

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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)

Open to Public

OMB No 1545-0047

Department of the Treasury

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

see IRS label or type See 500 See 1500	e organization's OF THE F THE AREA  If the organembers of the ident voting menployees (Part Voting interest) (Part	ror P O box in PLAZA, recountry, and B 1 0 2 or incipal offication of the property of the prop	r most sign of TVIC, iscontinu body (Parksary)	ort deliver  JID S ST Of  4947(a)  grificant S TO  CUL  red its (	ed to stree  OTH S  OCOTT  MAHA,  (1) or  Other  DIST  TURAI  Operation  ie 1a)  dy (Part	NE 68102 527 S RIBUTE F A, HEALTH	L Year of for UNDS FOR , EDUCAT	36- Inte E Telep (402)  G Gross H(a) is th affilia H(b) Are If 'N H(c) Groun I 99  C CHARIT ION AND	40718 hone numl 341- receipts sis a group reties? all affiliates is a receipt sis a group reties? ABLE SOCI. ABLE SOCI.	\$ 1 ( etum for included? list (see inside of legal)	O, 421 Yes Yes Inuctions)	, 21 X
mange pinnt or type See 500 See 1500 OMA 1500 ENE 1500 EN	mber and street (c) ENERGY E, or town, state or AHA, NE 68 and address of present of the AHA, or town of t	PLAZA, country, and B102 rincipal offi 409 S (insert no Trust Trus	409 S d ZIP + 4  cer DAV 17TH S Association r most sign TION I CIVIC, iscontinu body (Pai he govern	/ID SST Of 4947(a) on	GCOTT MAHA, (1) or Other TURAI Operation ine 1a) dy (Part	NE 68102  527  S  RIBUTE F  T, HEALTH  This or disposed to the control of the con	L Year of for UNDS FOR , EDUCAT	G Gross H(a) Is the affilia H(b) Are If N H(c) Groundation 199	assets  341-  receipts sas a group reties?  all affiliates to 'attach a p exemption'  M Sta	\$ 1 ( etum for included? list (see inside of legal)	Yes Yes tructions)	N 7
type See See So Competed the See See See See See See See See See S	ENERGY E  or town, state or  AHA, NE 68  and address of pr  RGY PLZ,  corporation  corporation  THE AREA  If the organization's  OF THE F  THE AREA  If the organization of the indent voting mention of the indent voting	PLAZA, country, and B102 rincipal offi 409 S (insert no Trust Trus	409 S d ZIP + 4  cer DAV 17TH S Association r most sign TION I CIVIC, iscontinu body (Pai he govern	/ID SST Of 4947(a) on	GCOTT MAHA, (1) or Other TURAI Operation ine 1a) dy (Part	NE 68102  527  S  RIBUTE F  T, HEALTH  This or disposed to the control of the con	L Year of for UNDS FOR , EDUCAT	G Gross H(a) is the affilia H(b) Are If N H(c) Groundation 199	341- receipts s a group retes? all affiliates o attach a p exemptior 5 M Sta  ABLE SOCI. assets	\$ 10 eturn for included? Itst (see instrument included? Itst (see instrument included).	Yes Yes tructions)	N 7
specific Instructions OMF  F Name a. 500 ENE.  Inpt status X some and status X some	corporation  Corpo	rountry, and 8102 rincipal office 409 S (insert no Trust ) Trust   Tru	cer DAV 17TH S Associatio r most sign TION I CIVIC, iscontinu body (Pai he govern	JID S ST Of 4947(a)  gnificant S TO CUL  ed its of rt VI, lir ning bo	Other Other OTTURAL  Operation  Other OTTURAL  Operation  ody (Part	NE 68102   527   SET   S	L Year of for UNDS FOR , EDUCAT	G Gross H(a) is th affilia H(b) Are If 'N H(c) Groun mation 199  C CHARIT TON AND	receipts sa group retates? all affiliates to attach a p exemption 5 M Sta  ABLE SOCI.  assets 3	\$ 1 ( etum for included?  list (see insignation number intermediate)  AL	Yes Yes tructions)	N 7
Instructions OMA  Instructions OMA  Instructions OMA  F Name a  500 ENE  Inpt status X is  N/A  organization X is  Summary  Intelly describe the MISSION  PURPOSES IN  BERVICES  Check this box Is  It is box Is  It	AHA, NE 68 and address of pr RGY PLZ, and(c)(3)   Corporation  Corporation  Corporation's  OF THE F  THE AREA  If the organization's of the ident voting mention in the identity in the identi	mission of COUNDAT AS OF Country of the governing embers of to the fine easier of the governing embers of the country of the fine easier of the country of the fine easier of the country of the fine easier of the country of the coun	Association of most sign of most sign of the government of the gov	on on on one of the control of the c	Other DIST TURAI  operation tet a) dy (Part	s PRIBUTE F A., HEALTH	L Year of for UNDS FOR , EDUCAT	H(a) is the affilial H(b) Are If N H(c) Ground 199  CHARIT ION AND	is a group relates?  all affiliates is o attach a p exemption  M State  ABLE  SOCI.  assets   3 4	etum for included? Ist (see insin number included? Ist (see insin number included) ist of legal	Yes Yes tructions)	N 7
F Name a 500 ENE npt status X  N/A organization X  Griefly describe the HE MISSION PURPOSES IN EXERCICES Check this box  Lumber of voting r lumber of indeper otal number of en otal number of voting r otal number of voting r otal number of voting r otal number of en otal number of voting r	Corporation  Corpo	rincipal offi 409 S (insert no Trust     mission or FOUNDAT AS OF C anization di governing embers of t i, line 2a), ate if necess enue from	Association of most significant in the continual body (Park beginner)sary)	on on on one of the control of the c	Other DIST TURAI  operation tet a) dy (Part	s PRIBUTE F A., HEALTH	L Year of for UNDS FOR , EDUCAT	H(a) is the affilial H(b) Are If N H(c) Ground 199  CHARIT ION AND	is a group relates?  all affiliates is o attach a p exemption  M State  ABLE  SOCI.  assets   3 4	etum for included? Ist (see insin number included? Ist (see insin number included) ist of legal	Yes Yes tructions)	N
positive to the positive to t	Corporation  corp	Trust Improved the control of the co	Association of most significant in the continual body (Park beginner)sary)	on on on one of the control of the c	Other DIST TURAI  operation tet a) dy (Part	s PRIBUTE F A., HEALTH	L Year of for UNDS FOR , EDUCAT	H(b) Are  If N H(c) Grou mation 199  C CHARIT ION AND	all affiliates in oriental affiliates in orie	included?	Yes	N
organization X organ	Corporation  conganization's OF THE F THE AREA  if the organembers of the ident voting menployees (Part V lunteers (estimated business revenues taxable incompany)	mission of COUNDAT AS OF Counization di governing embers of transcription (necession de la fine cession de l	Association of most sign of TION I CIVIC, iscontinu body (Park bod	gnificant S TO CUL	Other DISTTURAL DISTTURAL Operation in 1a) dy (Part	s PRIBUTE F F A., HEALTH has or disposed of the control of the con	L Year of for UNDS FOR , EDUCAT	H(c) Groundston 199  CHARIT TON AND	o attach a p exemptior 5 M Sta	list (see insignation number In numb	tructions)	7
organization X organi	corporation corpor	mission of FOUNDAT AS OF Community of the governing embers of the control of the	Association most signification in the continual body (Par he government)	on Junificant S TO CUL	other tactivities DISTTURAL DISTTURAL Disperation of the tal	S PRIBUTE F THEALTH TH THEALTH THEALTH THEALTH THEALTH THEALTH THEALTH THEALTH THEALTH	UNDS FOR , EDUCAT of more than 2	H(c) Grow mation 199 R CHARIT TON AND	ABLE SOCI. assets 3	number Interest Inter	<u> </u>	7
Summary  Griefly describe the HE MISSION PURPOSES IN SERVICES  Check this box Industry of independent independent of independent independe	e organization's OF THE F THE AREA  If the organembers of the ident voting menployees (Part Voting menployees (estimated business reveness taxable incomes	mission of FOUNDAT AS OF Canization digoverning embers of the following tension of the following	r most sig	gnificant S TO CUL ed its ort VI, lin	t activitie DIST TURAI  pperation ie 1a) dy (Part	s CRIBUTE F L, HEALTH ns or disposed (	UNDS FOR , EDUCAT of more than 2	mation 199  CHARIT ION AND	ABLE SOCI.	AL		7
Summary  Griefly describe the GHE MISSION PURPOSES IN SERVICES  Check this box Independent of independent of independent number of endotal number of votal gross unrelated business.	e organization's OF THE F THE AREA  If the organembers of the ident voting menployees (Part Voting menployees (estimated business reveness taxable incomes	mission of FOUNDAT AS OF Canization digoverning embers of the following tension of the following	r most sig	gnificant S TO CUL ed its ort VI, lin	t activitie DIST TURAI  pperation ie 1a) dy (Part	s CRIBUTE F L, HEALTH ns or disposed (	UNDS FOR , EDUCAT of more than 2	CHARIT ION AND 25% of its net	ABLE SOCI.	AL	domicile	7
Friefly describe the THE MISSION PURPOSES IN BERVICES Theck this box Indumber of voting roll number of end of all number of votical gross unrelated business and contributions	OF THE F THE AREA  If the organembers of the ident voting men in the inployees (Part V) lunteers (estimated business revenues taxable incomes taxable incomes.	anization d governing embers of t ', line 2a) ate if necess enue from	CIVIC, iscontinu body (Par he govern	CUL ced its ( rt VI, lir ning bo	DIST TURAI operation ne 1a) dy (Part	RIBUTE F  , HEALTH  ns or disposed (  VI, line 1b)	, EDUCAT	25% of its net	soci.			   7
PURPOSES IN BERVICES Check this box Independent of	OF THE F THE AREA  If the organembers of the ident voting men in the inployees (Part V) lunteers (estimated business revenues taxable incomes taxable incomes.	anization d governing embers of t ', line 2a) ate if necess enue from	CIVIC, iscontinu body (Par he govern	CUL ced its ( rt VI, lir ning bo	DIST TURAI operation ne 1a) dy (Part	RIBUTE F  , HEALTH  ns or disposed (  VI, line 1b)	, EDUCAT	25% of its net	soci.			   
