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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

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

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
FATHER FLANAGANS BOYS HOME

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
14100 CRAWFORD STREET

City or town, state or country, and ZIP + 4
BOYS TOWN, NE 68010

D Employer identification number
47-0376606

E Telephone number
(402) 498-3127

G Gross receipts $ 455,710,678

F Name and address of principal officer
Rev Steven E Boes
14100 Crawford Street
Boys Town, NE 68010

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ http //www boystown org

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1917

M State of legal domicile NE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
0 Changing the way America cares for children, families and communities by providing and promoting an Integrated Continuum of Care that instills Boys Town values to strengthen body, mind and spirit

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5	Total number of employees (Part V, line 2a)	5	3,435
6	Total number of volunteers (estimate if necessary)	6	184
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	156,169
b	Net unrelated business taxable income from Form 990-T, line 34	7b	-255,327

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	107,097,696	165,872,598
9	Program service revenue (Part VIII, line 2g)	89,713,984	92,776,134
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,255,681	3,762,035
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,685,053	1,541,041
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	202,752,414	263,951,808

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	26,384,287	21,054,053
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	98,780,170	99,605,653
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 17,096,293		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	70,210,287	144,560,640
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	195,374,744	265,220,346
19	Revenue less expenses Subtract line 18 from line 12	7,377,670	-1,268,538

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,025,960,812	1,128,838,556
21	Total liabilities (Part X, line 26)	122,713,367	132,301,489
22	Net assets or fund balances Subtract line 21 from line 20	903,247,445	996,537,067

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2010-11-16
Signature of officer | Date

Judy F Rasmussen Treasurer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Lorraine Egger	Date 2010-11-16	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ KPMG LLP 1501 Two Central Park Plaza Omaha, NE 68102			EIN ▶ Phone no ▶ (402) 348-1450

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

Changin the way America cares for children, families and communities by providing and promoting an Integrated Continuum of Care that instills Boys Town values to strengthen body, mind and spirit

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a	(Code)	(Expenses $	45,246,808	including grants of $	2,756,579)	(Revenue $	16,847,831)
	NEBRASKA/IOWA SERVICES						
4b	(Code)	(Expenses $	83,198,528	including grants of $	170,992)	(Revenue $	70,904,765)
	BOYSTOWN NATIONAL RESEARCH HOSPITAL						
4c	(Code)	(Expenses $	20,907,533	including grants of $	18,109,341)	(Revenue $	1,406,627)
	PROGRAMS ACROSS AMERICA						
4d	Other program services (Describe in Schedule O)						
	(Expenses $	85,371,783	including grants of $	17,141)	(Revenue $	3,616,911)	
4e	**Total program service expenses** ▶ $	234,724,652					

Part IV Checklist of Required Schedules

			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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
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	Yes	
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	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *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		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** / **No** *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* — **12A** Yes			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13	Yes	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
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		No
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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	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 "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**	Yes	
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 questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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*	**25a**		No
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 I*	**25b**		No
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*	**26**		No
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*	**27**		No
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*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
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 owner? *If "Yes," complete Schedule L, Part IV*	**28c**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	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**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	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*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V 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 U.S. Information Returns. Enter -0-* if not applicable	1a	885		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	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	3,435		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	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 and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			6a		No
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).**					
a	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?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		
9	**Sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	15		
b	Enter the number of voting members that are independent	1b	14		
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	Yes	
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
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		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No
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		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ WY , WV , WI , WA , VT , VA , UT , TX , TN , SD , SC , RI , PA , OR , OK , OH , NY , NV , NM , NJ , NH , NE , ND , NC , MT , MS , MO , MN , MI , ME , MD , MA , LA , KY , KS , IN , IL , ID , IA , HI , GA , FL , DE , DC , CT , CO , CA , AZ , AR , AL

18 Section 6104 requires an organization to make its Form 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 ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

Judy F Rasmussen
14086 Mother Teresa Lane
Boys Town, NE 68010
(402) 498-3131

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, and **current** key employees 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, or 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 or former officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See add'l data										

