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Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0052
2009

For calendar year 2009, or tax year beginning 01-01-2009 , and ending 12-31-2009

G

Check all that apply

☐ Initial return

☐ Initial return of a former public charity

☐ Final return

☐ Amended return

☐ Address change

☐ Name change

Use the IRS label. Otherwise, print or type. See Specific Instructions.	Name of foundation HAROLD W & LOIS D STRUVE FOUNDATION		A Employer identification number 36-3745040	
	Number and street (or P O box number if mail is not delivered to street address) 307 ALICE STREET		Room/suite	B Telephone number (see page 10 of the instructions) (402) 365-7575
	City or town, state, and ZIP code DESHLER, NE 68340		C If exemption application is pending, check here <input type="checkbox"/> D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/> F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) \$ 2,099,189		J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> 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)	54,747			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
	3 Interest on savings and temporary cash investments	827	827		
	4 Dividends and interest from securities.	54,000	54,000		
	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) . . .		0		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	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	109,574	54,827		
	13 Compensation of officers, directors, trustees, etc	0	0		0
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	635	0		635
	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)	197	0		201
	24 Total operating and administrative expenses.				
	Add lines 13 through 23	832	0		836
	25 Contributions, gifts, grants paid	112,482			112,482
	26 Total expenses and disbursements. Add lines 24 and 25	113,314	0		113,318
	27 Subtract line 26 from line 12				
	a Excess of revenue over expenses and disbursements	-3,740			
	b Net investment income (if negative, enter -0-)		54,827		
	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	1Cash—non-interest-bearing	39,415	34,555	34,555
	2Savings and temporary cash investments			
	3Accounts receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	4Pledges receivable ▶ _____ Less allowance for doubtful accounts ▶ _____			
	5Grants receivable			
	6Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)			
	7Other notes and loans receivable (attach schedule) ▶ _____ Less allowance for doubtful accounts ▶ _____			
	8Inventories for sale or use			
	9Prepaid expenses and deferred charges			
	10aInvestments—U S and state government obligations (attach schedule)			
	bInvestments—corporate stock (attach schedule)	1,941,509	1,941,509	2,064,634
	cInvestments—corporate bonds (attach schedule).			
	11Investments—land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	12Investments—mortgage loans			
	13Investments—other (attach schedule)			
	14Land, buildings, and equipment basis ▶ _____ Less accumulated depreciation (attach schedule) ▶ _____			
	15Other assets (describe ▶ _____)			
	16Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	1,980,924	1,976,064	2,099,189
Liabilities	17Accounts payable and accrued expenses			
	18Grants payable			
	19Deferred revenue			
	20Loans from officers, directors, trustees, and other disqualified persons			
	21Mortgages and other notes payable (attach schedule)			
	22Other liabilities (describe ▶ _____)			
	23Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24Unrestricted			
	25Temporarily restricted			
	26Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 27 through 31.			
	27Capital stock, trust principal, or current funds	30,306	30,306	
	28Paid-in or capital surplus, or land, bldg , and equipment fund	1,939,009	1,939,009	
	29Retained earnings, accumulated income, endowment, or other funds	11,609	6,749	
	30Total net assets or fund balances (see page 17 of the instructions)	1,980,924	1,976,064	
	31Total liabilities and net assets/fund balances (see page 17 of the instructions)	1,980,924	1,976,064	

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	1,980,924
2	Enter amount from Part I, line 27a	2	-3,740
3	Other increases not included in line 2 (itemize) ▶ _____	3	0
4	Add lines 1, 2, and 3	4	1,977,184
5	Decreases not included in line 2 (itemize) ▶ _____	5	1,120
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	1,976,064

Part IV

Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e g , real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1a					
(e) Gross sales price		(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss) (e) plus (f) minus (g)
a					
b					
c					
d					
e					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69					(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))
(i) F M V as of 12/31/69		(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a					
b					
c					
d					
e					
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }				2
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see pages 13 and 17 of the instructions) If (loss), enter -0- in Part I, line 8 }				3

Part V

Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income)

If section 4940(d)(2) applies, leave this part blank

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? ☐ Yes ☒ No
If “Yes,” the foundation does not qualify under section 4940(e) Do not complete this part