CONTRIBUTIONS AND CONTRIBUTION	THE AREA  If the organembers of the ident voting menployees (Part Volunteers (estimated business reveness taxable incompared)	anization d governing embers of t ', line 2a) ate if necess enue from	SIVIC, iscontinu body (Par he goveri	CUL ed its on t VI, linning bo	TURAI  operation  ie 1a)  dy (Part	ns or disposed of the control of the	, EDUCAT	25% of its net	soci.			  
Check this box Independent of independent of independent of independent of independent of the independent of	if the organembers of the ident voting menployees (Part Volunteers (estimated business reveness taxable incompared)	anization d governing embers of t (, line 2a) ate if necess enue from	iscontinu body (Par he goveri	red its o	operation ne 1a) dy (Part	ns or disposed (	of more than 2	25% of its net	assets			  7
check this box Immber of voting relumber of indeper of all number of endotal number of votal gross unrelated unrelated busing contributions and contributions.	nembers of the adent voting me aployees (Part V) lunteers (estimated business reveness taxable incompany to the staxable i	governing embers of t ', line 2a) ate if necess enue from	body (Par he goveri  sary)	rt VI, lır nıng bo	ne 1a) dy (Part	VI, line 1b)			3	·		 7
lumber of voting r lumber of indeper otal number of en otal number of vo otal gross unrelat let unrelated busil	nembers of the adent voting me aployees (Part V) lunteers (estimated business reveness taxable incompany to the staxable i	governing embers of t ', line 2a) ate if necess enue from	body (Par he goveri  sary)	rt VI, lır nıng bo	ne 1a) dy (Part	VI, line 1b)			3	·		7
lumber of indeper of all number of en otal number of vo otal gross unrelated busined ontributions and contributions and	ident voting me nployees (Part V lunteers (estima ed business reve ness taxable inc	embers of t , line 2a) ate if necess enue from l	he goveri  sary)	ning bo	dy (Part	VI, line 1b)			4	·		<del>-</del>
otal number of en otal number of vo otal gross unrelat let unrelated busil contributions and	nployees (Part V lunteers (estima ed business reve ness taxable inc	, line 2a) ate if necess enue from l	 sary)						· · · <del>  - ·</del>			
otal number of vo otal gross unrelat let unrelated busii contributions and	lunteers (estima ed business reve ness taxable inc	ate if necess enue from l	sary)						-			
otal gross unrelated busing the contributions and contributions are contributions.	ed business reve ness taxable inc	enue from	sary)						5			0
et unrelated busin	ness taxable inc		Part VIII,						6			0
Contributions and		come from I		column	(C), line	12			7a	1		
	(Dart) (III		Form 990	-T, line	34 .	· · · · · ·	· · · · · ·		7 t	)		
							Ĺ	Prior `	Year	Cı	urrent Y	ear
rogram service re	grants (Part VIII,	, line 1h)		. 0			_					
	venue (Part VIII,	line 2g)		K	EUE	IVED.						
nvestment income	(Part VIII, colur	mn (A), line	es 3,14, an	nd 7d)			1	1,24	7,516		1,154	, 28
Other revenue (Pa	rt VIII. column (	A) lines 5	6d 829	c. 100	 ลกป <i>ก</i> เปีย		<b>51</b> · · · · · · · · · · · · · · · · · · ·				5	, 98
otal revenue - add	lines 8 through	ih 11 (must	egual Pa	ri VIII 7	ວດlumn (ວ ທີ່ປັກພາໄດລ	A) 4 10 14 2 1 1 C	<b>? </b> :	1,24	7,516		1,160	
						0	<del>'  · · · · ·  </del>					
enefite naid to or	for members (P	art IX colu	mn (A) lu	$\Omega G$	DEN	1 117	· <b>/</b> · · · · ·			<del> </del>		, ,
							1 · · · · -					
· · · · · · · · · · · · · · · · · · ·												
Truckstonal fundationing fees (factor, column (v), me 1/2)												
								1.0	0 450	<del> </del>	102	1.5
										- 1-		
						<sup>25)</sup>						
levenue less expe	nses Subtract l	line 18 from	n line 12 .	<u> </u>		<del></del>	<del></del>	9	1,239	•	-186	, 48
otal assets (Part X	, line 16)						[	21,84	4,734	. 21	L,658	<u>, 25</u>
otal liabilities (Par	t X, line 26)											
let assets or fund	balances Subti	ract line 21	from line	20				21,84	4,734	.  21	1,658	, 25
		_										
Under penalties of and belief, it is too	Perjury, I lectary					than officer) is	based on all	information of	which p			
Type or print n	ame and title				,							
<del>-                                    </del>						Date		ıf				er .
signature	Maino	Heren	10 p			Johal	self-	red 🕨 🦳	(see inst	P0022	3617	
, ,	KPMG II	Puff	m			11404 /1	U Chilpion	<del></del>	<del>1</del>			
if self-employed).												
							<u>2</u> t	Frione no	<u> </u>			<del>- T</del>
PS Fiftal S	rants and similar enefits paid to or elaries, other completely offessional fundrational fundraising enter expenses (Potal expenses Additional fundraising enter expenses Additional fundraising enter expenses Additional fundraising expenses Additional fundraising expenses Additional fundraising expenses and Elargian fundraising enterprise fundraising expenses fundra	rants and similar amounts paid (I enefits paid to or for members (P enefits paid to or for members) (P energy energy energy enefits paid to or for members) (P energy energy energy energy energy) (P energy energy energy) (P energy	rants and similar amounts paid (Part IX, columenefits paid to or for members (Part IX, columneforessonal fundraising fees (Part IX, column (It ther expenses (Part IX, column (A), lines 11 otal expenses Add lines 13-17 (must equal evenue less expenses Subtract line 18 from the last liabilities (Part X, line 16) otal liabilities (Part X, line 26) et assets or fund balances Subtract line 21 Signature Block of being it is the Brech soft part in the last liabilities (Part X, line 26) et assets or fund balances Subtract line 21 Signature Block of being it is the Brech soft part liabilities (Part X, line 26) et assets or fund balances Subtract line 21 Signature Block of being it is the Brech soft part liabilities (Part X, line 26) et assets or fund balances Subtract line 21 Signature Block of being it is the Brech soft part liabilities (Part X, line 26) et assets or fund balances Subtract line 21 Signature Block of being it is the Brech soft part liabilities (Part X, line 26) et assets or fund balances Subtract line 21 Signature Block of being it is the Brech soft part liabilities (Part X, line 26) et assets or fund balances Subtract line 21 Signature Block of being it is the Brech soft part liabilities (Part X, line 26) et assets or fund balances Subtract line 21 Signature Block of being it is the Brech soft part liabilities (Part X, line 26) et assets or fund balances Subtract line 21 Signature Block of being it is the Brech soft part liabilities (Part X, line 26) et assets or fund balances Subtract line 21 Signature Block of being it is the Brech soft part liabilities (Part X, line 26) et assets or fund balances Subtract line 21 Signature Block of being it is the Brech soft part liabilities (Part X, line 26) et assets or fund balances Subtract line 21 Signature Block of being it is the Brech soft part liabilities (Part X, line 26) et assets or fund balances Subtract line 21 Signa	rants and similar amounts paid (Part IX, column (A), I renefits paid to or for members (Part IX, column (A), I renefits paid to or for members (Part IX, column (A), I renefits paid to or for members (Part IX, column (A), I renefits paid to or for members (Part IX, column (A), I renefits (Part IX), column (B), I renefits (Part IX), I r	rants and similar amounts paid (Part IX, column (A), lines cenefits paid to or for members (Part IX, column (A), lines cenefits paid to or for members (Part IX, column (A), line (Part IX, colimn (A), line (Part IX, colimn (A), line (Part IX, colimn (B), lines (Part IX, colimn (A), lines (Part IX, colimn (B), lines	rants and similar amounts paid (Part IX, column (A), lines penefits paid to or for members (Part IX, column A), lines penefits paid to or for members (Part IX, column A), lines penefits paid to or for members (Part IX, column A), lines penefits (Part IX, column A), line penefits (Part IX, column A), lines penefits (Part	enefits paid to or for members (Part IX, column (A), line (A), line (A), line (A), lines	rants and similar amounts paid (Part IX, column (A), lines (Part IX), column (A), line (Part IX), column (A), lines (Part IX), column (A), lines (Part IX), column (A), line (Part IX, column (A), line (Part IX, column (A), line (Part IX), column (A), line (Part IX, column (A), line (Part IX), column (A),	trants and similar amounts paid (Part IX, column (A), lines and similar amounts paid (Part IX, column (A), lines (Part IX, column (A), line (Part IX,	Tants and similar amounts paid (Part IX, column (A), lines 20 1, 046, 825 anefits paid to or for members (Part IX, column (A), line 20 1, 11 1, 046, 825 analyses, other compensation, employee benefits (Part IX, column (A), line 30 1, 11 1, 046, 825 analyses, other compensation, employee benefits (Part IX, column (A), line 30 1, 11 1,	trants and similar amounts paid (Part IX, column (A), lines 3	rants and similar amounts paid (Part IX, column (A), lines 11, 046, 825. 1, 243 enefits paid to or for members (Part IX, column (A), lines 540).  alaries, other compensation, employee benefits (Part IX, column (A), lines 540).  bital fundraising expenses, Part IX, column (D), line 25) bital fundraising expenses, Part IX, column (D), line 25) 103, 452. 103, bital expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 1, 156, 277. 1, 346, 279. 1346, 279. 2186