1b Total . . . . . ▶	3,254,665		1,086,734

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 113

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
United Health Care 2717 N 118th Circle 300 Omaha, NE 68154	Employee Medical Expenses	12,365,466
Blue Cross Blue Shield 7261 Mercy Road Omaha, NE 68180	Employee Medical Expenses	6,451,981
AON Risk Service 11213 Davenport Suite 201 Omaha, NE 68154	Insurance Brokerage	1,267,816
Life Insurance of North America PO Box 13701 Philadelphia, PA 19178	Life, Accident, Death Disability Insurance	709,538
St Paul Fire & Marine Ins Co 91287 Collections Center Dr Chicago, IL 60693	Insurance	341,196

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 9

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	157,814			
	d	Related organizations	1d	41,086,663			
	e	Government grants (contributions)	1e	9,223,468			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	115,404,653			
	g	Noncash contributions included in lines 1a-1f $ 73,460,601					
	h	**Total.** Add lines 1a-1f		165,872,598			
			Business Code				
Program Service Revenue	2a	Village Residential	623,990	16,847,831	16,847,831		
	b	Home Town Educational	611,600	3,522,280	3,522,280		
	c	Programs Across America	624,100	1,406,627	1,406,627		
	d	Boys Town National Research Hospital	900,099	70,904,765	70,904,765		
	e	National Hotline and Public Services	624,100	94,631	94,631		
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		92,776,134			
	3	Investment income (including dividends, interest and other similar amounts)		4,337,910			4,337,910
	4	Income from investment of tax-exempt bond proceeds		439,990			439,990
	5	Royalties		199,969			199,969
			(i) Real	(ii) Personal			
	6a	Gross Rents	170,687				
	b	Less rental expenses					
	c	Rental income or (loss)	170,687				
	d	Net rental income or (loss)		170,687			170,687
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	189,103,081	1,509,200			
	b	Less cost or other basis and sales expenses	190,340,619	1,287,527			
	c	Gain or (loss)	-1,237,538	221,673			
	d	Net gain or (loss)		-1,015,865			-1,015,865
Other Revenue	8a	Gross income from fundraising events (not including $ 157,814 of contributions reported on line 1c) See Part IV, line 18	a 114,949				
	b	Less direct expenses	b 130,724				
	c	Net income or (loss) from fundraising events		-15,775			-15,775
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a 156,169				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		156,169		156,169	
		Miscellaneous Revenue	Business Code				
	11a	Refunds and Insurance Recoveries	900,099	138,245			138,245
	b	Food Service	900,099	202,308			202,308
	c	Mailing list fees	900,099	646,095			646,095
	d	All other revenue		43,343			43,343
	e	**Total.** Add lines 11a–11d		1,029,991			
	12	**Total revenue.** See Instructions		263,951,808	92,776,134	156,169	5,146,907

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.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	18,109,341	18,109,341		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	2,944,712	2,944,712		
3 Grants and other assistance to governments, organizations, and individuals outside the U S 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	1,722,630	514,064	1,208,566	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	75,422,048	67,334,815	6,011,470	2,075,763
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,529,240	3,176,918	260,834	91,488
9 Other employee benefits	11,808,871	10,184,316	1,265,543	359,012
10 Payroll taxes	7,122,864	6,391,606	555,835	175,423
11 Fees for services (non-employees)				
a Management	0			
b Legal	308,635	76,897	231,738	
c Accounting	244,249		244,249	
d Lobbying	349,749	194,511	155,238	
e Professional fundraising *See Part IV, line 17*				
f Investment management fees	0			
g Other	25,365,878	24,267,350	1,098,528	
12 Advertising and promotion	67,628,854	67,628,854		
13 Office expenses	14,967,758	13,556,287	1,393,555	17,916
14 Information technology	0			
15 Royalties	0			
16 Occupancy	5,774,897	5,555,148	178,790	40,959
17 Travel	1,452,200	1,315,698	69,368	67,134
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	2,912,502	2,046,827	11,761	853,914
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	7,121,622	6,617,843	263,545	240,234
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 Fundraising expenses	13,013,884			13,013,884
b Equipment rental and maintenance	2,131,394	1,681,476	289,352	160,566
c Other expenses	3,289,018	3,127,989	161,029	
d				
e				
f All other expenses	0			
25 **Total functional expenses.** Add lines 1 through 24f	265,220,346	234,724,652	13,399,401	17,096,293
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	15,690,408	1,687,282	792,518	13,210,608

