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Porm 990 Department of the Treasury Internal Revenue Service A For the 2009 cal

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public

Inspection

Α	For the	2009 cal	endar ye	ar, or tax	ear beginnin	g			, an	nd en	ding						
В	Check of ap	plicable	Please	C Name o	of organization	Father F	lanagan's F	und For	Needy (Child	ren	D Em	ployer i	dentific	ation numb	ber	
\Box	Address o	hange	use IRS label or	Doing E	Business As							36-36	80258				
=	Name cha	-	print or		r and street (or P	O hox if mail is	not delivered t	n street a	idress)	Roo	m/suite	E Tel		number			
=	Initial retu	-	type	Į.	•		3 not achivered t	o succi a	Jul 030)		in saite						
=			See Specific		rawford Stree							(402)	<u>498-31</u>	21			
=	Terminate		Instruc-	1 -	own, state or co	untry, and ZIP +			0004	_				-4- C			0.404
\sqcup	Amended	return		Boys Tov			N	E	6801	<u>0</u>		G Gro	ss recei	pts \$		<u>1,012,41</u>	=-
	Applicatio	n pending	FN	lame and a	ddress of princ	cipal officer.					H(a) is t	his a gro	up retur	n for aff	ilıates?	Yes [_`	X No
			Phil Ruc	den 1410(Crawford S	treet. Boys	Town, NE 6	8010		- 1	H(b) Are	e all affili	ates incl	uded?	ſ	Yes	No
				01(c) (3			7		527	$\neg \neg$	٠.				nstructions)		
		npt status		71(c) (3) ◀ (insei	(110)	4947(a)(1)	JI	327					-	·		
<u>J /</u>	Vebsite	: ► N/A									H(c) Gro	oup exen	nption ni	umber	<u> </u>		
KF	orm of or	ganization	X c _o	orporation	Trust	Association	Other ▶		L	Year	of forma	tion	1990	MS	tate of legal	domicile	NE
	art I	Sur	nmary														
				the organ	ızatıon's mis	sion or most	significant	activities	s: Fathe	er Fla	anagar	n's Fun	d For	Need	v Children	n has the	
		power to receive, hold and invest property of any nature for the exclusive benefit of Father Flanagan's Boys' Home (FFBH), are													<u>''</u>		
a E		organization exempt under IRC Section 501(c)(3). It may carry out this purpose by distributing assets directly to FFBH or by applying its assets directly to the purposes of FFBH.															
Ë		FFBH or	<u>by appl</u>	<u>lyıng its as</u>	ssets directly	to the purp	oses of FFB	H									
Š	2	Check th	nis box	▶ if t	the organizat	ion disconti	nued its ope	rations	or dispos	sed c	of more	than:	25% ი	f its ne	et assets.		
ජ	3	Number	of voting	g member	rs of the gove	erning body	(Part VI, line	e 1a).						3			9
Se S	4			-	oting membe	-			/I. line 1b	o).			. [4			 7
₹			-		es (Part V, lin	-								5			
Activities & Governance	6				s (estimate i									6			_ <u>_</u>
_													.	7a		-1.44	6,216
	7a	Total gre	oss unite	SECEN	ness revenu	e irom Part	OOO T I'm	(U), IIII						7b			
	b	Net unre	lated bu	ISINOSE-TE	Xable-Income	from Form	990-1, line	34 .	· · · · ·	' ' '	· · ·	D \	· ·	/b			6,216
Revenue			_		ြ	1				ŀ		Prior \	rear	 +	Cur	rent Year	
	8	Contribu	tions an	id grants	Part VIII, line	1h).				·				0			<u> </u>
	9	Program	service	reveñue	(Part VIII)	e 2g)				L				0			0
9,					/III, colum Œ(·			7,625				6,057
ř	11	Other re	venue(()		olumii (A), li	hes 5, 6d, 8	c, 9c, 10c, a	and 11e)	. [45	,692		4	8,249
	12	Total reve	nue ad	d lines 8 th	rough 11 (mu	st equal Part '	VIII, column (A), line 1	2)				7,671	,171		6,36	34,306
												:	54,248	,718		41,08	36,663
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)										0					
					tion, employe				lines 5-	-10)	627,552					69	2,568
98				-	ees (Part IX,						0					0	
Expenses					s (Part IX, co					o						1788 1	<u> </u>
쭚			_		•		·			4						1,409	
_			•	•	column (A), I					ŀ							
		-			13–17 (mus	•		(A), line	(25).	-			55,409				0,640
	19	Revenue	<u>e less ex</u>	(penses. S	Subtract line	18 from line	12 .	<u> </u>					47,737			-35,48	6,334
Net Assets or Fund Balances											Begini	ning of C			En	d of Year	
sets	20	Total ass	sets (Pa	irt X, line 1	16)					L		70	01,518			782,37	<u>6,721</u>
AB	21	Total liat	bilities (F	⊃art X, line	e 26) . . .					L			167	,815		25	51,321
ΣĘ	22	Net asse	ets or fur	nd balanc	es. Subtract	line 21 from	line 20 .					76	01,350	,200		782,12	5,400
	ırt II		nature														
					declare that I ha	ve examined thi	s return, includi	ng accom	panying sch	hedule	s and st	atements	s, and to	the bes	st of my kno	wledge	
		and b	elief, it is t	rue, correct,	and complete D	eclaration of pre	eparer (other th	an officer)	is based or	n all ın	formatio	n of whic	ch prepa	rer has	any knowled	dge	
			()	0.1	\mathcal{A}										_		
۵.			12	<i>へ</i> ん	View									11- 1	//~/0		
Sig			Signature	of officer	,								Date	-			
He	re		-		President &												
		_ _		nnt name and	•	EE U.I.	•		-								
		Prepa		rame and				Date	-	Ch	eck ıf			Prepar	rer's identify	ing numbe	<u>r</u>
Pai	d	signat			1/6					sel		1			structions)	110	
		-		<i>p</i> wa i	MITTE	MXV		11/1	0/2010	em	ployed	▶	<u>Ш</u>	10	UZU 21	0[]	
	parer's	Firm's	s name (or	,	KPMG I I P	10						EIN	•	13-55	65207		
USE	Only		-employed		Two Central	Dork Dia Co	iito 1501 O	maka N	JE 60101	,					348-1450		
			ss, and ZI									Phone	110	1 02 3			<u> </u>
May	the IR	S discus	s this re	turn with	the preparer	shown abov	/e? (see inst	tructions	s)						X	Yes _	No
For	Privacy	Act and	Paperwo	ork Reduct	ion Act Notic	e, see the se	parate instru	ictions.								Form 990	(2009)