1 Enter the appropriate amount in each column for each year, see page 18 of the instructions before making any entries				
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))	
2008	107,285	2,072,522	0 051765	
2007	108,043	2,096,873	0 051526	
2006	92,812	2,089,415	0 044420	
2005	80,840	2,612,450	0 030944	
2004	100,852	1,948,872	0 051749	
2 Total of line 1, column (d).			2	0 230404
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3	0 046081
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5.			4	2,043,007
5 Multiply line 4 by line 3.			5	94,144
6 Enter 1% of net investment income (1% of Part I, line 27b).			6	548
7 Add lines 5 and 6.			7	94,692
8 Enter qualifying distributions from Part XII, line 4.			8	113,318
If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions on page 18				

Part VIExcise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instructions)

1a		Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1			
		Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)			
b		Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b		1	548
c		All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)			
2		Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2	0
3		Add lines 1 and 2.		3	548
4		Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		4	0
5		Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5	548
6		Credits/Payments			
a		2009 estimated tax payments and 2008 overpayment credited to 2009	6a	1,120	
b		Exempt foreign organizations—tax withheld at source	6b		
c		Tax paid with application for extension of time to file (Form 8868)	6c		
d		Backup withholding erroneously withheld	6d		
7		Total credits and payments Add lines 6a through 6d.		7	1,120
8		Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		8	4
9		Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10		Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.		10	568
11		Enter the amount of line 10 to be Credited to 2010 estimated tax <input checked="" type="checkbox"/> 568	Refunded <input type="checkbox"/>	11	0

Part VII-AStatements Regarding Activities

1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes	No
		1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 of the instructions for definition)?			No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	Did the foundation file Form 1120-POL for this year?.	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input checked="" type="checkbox"/> \$ 0 (2) On foundation managers <input checked="" type="checkbox"/> \$ 0			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input checked="" type="checkbox"/> \$ 0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		No
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?.	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?.	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.	5		No
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) <input checked="" type="checkbox"/> NE _____			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation .	8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	9		No
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		No

Part VII-A

Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions).	11		No
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	Yes	
14	The books are in care of LOIS STRUVE Telephone no (402) 365-7575 Located at 307 ALICE STREET DESHLER NE ZIP+4 68340			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the year.			
		15		

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			Yes	No
1a	During the year did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?. Yes No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?. Yes No (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). Yes No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?. Organizations relying on a current notice regarding disaster assistance check here.	1b		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2009?.	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?. If "Yes," list the years 20____, 20____, 20____, 20____			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see page 20 of the instructions).	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here 20____, 20____, 20____, 20____			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?. Yes No			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		No

Part VII-B

Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(4) Provide a grant to an organization other than a charitable, etc , organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here.	5b		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d).</i>			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? <i>If "Yes" to 6b, file Form 8870.</i>	6b		No
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?			
b	If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions).				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				0

Part VIII

Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE".		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		0

Part IX-A

Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1	
2	
3	
4	

Part IX-B

Summary of Program-Related Investments (see page 23 of the instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments. See page 24 of the instructions.	
3	
Total. Add lines 1 through 3.	0

Part X

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see page 24 of the instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc , purposes		
a	Average monthly fair market value of securities.	1a	2,064,634
b	Average of monthly cash balances.	1b	9,485
c	Fair market value of all other assets (see page 24 of the instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	2,074,119
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	0
2	Acquisition indebtedness applicable to line 1 assets.	2	0
3	Subtract line 2 from line 1d.	3	2,074,119
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see page 25 of the instructions).	4	31,112
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	2,043,007
6	Minimum investment return. Enter 5% of line 5.	6	102,150

Part XI

Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☒ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	102,150
2a	Tax on investment income for 2009 from Part VI, line 5.	2a	548
b	Income tax for 2009 (This does not include the tax from Part VI).	2b	
c	Add lines 2a and 2b.	2c	548
3	Distributable amount before adjustments Subtract line 2c from line 1.	3	101,602
4	Recoveries of amounts treated as qualifying distributions.	4	0
5	Add lines 3 and 4.	5	101,602
6	Deduction from distributable amount (see page 25 of the instructions).	6	0
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1.	7	101,602