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		3,613,517	1	4,519,409
	2	Savings and temporary cash investments		40,465,962	2	44,655,518
	3	Pledges and grants receivable, net		874,930	3	1,072,131
	4	Accounts receivable, net		17,167,448	4	16,099,223
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	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			6	
	7	Notes and loans receivable, net		174,167	7	156,415
	8	Inventories for sale or use		981,602	8	1,635,479
	9	Prepaid expenses and deferred charges		32,374,939	9	40,266,236
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 197,146,350			
	b	Less accumulated depreciation	10b 123,182,746	70,278,179	10c	73,963,604
	11	Investments—publicly traded securities		38,865,740	11	28,152,574
	12	Investments—other securities See Part IV, line 11		10,844,585	12	15,865,479
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		810,319,743	15	902,452,488
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,025,960,812	16	1,128,838,556
Liabilities	17	Accounts payable and accrued expenses		36,408,872	17	37,953,345
	18	Grants payable			18	
	19	Deferred revenue		70,465	19	
	20	Tax-exempt bond liabilities		47,834,997	20	47,565,556
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		38,399,033	25	46,782,588
	26	**Total liabilities.** Add lines 17 through 25		122,713,367	26	132,301,489
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		835,696,266	27	912,307,528
	28	Temporarily restricted net assets		16,661,012	28	21,852,787
	29	Permanently restricted net assets		50,890,167	29	62,376,752
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		903,247,445	33	996,537,067
	34	Total liabilities and net assets/fund balances		1,025,960,812	34	1,128,838,556

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ 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		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated 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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization
FATHER FLANAGANS BOYS HOME

Employer identification number
47-0376606

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2 ☑ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II **Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar 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 shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	**14**	0 %
15 Public Support Percentage for 2008 Schedule A, Part II, line 14	**15**	

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar 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						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $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)						

Section B. Total Support

Calendar 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						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c 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 (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15	0 %
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17	0 %
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

- Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	Employer identification number
FATHER FLANAGANS BOYS HOME	47-0376606

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt funtion activities ▶ $ _____

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☑ if the filing organization belongs to an affiliated group

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	349,749	349,749
c Total lobbying expenditures (add lines 1a and 1b)	349,749	349,749
d Other exempt purpose expenditures	264,870,597	322,472,778
e Total exempt purpose expenditures (add lines 1c and 1d)	265,220,346	322,822,527
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000
Over $17,000,000	$1,000,000

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ Yes ☐ No

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	294,650	331,147	342,723	349,749	1,318,269
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?	3		

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) non-deductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i
Also, complete this part for any additional information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

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

2009

Open to Public Inspection

Name of the organization
FATHER FLANAGANS BOYS HOME

Employer identification number
47-0376606

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	50,890,167	71,518,001			
b Contributions	4,421,999	654,988			
c Investment earnings or losses	7,064,586	-21,282,822			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	62,376,752	50,890,167			

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 100 000 % %
- c Term endowment ▶ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	301,196	2,596,776		2,897,972
b Buildings		131,361,047	78,666,240	52,694,807
c Leasehold improvements				
d Equipment		62,887,331	44,516,506	18,370,825
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				73,963,604

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
Total. *(Column (b) should 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	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should 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
Beneficial interest in assets held in trust	64,375,912
Accrued investment income	64,960
Other assets	1,500,419
Interest in Father Flanagans Fund For Needy Children	782,125,400
Interest in Subordinate Affiliated Organizations	49,901,929
Interest in Lied Learning and Technology Center for	4,483,868
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	902,452,488

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Postretirement Benefit Obligation	46,782,588
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	46,782,588

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

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
X	2	he guidance included in FASB ASC Topic 740, Income Taxes Boys Town recognizes the effect of income tax positions only if those positions are more likely than not of being sustained At December 31, 2009, Boys Town had no uncertain tax positions accrued

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SCHEDULE E (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