Fom		an's Fund For Needy Ch			36-36802 <u>58</u>	Page 2
P		Program Service A				
⁄ 1	Briefly describe the organi	zation's mission:				
			s the power to receive, hold and invest			usive
			l), an organization exempt under IRC S			
•	` carry out this purpose by o	listnbuting assets dire	ectly to FFBH or by applying its assets	directly to the purp	oses of FFBH.	
2			rogram services during the year which			
					Yes	X No
_	If "Yes," describe these ne					
3	services?		e significant changes in how it conducts	s, any program	□ v ₌₌	X No
	If "Yes," describe these ch				Yes	V NO
4		•	, each of the organization's three larges	st program services	hv expenses	
•			nd section 4947(a)(1) trusts are require			nd
			venue, if any, for each program service		J	
	(Code:) (F		18,956 including grants of \$ 41,086	6 663) (Revenue	 \$	0)
			ome, an affiliated 501(c)(3) organization			
			hildren manages and invests the long			
	Father Flanagan's Boys' H					
4b	(Code:) (E	Expenses \$	0 including grants of \$	0) (Revenue	\$	0)
						• • • • • • • • • • • • • • • • • • • •
4c	(Code:) (E	Expenses \$	0 including grants of \$	0) (Revenue	\$	0)
4d	Other program services. (D	Describe in Schedule (O)			

0 including grants of \$

41,148,956

0)(Revenue \$

(Expenses \$

4e Total program service expenses ▶

Page 3

Pa	rt IV Checklist of Required Schedules			
$\overline{}$			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			ļ
	complete Schedule A	1_	_X_	<u> </u>
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? <i>If "Yes," complete Schedule C, Part I</i>	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	4		x
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7_		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	_9_		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11	Χ	L
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more		E	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		. 444	
•	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	4.4		· (6)
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	1.	100	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.		1.0	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that			
40	addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.	7 78	15.	de.
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40	86223	No.
404	Schedule D, Parts XI, XII, and XIII. Was the organization included in consolidated independent audited financial statements for the tax. Yes No.	12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax Yes No year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	1	, .	ı.
12		42		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13 14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	14a		
b	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 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," complete Schedule G, Part III	19		_ X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

Form 990 (2009) Father Flanagan's Fund For Needy Children

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	[
	in the United States 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 and other assistance to individuals in the	Ì		
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	()	l	
	organization's current and former officers, directors, trustees, key employees, and highest compensated	l 1		
	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 Schedule K. If "No," go to line 25	24a		_ <u>X</u> _
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ļ
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
∠ɔa	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	05-		
_	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
D	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	254		V
26	990-EZ? If "Yes," complete Schedule L, Part I	25b	-	_X_
20	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20	-	
~ '	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27	' <u>}</u>	Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	¥		"Alta la
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):		- 10 mg	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b	}	_X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,	1 1	i	
	Part IV	28c		_X_
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_X_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		_ <u>X</u> _
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,		Ì	
	Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	20	l	v
33	If "Yes," complete Schedule N, Part II	32		<u> </u>
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	ĺ	_X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,	33		_^_
	III, IV, and V, line 1	34	х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	ļ	_X
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	-	Χ
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			
	v	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	19? Note. All Form 990 filers are required to complete Schedule O	38	Х	
			000	

		680258	<u>P</u>	Page 5
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	 -		
	-1 h		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns, Enter -0- if not applicable	, '		ļ
ь,		: 1		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ή Ι		İ
C	gaming (gambling) winnings to prize winners?	1c		
2a				<u> </u>
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a)		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see			
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a	Χ	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	L
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 foreign country (such as a bank account, securities account, or other financial			1
L	account)?	4a	X	 -
b	If "Yes," enter the name of the foreign country: ► See Attached Statement See the part of a paragraph of Foreign Rook See the part of Foreign Rook See Attached Statement		. 4 <u>6</u>	334
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.			, de
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	6.	***
7	Organizations that may receive deductible contributions under section 170(c).	* *	. 3	*
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	n _ 100000	î î	\$
L	and services provided to the payor?	7a		<u> </u>
þ	Did the organization notify the donor of the value of the goods or services provided?	7b		
С	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	* *	. %	
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			23.0
	benefit contract?	_7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
_	required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting		* *** * ***	
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	``` `	*
9	organization, have excess business holdings at any time during the year?	1-		
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities] :		
11	Section 501(c)(12) organizations. Enter N/A	,	(
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	 		
122	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041'N/A	12a	. '	1

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.

Ęorm	990 (2009) Father Flanagan's Fund For Needy Children 36-3	680258	F	⊳ _{age} €
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below			
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	ges in		
	Schedule O. See instructions			
Sec	tion A. Governing Body and Management			
	Franks and the Committee of the committe		Yes	No
1a	Enter the number of voting members of the governing body			ļ
b	Enter the number of voting members that are independent			İ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X	
3	Did the organization delegate control over management duties customarily performed by or under the direct	_2_	-^-	
,	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	 - -	x
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	 ^-
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		 ``	\vdash
	of the governing body?	7a	x	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	_8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		L _X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Reve	enue Code.)			
			Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			١
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?			İ
11 A		11	X	<u> </u>
11A		, , ,		
12a b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	<u>12</u> a	X	<u> </u>
U	rise to conflicts?	126	~	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	12b	X	
·	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does 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 approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		*	
а	The organization's CEO, Executive Director, or top management official.	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		,	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		L
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s o	nly)		
	available for public inspection. Indicate how you make these available. Check all that apply.			

X Upon request

organization.

Judy F. Rasmussen

402 498-3131

14086 Mother Teresa Lane, Boys Town, NE 68010

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

Another's website

policy, and financial statements available to the public.

Own website

19

20

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

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. Use Schedule J-2 if additional space is needed.

- 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. 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.