Part XII

Qualifying Distributions (see page 25 of the instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc , purposes		
a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26.	1a	113,318
b	Program-related investments—total from Part IX-B.	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	113,318
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions).	5	548
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	112,770
Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years			

Part XIII

Undistributed Income (see page 26 of the instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				101,602
2 Undistributed income, if any, as of the end of 2008				
a Enter amount for 2008 only.			0	
b Total for prior years 20____, 20____, 20____		0		
3 Excess distributions carryover, if any, to 2009				
a From 2004.	4,383			
b From 2005.				
c From 2006.				
d From 2007.	4,293			
e From 2008.	4,761			
f Total of lines 3a through e.	13,437			
4 Qualifying distributions for 2009 from Part XII, line 4 ▶ \$ 113,318				
a Applied to 2008, but not more than line 2a			0	
b Applied to undistributed income of prior years (Election required—see page 26 of the instructions)		0		
c Treated as distributions out of corpus (Election required—see page 26 of the instructions). . .	0			
d Applied to 2009 distributable amount.				101,602
e Remaining amount distributed out of corpus	11,716			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	0			0
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	25,153			
b Prior years' undistributed income Subtract line 4b from line 2b.		0		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed.		0		
d Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions . . .		0		
e Undistributed income for 2008 Subtract line 4a from line 2a Taxable amount—see page 27 of the instructions			0	
f Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2010				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)	0			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions)	4,383			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	20,770			
10 Analysis of line 9				
a Excess from 2005.				
b Excess from 2006.				
c Excess from 2007.	4,293			
d Excess from 2008.	4,761			
e Excess from 2009.	11,716			

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 2009, enter the date of the ruling.

b

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

☐ 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) 2009	(b) 2008	(c) 2007	(d) 2006	
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 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 organization 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))

LOIS D STRUVE

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

LOIS D STRUVE

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

LOIS D STRUVE
307 ALICE STREET
DESHLER, NE 68340
(402) 365-7575

b

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

NAME OF ORGANIZATION, ADDRESS, PURPOSE OF ORGANIZATION, COPY OF TAX-EXEMPT CERTIFICATE

c

Any submission deadlines

NONE

d

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

SOUTH AND SOUTHEAST NEBRASKA AND NORTHCENTRAL KANSAS BUT NOT RESTRICTED TO THOSE LOCATIONS

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year See Additional Data Table				
Total			▶ 3a	112,482
b Approved for future payment				
Total			▶ 3b	0

Enter gross amounts unless otherwise indicated

(See worksheet in line 13 instructions on page 28 to verify calculations)

Form **990-PF** (2009)

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of			
(1) Cash.	1a(1)		No
(2) Other assets.	1a(2)		No
b Other transactions			
(1) Sales of assets to a noncharitable exempt organization.	1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.	1b(2)		No
(3) Rental of facilities, equipment, or other assets.	1b(3)		No
(4) Reimbursement arrangements.	1b(4)		No
(5) Loans or loan guarantees.	1b(5)		No
(6) Performance of services or membership or fundraising solicitations.	1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.	1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.			

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule		
(a) Name of organization	(b) Type of organization	(c) Description of relationship

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge				
*****			2010-05-10	
Signature of officer or trustee			Title	

Paid Preparer's Use Only	Preparer's Signature MICHAEL W WASSINGER CPA	Date 2010-05-10	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (see Signature on page 30 of the instructions)
	Firm's name (or yours if self-employed), address, and ZIP code MCDERMOTT AND MILLER PC PO BOX 1317 HASTINGS, NE 689021317		EIN	
			Phone no (402) 462-4154	

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Name of organization HAROLD W & LOIS D STRUVE FOUNDATION	Employer identification number 36-3745040
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Organization type (check one)

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input checked="" type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule—

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ, that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990, or 990-EZ, that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An Organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer “No” on Part IV, line 2 of its Form 990, or check the box in the heading of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization HAROLD W & LOIS D STRUVE FOUNDATION	Employer identification number 36-3745040
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Part I

Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LOIS D STRUVE 307 ALICE STREET DESHLER, NE 68340	\$ 54,747	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization HAROLD W & LOIS D STRUVE FOUNDATION	Employer identification number 36-3745040
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Part II Noncash Property (see Instructions)			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_____	_____ _____ _____ _____	\$ _____	_____

Name of organization HAROLD W & LOIS D STRUVE FOUNDATION	Employer identification number 36-3745040
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Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. (Complete columns (a) through (e) and the following line entry)

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc , contributions of **\$1,000 or less** for the year (Enter this information once See instructions) ► \$

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4</div>	<div>Relationship of transferor to transferee</div>	
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4</div>	<div>Relationship of transferor to transferee</div>	
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4</div>	<div>Relationship of transferor to transferee</div>	
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4</div>	<div>Relationship of transferor to transferee</div>	
—	<div></div>	<div></div>	<div></div>
	<div>(e) Transfer of gift</div>		
	<div>Transferee's name, address, and ZIP 4</div>	<div>Relationship of transferor to transferee</div>	


Additional Data

Software ID: 09000028
Software Version: 2009.03040
EIN: 36-3745040
Name: HAROLD W & LOIS D STRUVE FOUNDATION


Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LOIS D STRUVE	TRUSTEE 0 00	0	0	0
307 ALICE STREET DESHLER, NE 68340				
CAROL CATHERINE HOLMES	TRUSTEE 0 00	0	0	0
3310 GETTYSBURG COURT LINCOLN, NE 68516				
SUSAN H STRUVE	TRUSTEE 0 00	0	0	0
2442 LEGHORN DRIVE FORT COLLINS, CO 80526				
JOSEPH MURRAY	TRUSTEE 0 00	0	0	0
720 SUNSET DRIVE DESHLER, NE 68340				
MICHAEL WASSINGER	TRUSTEE 0 00	0	0	0
3212 WENDELL DRIVE HASTINGS, NE 68901				


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
ALZHEIMERS ASSN5601 S 27TH STREET SUITE 201 LINCOLN,NE 685121666		PUBLIC CHARITY	HEALTH & CHARITY	50
AMERICAN BREAST CANCER FOUNDATION1055 TAYLOR AVE SUITE 201 BALTIMORE,MD 21286		PUBLIC CHARITY	HEALTH & CHARITY	50
AMERICAN CANCER SOCIETYPO BOX 22718 OKLAHOMA CITY,OK 731231718		PUBLIC CHARITY	HEALTH & CHARITY	75
AMERICAN DIABETES ASSOCIATION1701 N BEAUREGARD STREET ALEXANDRIA,VA 22311		PUBLIC CHARITY	HEALTH & CHARITY	200
AMERICAN HEART ASSN-NEBR AFFIL1550 S 70TH ST STE 100 LINCOLN,NE 68506		PUBLIC CHARITY	HEALTH & CHARITY	200
AMERICAN INSTITUTE FOR CANCER RESEARCH1759 R STREET NW WASHINGTON DC,WA 20009		PUBLIC CHARITY	HEALTH & CHARITY	100
AMERICAN LEGION AUXILIARY777 N MERIDIAN ST 3RD FLOOR INDIANAPOLIS,IN 46204		PUBLIC CHARITY	CHARITY	250
AMERICAN LUNG ASSOCIATION 7101 NEWPORT AVENUE SUITE 303 OMAHA,NE 68152		PUBLIC CHARITY	HEALTH & CHARITY	50
AMERICAN RED CROSS2912 S 80TH AVE OMAHA,NE 68152		PUBLIC CHARITY	CHARITY	500
AMERICAN VETERANS4647 FORBES BOULEVARD LANHAM,MD 20706		PUBLIC CHARITY	CHARITY	50
ANNE CARLSON CENTER FOR CHILDREN701 3RD ST NW JAMESTOWN,ND 58401		PUBLIC CHARITY	HEALTH & CHARITY	2,000
BLUE VALLEY COMMUNITY ACTION 608 14TH STREET FAIRBURY,NE 683521616		PUBLIC CHARITY	CHARITY	200
BLUE VALLEY LUTHERAN HOMES FOUNDATION220 W PARK AVENUE HEBRON,NE 68370		PUBLIC CHARITY	CHARITY	500
BOYS TOWN14100 CRAWFORD ST BOYS TOWN,NE 68010		PUBLIC CHARITY	HEALTH & CHARITY	116
ARBOR DAY FOUNDATION100 ARBOR AVENUE NEBRASKA CITY,NE 68410		PUBLIC CHARITY	CHARITY	25
Total  3a				112,482