4d Other program services (Describe in Schedule O) (Expenses \$

including grants of \$

) (Revenue \$

1,346,753. 4e Total program service expenses ▶

Form 990 (2009)

**Checklist of Required Schedules** 

Part IV

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	]		
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
	Schedule C, Part II	4		Х
5	Sections 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		Х
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? <i>If</i> "Yes,"			- 1
0	complete Schedule D, Part III			Х
0	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	8		
9			j	
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	_	,	V
	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		X
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	X	·
•	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			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	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			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	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 addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes,"			
	complete Schedule D, Parts XI, XII, and XIII	12	X	
12A	Was the organization included in consolidated, independent audited financial statement for the tax year?  Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	ĺ	Χ
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	i	Χ
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		Χ
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?	-10-	$\dashv$	
	If "Yes," complete Schedule G, Part III	10		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	19		$\frac{\lambda}{X}$
20	Did the organization operate one or more hospitals in res, complete scriedule in	20		_^_

Form 990 (2009)

the united States on Part IX, column (A), line 19 if Yes,* complete Schedule I, Parts I and III.  21 Did the organization report more than \$5,000 of grains and other assistance to dividuals in the United States on Part IX, column (A), line 19 if Yes,* complete Schedule I, Parts I and III.  22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organizations current and former officers, directors, trustese, Key employees, and highest compensation and the programization are 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 24th through 24d and complete Schedule If Win "go for depending escrow at any time during the year to defease any tax-exempt bonds?  5 Did the organization and as an "on behalf of issuer for bonds outstanding escrow at any time during the year of the organization end as an "on behalf of issuer for bonds outstanding at any time during the year?  24d Use 1 Section 501(c1)3 and 501(c1/4) organizations but the organization engage in an excess benefit transaction with a disqualified person on a prior year, and that the transaction has not been reported on any of the organizations proceed any excess benefit transaction with a disqualified person outstanding as of the end of the organization structure. If Yes, complete Schedule I, Part II and the organization provide a grant or other assistance to an officer, director, trustee, key employee, highly compensated employee, organization provide a grant or other assistance to an officer, director, trustee, key employee? If Yes, complete Schedule I, Part II and the organization provide a grant or other assistance	Par	V Checklist of Required Schedules (continued)			
in the United States on Part IX, column (A), line 17th "Yes" complete Schedule I, Parts I and III.  2				Yes	No
Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Pes," complete Schedule ( Part I and II).  22   X   23   Did the organization awaver "Yes" to Part IVI. Section A, line 3, 4, or 5 about compensation of the organization shower "Yes" to Part IVI. Section A, line 3, 4, or 5 about compensation of the organization have a tax-exempt bond size 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 question 25.  b Did the organization amination an excover account other than a refunding secror via a number of the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d   2d   Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a   Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person outstanding as of the ober reported on any of the organizations prior Forms 990 or 990-822 If "Yes," complete Schedule L, Part I.  b is the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organizations tax year? If "Yes," complete Schedule L, Part II.  25d Was a loan to or by a current or former officer, director, frustee, key employee, inghly compensated employee, or disqualified person outstanding as of the and of the organizations tax year? If "Yes," complete Schedule L, Part II.  27d Did the organization provide a grant or other assistance to an officer, director, frustee, key employee of the organization of a papicable filing thresholds, conditions, and exceptions?  a A current or former officer, director, frustee, or key employee of the organization of a papicable filing thresholds, conditions, and exceptions?  a A current or forme	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
United States on Part IX. column (A), Ime 2? If "Yes," complete Schedule I, Parts I and III.  2 Dd the organization answer "Yes" to Part VII. Section A. Ime 3. 4, or 5 about compensation of the organization of current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J and the organization required and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I I was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule I If "No" jor of question 25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			21	<u> </u>	
Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  23	22				
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  24 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," enswer lines 24b through 24d and complete Schedule K If "No," go to question 25 or Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Yes of Did the organization analization as escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Yes, complete Schedule L, Part II and Did the organization and as an "on behalf of" issuer for bonds outstanding at any time during the year? (24d		, ,,	22		X
24 a 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 question 25 b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? d Did the organization act as an "on behalf of" issuer for bonds outstanding as my time during the year?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person out in a prior year, and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I.  25b 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 organizations prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I.  25c Was a loan to or by a current or former officer, tirector, trustee, key employee, highly compensated employee, or disqualited person outside person in a prior year, and that the transaction has not been reported on any of the organization provide a grant or other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  27c Did the organization aparty to a business transaction with one of the following parties (see Schedule L, Part IV.  28d Vas the organization provide and provide schedule for the organization (or a	23				
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 question 25 or 25 or 24d					.,
\$100,000 as of the last day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K // "No." go to question 25.  b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			23	<u> </u>	X
24b through 24d and complete Schedule K If "No" go to question 25  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an excrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  Did the organization and at as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d  Did the organization and son to behalf of "issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "Yes," complete Schedule L, Part I.  Setion 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person outside the year of the organization and that the transaction has not been reported on any of the organizations prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II.  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part III.  Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's trustee. Schedule L, Part III.  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part III.  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A family member) was an officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or key employee? If "Yes," complete Schedule III.  Did the organization receiv	24 a				
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?					١.,
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to delease any tax-exempt bonds?  24c					Х
to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?.  Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I.  Was a ban to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part I.  Told the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV.  A nember of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A nember of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  A nember of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  C An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M. Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. Part IV.  229 Did the organization higuidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule M. Part IV.  320 Did the organization own 100%	С		l <u>.</u> .		
25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I .  25b 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 organizations prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II .  26c Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organizations tax year? If "Yes," complete Schedule L, Part II .  27d Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part II .  28d Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV .  28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28d A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28d Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .  29d Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M .  29d Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule M .  29d Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part V .  29d Did the organization		, · · · · · · · · · · · · · · · · · · ·		<del> </del>	
with a disqualified person during the year? If "Yes," complete Schedule L, Part I		· · · · · · · · · · · · · · · · · · ·	24d	<del> </del>	
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II.  26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M, Part IV.  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule R, Part II, IV, and V, Ime 1  31 Sa any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, IV, and V, Ime 1  32 Schedule R, Part V, Ime 2  33 Cettion 501(c)(3) organizations Did the organization make any transfers to an exempt non-chantable related organization and that is treated as a partner	25 a			}	v
prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part II.  26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV and III) instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c 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, Part IV.  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II.  29 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  30 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 17701-2 and 301 17701-32 If "Yes," complete Schedule R, Part II.  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulatio			25a	<del> </del>	_^
990-EZ? If "Yes," complete Schedule L, Part I.  26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II .  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III .  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV .  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28 A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV .  28 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M .  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part I .  30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I .  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I .  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I .  33 Did the organization organization bush to organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, Ine 2  35 Section 5	b				
Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II . 26			0.51	ŀ	v
disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II    27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual?   28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.    28		,	250		^
Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	26		26	ŀ	v
substantial contributor, or a grant selection committee member, or to a person related to such an individual?  If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		· · · · · · · · · · · · · · · · · · ·	26		
Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions)   A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.   28a	21				
Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c 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, Part IV.  28c			27		x
Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c 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, Part IV.  28b X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Conservation contributions? If "Yes," complete Schedule M Solid the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II .  31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I .  31 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I II, IV, and V, line 1  32 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  32 A  33 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, lines 11 and III	20		21		73
A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	20				
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV.  c 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, Part IV.  28c X  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M S	_		283	}	×
Schedule L, Part IV.  c 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, Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M On the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M On the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I On the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I On the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I On the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part I, III, IV, and V, Inne 1 On the organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Inne 2 On the organization			200	<del> </del>	
c 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, Part IV	D		28h		Х
family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			200		
Part IV	C	·		1	
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I.  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part Schedule R, Part V, Inne 1  Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Inne 2  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, Inne 2  Told 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 VI, Innes 11 and Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Innes 11 and			280		Х
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29				
conservation contributions? If "Yes," complete Schedule M					
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	•		30		Х
Part I	31				
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	٠.		31		Х
Schedule N, Part II	32				
Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	-	· · · · · · · · · · · · · · · · · · ·	32		Х
sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33				
Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1			33		Χ
III, IV, and V, line 1	34				
Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			34	Х	
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	35				
organization? If "Yes," complete Schedule R, Part V, line 2		Schedule R, Part V, line 2	35		Χ
organization? If "Yes," complete Schedule R, Part V, line 2	36	Section 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related			
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 VI			36		X
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37				
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and					
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		Part VI	37		Х
	38				-
		19? Note. All Form 990 filers are required to complete Schedule O	38	X	

Par	tV Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	US Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
·	gaming (gambling) winnings to prize winners?	1 c		
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return . 2a 0			
h	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		Х
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3 b		
	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)?	4a	,	Х
ь	If "Yes," enter the name of the foreign country ▶			
-	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank		1	
	and Financial Accounts			
5 a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
	Prohibited Tax Shelter Transaction?	5 c		
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		*****
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7 a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7 b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7 c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	1	1	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		Ì	
	benefit contract?	7e		<del></del>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	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		1	
_	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	Sponsoring organizations maintaining donor advised funds.	.		
	Did the organization make any taxable distributions under section 4966?	9a		
о 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter	- 1	ļ	
		-		
	Gross income from members or shareholders			
U	amounts due or received from them )	- 1		
12a		12a	1	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b		i.	

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

Sect	ion A. Governing Body and Management			
	•		Yes	No
1a	Enter the number of voting members of the governing body	}		
b	Enter the number of voting members that are independent			
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?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	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	_	Χ
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		Χ
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7 a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7 b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8 a	X	
b	Each committee with authority to act on behalf of the governing body?	8 b	Χ	
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		Х
Sect	ion B. Policies (This Section B requests information about policies not required by the Internal			
	enue Code )			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	Χ	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	_	
13	Does the organization have a written whistleblower policy?	13		Х
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		X
	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		
Sect	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 only)		
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of inte	rest		
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization > TERESA LAYTON, OMAHA NATL TRST 13220 BIRCH DRIVE OMAHA, NE 68164	ne .		
	organization TERESA LAYTON, OMAHA NATL TRST 13220 BIRCH DRIVE OMAHA, NE 68164	l - <del>-</del>		<del>-</del>

### 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

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

(A)	(B)	(C) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee	institutional trustee	Officer		Highest compensated at employee	y) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
W. DAVID SCOTT										
DIRECTOR	1.00	Х						0.	0.	0
JOHN K. BOYER										
DIRECTOR	1.00	Х						0.	0.	0
JAMES E. LANDEN										
DIRECTOR	1.00	Х						0.	0	0
LEWIS TROWBRIDGE										*
DIRECTOR	1.00	Х						0.	0.	0
LORI SCOTT										
DIRECTOR	1.00	Х						0.	0.	0
JACK R. MCDONNELL										
DIRECTOR	1.00	Х						0.	0.	0
ELLEN WRIGHT										· · · · · · · · · · · · · · · · · · ·
DIRECTOR	1.00	Х						0.	0.	0
										····
								<u> </u>		·····
	-									·

Form **990** (2009)

Part VII Section A. Officers, Directors, Tru (A)	(B)	D			C)		-l. A	(D) Reportable	(E) Reportab	lo l	Ec	(F) timated	4
Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	a Highest compensated at employee	Former	compensation from the organization (W-2/1099-MISC)	compensal from relat organizatio (W-2/1099-N	ed ons	am comp fro orga and	ount or other pensation om the inization relate	of Ion Ion Ion Ion
						-	-						
		-											
	,												
											<u> </u>		
													•
1b Total						· · · · ·	<b>&gt;</b>	0	1	0.			0
2 Total number of individuals (including but not reportable compensation from the organization			liste )	d a	bov	e) wh	o re	ceived more than	\$100,000 in				
Did the organization list any former office employee on line 1a? If "Yes," complete Scheduler.											3	Yes	No X
4 For any individual listed on line 1a, is the the organization and related organizations individual	e sum of greater th	герог	tabl	le d	com	pensa	atior	n and other com	pensation fr	om	4		х
5 Did any person listed on line 1a receive services rendered to the organization? If "Yes,"	e or accr										5		Х
Section B Independent Contractors													
Complete this table for your five highest compensation from the organization	compensat	ed ır	idep	eno	dent	con	trac	tors that receive	d more than	1 \$10	0,000	of	
(A) Name and business add	ress							(B) Description of se	rvices	С	(C) ompens	ation	
NONE							$oxed{\Box}$						
							+						
							$\perp$				·		
Total number of independent contractors (if more than \$100,000 in compensation from the contractors are contractors.)				nite	d to	thos	se I	isted above) who	received		<del></del> -		
JSA	- 5,90,11201					<u> </u>			1		Form	990 (	(2009