X Check this box if the organization did not compensate any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average		•			that ap	• • •	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Philip J. Ruden Executive Vice President and Chief Investment Office	40.	×		X				0	243,723	149,173
Father Steve Boes										
President	5.	X	_	Х	Щ			0	52,909	43,423
Steve Berger Chairman of the Board of Trustees	1.	х						0	0	0
Charles G. Froland Trustee	1.	х						0	0	0
Walter M Hoff Trustee	1.	х						0	0	0
Wendell Starke Trustee	1.							0	0	0
Ed Brakeman Trustee	1.	х						0	0	0
Knstin Gilbertson Trustee	1.	X						0	0	0
Dan Stern Trustee	1.							0	0	0
Greg McMillan Trustee	1.	х						0	0	0
Elizabeth Snyder Trustee	1.	Х						0	0	0
Michael J. Eglseder Vice President and Assistant Secretary	40.			х				0	172,910	87,038
Judy F. Rasmussen Treasurer	5.			х				0	225,110	31,176
Andrew M. Bath Secretary and General Counsel	5.			Х				0	185,732	16,278

Pa	rt VII Section A. Officers, Directors, Tru	ustees, Key Em	ploy	ees.	, and	<u>l Hiç</u>	hest	Co	mpensated Em	ployees (con	tinued)
	(A)	(B)			(6	C)			(D)	(E)	(F)
	Name and title	Average hours per week		institutional	(chec Officer		hat app Highes employ		Reportable compensation from the	Reportable compensation from related organizations	other compensation
			ndividual trustee or director	ional trustee		Key employee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MIS	c) from the organization and related organizations
										·	
						<u> </u>					
										·	
										·	
_1b	Total	<u> </u>						•	0	880,38	327,088
2	Total number of individuals (including but no reportable compensation from the organization)		e list	ed a	bove 0	e) wh	no red	ceive	ed more than \$1	00,000 in	
3	Did the organization list any former officer, employee on line 1a? If "Yes," complete Sci										Yes No
4	For any individual listed on line 1a, is the su the organization and related organizations gindividual	reater than \$15		0? If		s," c					4 X
5	Did any person listed on line 1a receive or a services rendered to the organization? If "Ye										5 X
Sec	tion B. Independent Contractors										
1	Complete this table for your five highest concompensation from the organization.	npensated indep	end	ent c	contr	acto	rs tha	at re	ceived more tha	n \$100,000 of	
	(A)								(B)		(C)

(A) ne and business address	(B) Description of services	(C) Compensation
780 Third Ave, 42nd Floor, New York, NY 1001	Investment Manager	291,772
135 Santilli Highway, Everett, MN 02149-0313	Trustee	245,080
32 Old Slip, New York, NY 10005	Investment Manager	239,906
840 Newport Center Drive, Newport Beach, CA	Investment Manager	213,050
, e	above) who received	
	ne and business address 780 Third Ave, 42nd Floor, New York, NY 1001 135 Santilli Highway, Everett, MN 02149-0313 32 Old Slip, New York, NY 10005 840 Newport Center Drive, Newport Beach, CA	780 Third Ave, 42nd Floor, New York, NY 1001 Investment Manager 135 Santilli Highway, Everett, MN 02149-0313 Trustee 32 Old Slip, New York, NY 10005 Investment Manager 840 Newport Center Drive, Newport Beach, CA Investment Manager contractors (including but not limited to those listed above) who received

Pai	t <u>VIII</u>	Statement of Revenue						
•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts nts	1a	Federated campaigns	1	a 0				
Contributions, gifts, grants and other similar amounts	b	Membership dues	[1]	0				
ts, ç	c	Fundraising events						
gif	d	Related organizations	<u>1</u> 0	d 0				
š, E	е	Government grants (contributions)		e 0				
itio er s	f	All other contributions, gifts, grants	s, and	ľ				
혈충		similar amounts not included above		f <u>0</u>				
d of	g	Noncash contributions included in		0		•		
O B	<u> </u>	Total. Add lines 1a-1f	· <u>· · · · · · · · · · ·</u>		0			
Program Service Revenue				Business Code				
946	2a			<u> </u>	0			
Ř	b			ļ	0			
Σġ	C				0			
Š	d				0			
Tan	e	A			0			
10g	†	All other program service revenue			0			
	9	Total. Add lines 2a-2f			0			
	3	Investment income (including divid						
		other similar amounts)			19,717,826		-1,446,216	21,164,042
	4	Income from investment of tax-exe			0			
	5	Royalties			0			
			(ı) Real	(II) Personal		÷		
	6a	Gross Rents			ž,	<		
	Ь	Less: rental expenses	6,62			, *	** · ·	
	C	Rental income or (loss)					** **	<u> </u>
	d	Net rental income or (loss)			48,249			48,249
	7a		(i) Securities	(II) Other			,	
	١.	assets other than inventory	992,640,79	6 0	Ì		Ì	
	ם	Less. cost or other basis	4 000 040 50	_[_]				
	_	and sales expenses						\$
	1.	Gain or (loss)			10 404 700			40 404 700
	d	Net gain or (loss)		· <u> </u>	-13,401,769			
e	oa	Gross income from fundraising						
en		events (not including \$ of contributions reported on line 1c						· I
ě		See Part IV, line 18	•					
F	h	Less: direct expenses						
Other Revenue		Net income or (loss) from fundraisii			0			
0		Gross income from gaming activities	•	· · · · · ·		v		
	-	See Part IV, line 19		l				
	ь	Less direct expenses						
		Net income or (loss) from gaming a			0			
		Gross sales of inventory, less						
		returns and allowances	a	0		j		ı
	b	Less: cost of goods sold						
'		Net income or (loss) from sales of I			0			
j		Miscellaneous Revenue		Business Code				
	11a				0			
	b				0			
	С				0			
	d	All other revenue			0			
	е	Total. Add lines 11a-11d		▶	0			
	12	Total revenue. See instructions		, , , , , , , , , , , , , , , , , , ,	6,364,306	0	-1,446,216	7,810,522