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
CHILDREN'S HOSPITAL FOUNDATION8401 W DODGE ROAD SUITE 160 OMAHA,NE 681143493		PUBLIC CHARITY	HEALTH & CHARITY	100
CHORUS OF THE PLAINS203 6TH ST EDGAR,NE 68935		PUBLIC CHARITY	CHARITY	100
CONCORDIA UNIVERSITY800 NORTH COLUMBIA AVENUE SEWARD,NE 68434		PUBLIC CHARITY	EDUCATION & CHARITY	2,500
CRYSTAL CATHEDRAL MINISTRIES PO BOX 100 GARDEN GROVE,CA 92842		PUBLIC CHARITY	CHARITY	1,000
BOY SCOUTS OF AMERICA2808 O FLANNAGAN STREET GRAND ISLAND,NE 688031331		PUBLIC CHARITY	CHARITY	250
DESHLER LUTHERAN SCHOOLPO BOX 340 DESHLER,NE 68340		PUBLIC CHARITY	EDUCATION	7,680
dESHLER PUBLIC SCHOOLS1402 3RD ST DESHLER,NE 68340		GOVERNMENTAL	EDUCATION	1,000
DESHLER HIGH SCHOOL1402 3RD ST DESHLER,NE 68340		GOVERNMENTAL	EDUCATION	10,275
DESHLER VOLUNTEER FIRE DEPT 404 E PEARL DESHLER,NE 68340		GOVERNMENTAL	ASSISTANCE	100
DISABLED AMERICAN VETERANS PO BOX 14301 CINCINNATI,OH 452500301		PUBLIC CHARITY	CHARITY	150
EASTER SEALS233 S WACKER DRIVE SUITE 2400 CHICAGO,IL 60606		PUBLIC CHARITY	CHARITY	100
FAIRBURY CONCERT SERIES1212 ELM STREET FAIRBURY,NE 683521616		PUBLIC CHARITY	CHARITY	100
CHILDREN'S WISH FOUNDATION INTERNATIONAL8615 ROSWELL ROAD ATLANTA,GA 303501822		PUBLIC CHARITY	HEALTH & CHARITY	100
LEUKEMIA & LYMPHOMA SOCIETY PO BOX 4072 PITISFIELD,MA 01202		PUBLIC CHARITY	HEALTH & CHARITY	50
MACULAR DEGENERATION RESEARCH22512 GATEWAY CENTER DRIVE CLARKSBURG,MD 20871		PUBLIC CHARITY	CHARITY	50
Total  3a				112,482


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
M A D D511 EAST JOHN CARPENTER FRWY SUITE 700 IRVING,TX 75062		PUBLIC CHARITY	CHARITY	100
MAKE A WISH11926 ARBOR ST SUITE 102 OMAHA,NE 68144		PUBLIC CHARITY	HEALTH & CHARITY	100
MARCH OF DIMESPO BOX 81310 LINCOLN,NE 685011310		PUBLIC CHARITY	HEALTH & CHARITY	75
MUSCULAR DYSTROPHY ASSOCIATION3300 E SUNRISE DRIVE TUCSON,AZ 85718		PUBLIC CHARITY	HEALTH & CHARITY	25
MARINE TOYS FOR TOTSP0 BOX 227 QUANTICO,VA 221340227		PUBLIC CHARITY	CHARITY	200
MARTIN LUTHER HOME - MOSAIC FOUNDATION4980 S 118TH ST OMAHA,NE 681372220		PUBLIC CHARITY	CHARITY	500
NATIONAL AUDUBON SOCIETY225 VARICK STREET 7TH FLOOR NEW YORK,NY 10014		PUBLIC CHARITY	CHARITY	40
NATIONAL MULTIPLE SCLEROSIS SOCIETY7101 NEWPORT AVENUE SUITE 303 OMAHA,NE 68152		PUBLIC CHARITY	HEALTH & CHARITY	125
THE NATURE CONSERVANCY4245 N FAIRFAX DRIVE SUITE 100 ARLINGTON,VA 222031606		PUBLIC CHARITY	CHARITY	25
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON,VA 201905362		PUBLIC CHARITY	CHARITY	50
NEBRASKA HOSPICE FOUNDATION 3900 NW 12TH STREET SUITE 100 LINCOLN,NE 68521		PUBLIC CHARITY	HEALTH & CHARITY	100
NEBRASKA PUBLIC RADIO1800 NORTH 33RD STREET LINCOLN,NE 68503		PUBLIC CHARITY	CHARITY	90
NEBRASKANS FOR PUBLIC TELEVISION1800 NORTH 33RD STREET LINCOLN,NE 68503		PUBLIC CHARITY	CHARITY	250
NEBRASKA SPECIAL OLYMPICSP0 BOX 8483 OMAHA,NE 681080483		PUBLIC CHARITY	HEALTH & CHARITY	175
NLOM - NEBRASKA LUTHERAN OUTDOOR MINISTIRES27416 RANCH ROAD ASHLAND,NE 68003		PUBLIC CHARITY	CHARITY	20,647
Total  3a				112,482


