | | | |
| | and complete lines 24 through 26 and lines 30 and 31. | | | |
| | 24 Unrestricted | | | |
| | 25 Temporarily restricted | | | |
| | 26 Permanently restricted | | | |
| | Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> | | | |
| | and complete lines 27 through 31. | | | |
| | 27 Capital stock, trust principal, or current funds | | | |
| | 28 Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| | 29 Retained earnings, accumulated income, endowment, or other funds | | | |
| | 30 Total net assets or fund balances (see page 17 of the instructions) | | | |
| | 31 Total liabilities and net assets/fund balances (see page 17 of the instructions) | | | |

Part III Analysis of Changes in Net Assets or Fund Balances

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---|--|
| 1 Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | |
| 2 Enter amount from Part I, line 27a | 2 | |
| 3 Other increases not included in line 2 (itemize) ▶ | 3 | |
| 4 Add lines 1, 2, and 3 | 4 | |
| 5 Decreases not included in line 2 (itemize) ▶ | 5 | |
| 6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 | 6 | |

Part XIV Private Operating Foundations (see page 27 of the instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2008, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

| Tax year | Prior 3 years | | | (e) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------|----------|-----------|
| (a) 2008 | (b) 2007 | (c) 2006 | (d) 2005 | |
| b 85% of line 2a | | | | |
| c Qualifying distributions from Part XII, line 4 for each year listed | | | | |
| d Amounts included in line 2c not used directly for active conduct of exempt activities | | | | |
| e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon | | | | |
| a "Assets" alternative test—enter | | | | |
| (1) Value of all assets | | | | |
| (2) Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | |
| b "Endowment" alternative test—enter $\frac{2}{3}$ of minimum investment return shown in Part X, line 6 for each year listed | | | | |
| c "Support" alternative test—enter: | | | | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | |
| (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) | | | | |
| (3) Largest amount of support from an exempt organization | | | | |
| (4) Gross investment income | | | | |

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 27 of the instructions.)

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))

NO ONE CONTRIBUTED MORE THAN \$5,000 - SEE LIST OF CONTRIBUTORS ON ORIGINAL RETURN

- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a** The name, address, and telephone number of the person to whom applications should be addressed

LONNIE NIXON-TRUSTEE 6231 PROSPECT ROAD LONGMONT, CO 80503 303 772-6792

- b** The form in which applications should be submitted and information and materials they should include

COPY OF FORM ATTACHED

- c** Any submission deadlines:

MARCH 1

- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

NONE

THE NANCY L. NIXON FOUNDATION
THE NANCY L. NIXON MEMORIAL SCHOLARSHIP

ELIGIBILITY: Any senior attending St. Vrain Valley Public Schools
scheduled to graduate this academic year.

RESTRICTIONS: Students must be accepted and attend an accredited four year college / university.
. Extra consideration will be given to students attending in - state supported
institutions.

SELECTION BASIS: 100 Maximum Points scored as follows:

Example: A 3.2 GPA will be scored as 32 points

Cumulative scholastic record - **copy of transcript required**..... 40 Points

SAT -ACT score.-maximum of..... 10 Points

One page essay **.-important.** Tell us about yourself and your
career goals, include the following topics..... 15 Points

Clubs, Sports, Student Offices, etc..... 5 Points

Community Volunteerism..... 5 Points

Part time jobs held..... 5 Points

Financial Need 5 Points

Letters of recommendation..... 5 Points

Special Situation.- examples: single parent, physical handicap... 5 Points

Extra credit..... 5 Points

SPONSOR: The Nancy L. Nixon Foundation - A501C-3 Tax Exempt Corp.

AMOUNT: One Thousand Dollars (\$1,000), payable in one amount directly to the
college/university selected by the recipient.

SELECTION BY: The Nancy L. Nixon Foundation Memorial Scholarship Committee

FORM USED: The foregoing documents, the attached application form, and any other form used
by the school counseling office.

FINANCIAL AID: Extra consideration will be given students with financial need but this is not a
requirement for selection. Those students who wish to be considered for
financial aid should submit additional information such as family gross income for
previous year and other pertinent information.

DEADLINE March 1, 2010 - Award date: April 15- May 1, 2010

CONTACT: Send application to:
The Nancy L. Nixon Foundation
6231 Prospect Road
Longmont, CO 80503

IMPORTANT: A total of six (6) scholarships will be awarded this year. GOOD LUCK.

THE NANCY L. NIXON FOUNDATION
MEMORIAL SCHOLARSHIP APPLICATION

NAME _____ SOCIAL SECURITY NUMBER _____

PHONE _____ MALE _____ FEMALE _____

ADDRESS _____ CITY _____ ZIP CODE _____

FATHER'S NAME _____ OCCUPATION _____

MOTHER'S NAME _____ OCCUPATION _____

NUMBER OF SIBLINGS: YOUNGER _____ OLDER _____ NUMBER IN COLLEGE _____

WHAT COLLEGE DO YOU PLAN TO ENTER _____

WHEN _____ WHAT IS YOUR INTENDED FIELD OF STUDY _____

HAVE YOU BEEN ACCEPTED? _____ FOR WHAT CAREER ARE YOU
PREPARING _____

HAVE YOU SUBMITTED THE FAFSA BY MARCH 4? _____

LIST THE FOLLOWING:
SCHOOL ACTIVITIES (Example-Athletics, Clubs, Organizations) _____

HONORS/LEADERSHIP (Example-Awards, Club Offices) _____

COMMUNITY ACTIVITIES (Example-Church, Volunteer jobs, clubs) _____

WORK EXPERIENCE _____

WHAT HIGH SCHOOL ARE YOU ATTENDING? _____

LIST TWO INDIVIDUALS WHOM YOU HAVE ASKED TO WRITE A LETTER OF RECOMMENDATION. INCLUDE THOSE LETTERS WITH YOUR APPLICATION.

FINANCIAL INFORMATION

If you wish to be considered for financial aid, please furnish the following information which will be treated in a very confidential manner.

Please tell us of any unusual family, personal, or economic circumstances or responsibilities within your family. You may use additional pages if necessary.

Applicant's estimated expenses for the academic year:

Tuition/Fees \$ _____ Room/Board \$ _____ Other\$ _____ Total \$ _____

Applicant's estimated earnings:

Next Summer \$ _____ Next academic year \$ _____ Applicant's savings \$ _____

Value of any other scholarships or financial aid received to date \$ _____

PARENTS FINANCIAL INFORMATION BASED ON MOST CURRENT TAX RETURN

Total tax exemptions _____ Gross Income \$ _____ Total Income Tax paid \$ _____

Cash, Savings, Stocks, Bonds, - Total \$ _____

CERTIFICATION AND AUTHORIZATION

We have checked this form for omissions and errors. To the best of our knowledge and belief, the information reported is correct. We authorize its confidential use by any appropriate scholarship committees.

Signature of Parent or Guardian _____ Date _____

Signature of Applicant _____ Date _____