▶Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FATHER FLANAGANS BOYS HOME

Employer identification number
47-0376606

			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1	Yes	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2	Yes	
3	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe If "No," please explain	3	Yes	
	Father Flanagans Boys Home annually publishes a statement of its racial nondiscrimination policy dealing with student admission, programs and scholarships in adccordance with Rev Procedures 75-50			
4	Does the organization maintain the following?			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Yes	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b	Yes	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c	Yes	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Yes	
	If you answered "No" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
5	Does the organization discriminate by race in any way with respect to			
a	Students' rights or privileges?	5a		No
b	Admissions policies?	5b		No
c	Employment of faculty or administrative staff?	5c		No
d	Scholarships or other financial assistance?	5d		No
e	Educational policies?	5e		No
f	Use of facilities?	5f		No
g	Athletic programs?	5g		No
h	Other extracurricular activities?	5h		No
	If you answered "Yes" to any of the above, please explain If you need more space, use Schedule O (Form 990)			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a	Yes	
b	Has the organization's right to such aid ever been revoked or suspended?	6b		No
	If you answered "Yes" to either line 6a or line 6b, explain on Schedule O (Form 990)			
7	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," explain on Schedule O (Form 990)	7	Yes	

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SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
FATHER FLANAGANS BOYS HOME

Employer identification number
47-0376606

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Internet and e-mail solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 Student Athletic Recognition Banquet (event type)	(b) Event #2 Memorial Day Run (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	184,657	88,106		272,763
	2 Less Charitable contributions	123,144	34,670		157,814
	3 Gross income (line 1 minus line 2)	61,513	53,436		114,949
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes		7,835		7,835
	6 Rent/facility costs	5,010			5,010
	7 Food and beverages	61,512			61,512
	8 Entertainment	9,255			9,255
	9 Other direct expenses	13,877	33,235		47,112
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				130,724
	11 Net income summary Combine lines 3, column d, and line 10 ▶				-15,775

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1, column d, and line 7 ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

			Yes	No
13	Indicate the percentage of gaming activity operated in			
a	The organization's facility	**13a**		
b	An outside facility	**13b**		
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records			
	Name ▶			
	Address ▶			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	**15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____			
c	If "Yes," enter name and address			
	Name ▶			
	Address ▶			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ $ _____			
	Description of services provided ▶			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions			
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	**17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $			

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FATHER FLANAGANS BOYS HOME

Employer identification number
47-0376606

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☑ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☑ 100% ☐ 150% ☐ 200% ☐ Other _____	3a	Yes	
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☑ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____	3b	Yes	
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		No
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		No
6a	Does the organization prepare an annual community benefit report?	6a		No
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			184,946		184,946	0 070 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			27,611,494	16,764,393	10,847,101	4 120 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			2,060,031	1,707,706	352,325	0 130 %
d **Total** Charity Care and Means-Tested Government Programs			29,856,471	18,472,099	11,384,372	4 320 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			8,643		8,643	
f Health professions education (from Worksheet 5)			12,561		12,561	
g Subsidized health services (from Worksheet 6)			5,053,597	3,380,177	1,673,420	0 640 %
h Research (from Worksheet 7)			2,153,207	1,153,652	999,555	0 380 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			72,071		72,071	0 030 %
j **Total** Other Benefits			7,300,079	4,533,829	2,766,250	1 050 %
k **Total.** Add lines 7d and 7j			37,156,550	23,005,928	14,150,622	0

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support			24,554		24,554	0 010 %
4	Environmental improvements						
5	Leadership development and training for community members			13,601		13,601	0 010 %
6	Coalition building			33,396		33,396	0 010 %
7	Community health improvement advocacy			10,434		10,434	
8	Workforce development						
9	Other			6,892		6,892	
10	**Total**			88,877		88,877	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	1,601,753		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	480,526		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	1,357,876		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	1,586,772		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-228,896		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used				

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Boys Town National Research Hospital 520 North 30 Street Omaha, NE 68011	X	X	X			X			
Boys Town National Research Hospital 14000 Boys Town Hospital Rd Boys Town, NE 68010	X	X	X						