Pai	rt VII	Statement of Revenue			36-4071892		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ons, gifts, grants similar amounts	1 a b c d	Federated campaigns					
Contributions, and other simi	e f	All other contributions, gifts, grants, and similar amounts not included above.  Noncash contributions included in lines 1a-1f \$					
	h	Total Add lines 1a-1f		0			
Program Service Revenue	2a b c d e	All other program service revenue	Business Code				
_ <u>P</u>	_9	Total. Add lines 2a-2f	<u></u> . ▶	0			
	3 4 5	Investment income (including dividends, interother similar amounts)	oroceeds	1,262,678 0			1,262,678
	6a b	(i) Real  Gross Rents  Less rental expenses  Rental income or (loss)	(II) Personal				
	d 7a	Net rental income or (loss)	(II) Other	0	*		
	b c d	Less cost or other basis and sales expenses		-108,393			-108,393
Other Revenue	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c)		.00,333		,	100,33
Other F	С	See Part IV, line 18 a  Less direct expenses b  Net income or (loss) from fundraising events .  Gross income from gaming activities		0			
		See Part IV, line 19 a Less direct expenses b	1				
	c 10a	Net income or (loss) from gaming activities  Gross sales of inventory, less returns and allowances a		0			
		Less cost of goods sold b  Net income or (loss) from sales of inventory  Miscellaneous Revenue		0			
	11a b	LITIGATION SETTLEMENT	900099	5,985			5,985
	c d	All other revenue		5,985			
	12	Total Revenue See instructions		1,160,270		0	1,160,270
		= :				· <del></del>	- 000

### 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).

Do not include amounts reported on lines 6b, 7b, 8b; 9b, and 10b of Part VIII.  1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21  2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	(A) Total expenses 1,243,596.	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
organizations in the U.S. See Part IV, line 2.1	1,243,596.			
2 Grants and other assistance to individuals in	1,243,596.	i		
	= 7 = = 7 = = = 1	1,243,596.		
h	0.			
3 Grants and other assistance to governments,				
organizations, and individuals outside the				
US See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors.				
trustees, and key employees	0.			
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and	0.			
persons described in section 4958(c)(3)(B)	0.			<del></del>
7 Other salaries and wages	0.			
8 Pension plan contributions (include section 401(k)				
and section 403(b) employer contributions)	0.			
9 Other employee benefits	0.			<del></del>
<b>10</b> Payroll taxes	0			
11 Fees for services (non-employees)				
a Management , ,	0.			
b Legal	12,448.	12,448.		
c Accounting	4,500	4,500.		
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	66,118.	66,118.		
g Other	0.			
12 Advertising and promotion	0.			
	0.			
13 Office expenses	0.			
14 Information technology	0.	<del></del>		
<b>15</b> Royalties	0.1			
<b>16</b> Occupancy	0.			<del></del>
17 Travel				
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0			
20 Interest	0.			
21 Payments to affiliates	0.			
22 Depreciation, depletion, and amortization	0.			
23 Insurance	0.			
24 Other expenses Itemize expenses not				
covered above (Expenses grouped together				
and labeled miscellaneous may not exceed				
5% of total expenses shown on line 25 below)				
a CONSULTING FEES	20,000.	20,000.		
b MISCELLANEOUS	91.	91.		
C				
d				
<u></u>				
6 All other records				
f All other expenses	1,346,753.	1,346,753.		
25 Total functional expenses Add lines 1 through 24f	1,390,733.	1,570,755.		
26 Joint Costs. Check here ▶ If following SOP 98-2 Complete this line only if the				
organization reported in column (B) joint costs				
from a combined educational campaign and		-		
fundraising solicitation				Form <b>990</b> (200

Cash - non-interest-bearing   1   2   2   2   3   2   2   9   2   8   2   3   2   2   9   2   8   3   2   2   9   2   8   3   2   3   3   3   3   3   3   3   3	
2- Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation. 10b 10c	ar
2- Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation. 10b 10c	
4 Accounts receivable, net	,566.
4 Accounts receivable, net	
5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	
Schedule L  Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L  Notes and loans receivable, net  Inventories for sale or use  Prepaid expenses and deferred charges  Prepaid expenses and deferred charges  Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  Less accumulated depreciation.  Schedule L  Factoria defined under section  A958(c)(3)(B) Complete  Factoria defined under section  A958(c	
6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c	
6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c	
Part II of Schedule L 6  Notes and loans receivable, net 7  Inventories for sale or use 8  Prepaid expenses and deferred charges 9  Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c	
7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c	
7 Notes and loans receivable, net 7 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation 10b 10c	
9 Prepaid expenses and deferred charges	
9 Prepaid expenses and deferred charges	
10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D b Less accumulated depreciation	
other basis Complete Part VI of Schedule D b Less accumulated depreciation	
23 534 504 20 720	
23 534 504 20 720	
	, 685
12 Investments - other securities See Part IV, line 11	
13 Investments - program-related See Part IV, line 11	
14 Intangible assets	
15 Other assets See Part IV, line 11	
16 Total assets. Add lines 1 through 15 (must equal line 34)	,251.
17 Accounts payable and accrued expenses	
18 Grants payable	
19 Deferred revenue 19	
20 Tax-exempt bond liabilities	
21 Escrow or custodial account liability Complete Part IV of Schedule D  22 Payables to current and former officers, directors, trustees, key  employees, highest compensated employees, and disqualified  persons Complete Part II of Schedule I	
employees, highest compensated employees, and disqualified	
persons Complete Part II of Schedule L	
23 Secured mortgages and notes payable to unrelated third parties	
24 Unsecured notes and loans payable to unrelated third parties	
25 Other liabilities Complete Part X of Schedule D	
26 Total liabilities. Add lines 17 through 25	
Organizations that follow SFAS 117, check here ▶ X and	
27 Unrestricted net assets	,251.
28 Temporarily restricted net assets	
29 Permanently restricted net assets	
complete lines 27 through 29, and lines 33 and 34.  27 Unrestricted net assets	
2 30 Capital stock or trust principal, or current funds	
9 31 Paid-in or capital surplus, or land, building, or equipment fund	
4 32 Retained earnings, endowment, accumulated income, or other funds	
30 Capital stock or trust principal, or current funds	,251.
34 Total liabilities and net assets/fund balances 21,844,734. 34 21,658	·

Form **990** (2009)

Pa	Irt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash 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		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2 c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
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?	3 a		Х
b				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3 b		
		Form	990	(2009)

### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ ► See separate instructions

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Name of the organization

Internal Revenue Service

THE DAVID SCOTT FOUNDATION

Employer identification number 36-4071892

Part I	Reason fo	or Public Chari	ity Status (All organ	izations m	ust comp	lete this	part ) Se	e instruc	ctions				
he orga	nization is no	ot a private found	dation because it is (F	or lines 1	through 11,	check or	nly one bo	x )					
1	A church, co	onvention of chu	rches, or association (	of churches	s described	ın sectio	n 170(b)(	1)(A)(ı).					
2	A school de	scribed in section	on 170(b)(1)(A)(iı). (Ati	tach Sched	ule E)								
3	A hospital o	r a cooperative	hospital service organ	ization desc	cribed in se	ction 170	(b)(1)(A)	(н).					
4	A medical i	research organiz	zation operated in co	njunction v	with a hos	pital des	cribed in	section	170(b)(1)	(A)(iii). Enter the			
		ame, city, and sta											
5	An organiza	ation operated for	or the benefit of a col	lege or un	iversity ow	ned or o	perated b	y a gove	ernmental	unit described in			
	section 170	(b)(1)(A)(iv). (C	omplete Part II )										
6	A federal, s	tate, or local gov	vernment or governme	ental unit de	escribed in s	section 1	70(b)(1)(	4)(v)					
7	An organiza	ation that norma	lly receives a substan	tial part of	its support	t from a	governme	ental unit	or from t	he general public			
	described in	section 170(b)	(1)(A)(vi). (Complete F	Part II )									
8	A communit	ty trust describe	d in section 170(b)(1)(	( <b>A</b> )(vi). (Co	mplete Par	t II )							
9	An organiza	ation that norma	lly receives (1) more	than 331/3	% of its su	pport fro	m contrib	outions, n	nembersh	ip fees, and gross			
	receipts fro	m activities rela	ited to its exempt fun	ctions - su	bject to ce	ertain exc	eptions,	and (2) r	no more t	han 331/3% of its			
		•	ment income and un						511 tax)	from businesses			
		-	after June 30, 1975					-					
0	-	_	and operated exclusive	<del>-</del>		-							
1 X	-	~	and operated exclusi	-						•			
			ublicly supported orga										
		_	at describes the type o					lines 11e					
	a X Type I b Type II c Type III - Functionally integrated d Type III - Other  e X By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified												
e X	,	•	, -				•			•			
	•		ion managers and oth	er than on	e or more	publicly	supported	ı organiz	ations de	scribed in section			
		section 509(a)(	•	+ fram +	ha IDC tha		Tunn 1 T	مال مست	r Tunn III	aummertina			
f	•		d a written determina	tion from t	ine iks tha	at it is a	Type 1, 1	ype II, o	г туре ш	supporting			
	•	n, check this box	the organization acce			 h				[]			
g	_		the organization acce	pied any g	iit or contri	bullon ire	oni any oi	trie					
	following pe		or indirectly controls	outhor ale	one or too	othor wit	h nercon	e doscrib	and in (ii)	Yes No			
		•	erning body of the sup		_	ether wit	ii person	s descrit	bed iii (ii)	11g(ı) X			
		=	erring body of the supperson described in (i) a	_	111124110117					11g(ii) X			
		•	of a person described							11g(iii) X			
h	• •	•	ation about the suppo	., .,	•					119()			
	of supported	(ii) EIN	(iii) Type of organization		<del></del>	(v) Did v	ou notify	(vi)	s the	(vii) Amount of			
	anization	(, 2	(described on lines 1-9	in col (i) lis	sted in your	the organ	nization in	organizat	lion in col	support			
			above or IRC section (see instructions))	governing	document?		of your port?		zed in the   S?				
			, , , , , , , , , , , , , , , , , , , ,	Yes	No	Yes	No	Yes	No				
		-								·			
ATTA	CHMENT	1											
				-									
	······												
otal										20,000			