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).											
	not.include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses							
1	Grants and other assistance to governments and		<u> </u>	general expenses	<u> </u>							
•	organizations in the U.S. See Part IV, line 21	41,086,663	41,086,663]								
2	Grants and other assistance to individuals in	71,000,000	77,000,000		· · · · · · · · · · · · · · · · · · ·							
_	the U.S. See Part IV, line 22	0										
3	Grants and other assistance to governments,											
3	organizations, and individuals outside the	1	ĺ									
	U.S See Part IV, lines 15 and 16	o										
	Benefits paid to or for members	0										
4												
5	Compensation of current officers, directors,	440.000	ŀ	446 622								
_	trustees, and key employees	416,633		416,633								
6	Compensation not included above, to disqualified											
	persons (as defined under section 4958(f)(1)) and		Ì	j								
_	persons described in section 4958(c)(3)(B)	0		440.055								
7	Other salaries and wages	140,877		140,877								
8	Pension plan contributions (include section 401(k)		1									
	and section 403(b) employer contributions)	16,653		16,653								
9	Other employee benefits	91,315		91,315								
10	Payroll taxes	27,090		27,090								
11	Fees for services (non-employees):]										
а	Management	0										
b	Legal	0										
С	Accounting	0										
d	Lobbying	0										
е	Professional fundraising services. See Part IV, line 17	0	*									
f	Investment management fees	0										
g	Other	0										
12	Advertising and promotion	0										
13	Office expenses	9,450	9,450									
14	Information technology	0										
15	Royalties	0										
16	Occupancy	0										
17	Travel	20,807	20,807									
18	Payments of travel or entertainment expenses											
	for any federal, state, or local public officials	ol		j								
19	Conferences, conventions, and meetings	0										
20	Interest	0										
21	Payments to affiliates	0										
22	Depreciation, depletion, and amortization	0	0	0	0							
23	Insurance	0										
24	Other expenses. Itemize expenses not											
	covered above. (Expenses grouped together	Ì	}									
	and labeled miscellaneous may not exceed	ļ	}	}								
	5% of total expenses shown on line 25 below.)	ļ										
а		9,116		9,116								
b	Income Tax Miscollangous	32,036	32,036	9,110								
_	Miscellaneous	32,030	32,030									
C		0										
d e				+								
f	All other expenses											
2E	Total functional expenses. Add lines 1 through 24f	41,850,640	41,148,956	701,684								
25		41,000,040	41,140,830	701,004								
26	Joint costs. Check here ► if following			j"								
	SOP 98-2. Complete this line only if the organization			1								
	reported in column (B) joint costs from a combined			Į _{ii}								
	educational campaign and fundraising											
	solicitation	1	i									

Total liabilities and net assets/fund balances

33

36-3680258 Part X **Balance Sheet** (A) (B) Beginning of year End of year 420.680 1 0 1 Cash—non-interest-bearing. 2 `2 Savings and temporary cash investments ol 3 0 3 0 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of ol Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 0 6 0 7 7 8 9 Prepaid expenses and deferred charges . . . 119.947 0 10a 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 2,133,790 10c 2,058,432 **b** Less; accumulated depreciation 10b 423,034,262 11 462,119,147 11 12 Investments—other securities. See Part IV, line 11 274,526,684 12 317,661,058 Investments—program-related. See Part IV, line 11 0 13 0 13 ol 14 0 14 1,282,652 15 538,084 15 701.518.015 16 782,376,721 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 167,815 17 251,321 18 18 19 19 0 20 0 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 22 ol 23 0 23 Secured mortgages and notes payable to unrelated third parties . . . ol 0 24 24 Unsecured notes and loans payable to unrelated third parties ΟÌ 25 0 25 167.815 Total liabilities. Add lines 17 through 25 . . . 26 251,321 Organizations that follow SFAS 117, check here ► X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 701,350,200 27 782,125,400 27 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ and complete lines 30 through 34. 30 30 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 32 32 Retained earnings, endowment, accumulated income, or other funds.

> 782,376,721 Form 990 (2009)

782,125,400

701,350,200

701,518,015

33

	Tather Tanagarie Lane Commencer	00 0000200		age 14
Par	XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	_	}	}
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	. 2a		X
ь	Were the organization's financial statements audited by an independent accountant?		X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	·	<u> </u>	_
·	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in	20	 -	
	Schedule O.	1		
ď	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were	1 1	ĺ	
	issued on a consolidated basis, separate basis, or both	•		
	Separate basis X Consolidated basis Both consolidated and separate basis	1 1		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	. 3a]	Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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.

► See separate instructions.

Inspection Employer identification number

Fath	er Fla	Flanagan's Fund For Needy Children 36-3680258											
Pai	t I	Reasor	n for Public C	harity Status (All or	ganızatio	ons must	complete	e this pa	rt.) See i	nstructio	ns.		
The	o <u>rga</u> i			fation because it is: (F									
1		A church, co	onvention of chu	ırches, or association	of church	es descnt	ed in sec	tion 170	(b)(1)(A)(i).			
2		A school de	scribed in secti	on 170(b)(1)(A)(ii). (A	ttach Sch	edule E.)							
3		A hospital o	r a cooperative	hospital service organ	ızatıon de	scribed in	section	170(b)(1)	(A)(iii).				
4			esearch organiz ame, city, and st	ation operated in conji	unction w	ith a hosp	ital descri	bed in se	ection 170	0(b)(1)(A))(iii). Ent	ter the	
5		An organiza	tion operated fo	r the benefit of a colle (Complete Part II.)	ge or univ	ersity ow	ned or op	erated by	a govern	mental u	nit descr	ibed	*****
6				emment or governme	ntal unit o	described	in sectio i	n 170(b)(1)(A)(v).				
7				ly receives a substant		its suppo	rt from a	governme	ental unit	or from th	ie gener	al publ	lic
8	\Box			d in section 170(b)(1)		Complete	Part II.)						
9		An organiza receipts from support from	tion that normal n activities relat n gross investmo	ly receives. (1) more t ed to its exempt functi ent income and unrela n after June 30, 1975.	han 33 1/ ons—sub ted busin	3 % of its ject to cer ess taxab	support fi tain exce le income	ptions, ar (less se	nd (2) no i ction 511	more thar	n 33 1/3	% of it	•
10	Щ	An organiza	tion organized a	and operated exclusive	ely to test	for public	safety. S	ee sectic	n 509(a)(4).			
11 e	X	purposes of 509(a)(3). C a X Type By checking persons other 509(a)(1) or If the organiz	one or more purheck the box the last last last last last last last last	a written determination	of support Type Tis not co	described ang organ e III–Fund ontrolled d de or more	in section ization an ctionally in irectly or publicly s	509(a)(1 d comple ntegrated indirectly supported) or section te lines 1 by one or lorganiza	on 509(a) 1e throug d	o(2). See gh 11h. Type III- squalified scribed ii	section Other	
g		organization, check this box											
•													
	· · · · · · · · · · · · · · · · · · ·					No							
	and (iii) below, the governing body of the supported organization?					_X_							
		• •	•	person described in (i	,						11g(ii)		_X
h	(iii) A 35% controlled entity of a person described in (i) or (ii) above?					X							
		of supported	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(IV) Is the o		(v) Did y the organ col (i)	ou notify nization in of your	organiza (i) organi	Is the tion in col ized in the S ?	(vii) Amount of support		
					Yes	No	Yes	No	Yes	No	<u> </u>		
Fathe	<u>r Fla</u>	ınagan's Boy	47-0376606	2	x					ļ		41,08	6,663
			[ĺ	[:				l			0
							 	 .					0
							<u> </u>						0
													0
Fotal					,							41,08	6,663