Part VI Supplemental Information

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

Boys Town National Research Hospital uses Federal Poverty Income Guidelines in determining free or discounted care under its Charity care policy BTNRH will consider the extent to which the patient has assets other than income that could be used to meet his or her financial obligation

N/A

The cost of subsidized health services represent expenses of the Center for Childhood Deafness program and does not include any expenses asssociated with physician clinics

Form 990, Part IX, Line 25, column A 265,220,346 Bad debt expense subtracted 1,937,177 Adjusted Expenses for calculating percentage 263,283,169

Cost to Charge Ratio was used Only the cost of Hospital charitable activities are included however, the ratios in column f are calulated based on total expenses of the organization These ratios would be much higher if only Hospital expenses were considered

Used Cost to Charge ratio There is no footnote in the consolidated financial statements regarding bad debt Due to insufficient information the amount of bad debt that would have actually qualified as charity care was not calculated by this organization The organization estimated this amount with information provided by its outside independent collection agency

Used Cost to Charge ratio This organizations medical shortfall should not be considered a Community Benefit

Signage, brochures placed in appropriate areas and notes placed in health care bills are used to notify patients how to obtain more information about financial assistance Staff with direct patient contact are instructed to direct questions to the proper provider representative

6 - Outpatient physician clinics 3 - Outpatient physician clinic hearing diagnostic clinics 1 - Outpatient hearing diagnostic clinic 2 - Child/Adolescent Residential Treatment Centers 2 In part, Boys Town National Research Hospital assesses the health care needs of the community through requests from community organiztions to participate in events such as hearing screenings, back-to -school physicals, and minority health fairs 3 Patients are notified through signage, brochures and notes in health care statements how to obtain information about financial assistance If applicable, prior to be being considered for financial assistance, the the patient/family must cooperate with the provider to furnish information and documentation to apply for other existing financial resources that may be available to pay for the patients health care 4 Boys Town National Research Hospital serves an eight-county, Greater Omaha Metropolitan area with a population of 838,855 2009 Census, and an additional 1 2 million who live within a 60-mile radius of Omaha Greater Omaha Economic Development Partnership The two highest populated counties in the Greater Omaha area are Douglas County, population 510,199, and Sarpy County, population 153,504 2009 Census The geographic design of both counties is mainly Suburban areas with few designated urban areas In Douglas County, the medium household income is 52,222 2008 Census The percentage of residents below the poverty line is 12 2 2008 Census The percentage of residents without Healthcare Insurance is 14 U S Census Bureau, 2009 American Community Survey The number of hospitals serving the Douglas County community is 14 North and South Omaha are federally-designated medically underserved areas Currently, there are two federally qualified health care centers in these communities HRSA gov In Sarpy County, the medium household income is 64,840 2008 Census The percentage of residents below poverty line is 5 4 2008 Census The percentage of residents without Healthcare Insurance is 8 7 U S Census Bureau, 2009 American Community Survey The number of hospitals serving the Sarpy County community is 2 Currently, no records of a federally qualified health care center in the Sarpy County community HRSA gov 5 The hospital works closely with numerous organizations in the community to promote health lifestyles, including the Salvation Army, Latino and African American community groups The hospital conducts an annual health fair as well as participates in corporate and school health fairs, parenting classes, hearing screenings, infant car seat checks and seminars and workshops for hard of hearing and visually impaired children and their families 6 The hospital is governed by the independent board of trustees of Father Flanagans Boys Home Seven of the 15 members reside in the hospitals primary service area Medical staff privileges are extended to all qualified physicians in the community The hospital provides free or subsidized services locally and nationally to hard-of-hearing children and their families through the following community building programs or activities Family Support Services - Counseling and wellness services, communication methods, educational options advisement, sign language instruction, social, emotional and educational seminars, technology and parent-child social opportunities Educational Programs - Home-based early intervention, day care consultation services, preschool education, speech and language therapy, school counseling services, classroom listening technology training and consultation Outreach - auditory consulting school district advisement, parent and professional seminars, parent and professional web-based education 7 - N/A 8 - N/A