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2009

Par	Support Schedule for Or (Complete only if you check				(b)(1)(A)(iv) a	nd 170(b)(1)(	(A)(vi)
Sec	tion A: Public Support	-					
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total Add lines 1 through 3						
5	The portion of total contributions by each						
	person (other than a governmental unit or						
	publicly supported organization) included					,	
	on line 1 that exceeds 2% of the amount $% \left( 1\right) =\left( 1\right) ^{2}$						
	shown on line 11, column (f)						<u> </u>
_6_	Public support Subtract line 5 from line 4		l				
	tion B. Total Support	<del></del>	<del></del>	<del></del>	<del></del>	T	<del></del>
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				•	ļ	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar courses.						
	sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10				_		
12	Gross receipts from related activities, etc. (s	see instructions).				12	
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup					<del></del>	
14	Public support percentage for 2009 (li						%
15	Public support percentage from 2008						%_
16a	331/3% support test - 2009. If the o	-					
	this box and <b>stop here</b> . The organizati						
b	331/3% support test - 2008. If the o						1 1
	check this box and stop here. The org	•					
17a	10%-facts-and-circumstances test - 2						
	or more, and if the organization me						
	Part IV how the organization meets t			_	-	as a publicly	supported
	organization						• 🗀
b	10%-facts-and-circumstances test - 2		_				
	15 is 10% or more, and if the orga						
	Explain in Part IV how the organization				-	on qualifies as	a publicly
	supported organization						▶ 📖
18	Private foundation If the organization						. [ ]
	instructions	<u> </u>	<u> </u>	<u> </u>	· · · · · · · · ·	<u> </u>	▶ 🔲

Page 2

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Sec	tion A. Public Support						
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include						
	any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's						
	benefit and either paid to or expended on						
	its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge					1	
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3			1			
	received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	nersons that exceed the greater of						
	\$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6)						
Sec	tion B. Total Support						
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6,						
10a	Gross income from interest, dividends,	-					
	payments received on securities loans,						
	rents, royalties and income from similar sources.					İ	
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975			-			
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
• •	loss from the sale of capital assets			1			
	(Explain in Part IV)						<u></u>
13	Total support. (Add lines 9, 10c, 11,						
	and 12)			1			
14	First five years. If the Form 990 is for		n's first, second,	third, fourth, or	fifth tax year a	s a section 501	i(c)(3)
	organization, check this box and stop here						
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2009 (line 8	, column (f) divide	ed by line 13, colu	mn (f))		15	%
16	Public support percentage from 2008 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2009 (In			13, column (f))		17	%
18	Investment income percentage from 2008	•	-			18	%
	33 1/3% support tests - 2009. If the oil					e than 331/3%,	and line
	17 is not more than 33 1/3 %, check th						
b	33 1/3% support tests - 2008. If the org						
	line 18 is not more than 331/3%, check						
20	Private foundation If the organization						
JSA							990 or 990-EZ) 2009

Page 4

Part IV	Supplemental Information. Compl Part II, line 17a or 17b, or Part III, lin						
		10 12 1101100 01119 01			ATTACH		
SCHEDULE A	, PART I - INFORMATION ABOUT SUPPOPTED (	DRGANIZATIONS					
•			(III) TYPE OF	(IV)	17.}	(VI)	(VII) AMOUNT OF
, [] NAME O	F SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	ES NO	res no	SUPPORT
омана соми	UNITY FOUNDATION	47-0645958	09	x			20,000
TOTAL AMOU	NT OF SUPPORT						20,000

### 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.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

THE	DAVID SCOTT FOUNDATION		36-4071892
Par	Organizations Maintaining Donor Adv the organization answered "Yes" to Fo	vised Funds or Other Similar Funds or orm 990, Part IV, line 6	Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2			
	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor		
	funds are the organization's property, subject to t		
6	Did the organization inform all grantees, donors,		
	used only for charitable purposes and not for the		
	purpose conferring impermissible private benefit?		Yes No
Pai			orm 990, Part IV, line /
1	Purpose(s) of conservation easements held by the	·	
	Preservation of land for public use (e.g., reci	I	of an historically important land area
	Protection of natural habitat	Preservation of	of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization b	held a qualified conservation contribution in	the form of a conservation
	easement on the last day of the tax year		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easemen	ts	2 b
С	Number of conservation easements on a certified	historic structure included in (a)	2c
đ	Number of conservation easements included in (	c) acquired after 8/17/06	2 d
3	Number of conservation easements modified, tra	nsferred, released, extinguished, or termin	ated by the organization during
	the tax year ▶		
4	Number of states where property subject to cons	ervation easement is located ▶	· · · · · · · · · · · · · · · · · · ·
5	Does the organization have a written policy regard	ding the periodic monitoring, inspection, ha	andling of
	violations, and enforcement of the conservation e	asements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conservation eas	ements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspe	ecting, and enforcing conservation easeme	nts during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on lii	ne 2(d) above satisfy the requirements of se	ction
	170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?		
9	In Part XIV, describe how the organization reports		
-	balance sheet, and include, if applicable, the text		
	the organization's accounting for conservation ear	<del>-</del>	
Pa		s of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered	d "Yes" to Form 990, Part IV, line 8	
1 a	If the organization elected, as permitted under	SFAS 116, not to report in its revenue s	tatement and balance sheet works of
	art historical treasures, or other similar assets his	eld for public exhibition, education, or res	earch in furtherance of public service,
	provide, in Part XIV, the text of the footnote to its		
b	If the organization elected, as permitted under historical treasures, or other similar assets held	SFAS 116, to report in its revenue stater	ment and balance sneet works of art, arch in furtherance of public service
	provide the following amounts relating to these its		aron in fartherance of public service,
	(i) Revenues included in Form 990, Part VIII, line		▶\$
	(ii) Assets included in Form 990, Part X		<b>&gt;</b> \$
2	If the organization received or held works of	art historical treasures or other similar	assets for financial dain provide the
2	following amounts required to be reported under		addition infantistal gain, provide the
_	Revenues included in Form 990, Part VIII, line 1.		<b>&gt;</b> \$
a	Assets included in Form 990, Part X		
b	Assets included in Form 990, Part X		

Par	U Organizations Maintainin	ig Colle	ections of	AII, II	istoricai	reasure	S, OI	Othe	er Sillillar	ASSELS (	continued	/
3	Using the organization's acquisition	accessi	on, and ot	her rec	ords, che	ck any of th	he fol	lowin	g that are a	significar	nt use of its	
•	collection items (check all that apply		•			•			_	_		
а	Public exhibition			d		Loan or ex	chan	ge pr	ograms			
b	Scholarly research			е		Other						
С	Preservation for future ger	nerations							~			
4	Provide a description of the organiz	ation's c	ollections a	and exp	lain how	they further	r the	orgar	nization's ex	empt pur	pose in	
	Part XIV											
5	During the year, did the organizatio	n solicit (	or receive	donatio	ns of art,	historical t	reasu	ires, c	or other sim	ılar		
	assets to be sold to raise funds rath	er than t	o be maint	ained a	as part of	the organiz	zation	's col	lection?	[	Yes	No
Par	t IV Escrow and Custodial Ar IV, line 9, or reported an	rangen amoun	nents. Co t on Form	mplete 990, F	e if the o Part X, lir	ganization ne 21	n ans	were	ed "Yes" to	Form 99	90, Part	
1 a	Is the organization an agent, trustee											
	included on Form 990, Part X?									[	Yes	No
D	If "Yes," explain the arrangement in	Рап Ліч	and comp	nete the	e tollowin	giable	· · · · · · · · · · · · · · · · · · ·	·		Amount	·····	
	Danisan halana						-			Amount		
	Beginning balance											
	Distributions during the year								<del></del>			
	Ending balance											
	Did the organization include an amo										Yes	No
	If "Yes," explain the arrangement in			i ait A,	mic Zi.		• •			[		
	tV Endowment Funds. Com			tion an	swered	'Yes" to Fr	orm (	agn	Part IV Jin	e 10		
r ai	Endowment Lunds. Com		ent Year		or year	(c) Two ye			(d) Three y		(e) Four ye	ars back
1 a	Beginning of year balance	(4, 04,		(-)	,	(0)			(*)		(-//-	
									<del></del>			
	Net investment earnings, gains,	<del></del> -										
	and losses											
d	Grants or scholarships											
	Other expenditures for facilities .	_										
	and programs							- 1				
f	Administrative expenses											
	End of year balance											
2	Provide the estimated percentage of	f the yea	ar end bala	nce held	d as	·,					l	
а	Board designated or quasi-endowm	ent 🕨		%								
b	Permanent endowment ▶	%										
С	Term endowment ▶	%										
3 a	Are there endowment funds not in t	he poss	ession of t	he orga	nization	hat are hel	d and	d adm	ninistered fo	r the		
	organization by										Υe	s No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations										3a(11)	
b	If "Yes" to 3a(II), are the related orga	anization	s listed as	require	d on Sche	edule R?.					3 b	
4	Describe in Part XIV the intended us	ses of the	e organizat	tion's ei	ndowmer	t funds						
Par	rt VI Investments - Land, Build	lings, a	nd Equip	ment. S	See For	m 990, Pa	<u>irt X,</u>	line 1	10	,		
	Description of investment		(a) Cost or (inves	other bas stment)	sıs (t	) Cost or other basis (other)	r		ccumulated preciation	((	d) Book value	
1 a	Land	]										
b	Buildings								<del> </del>	<u> </u>		
С	Leasehold improvements								<del></del>			
d	Equipment			<u>-</u>			.					
	Other									ļ	·	
Tota	I. Add lines 1a through 1e (Column	(d) must	equal Forn	n 990, F	Part X, co	lumn (B), lin	ie 10(	(c) ).	<u></u>	<u> </u>		<del>.</del>
										Sched	ule D (Form	990) 2009