Par					1)(A)(iv) and	170(b)(1)(A)	(vi)
	(Complete only if you checked t	the box on line	e 5, 7, or 8 of	Part I.)			
	tion A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and	ļ					
	membership fees received. (Do not						
	ınclude any "unusual grants.")	0	0				0
2	Tax revenues levied for the organization's	Ì	ì				
	benefit and either paid to or expended on						
	its behalf	0	0				0
3	The value of services or facilities						
	furnished by a governmental unit to the	4					
	organization without charge	_ 0	o				_ 0
4	Total. Add lines 1 through 3	0	ol	0	0	0	0
5	The portion of total contributions by each					<u>_</u>	<u> </u>
	person (other than a governmental unit	İ					
	or publicly supported organization)						
	included on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4.						0
$\overline{}$	ion B. Total Support					_	
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	0	o	0	0	0	0
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar		ì		1		
_	sources	0	0				0
9	Net income from unrelated business						
	activities, whether or not the business is						•
10	regularly carried on						0
10	loss from the sale of capital assets	İ					
	(Explain in Part IV.)	0	o				0
11	Total support. Add lines 7 through 10		3.2	-	,		
12	Gross receipts from related activities, etc (s	ee instructions)			12	<u>~</u>
13	First five years. If the Form 990 is for the or)(3)
	organization, check this box and stop here						^, ▶ □
Sact	ion C. Computation of Public Support		· · · · · · · · ·				
14	Public support percentage for 2009 (line 6, c		ad by line 11 (column (fl)		14	0 00%
15	Public support percentage from 2008 Sched		-			15	0.00%
16a	33 1/3% support test–2009. If the organization						
IUa	and stop here . The organization qualifies as						
b	33 1/3% support test–2008. If the organization		-				chack this
	box and stop here . The organization qualifies						
17a	10%-facts-and-circumstances test-2009.						
174	or more, and if the organization meets the "f						
	the organization meets the "facts-and-circun					•	
ь	10%-facts-and-circumstances test–2008.						
	or more, and if the organization meets the "f	-					
	the organization meets the "facts-and-circum				-		
40			•	•			
18	Private foundation. If the organization did not ch	eck a box on line	13, 168, 168, 1	/a,or1/b,chec	k this box and se	e instructions .	▶

Pa	Support Schedule for Organia (Complete only if you checked			tion 509(a)(2))		
	tion A.` Public Support		· · · · · · · · · · · · · · · · · · ·				
Çal	endar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	, g						
	membership fees received. (Do not	_	_				_
	include any "unusual grants.")	0	0	<u> </u>	ļ		0
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished			}			
	in any activity that is related to the		•				
2	organization's tax-exempt purpose .	0	0			<u> </u>	0
3	Gross receipts from activities that are not an unrelated trade or business under section 513						0
4	Tax revenues levied for the organization's				-		
•	benefit and either paid to or expended on						
	its behalf	o	0				0
5	The value of services or facilities						
	furnished by a governmental unit to the			i			
_	organization without charge	0	0				0
6	Total. Add lines 1 through 5	0	0	0	0	0	0
/a	Amounts included on lines 1, 2, and 3					ĺ	0
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	1 1			l	į	
	exceed the greater of \$5,000 or 1% of the	[į			
	amount on line 13 for the year		0				0
8 8	Add lines 7a and 7b	0		0	<u>0</u>	0	0
Ü	line 6.)		1. 1.4				0
Sec	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·	<u> </u>	<u> </u>	<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6	o	0	0	0	0	0
-	Gross income from interest, dividends,			<u> </u>	<u>-</u>		
	payments received on securities loans,	[]					
	rents, royalties and income from similar						
	sources						0
b	Unrelated business taxable income (less	1				i	
	section 511 taxes) from businesses	1					•
_	acquired after June 30, 1975 Add lines 10a and 10b	- ol	0	0	0	0	0
С 11	Net income from unrelated business	-			0		
••	activities not included in line 10b,						
	whether or not the business is regularly	1	ı		}	l	
	carned on						0
12	Other income. Do not include gain or	1			ļ		
	loss from the sale of capital assets						_
12	(Explain in Part IV.)	0	0				0
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	0.	0	اه	o	0
14	First five years. If the Form 990 is for the org						
	organization, check this box and stop here .	•			-		" ▶ □
Sec	tion C. Computation of Public Support						
15	Public support percentage for 2009 (line 8, c		d by line 13 co	olumn (fl)		15	0.00%
16	Public support percentage from 2008 Schedu					16	0.00%
	tion D. Computation of Investment Inc			_ 	·		
17	Investment income percentage for 2009 (line			e 13, column (f))	17	0.00%
18	Investment income percentage from 2008 Sc					18	0.00%
19a	33 1/3% support tests-2009. If the organiza					nan 33 1/3% an	
	not more than 33 1/3%, check this box and s						
b	33 1/3% support tests-2008. If the organization of	lid not check a bo	x on line 14 or li	ne 19a, and line	16 is more than	33 1/3% and	
	line 18 is not more than 33 1/3%, check this box at	nd stop here. The	e organization q	ualifies as a pub	licly supported or	ganization .	▶
20	Private foundation. If the organization did n	ot check a box	on line 14, 19a	a, or 19b, chec	k this box and :	see instructions	▶ 🗌

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered "Yes." to Form 990.