2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FATHER FLANAGANS BOYS HOME

Employer identification number
47-0376606

Part I General Information on Grants and Assistance

1 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? . . . ☑ Yes ☐ No

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

Part II 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 Part IV and Schedule I-1 (Form 990) if additional space is needed . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys Town California Inc 2740 N Grand Ave 2nd FL Santa Anna, CA 92704	263965524	501c3	3,208,688				Program support
Boys Town Central Florida Inc37 Alafaya Woods Blvd Oviedo, FL 32765	200654235	501c3	2,019,079				Program support
Boys Town Chicago Inc4538 South Hermatage Chicago, IL 60609	202137568	501c3	116,392				Program support
Boys Town Louisiana Inc700 Frenchmen St New Orleans, LA 70116	412220807	501c3	1,244,299				Program support
Boys Town Nevada Inc821 N Mojave RD Las Vegas, NV 89101	200654472	501c3	1,127,441				Program support
Boys Town New England Inc 31 King Charles Dr Ste A Portsmouth, RI 02871	200655240	501c3	716,972				Program support
Boys Town New York Inc444 Park Ave S Rm 801 New York, NY 10016	205960877	501c3	2,054,244				Program support
Boys Town North Florida Inc 3555 Commonwealth Blvd Tallahassee, FL 32303	200655144	501c3	1,044,871				Program support
Boys Town Texas Inc503 Urban Loop San Antonio, TX 78204	412181898	501c3	1,233,463				Program support
Boys Town Washington DC Inc4801 Sargent Rd NE Washington, DC 20017	412220810	501c3	1,876,343				Program support
Father Flanagans Boys Town Florida Inc3111 South Dixie Highway St 200 West Palm Beach, FL 33405	263965524	501c3	2,817,621	649,928	Book	Unrestricted Assets	Program support

2 Enter total number of section 501(c)(3) and government organizations . . . ▶ 11

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(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
Direct care of youth in various programs	7483	2,944,712			
See Additional Data Table					

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FATHER FLANAGANS BOYS HOME

Employer identification number
47-0376606

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☑ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☑ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Patrick Brookhouser MD	(i) (ii)	298,579		2,286	267,581	10,683	579,129	
Philip J Ruden	(i) (ii)	221,321		22,402	129,046	20,187	392,956	
Judy F Rasmussen	(i) (ii)	208,340		16,770	13,137	19,131	257,378	
Dan Daly PhD	(i) (ii)	185,137		23,188	234,722	11,395	454,442	
Michael J Eglseder	(i) (ii)	156,140		16,770	66,359	20,739	260,008	
Thomas Gregory	(i) (ii)	126,842		21,591	57,810	9,595	215,838	
Victor LaPuma	(i) (ii)	128,681		22,774	9,250	16,613	177,318	
Andrew M Bath	(i) (ii)	174,218		11,514	11,000	5,338	202,070	
Rev Val J Peter	(i) (ii)			20,000			20,000	
Charles J Sprague MD	(i) (ii)	314,604		16,590	14,700	14,799	360,693	
John P Sheehan MD	(i) (ii)	297,952		16,627	14,700	4,430	333,709	
Jane Emanuel MD	(i) (ii)	282,678		19,292	14,700	24,119	340,789	
Mark J Domet MD	(i) (ii)	282,280		18,496	14,700	14,119	329,595	
John W Peterson MD	(i) (ii)	281,487		15,197	14,700	16,510	327,894	

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FATHER FLANAGANS BOYS HOME

Employer identification number
47-0376606

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased Yes	(g) Defeased No	(h) On Behalf of Issuer Yes	(h) On Behalf of Issuer No
A	Nebraska Elementary and Secondary School Finance Authority	47-0821671	000000000	06-27-2003	8,200,000	Capital repar, renovations and improv Refund Redemption of 7/30/93 bonds		X		X
B	Hospital Authority No 2 of Douglas County Nebraska	52-1440796	259230Ju5	09-01-2005	10,898,853	Construct and Equip approximately 40,000 square foot medical facility		X		X
C	Hospital Authority No 2 of Douglas County Nebraska	52-1440796	259230JU3	09-01-2008	6,603,582	Construct and equip approximately 30,100 square foot hospital facilty		X		X
D	Nebraska Elementary and Secondary School Finance Authority	47-0821671	639918BV2	09-15-2008	23,190,919	Capital repair, renovations, and improvements		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	5,662,272	11,233,798	6,621,838	23,623,659	
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds	11,014,725			11,014,725	
5	Issuance costs from proceeds	99,695		99,695	303,550	
6	Working capital expenditures from proceeds					
7	Capital expenditures from proceeds	5,662,272	11,233,798	6,522,143	12,305,384	
8	Year of substantial completion	2005	2006	2009		