(a) Description of security or calegory (b) Sook value (c) Method of valuation Cost or end-of-year market value  Financial derivatives (c) Method of valuation Cost or end-of-year market value  Total (Costume (b) must equal From 990, Part X cost (8) time 12)  Fait VIIII Investments - Program Related. See Form 990, Part X, line 13 (a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value  (c) Method of valuation Cost or end-of-year market value  (c) Method of valuation Cost or end-of-year market value  (d) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (f) Method of valuation Cost or end-of-year market value  (e) Method of valuation Cost or end-of-year market value  (f) Method of valuation Cost or end-of-year market value  (g) Method of valuation Cost or end-of-year market value  (g) Method of valuation Cost or end-of-year market value  (g) Method of valuation Cost or end-of-year market value  (g) Method of valuation Cost or end-of-year market value  (g) Method of valuation Cost or end-of-year market value  (g) Method of valuation Cost or end-of-year market value  (g) Method of valuation Cost or end-of-year market value  (g) Method of valuation Cost or end-of-ye	Part VII	Investments - Other Securities. See	orm 990, Part X, lin	e 12
Closely-held equity interests Other  Total (Column (a) must equal Form 990 Part X, col (B) line 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Total (Column (a) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  (b) Book value  Total (Column (a) must equal Form 990, Part X, col (B) line 15)  Total (Column (a) must equal Form 990, Part X, col (B) line 15)  Total (Column (a) must equal Form 990, Part X, col (B) line 15)  Total (Column (a) must equal Form 990, Part X, col (B) line 15)  Total (Column (a) must equal Form 990, Part X, line 25		(a) Description of security or category	1	(c) Method of valuation
Closely-held equity interests Other  Total (Column (a) must equal Form 990 Part X, col (B) line 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Total (Column (a) must equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description  (b) Book value  (b) Book value  Total (Column (a) must equal Form 990, Part X, col (B) line 15)  Total (Column (a) must equal Form 990, Part X, col (B) line 15)  Total (Column (a) must equal Form 990, Part X, col (B) line 15)  Total (Column (a) must equal Form 990, Part X, col (B) line 15)  Total (Column (a) must equal Form 990, Part X, line 25	Financial d	erivatives		
Total (Column (b) must equal Form 990, Part X, col (B) Ine 12)  Part VIII Investments - Program Related. See Form 990, Part X, line 13  (a) Description of investment type  (b) Book value  Cost or end-of-year market value  Cost or end-of-year market value  Total (Column (b) must equal Form 990, Part X, col (B) Ine 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) must equal Form 990, Part X, col (B) Ine 15)  Total (Column (b) must equal Form 990, Part X, col (B) Ine 15)  Total (Column (b) must equal Form 990, Part X, col (B) Ine 15)  Part X Other Liabinities. See Form 990, Part X, line 25  1. (a) Description of hability (b) Amount  Fodorial income taxes	Closely-hel	ld equity interests		
Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 13)   Part X   Other Assets. See Form 990, Part X, line 15   (a) Description   (b) Book value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, line 25   (a) Description of liability   (b) Amount    Federal income taxes   (a) Description of liability   (b) Amount   Federal income taxes   (b) Amount   Federal income taxes   (c) Method of valuation   (c) M	Other			
Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 13)   Part X   Other Assets. See Form 990, Part X, line 15   (a) Description   (b) Book value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, line 25   (a) Description of liability   (b) Amount    Federal income taxes   (a) Description of liability   (b) Amount   Federal income taxes   (b) Amount   Federal income taxes   (c) Method of valuation   (c) M			ļ	
Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 13)   Part X   Other Assets. See Form 990, Part X, line 15   (a) Description   (b) Book value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, line 25   (a) Description of liability   (b) Amount    Federal income taxes   (a) Description of liability   (b) Amount   Federal income taxes   (b) Amount   Federal income taxes   (c) Method of valuation   (c) M				
Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 13)   Part X   Other Assets. See Form 990, Part X, line 15   (a) Description   (b) Book value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, line 25   (a) Description of liability   (b) Amount    Federal income taxes   (a) Description of liability   (b) Amount   Federal income taxes   (b) Amount   Federal income taxes   (c) Method of valuation   (c) M			<u> </u>	
Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 13)   Part X   Other Assets. See Form 990, Part X, line 15   (a) Description   (b) Book value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, line 25   (a) Description of liability   (b) Amount    Federal income taxes   (a) Description of liability   (b) Amount   Federal income taxes   (b) Amount   Federal income taxes   (c) Method of valuation   (c) M				
Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 13)   Part X   Other Assets. See Form 990, Part X, line 15   (a) Description   (b) Book value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, line 25   (a) Description of liability   (b) Amount    Federal income taxes   (a) Description of liability   (b) Amount   Federal income taxes   (b) Amount   Federal income taxes   (c) Method of valuation   (c) M				
Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 13)   Part X   Other Assets. See Form 990, Part X, line 15   (a) Description   (b) Book value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, line 25   (a) Description of liability   (b) Amount    Federal income taxes   (a) Description of liability   (b) Amount   Federal income taxes   (b) Amount   Federal income taxes   (c) Method of valuation   (c) M				
Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 13)   Part X   Other Assets. See Form 990, Part X, line 15   (a) Description   (b) Book value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, line 25   (a) Description of liability   (b) Amount    Federal income taxes   (a) Description of liability   (b) Amount   Federal income taxes   (b) Amount   Federal income taxes   (c) Method of valuation   (c) M			<del></del>	
Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 13)   Part X   Other Assets. See Form 990, Part X, line 15   (a) Description   (b) Book value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, line 25   (a) Description of liability   (b) Amount    Federal income taxes   (a) Description of liability   (b) Amount   Federal income taxes   (b) Amount   Federal income taxes   (c) Method of valuation   (c) M			<del> </del>	
Investments - Program Related. See Form 990, Part X, line 13   (a) Description of investment type   (b) Book value   (c) Method of valuation   Cost or end-of-year market value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 13)   Part X   Other Assets. See Form 990, Part X, line 15   (a) Description   (b) Book value    Total (Columni (b) must equal Form 990, Part X, cor (B) line 15)   Part X   Other Liabilities. See Form 990, Part X, line 25   (a) Description of liability   (b) Amount    Federal income taxes   (a) Description of liability   (b) Amount   Federal income taxes   (b) Amount   Federal income taxes   (c) Method of valuation   (c) M	Total (Colum	n (b) must equal Form 990. Part X. col. (B) line 12.)	•	
(a) Description of investment type (b) Book value (c) Method of valuation Cost or end-of-year market value  Total (Column (b) must equal Form 990. Part X. col (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) Book value  Total (Column (b) must equal Form 990. Part X. col (B) line 15)  Total (Column (b) must equal Form 990. Part X. col (B) line 15)  Total (Column (b) must equal Form 990. Part X. col (B) line 15)  Federal Income taxes  (b) Amount  Federal Income taxes				ne 13
Total (Column (b) must equal Form 990, Part X. cot (B) line 13)  Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) must equal Form 990, Part X cot (B) line 15).  Total (Column (b) must equal Form 990, Part X. cot (B) line 15).  Part X Other Liabilities. See Form 990, Part X, line 25 1. (a) Description of liability Federal income laxes				(c) Method of valuation
Part IX Other Assets. See Form 990, Part X, line 15  (a) Description (b) Book value  Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes		,,		Cost or end-of-year market value
Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes				
Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes				
Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes				
Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes				
Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes				
Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes				
Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes				
Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes				
Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes				
Total (Column (b) must equal Form 990, Part X, col (B) line 15)  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes				
Total (Column (b) must equal Form 990, Part X, col (B) line 15).  Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes				
Total (Column (b) must equal Form 990, Part X, col. (B) line 15)	Part IX			
Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes		(a	) Description	(b) Book value
Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes				
Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes		<del></del>		
Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes				
Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes			· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes				
Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes				
Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes				
Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes			· · · · · · · · · · · · · · · · · · ·	
Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes		· · · · · · · · · · · · · · · · · · ·		
Part X Other Liabilities. See Form 990, Part X, line 25  1. (a) Description of liability (b) Amount Federal income taxes	Total (Column	n (b) must equal Form 990, Part X, col. (B) line 15)		
1. (a) Description of liability (b) Amount Federal income taxes				
		(a) Description of liability	(b) Amount	
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)	Federal inc	come taxes		
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Total (Column (h) must equal Form 990, Part X, col. (B) line 25.)				
Total (Column (b) must equal Form 990, Part X, col. (B) line 25.)				
Total Technical System of the Section 1 and	Total (Column	n (b) must equal Form 990 Part X, col (B) line 25)		

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

JSA 9E 1270 1 000

Part >	Reconciliation of Change in Net Assets from Form 990 to Audit	ed F	inancial Staten	nent	s	
	Total revenue (Form 990, Part VIII, column (A), line 12)			1		1,160,270
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	<u> </u>	1,346,753.
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	<u> </u>	-186,483.
4	Net unrealized gains (losses) on investments			4		3,670,893.
5	Donated services and use of facilities			5	ļ	
6	Investment expenses			6		
7	Prior period adjustments			7	<u> </u>	
8	Other (Describe in Part XIV )			8		34,086.
9	Total adjustments (net) Add lines 4 through 8			9		3,704,979.
	Excess or (deficit) for the year per audited financial statements. Combine lines				<u> </u>	3,518,496.
Part 2	Reconciliation of Revenue per Audited Financial Statements W	ith R	evenue per Re	turn		
1	Total revenue, gains, and other support per audited financial statements				1	4,823,898.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12					
	Net unrealized gains on investments	<u>2a</u>	3,670,89	<del>3</del> 3.		
	Donated services and use of facilities	2 b				
	Recoveries of prior year grants	2 c				
d	Other (Describe in Part XIV )	2d				
е	Add lines 2a through 2d			.  -	2 e	3,670,893.
3	Subtract line 2e from line 1			_	3	1,153,005.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1					
	,	4 a				
	Other (Describe in Part XIV )	4b	7,26	55.		
С	Add lines 4a and 4b			• • ⊢	4c	7,265.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12).				5	1,160,270.
Part 2	Reconciliation of Expenses per Audited Financial Statements W	ith E	xpenses per R	etur		1 305 400
1	Total expenses and losses per audited financial statements			.  -	1	1,305,402.
	Amounts included on line 1 but not on Form 990, Part IX, line 25		I			
a	Donated services and use of facilities	2a				
b	Prior year adjustments	<u>2b</u>				
	Other losses	2 c		_	- 1	
	Other (Describe in Part XIV )	2d	6,76	-		6 765
е	Add lines 2a through 2d			-	2e	6,765.
3	Subtract line 2e from line 1			· ·	3	1,298,637
	Amounts included on Form 990, Part IX, line 25, but not on line 1		,			
	Investment expenses not included on Form 990, Part VIII, line 7b	4 a	40 11			
	Other (Describe in Part XIV )	4 b	48,11			40 116
С	Add lines 4a and 4b			-	4c	48,116
5	Add lines 4a and 4b  Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18).	• • •	<u> </u>	<u> </u>	5	1,346,753.
Part 2	Supplemental Information					
and 2b this pai	ete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part to provide any additional information  PAGE 5					

### Part XIV Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 4B

ACCRUAL TO CASH ADJUSTMENT:

ACCRUED INTEREST RECEIVABLE - CURRENT YEAR \$ 250,218

257,483 ACCRUED INTEREST RECEIVABLE - PRIOR YEAR

\_\_\_\_\_

CHANGE IN ACCRUED INTEREST RECEIVABLE

7,265

SCHEDULE D, PART XIII, LINE 4B

ACCRUAL TO CASH ADJUSTMENT:

GRANTS PAYABLE - CURRENT YEAR \$1,692,600

GRANTS PAYABLE - PRIOR YEAR 1,740,716

CURRENT YEAR ADJUSTMENT - GRANTS PAYABLE \$ 48,116

SCHEDULE D, PART XI, LINE 8

ACCRUAL TO CASH ADJUSTMENTS:

INTEREST RECEIVABLE \$ (7,265)

GRANTS PAYABLE 48,116

ACCOUNTS PAYABLE (6,765)

-----

34,086 TOTAL ACCRUAL TO CASH ADJUSTMENT

Schedule D (Form 990) 2009

SCHEDULE D, PART XIII, LINE 2D

ACCRUAL TO CASH ADJUSTMENT:

ACCOUNTS PAYABLE - CURRENT YEAR

6,765

ACCOUNTS PAYABLE - PRIOR YEAR

0

·CURRENT YEAR ADJUSTMENT - ACCOUNTS PAYABLE

\$ 6,765

SCHEDULE D, PART X, LINE 2

THE FOUNDATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE.