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
OAKS INDIAN CENTERPO BOX 130 OAKS,OK 74359		PUBLIC CHARITY	CHARITY	1,500
OMAHA HOME FOR BOYS4343 N 52ND STREET OMAHA,NE 681042895		PUBLIC CHARITY	CHARITY	100
OCEAN CONSERVATION1300 19TH STREET NW 8TH FLOOR WASHINGTON,DC 20036		PUBLIC CHARITY	CHARITY	25
OMAHA PERFORMING ARTS1200 DOUGLAS STREET OMAHA,NE 68102		PUBLIC CHARITY	CHARITY	500
PARALIZED VETS OF AMERICA801 18TH ST NW WASHINGTON,DC 200063517		PUBLIC CHARITY	CHARITY	100
PARENTS TV COUNCIL707 WILSHIRE BLVD SUITE 2075 LOS ANGELES,CA 90017		PUBLIC CHARITY	CHARITY	100
PARKVIEW HAVEN NURSING HOME 1203 4TH STREET PO BOX 667 DESHLER,NE 68340		GOVERNMENTAL	ASSISTANCE	6,365
PEACE LUTHERAN CHURCH535 THIRD STREET DESHLER,NE 68340		RELIGIOUS	RELIGIOUS	15,800
RELAY FOR LIFEPO BOX 22718 OKLAHOMA CITY,OK 731231718		PUBLIC CHARITY	CHARITY	100
SALVATION ARMY3612 CUMING STREET OMAHA,NE 681311900		PUBLIC CHARITY	CHARITY	250
SHRINERS CHILDREN'S HOSPITAL 2900 ROCKY POINT DR TAMPA,FL 33607		PUBLIC CHARITY	HEALTH & CHARITY	20
SMILETRAIN41 MADISON AVE 28TH FLOOR NEW YORK,NY 10010		PUBLIC CHARITY	HEALTH & CHARITY	50
ST JUDES CHILDREN'S HOSPITAL 501 ST JUDE PLACE MEMPHIS,TN 38105		PUBLIC CHARITY	HEALTH & CHARITY	200
THAYER COUNTY HOSPITAL FOUNDATION120 PARK AVENUE HEBRON,NE 68370		PUBLIC CHARITY	HEALTH & CHARITY	10,750
THAYER CO MIDGET FOOTBALLPO BOX 476 DESHLER,NE 68340		PUBLIC CHARITY	CHARITY	200
Total  3a				112,482