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

Department of the Treasury ► Attach to Form 990. ► See separate instructions. Inspection Internal Revenue Service Name of the organization Employer identification number Father Flanagan's Fund For Needy Children 36-3680258 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) . Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year 2a b 2b C Number of conservation easements on a certified historic structure included in (a) . . . 2c d Number of conservation easements included in (c) acquired after 8/17/06 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization

during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 5 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and

the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:
- b

Par	it III Organizations Maintainin	g Collections of	Art, His	<u>torical T</u>	reasures, c	<u>or Oth</u>	<u>er Similar A</u>	ssets (c	<u>:ontini</u>	ued)
3	Using the organization's acquisition use of its collection items (check al		ther reco	rds, checi	k any of the	followii	ng that are a	significan	ıt	
а	Public exhibition		d	Loan o	or exchange	progra	ms			
b	Scholarly research		е	Other						
С	Preservation for future gener	ations								
4	Provide a description of the organize Part XIV.	ation's collections	and expl	ain how th	ney further th	ne orga	nization's exe	empt purp	ose in	1
5	During the year, did the organizatio assets to be sold to raise funds rath								es	No
Par		rrangements. Co	omplete	if the org	anization a				_=	
1a	Is the organization an agent, truster included on Form 990, Part X?	e, custodian or oth	er interm	ediary for	contribution			_	es 🗌	No
b	If "Yes," explain the arrangement in	Part XIV and com	plete the	following	table:					
_	Domina balana					<u> </u>	 	Amount		
C	Beginning balance					. 1c				0
d	Additions during the year									
e	Distributions during the year						_			
f	•					1f	L			0
2a	Did the organization include an amo		Part X, li	ne 21? .				Y	es 🔀	No
<u> </u>	If "Yes," explain the arrangement in									
Part	V Endowment Funds. Com	plete if the organ	ization a	<u>nswered</u>	"Yes" to Fe	orm 99	90, Part IV, li	ine 10.		
		(a) Current year	(b) Pro	or year	(c) Two years	back (d) Three years ba	ick (e) Fo	our years	back
1a	Beginning of year balance	0				**	1.			
b	Contributions						5			
С	Net investment earnings, gains,	_	_	T			- 1.			
	and losses						• 4.	٦,		
d	Grants or scholarships									
е	Other expenditures for facilities						, ,			
	and programs			!						
f	Administrative expenses					;	- 300	1		
g	End of year balance	0		0			** */			
2	Provide the estimated percentage of	f the year end bala	nce held							<u> </u>
а	Board designated or quasi-endowm		%	u o.						
b	Permanent endowment	%								
c	Term endowment ▶	%								
3a	Are there endowment funds not in the		ne organi	zation tha	it are held ar	nd adm	unistared for t	ho		
	organization by:	io poddoddion or tr	io organi	zation tha	it are neia ar	iu aum	minstered for t		Yes	No
	(i) unrelated organizations							3a(i)	163	140
	(ii) related organizations									
b	If "Yes" to 3a(ii), are the related organizations.		-					3a(ii)	}	
_	• • • • • • • • • • • • • • • • • • • •		•					3b		
4 Part	Describe in Part XIV the intended us					V lim	- 40			
rait										
	Description of investment	(a) Cost or oth	ent)	(b) Cost basis (I .		cumulated reciation	(d) Bo	ook value	
1a	Land	2,	058,432		0				2,058	<u>8,432</u>
b	Buildings	·	0		0		0			0
С	Leasehold improvements		0		0		0			0
d	Equipment		0		0		0			0
_е	Other		0		0		0			0
<u>Total</u>	. Add lines 1a through 1e. (Column (d) must equal Forn	n 990, Pa	rt X, colu	mn (B), line	10(c).)	•		2,058	3,432

organization's liability for uncertain tax positions under FIN 48.

Part VII Investments—Other Securities	s. See Form 990, Part X,	line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valual Cost or end-of-year man	
Financial derivatives	0		
Closely-held equity interests	0		
Other Limited partnerships/joint ventures	317,661,058	Fair Market Value	
	0	<u> </u>	
	0		
	0		
	0		
	0	 	
			
	0		
	0		
Total (Column (b) must equal Form 990, Part X, col (B) line 12)	317,661,058		
Part VIII Investments—Program Related			
(a) Description of investment type	(b) Book value	(c) Method of valuat Cost or end-of-year mark	
	0		
	0		
	0		
	0		·
	0		
	0		
	0		
	0		
	0	 	
Total (Column (b) must equal Form 990, Part X, col (B) line 13)	0	*	· .
Part IX Other Assets. See Form 990, Part IX		<u></u>	<u> </u>
) Description		(b) Book value
			0
			0
			0
			0
			0
	 		0
			0
			0
			0
Total. (Column (b) must equal Form 990, Part X, c	ol (B) line 15)	•	0
Part X Other Liabilities. See Form 990			<u> </u>
1. (a) Description of liability	(b) Amount		
Federal income taxes		0	!
Securities on loan liability		0	ı
		0	
		0	ı
	· · · · · · · · · · · · · · · · · · ·	_0	į
		_0	
		_0	
		_0	!
		<u>_</u>	
			i .
Total (Column (b) must equal Form 990, Part X, col (B) line 25)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	!
2. FIN 48 Footnote. In Part XIV, provide the text of		_ 	

Sche	dule D (Form 990) 2009		Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financia	Statements	<u>-</u>
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	0
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	0
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue		
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:]]	
a	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	*	
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b		0
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		0
	t XIII Reconciliation of Expenses per Audited Financial Statements With Expens		<u>n</u>
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIV.)		
е	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV)		
_	Add lines 4a and 4b		0
5_	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	0
Par	t XIV Supplemental Information		
and.	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2b; Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and part to provide any additional information.	4b. Also comp	olete
Part	X Line 2 Income Taxes - Boys Town and its affiliates are exempt from federal income		
taxe	s under Section 501(c)(3) of the Internal Revenue Code. Boys Town accounts for		
unce	rtainties in accounting for income tax assets and liabilities using the guidance		
ınclu	ded in FASB ASC Topic 740, Income Taxes Boys Town recognizes the effect of income		
tax p	ositions only if those positions are more likely than not of being sustained. At	·	
Dece	ember 31, 2009, Boys Town had no uncertain tax positions accrued.		

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Part I

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Publ

OMB No 1545-0047

▶ Attach to Form 990.

Employer Identification number

36-3680258

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

General Information on Grants and Assistance Father Flanagan's Fund For Needy Children

Š Yes X Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. the selection criteria used to award the grants or assistance? . .

Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Part IV and Schedule I-1 (Form 990) if additional space is needed . Part II

Part IV and Schedule I-1 (Form 990) if additional space is needed.	le I-1 (Form 99	90) if additional s	pace is needed.				
1 (a) Name and address of organization or government	(b) 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 non-cash assistance	(h) Purpose of grant or assistance
Father Flanagan's Boys' Home 14100 Crawford Street Boys Town, NE 68010	47-0376606	501(c)(3)	41,086,663	0			Support exempt
			0	O	***		
			0				
			0	0			
	-		0	0			
			0	O			
			0				
			0	0			
			0	0			
			0	C			
			0	0			
			C				
	n 501(c)(3) and	government organi					
3 Enter total number of other organizations.	organizations.					•	0

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

36-3680258

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part I Line 2 Organization exists for the sole support of its only member, Father Flanagan's Boys' Home, a 501(c)(3) tax exempt organization. (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant 0 0 ō (b) Number of recipients (a) Type of grant or assistance Part III Part IV

SÇHEDULE J (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Father Flanagan's Fund For Needy Children

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

36-3680258

Pai	t I Questions Regarding Compensation				
				Yes	No
1a		provided any of the following to or for a person listed in Form I to provide any relevant information regarding these items.			
	First-class or charter travel	X Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			ŀ
	Tax indemnification and gross-up payments	Health or social club dues or initiation fees			
	X Discretionary spending account	Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the or reimbursement or provision of all of the expens explain	• •	1b	x	
2	•	o reimbursing or allowing expenses incurred by all	_ 		_
-		ve Director, regarding the items checked in line 1a?	2	х	
3	Indicate which, if any, of the following the organizorganization's CEO/Executive Director. Check all		, e ^s		
	X Compensation committee	X Written employment contract			
	Independent compensation consultant	X Compensation survey or study			
	Form 990 of other organizations	X Approval by the board or compensation committee	3 2 2		% ×s,
4	During the year, did any person listed in Form 990 organization or a related organization:	0, Part VII, Section A, line 1a, with respect to the filing	Ŷ		
а		rol payment?	4a		X
b		mental nonqualified retirement plan?	4b	X	
С	Participate in, or receive payment from, an equity		4c		Х
	If "Yes" to any of lines 4a–c, list the persons and	provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organization				
5	For persons listed in Form 990, Part VII, Section A	A, line 1a, did the organization pay or accrue any			
_	compensation contingent on the revenues of:				
a b	The organization?		5a 5b		X
J	If "Yes" to line 5a or 5b, describe in Part III.		- JD		^
6	For persons listed in Form 990, Part VII, Section	A, line 1a, did the organization pay or accrue any			۲,
	compensation contingent on the net earnings of.				
а	The organization?		6a_	ļ	X
b	Any related organization?		6b	 	Х
7	If "Yes" to line 6a or 6b, describe in Part III.	A, line 1a, did the organization provide any non-fixed			
•	payments not described in lines 5 and 6? If "Yes,"		7	1	Х
8	Were any amounts reported in Form 990, Part VII				
		in Regs section 53.4958-4(a)(3)? If "Yes," describe			,
	in Part III		8	L	Х
9		he rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?		9	1 1	

Father Flanagan's Fund For Needy Children Schedule J (Form 990) 2009

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (I) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of W	W-2 and/or 1099-MISC compensation	S componention				
		() Base		oc compensation	(C) Retirement and			(F) Compensation
(A) Name		compensation	(ii) bonus & incentive compensation	(III) Other reportable	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(+)+(D)	reported in prior
				compensation				Form 990-EZ
Philip J. Buden	ε	0	0	0	0	0		
	€			22,402	129,046	20,187	392,956	0
Michael J. Eglseder	€ ;	0		0	0	0		0
		156,140		16,770	66,359	20,739	260,00	0
Judy F. Rasmussen	Ξ	0	0	0	0			0
		208,340		16,770	13,137	19,131	257,37	0
Andrew M. Bath	Ξ	0		0	0			0
		174,218		11,514	11,000	5,338	202,07	0
	Ξ :	0	0	0	0	0	0	0
		0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
		0	0	0	0	0	0	0
	€ 1	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	≘	0	0	0	0	0	0	0
-	Ξ	0	0	0	0	0	0	0
		0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	€	0	0	0	0	0	0	0
	Ξ	0	0	0	0	0	0	0
	(E)	0	0	0	0	0	0	0
	€ :	0	0	0	0	0	0	0
		0	0	0	0	0	0	0
	≘ ;	0	0	0	0	0	0	0
	€ 5	0	0	0	0	0	0	0
	€ :	0	0	0	0	0	0	0
	Ξ ;	0	0	0	0	0	0	0
	€ ;	0	0	0	0	0	0	0
		0	0	0	0	0	0	0
	€ ;	0	0	0	0	0	0	0
		0	0	0	0	0	0	0

Father Flanagan's Fund For Needy Children

SCHEDULE J-1 (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

ather Flanagan's Fund For Needy Children

Continuation Sheet for Schedule J (Form 990)

Open to Publ

OMB No 1545-0047

Attach to Form 990 to list additional information for Schedule J (Form 990), Part II. See Instructions for Schedule J (Form 990). Employer Identification number 36-3680258

0:0 0:0 0:0 reported in prior Form 990 or Form 990-EZ (F) Compensation 0;0 (E) Total of columns (B)(ı)-(D) Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (Schedule J, Part II) ᅙ (D) Nontaxable benefits 0.0 0,0 0:0 0:0 (C) Retirement and other deferred compensation 0 0 0.0 0.0 00 = = 00 (B) Breakdown of W-2 and/or 1099-MISC compensation compensation (iii) Other reportable (ii) Bonus & incentive compensation 0:0 compensation \equiv Ξ Ξ ≘≘ €€ €€ Ξ \in \equiv \equiv \equiv Ξ Ξ ΞΞ Ξ \equiv (A) Name Part I

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J-1 (Form 990) 2009

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information. ► Attach to Form 990.

Inspection

Name of the organization Employer identification number Father Flanagan's Fund For Needy Children 36-3680258 Form 990 Part VI Section A Line 6 Father Flanagan's Boys' Home (FFBH) is the sole member. Form 990 Part VI Section A Line 7a The governing Board of Trustees is appointed or elected by its sole member. Form 990 Part VI Section A Line 7b The Articles of Incorporation may be amended by the sole member or a majority vote of current Trustees with the approval of the sole member. Form 990 Part VI Section A Line 11A The Treasurer of FFBH reviewed the completed Form 990 and provided an electronic copy to all directors for their review. Subsequently, the FFBH Audit Committee of the Board of Directors convened with the Treasurer, the Senior Tax Manager from KPMG and the Associate Vice President, Finance for a formal review. An electronic copy of the final Form 990 was provided to all directors before it was filed. Form 990 Part VI Section B Line 12c Father Flanagan's Fund For Needy Children regularly and consistently monitors and enforces compliance with its conflict of interest policy mainly through official annual affirmations, self reporting and observation. Directors are covered by a board of trustee policy, and a separate policy covers officers and employees. Directors must report any perceived or actual conflict of interest to the Chairman of the Board's Executive Committee A director in question must cooperate in a review by the Executive Committee and has no vote in determining whether a conflict exists. A board member may be disqualified from participating in certain deliberations and votes during and after any review and may be required to resign if a conflict exists. Officers and higher level employees are required to, and any other employee may at any time, report any situation involving a conflict of interest to their Associate Executive Director and/or the Law Department for review and determination Form 990 Part VI Section A Line 2 Philip J. Ruden and Michael J. Eglseder - Business Relationship Form 990 Part VII Section A Line 1 Father Steven Boes, Judy F. Rasmussen and Andrew M. Bath devoted approximately 35 hours a week to the related organization, Father Flanagan's Boys' Home, which paid their salaries.