THE FOUNDATION ADOPTED FINANCIAL ACCOUNTING STANDARDS BOARD (FASB) INTERPRETATION NO. 48 (FIN 48), ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES (INCLUDED IN ACCOUNTING STANDARDS CODIFICATION (ASC) SUBTOPIC 740-10, INCOME TAXES - OVERALL), ON JANUARY 1, 2009. AT DECEMBER 31, 2009, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS.

## SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No 1545-0047

2009

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22

► Attach to Form 990.

Open to Public Employer identification number 36-4071892

THE DAVID SCOTT FOUNDATION

Part I General Information on Grants and Assistance

× Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

ž

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 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 Dart IV, and Schedule 14. (Form 600), if additional engage is needed. Part II

1 (a) Name and address of organization or government  AMERICAN HEART ASSOCIATION	1410 (1)						
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(a) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(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
7272 GREENVILLE AVENUE DALLAS, 17 1521	13-5613797	501(C)(3)	7,000				GENERAL SUPPORT
400 N HAPPY HOLLOW BLVD OMAHA, NE 68132	47-0376595	501(C)(3)	59,234				GENERAL SUPPORT
CAMP FIRE USA							
2566 ST MARI'S AVE OMAHA, NE 68105	47-0401232	501(C)(3)	16,000				GENERAL SUPPORT
CHILDREN'S HOSPITAL & MEDICAL CTR FDN							
	47-6105603	501 (C) (3)	27,600				GENERAL SUPPORT
DURHAM MUSEUM							
H STREET OMAHA, NE 68108	47-0556061	501(C)(3)	8,000				CENERAL SUPPORT
JOSL:N ART MUSEUM							
OMAHA, NE 68102	47-0384577	501(C)(3)	12,500				GENERAL SUPPORT
JUVENILE DIABETES RESEARCH FOUNDATION							
120 WALL ST, 19TH FLR NEW YORK, NY 10005	23-1907729	501 (C) (3)	35,000				GENERAL SUPPORT
KNIGHTS OF AKSARBEN FOUNDATION							
A, NE	47-0447496	501 (C) (3)	43,762				GENERAL SUPPORT
MID-AMERICA COUNCIL BOYS SCOUTS							
12401 WEST MAPLE ROAD OMAHA, NE 68164-1853	47-0376545	501 (C) (3)	60,000				GENERAL SUPPORT
OMAHA ZOO TOUNDATION							
1E 68107	36-3297716	501(C)(3)	25,000				GENERAL SUPPORT
QUALITY LIVING INC		!					
1AHA, NE 68104	47-0665946	501(C)(3)	55,000				GENERAL SUPPORT
STRATEGIC AIR & SPACE MUSEUM							
AND, NE 68003	47-0619646	501 (C) (3)	430,000				GENERAL SUPPORT

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

Enter total number of section 501(c)(3) and government organizations

Schedule i (Form 990) 2009

Schedule I (I	Schedule I (Form 990) 2009			36-4071892			Page 2
Part III	Grants and Other Assistance to Individuals in the United States. Co Use Part IV and Schedule I-1 (Form 990) if additional space is needed	dividuals in the 990) if addition	e United States		organization answered	Complete if the organization answered "Yes" on Form 990, Part IV, line 22 ed	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV appraisal other)	(f) Description of non-cash assistance	
		,					
Part IV	Supplemental Information. Complete this par-	اسدا	provide the info	to provide the information required in Part I, line 2,		and any other additional information	
FORM 9	FORM 990, SCHEDULE I, PART I, LINE	2 - 2	           	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
BEFORE	BEFORE A GRANT IS GIVEN, EVERY GRA	GRANTEE SIGNS	A WRITTEN	CONTRACT THAT	L.		
STIPUL	STIPULATES A REPORTING REQUIREMENT	BY OCTOBER	15TH OF	THE GRANT YEAR	X.		1
DETAIL	DETAILING HOW THE GRANT WAS UTILIZED	IF A	REPORT IS N	NOT RECEIVED,	THE		 
FOUNDA	FOUNDATION WILL FOLLOW-UP WITH THE	GRANTEE.	IF A GRANTEE	EE IS DELINQUENT,	UENT,		1
FUTURE	FUTURE GRANTS MAY BE IN JEOPARDY.	THIS PROCESS	IS	MONITORED CLOSELY	'Y BY		 
THE BOARD	ARD.	 		 			 
 		; ; ; ; ;	                 	                 	; ; ; ; ; ; ; ; ; ;		       
! ! ! ! !							
1 1 1 1 1	.   ]						11111

Schedule I (Form 990) 2009

# SCHEDULE 1-1 (Form 990)

Department of the Treasury

Name of the organization Internal Revenue Service

DAVID SCOTT FOUNDATION

► Attach to Form 990 to list additional Information for Schedule I (Form 990), Part II or Part III.

Continuation Sheet for Schedule I (Form 990)

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

36-4071892

(h) Purpose of grant or assistance SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT SENERAL SUPPORT GENERAL SUPPORT SENERAL SUPPORT SENERAL SUPPORT Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II (g) Description of non-cash assistance (f) Method of valuation (book, FMV appraisal, (d) Amount of cash grant (e) Amount of non-cash assistance 7,000 13,000 10,000 75,000 5,500 50,000 103,000 10,000 20,000 50,000 25,000 25,000 (c) IRC section if applicable 501(C)(3) 501 (C) (3) 501(C)(3) 501 (C) (3) 501 (C) (3) 501(C)(3) 501 (C) (3) 501 (C) (3) 501 (C) (3) 501 (C) (B) 501 (C) (3) 501(C)(3) 47-0049123 47-0594056 36-2167910 42-1044017 20-5025063 47-0718409 47-0828028 47-0633685 13-1669975 47-0376605 47-0384159 47-0379839 (b) EIN HORATIO ALGER ASSN OF DISTINGUISHED AMERICA 49 CANAL CENTER PLZ ALEYANDRIA, VA 22314 NATIONAL MULTIFLE SCLEROSIS SOCIETY 500 SOUTH 20TH STREET OMAHA, NE 14302 5336 INDUSTRIAL ROAD OMAHA, NE 62137 330 VILLAGE CIRCLE SHELDON, 1A 51201 RSUS INDIAN HILLS DR OMAHA, NE URITA VA 22313 (a) Name and address of organization or government 1805 HARNEY STREET OMAHA, NE CA102 1311 S 9TH STREET OMAHA, NE 6F10B UNIVERSITY OF NEBRASKA FOUNDATION GREATER OMAHA CHAMBER FOUNDATION FELT S 118TH ST OMAHA, NE 68157 FO BOX 82555 LINCOLN, NE 68501 VILLAGE NORTHWEST UNLIMITED 301 HARNEY ST OMAHA, NE 66102 6001 DODGE ST OMAHA, NE 68182 CHILDREN'S RESPITE CARE LTR UNITED WAY OF THE MIDLANDS 615 SLATERS LN ALEXANDRIA, UNIVERSITY OF NE - OMAHA OMPHA CHILDRENS MUSEUM ALS IN THE HEARTLAND GRACE UNIVERSITY SALVATION ARMY PONORS TRUST

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

PAGE 25

Schedule I-1 (Form 990) 2009

SENERAL SUPPORT

SENERAL SUPPORT

SENERAL SUPPORT

5,500

501(C)(3)

47-0439079

20,000

501(C)(3)

47-0384338

20,000

501(C)(3)

42-u698196

101 7TH ST SW ORANGE CITY, 1A 51041

20 S 72ND ST OMAHA, NE 68114

NORTHWESTERN COLLEGE

F O BOY 12034 OMAHA, NE UP112

UTA HALEE GIRLS VILLAGE

36-4071892

Schedule I-1 (Form 990) 2009

### SCHEDULE O (Form 990)

### Supplemental Information to Form 990

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

Attach to Form 990.



Department of the Treasury Internal Revenue Service

Name of the organization
THE DAVID SCOTT FOUNDATION

Employer identification number 36-4071892

ATTACHMENT 2

FORM 990, PART VI, SECTION A, LINE 2

THE FOLLOWING DIRECTORS HAVE A FAMILY RELATIONSHIP:

DAVID SCOTT AND LORI SCOTT

FORM 990, PART VI, SECTION A, LINE 11A

EACH DIRECTOR WILL RECEIVE THE FORM 990 PRIOR TO THE RETURN BEING FILED
WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 15B

THE FOUNDATION DOES NOT HAVE ANY PAID EMPLOYEES OR DIRECTORS, THEREFORE, NO PROCESSES ARE IN PLACE RELATING TO COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19

THE FOUNDATION DOES NOT MAKE THESE RECORDS AVAILABLE TO THE PUBLIC.

FORM 990, PART VI, SECTION A, LINE 8B

THE FOUNDATION DOE SNOT HAVE ANY COMMITTEES THAT CURRENTLY ACT ON BEHALF OF THE GOVERNING BOARD.