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
THAYER CO MUSEUM & HISTORICAL SOCIETYPO BOX 387 BELVIDERE,NE 68315		PUBLIC CHARITY	CHARITY	13,550
UNIVERSITY OF NEBRASKA FOUNDATION1010 LINCOLN MALL SUITE 300 LINCOLN,NE 68508		PUBLIC CHARITY	CHARITY	3,000
US OLYMPIC COMMITTEEPO BOX 7010 ALBERT LEA,MN 560078010		PUBLIC CHARITY	HEALTH & CHARITY	25
VETERANS OF FOREIGN WARS406 WEST 34TH STREET KANSAS CITY,MO 64111		PUBLIC CHARITY	CHARITY	50
WARTBURG THEOLOGICAL SEMINARY333 WARTBURG PLACE DUBUQUE,IA 520045004		PUBLIC CHARITY	CHARITY	1,000
WORLD HERALD GOODFELLOWS 1314 DOUGLAS STREET SUITE 125 OMAHA,NE 681021811		PUBLIC CHARITY	CHARITY	100
CHRISTIAN HERITAGE CHILDREN'S HOMES14880 OLD CHENEY ROAD WALTON,NE 68461		PUBLIC CHARITY	HEALTH & CHARITY	50
CYSTIC FIBROSIS FOUNDATION 6931 ARLINGTON ROAD 2ND FLOOR BETHESDA,MD 20814		PUBLIC CHARITY	HEALTH & CHARITY	25
DAVENPORT LUTHERAN SCHOOL 208 W 10TH ST DAVENPORT,NE 68335		PUBLIC CHARITY	EDUCATION	350
DESHLER LIONS CLUB618 4TH ST DESHLER,NE 68340		PUBLIC CHARITY	CHARITY	2,000
FEED THE CHILDRENPO BOX 36 OKLAHOMA CITY,OK 731010036		PUBLIC CHARITY	CHARITY	25
FOOD BANK OF LINCOLN4840 DORIS BAIR CIRCLE SUITE A LINCOLN,NE 68504		PUBLIC CHARITY	CHARITY	100
AVANT GOSPEL MISSIONARY UNION10000 NORTH OAK KANSAS CITY,MO 64155		PUBLIC CHARITY	CHARITY	250
HABITAT FOR HUMANITY121 HABITAT STREET AMERICUS,GA 317093498		PUBLIC CHARITY	CHARITY	50
HELP HOSPITALIZED VETERANS 36585 PENFIELD LANE WINCHESTER,CA 92596		PUBLIC CHARITY	HEALTH & CHARITY	24
Total  3a				112,482

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JAKE KLEIN MEMORIAL SCHOLARSHIP350 MAIN ST RUSKIN,NE 68974		PUBLIC CHARITY	CHARITY	100
KOMEN FOUNDATION5005 LBJ FREEWAY SUITE 250 DALLAS,TX 75244		PUBLIC CHARITY	HEALTH & CHARITY	50
DESHLER PUBLIC LIBRARY310 PEARL ST PO BOX 520 DESHLER,NE 68340		PUBLIC CHARITY	CHARITY	4,000
FRIENDS OF LIED1600 STEWART DRIVE LAWRENCE,KS 66045		PUBLIC CHARITY	CHARITY	1,000
NANCY HOFFMEYER BENEFITPO BOX 187 HEBRON,NE 68370		PUBLIC CHARITY	CHARITY	100
HOPE PREGNANCY CENTER344 N DAKOTA ST SUPERIOR,NE 68978		PUBLIC CHARITY	HEALTH & CHARITY	150
Total  3a				112,482

TY 2009 Accounting Fees Schedule

Name: HAROLD W & LOIS D STRUVE FOUNDATION

EIN: 36-3745040

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ACCOUNTING FEES	635	0		635

**TY 2009 Investments Corporate
Stock Schedule**

Name: HAROLD W & LOIS D STRUVE FOUNDATION
EIN: 36-3745040

Name of Stock	End of Year Book Value	End of Year Fair Market Value
STRUVE ENTERPRISES	1,941,509	2,064,634

TY 2009 Other Decreases Schedule

Name: HAROLD W & LOIS D STRUVE FOUNDATION

EIN: 36-3745040

Description	Amount
FEDERAL INCOME TAXES	1,120

TY 2009 Other Expenses Schedule

Name: HAROLD W & LOIS D STRUVE FOUNDATION

EIN: 36-3745040

Description	Revenue and Expenses per Books	Net Invest ment Income	Adjusted Net Income	Disbursements for Charitable Purposes
ADVERTISING	6	0		6
MISCELLANEOUS	191	0		195