Schedule O (Form 990) 2009	Page 2
Name of the organization Father Flanagan's Fund For Needy Children	Employer identification number 36-3680258
Form 990 Part VI Line 15a & 15b The compensation of the CEO/Executive Director of Father	00 0000200
•	.:
Flanagan's Boys' Home was determined by the Boad of Trustees' Compensation Committee us	sing
comparable data for similarly gualified persons in functionally comparable positions at	
similarly situated organizations. Documentation of the decisions made regarding the	
compensation have been maintained with the determination incorporated in an employment	
contract This process was last undertaken in 2005 when his initial employment contract was	
created. The compensation of all other officers was last determined in 2008 as described	
above, however, officers do not have employment contracts.	
Form 990 Part VI Line 19 Father Flanagan's Fund For Needy Children makes its governing	
documents and conflict of interest policy available to the public upon request. Articles of	
incorporation and bylaws can also be obtained by the public upon request. Financial Statement	ts
are available to the public upon request and on the website of Father Flanagan's Boys' Home a	<u>at</u>
www.boystown.org.	
Form 990 Part XI Line 2b The consolidated financial statements for Father Flanagan's Boys'	
Home, which includes Father Flanagan's Fund For Needy Children, were audited by an indepe	ndent
accounting firm.	
Form 990 Part XI Line 2c The Board of Directors Audit Committee of Father Flanagan's Boys'	
Home has the responsibility to oversee the audit of the consolidated financial statements and	

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ► See separate instructions. ▶ Attach to Form 990.

OMB No 1545-0047	60 0Z	Open to Public	Inspection

Employer identification number

(f)
Direct controlling
entity ication of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it (e) End-of-year assets 36-3680258 Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33) (d) Total income (c)
Legal domicile (state
or foreign country) (b)
Primary activity (a)
Name, address, and EIN of disregarded entity Father Flanagan's Fund For Needy Children Name of the organization Part I

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had one or more related tax-exempt organizations during the tax year.)

(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
Father Flanagan's Boys' Home 47-0376606 14100 Crawford Street, Boys Town, NE 68010	Child education	NE	501(c)(3)	2	N/A
Father Flanagan's Boys' Home 35-2274901 14086 Mother Teresa Lane, Boys Town, NE 68010	Youth assistance	NE	501(c)(3)	2	N/A
Learning and Technology Center for Childhood Deafness and Vision Disorder c/o Judy Rasmussen, 14086 Mother Teresa Lane, Boys Town, NE 68010	Support of FFBH	NE	501(c)(3)	11 Type 1	N/A
	State Ward Case Mgt	NE	501(c)(3)	7	N/A

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

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Father Flanagan's Fund For Needy Children

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ŝ . (I) General or Percentage ownership managing partner? Ξ Yes Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, 'line 34 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part (I)
Code V—UBI
amount in box 20 of
Schedule K-1 end-of-year assets (Form 1065) (g) Share of (h)
Disproportionate
allocations? ž (f) Share of total income Yes IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (g)
Share of end-of-year assets Type of entity (C corp, S corp, or trust) because it had one or more related organizations treated as a partnership during the tax year.) 2 0 0 0 Share of total income (d)
| Direct controlling | entity (c) Legal domicile (state or foreign country) Predominant income (related, unralated, excluded from sections 512-514) Primary activity (d)
(Direct controlling | (c) Legal domicile (state or foreign country) (a)
Name, address, and EIN of related organization Primary activity Name, address, and EIN of related organization â Part III Part IV

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Schedule R (Form 990) 2009

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Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	:	- X	Yes No	۱ ـ
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?] ¿∧I–IN 5			ľΙ
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		1 a	×	- 1
b Gift, grant, or capital contribution to other organization(s)		^ 1	×	
c Gift, grant, or capital contribution from other organization(s)		10	×	- 1
d Loans or loan guarantees to or for other organization(s)		1d	×	
e Loans or loan guarantees by other organization(s)		1e	×	
f Sale of assets to other organization(s)		+	;×	
g Purchase of assets from other organization(s).		1g	×	
		ŧ	×	i i
i Lease of facilities, equipment, or other assets to other organization(s).		=	×	ľ
i Lease of facilities. equipment. or other assets from other organization(s).		=		ì
k Performance of services or membership or fundraising solicitations for other organization(s).		*	×	1 1
I Performance of services or membership or fundraising solicitations by other organization(s)		\dashv	×	- 1
m Sharing of facilities, equipment, mailing lists, or other assets		_	×	
n Sharing of paid employees.		두	×	- [
• Reimbursement paid to other organization for expenses.		- 0	<u> </u>	;
p Reimbursement paid by other organization for expenses		1p	×	
a Other transfer of cash or property to other organization(s)		- 10	×	
		11	×	
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.	ships and transac	tion thres	holds.	
(a) Name of other organization the contraction (b)	(b) Transaction type (a-r)	(c) Amount involved	volved	
(1)				ᅵ 이
(2)		,	J	이
(3)	-)	0
(4)	-			0
(5)				0
(9)			J	0
	J. Pode	1 /E	1000	8

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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.) Part VI

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.

or gross revended that was not a related or gallization. One instructions regarding exclusion for the line ships.	usu actions legal and exc	inaioii loi ceitaiii ii	INESTITIET	parurer strips.				1
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile	(d) Are all partners	(e) lers Share of	(f) Disproportionate		(h) General or	ŏ
		(state or foreign country)	section 501(c)(3)	•	allocations?		managing partner?	g, c
			0 1	2	L	(Form 1055)	L	1
			Yes	0	Yes No		Yes	2
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Part V, Line 4b (990) - Authority over a Financial Account in a Foreign	Country
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rait	v, Line 4b (990) - Authority over a Financial Account in a Foreign Country
	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)?
<u> </u>	If "Yes," enter the name of the foreign country
1	Ireland
2	Cayman Islands
3	Netherlands Antilles
4	Canada
5	United Kingdom
6	
7	
8	
9	
10	