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
9	Were the bonds issued as part of a current refunding issue?	X			X		X		X		
10	Were the bonds issued as part of an advance refunding issue?		X		X		X		X		
11	Has the final allocation of proceeds been made?	X		X		X			X		
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X			

Part III Private Business Use

		A Yes	A No	B Yes	B No	C Yes	C No	D Yes	D No	E Yes	E No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X		
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X		X		

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X		X		
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X		X		
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X		X			
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X		X			

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X		X		
2	Is the bond issue a variable rate issue?		X		X		X		X		
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?		X		X		X		X		
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?		X		X		X		X		
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X		X		
6	Did the bond issue qualify for an exception to rebate?		X	X			X		X		

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.**

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FATHER FLANAGANS BOYS HOME

Employer identification number
47-0376606

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Total . . . . . ▶ $										

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No
ENT Services PC	Owned by Patrick Brookhouser, Current Officer	1,589,609	Rental payment to Father Flanagans Boys Home		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

►Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FATHER FLANAGANS BOYS HOME

Employer identification number
47-0376606

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests	X	23	5,525,622	Trustee market values
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles	X	1,344	52,053	Resale value
19	Food inventory	X	9	36,211	Comparable cost
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (Television PSA Airplay Time)	X	113,528	67,628,854	Market Value
26	Other ► (Billboard Space)	X	5	13,800	Comparable cost
27	Other ► (Construction Goods, Service Trailer)	X	2	15,600	Market value
28	Other ► (Youth Clothing, food, entertainment supplies)	X	67	188,461	Comparable cost

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . . . 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		No
b	If "Yes," describe in Part II			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FATHER FLANAGANS BOYS HOME