# 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

Schedule R (Form 990) 2009 (f)
Direct controlling
entity Employer identification number (f) Direct controlling N/A 36-4071892 Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year) (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets ω (d) Exempt Code section (d) Total income 501 (C) (3) Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.) (c)
Legal domicile (state
or foreign country) (c) Legal domicile (state or foreign country) N E (b) Primary activity Primary activity COMM TRUST 9 47-0645958 68131 ► Attach to Form 990. For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 -OMAHA, NE (a)Name, address, and EIN of related organization (a)Name, address, and EIN of disregarded entity COMMUNITY FOUNDATION 36TH STREET THE DAVID SCOTT FOUNDATION Name of the organization 302 S. Part II Part I

(J) General or Percentage ownership Yes No managıng partner? (i)
Code V-UBI
amount in box 20 of
Schedule K-1
(Form 1065) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 (g) Share of end-of-year assets Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) (h) Disproportorate allocatora? Š (f) Share of total income Yes (g) Share of end-of-year assets Type of entity (C corp. S corp or trust) (f) Share of total income because it had one or more related organizations treated as a partnership during the tax year ) (d)
Direct controlling
entity Predominant income (related, unrelated, excluded from tax under sections 512-514) (c) Legal domicile (state or foreign country) Primary activity (d) Direct controlling (c)
Legal
domicile
(state or
foreign Name, address and EIN of related organization (b) Primary activity Name, address, and EIN of related organization Part III Part IV

¥.

V 09-8.3

Schedule R (Form 990) 2009

# Transactions With Related Organizations (Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36)

Not	Note. Complete line 1 if any entity is listed in Parts II. III or IV of this schedule			Yes No	0
· -		2			
ď	Receipt of (I) interest (III) annuities (IIII) rovalties or (IV) rent from a controlled entity		19	<u></u>	×
2	Giff grant or capital contribution to other programsalves)		1 1	_	×
. (		•		_	×
ı					>
b	Loans or loan guarantees to or for other organization(s)		의 : : :		ا ہ
•			10	^ _	×
ย	Loans of loan guarantees by otner organization(s)		· · ·		: 1
4-	Sale of assets to other organization(s)		14		×
0			19	_	×
ר נ					×
_		:	=   : : :		دا :
_	Lease of facilities, equipment, or other assets to other organization(s)		<u>= </u> : : :	_	<
					:
-	Lease of facilities, equipment, or other assets from other organization(s)		<u>=</u>	~	×
¥	Performance of services or membership or fundraising solicitations for other organization(s)		1	<u>^</u>	×
_	Performance of services or membership or fundraising solicitations by other organization(s)		=	×	
. E		· · ·		-	×
•					>
_	Sharing of paid employees		<u> </u>		۱ ۲
0	Reimbursement paid to other organization for expenses		÷		$\times$
a		•	1p		×
•		•			1
5	Other transfer of cash or property to other organization/s)		7		×
, r			: :		×
2	If the answer to any of the above is "Yes," see the instrinctions for information on who miss complete this line inclinding covered	ne and trans	elationships and transaction thresholds	]	1
	יסי ווויסיוויו מוויסיו סון איוס ווויסט כסווויסיונים וווים, וויסיסטוווט כסאפופט	אם מים וימוט	מכונסוו וווים אוסוס	0	1
	(a) (a) Transaction Name of other organization type (a-r)	tion -r)	(c) Amount involved	ved	
3					
					1
(2)			,		
					l
3					İ
(4)		-			
					1
(5)					- 1
(9)					
			Schedule R (Form 990) 2009	m 990) 20(	8

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on 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.

(b) (c) (d) (d) (e)	(q)	(c)	(d)	ļ	(f)		(h) General or
Name address and Ein of entify	Primary activity	(state or foreign country)	section 501(c)(3) organizations?	end-of-year assets	allocations?	amount in box 20 of Schedule K-1	managing partner?
			Yes No		Yes No	(rorm 1065)	Yes No
					-	Schedule R (Form 990) 2009	990) 2009

PAGE 31

T				Page 2
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month Extension, complete</li> </ul>	only Part II	and check this how	<del>, </del>	X X
Note Only complete Part II if you have already been granted an automatic 3-month				
<ul> <li>If you are filing for an Automatic 3-Month Extension, complete only Part I (on p</li> </ul>		on a previously life	a i omi 6000	
		original (no co	nios poodod)	
Part   Additional (Not Automatic) 3-Month Extension of Time. O  Name of Exempt Organization		Employer identif		
lyne or I	1 7 7	36-40718		
print THE DAVID SCOTT FOUNDATION		ļ	92	
File by the Number, street, and room or suite no. If a P.O. box, see instructions	·	For IRS use only		
extended due date for 500 ENERGY PLAZA, 409 S. 17TH ST.		<u> </u>		
filing the return See City, town or post office, state, and ZIP code For a foreign address, see instruction	ions [; , `,		*	;
instructions OMAHA, NE 68102		S. 18 19.	· / / "/-	
Check type of return to be filed (File a separate application for each return)				
X   Form 990   Form 990-PF		Form 1041-A	Form 6	069
Form 990-BL Form 990-T (sec 401(a) or 408(a) trust)		Form 4720	Form 8	870
Form 990-EZ Form 990-T (trust other than above)		Form 5227		
STOP Do not complete Part II if you were not already granted an automatic 3	-month exte	nsion on a previo	ously filed Form	8868.
The books are in the care of ► TERESA LAYTON, OMAHA NATL TRST	<del></del>	······································		
Telephone No ► 402 827-9600 FAX No ►			<del>_</del>	
If the organization does not have an office or place of business in the United Star	tes check this	s hov		
<ul> <li>If this is for a Group Return, enter the organization's four digit Group Exemption N</li> </ul>			this is	
for the whole group, check this box				
• • • • • • • • • • • • • • • • • • • •	K tills box	. Fand atta	Cira	
list with the names and EINs of all members the extension is for  4. Frequest an additional 3-month extension of time until 11/15/2010	<del></del>		<del></del>	
. , , , , , , , , , , , , , , , , , , ,				
5 For calendar year 2009, or other tax year beginning	and er			<del></del> .
6 If this tax year is for less than 12 months, check reason Initial return	Final ret		e in accounting	period
7 State in detail why you need the extension INFORMATION NECESSARY	Y TO PREP	ARE A COMPLI	ETE A	
ACCURATE RETURN IS NOT YET AVAILABLE.				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, ente	r the tentativ	e tax, less any		
nonrefundable credits See instructions			8a \$	_ 0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refun	idable credits	and estimated	•	
tax payments made Include any prior year overpayment allowed as a ci	redit and an	y amount paid		
previously with Form 8868			8b \$	0.
c Balance Due. Subtract line 8b from line 8a Include your payment with this	form, or, if re	quired, deposit		
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payme			8c \$	0.
Signature and Verifica			-11	
Under penalties of perjury, I declare that I have examined this form, including accompanying schedu		nts, and to the best of	of my knowledge an	d belief,
it is true, correct, and complete, and that I am authorized to prepare this form				
Signature Village & Village Title >		Date	-819110	
KPMG LLP	<del></del> -	Date	Form <b>8868</b> (Rev	4 2000)
TWO CENTRAL PARK PLAZA, SUITE 1501			1 0111 0 0 0 (Nev	4-2009)
•				
OMAHA, NE 68102-1626				
			CERTIFICE	
		ALDOVEN.	-12/2	
	Nier	学程了48%	0402	
	W &	MAHA, HE O	0102	
		AUG 12 20 RECEIV 42402	inl)	
		AIIG 12 11	ווע	
		Hoa	. ,~	
		ENGINE	الما	
		LA CONTO	)	
		4240	ta .	

JSA

### Form 8868

(Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Internal Revenue S		<b>&gt;</b>	File a separate application for each	return				
		Automatic 3-Month Exten	sion, complete only Part I and o	check this box				► X
			<ul> <li>3-Month Extension, complete on granted an automatic 3-month ex</li> </ul>				168	
Part I Auto	matic 3-	Month Extension of Tim	e. Only submit original (no co	pies needed)				
			ting an automatic 6-month extensi		and comple	te		
Part I only					~	٠.		<b>&gt;</b>
time to file inco	ome tax re	turns	eartnerships, REMICs, and trusts					
one of the rei electronically i returns, or a ci	turns note if (1) you omposite	d below (6 months for a want the additional (not a or consolidated From 990-	onically file Form 8868 if you was corporation required to file Foutomatic) 3-month extension or T Instead, you must submit the s form, visit www.irs.gov/efile an	orm 990-T) Howe (2) you file Form fully completed ai	ever, you ca is 990-BL, 6 nd signed pa	annot 6069, age 2	file Ford or 8870 (Part II)	m 8868 ), group
Type or		Exempt Organization			Employer			umber
print	THE	DAVID SCOTT FOUND	PATION		36-4	10718	92	
File by the		street, and room or suite no. If						
due date for	500	ENERGY PLAZA, 409	S 17TH ST.					
filing your return See	City, tow	or post office, state, and ZIP of	ode For a foreign address, see instruc	ctions				
instructions	OM?	HA, NE 68102						
Check type of		be filed (file a separate ap	plication for each return)					
X Form 990		` —	90-T (corporation)	F	orm 4720			
Form 990	-BL	[-·- <del>-</del>	90-T (sec. 401(a) or 408(a) trust)	F	orm 5227			
Form 990	-EZ	<del></del>	90-T (trust other than above)	F	orm 6069			
Form 990		Form 10	,	F-	orm 8870			
Telephone  If the organ If this is for for the whole organes and EIN  I reques until for the org	No Paragramment of the second	es not have an office or pla eturn, enter the organization of the extension will continue to the extension will be extension will continue to the extension will be extension will	the exempt organization return 2010	s, check this box imber (GEN) boox .	and attach a grant of the second of the seco	exte bove	nsion of	of time ension is
3a If this ap	plication	s for Form 990-BL, 990-P	F, 990-T, 4720, or 6069, enter	r the tentative tax	, less any			<del></del>
nonrefund	dable cred	its See instructions	-			3a	\$	0
b If this app	plication	for Form 990-PF or 990-	T, enter any refundable credits a	and estimated tax	payments			
made Ind	lude any	orior year overpayment allo	wed as a credit			3b	\$	0.
			nclude your payment with this f					
with FT[	O coupon	or, if required, by usin	g EFTPS (Electronic Federal T	Tax Payment Syst	lem) See			
instruction	าร					3с	\$	0
Caution If you	are going	to make an electronic fund	withdrawal with this Form 8868, se	e Form 8453-EO a	nd Form 887	'9-EO		
for payment ins								
		erwork Reduction Act Notice	ce, see Instructions			Form 8	868 (Re	v 4-2009)
ISA				KPMG LLP Two Central Park PI State 1501 Ontaina, Nebraska 6 13-5565207			<b>v</b> -	•