Employer identification number
47-0376606

Identifier	Return Reference	Explanation
Form 990 III	4a	Nebraska/low a Services consists of Specialized Treatment and Group Home Services, Intervention and Assessment Services, In-home Family Services, Foster Family Services, and Child and Community Support Services including Common Sense Parenting There are 70 family style, treatment family homes on the Home Campus, w hich is in the incorporated Village of Boys Tow n, Nebraska These homes have a total capacity of 512 youth Six to eight troubled boys or girls from throughout the United States of America, w ith ages generally ranging from 8 to 18, live in a home w ith a specially trained professional married couple called Family Teachers The couple provides treatment planning, skill development, spiritual guidance, a family style environment and love and care, w ith the help of an Assistant Family Teacher Each home is monitored, evaluated, and advised by a Clinical Director and other support personnel The homes are certified by the Joint Commission and Council on
Form 990 III	4a Continued	Accreditation Homes are not mixed by gender but are mixed by age, ethnic, and religious backgrounds The campus program is also served by tw o Intervention and Assessment Homes, w hich provide crisis intervention for youth In the behavioral health services category, six of the 70 homes are Specialized Treatment Foster Care Homes - four for boys and tw o for girls Each Specialized Treatment Foster Care Home, w hich is a family style program, has four youth w ith a trained married couple and an assistant The Home Campus also operates a Center for Behavioral Health w hich serves approximately 1,500 youth and families w ith behavioral problems on an outpatient basis and is a training center for doctoral level psychologists
Form 990 III	4b	Boys Tow n National Research Hospital BTNRH in Omaha, Nebraska, is recognized internationally as a leader in communication disorder research and as a referral center for children w ith disorders of the ear, hearing and balance, cleft lip and palate, speech and voice, as w ell as related disabilities BTNRH clinical programs served more than 42,000 children and adolescents in 2009 through a total of more than 188,000 patient visits Boys Tow n Pediatrics, BTNRHs group of 28 general pediatricians, provides primary care pediatric medical services at seven clinic locations in the Omaha area In addition, Boys Tow n Pediatrics partners w ith a not-for-profit Omaha health system in providing a pediatric urgent care service and general pediatric inpatient services at Alegent Health Bergan Mercy Medical Center
Form 990 III	4b Continued	BTNRH also provides medically-directed behavioral service These services include four Specialized Treatment Group Home Services located in the Village of Boys Tow n - tw o for 13 boys, and tw o for 13 - 14 girls These homes are operated on a shift basis and are staff secured BTNRH also operates an Intensive Residential Treatment Center for 47 boys and girls located on the dow ntow n hospital campus The Lied Learning and Technology Center for Childhood Deafness and Vision Disorders, a separate 501c3 corporation, is a research and treatment facility operated and occupied by BTNRH personnel
Form 990 III	4c	Programs Across America directly served over 14,000 youth in over a dozen sites nationw ide Programs offered throughout the nation include Intervention and Assessment Services, Treatment Family Services, Foster Family Services, In-Home Family Services, and Community Support Services including Common Sense Parenting Boys Tow n invests and emphasizes quality through staff training, evaluation, and outcomes research by having a department committed to the quality of our programs The Training, Evaluation and Certification Department TEC provides technical training, evaluation, and quality control/quality assurance of Boys Tow ns nationw ide system of services TEC also provides training and other services for parents, child-care providers, and educators Services are offered through professional development seminars, comprehensive consulting services, books from the Boys Tow n Press, and training packages 7,000 parents, teachers, administrators, and
Form 990 III	4c Continued	professionals w ere trained in 2009 allow ing Boys Tow n to impact approximately 129,000 children through this training
Form 990 III	4d	The Home Campus Educational Program consists of the Boys Tow n High School and the Wegner Middle School The Village schools serve youth at Boys Tow n and provide academic and vocational training skills necessary for contemporary society All Boys Tow ns schools are fully accredited by the State of Nebraska and the North Central Association These schools include the Boys Tow n Reading Center, w hich delivers reading programs to children at both schools The Reading Center conducts applied research and then designs programs aimed at improving the reading and w riting skills of at-risk adolescents These research-based programs are disseminated to schools locally and around the country A full range of special education services is provided to all youth w ho require this type of assistance
Form 990 III	4d Continued	The Boys Tow n Day School serves youth in kindergarten through tw elfth grade w ho cannot receive education services in a public or alternative school setting due to behavioral problems and academic deficiencies The Day School meets all requirements of a Level III school under Nebraska Department of Educations Rule 51 The Day School currently educates students from eight school districts in Nebraska and one school district in low a The Day School has also served parentally placed private youth and court placed youth

Identifier	Return Reference	Explanation
Form 990 III	4d Continued	Boys Tow n National Hotline and Public Services meets the information and public service needs of youth parents, teachers, youth care w orkers, and others w ho are involved directly or indirectly w ith helping youth including homeless, abused, neglected, and handicapped youth The Boys Tow n National Hotline at 1-800-448-3000 helps hundreds of thousands of children and families throughout all 50 states each and every year The Hotline provides tw o types of service the first is a toll free crisis service for troubled children and families, w hich received about 128,000 calls in 2009 the second is a noncrisis and resource referral service, w hich received approximately 65,000 calls in 2009 The Hotline operates 24 hours a day, seven days a w eek, w ith trained, skilled, professional operators

Form 990 VI 2 Philip J Ruden and Michael J Eglseder - Business Relationship Form 990 VI 11A The Treasurer reviewed the completed Form 990 and provided an electronic copy to all Directors for their review Subsequently, the Audit Committee of the Board of Directors convened with the Treasurer, the Senior Tax Manager from KPMG and the Associate V P of Finance for a formal review An electronic copy of the final Form 990 was provided to all directors before it was filed Form 990 VI 12c Father Flanagans Boys Home regularly and consistently monitors and enforcescompliance with its conflict of interest policy mainly through official annual affirmations, self reporting and observation Directors are covered by a board of trustee policy and a separate policy covers officers and employees Directors must report any perceived or actual conflict of interest to the Chairman of the Boards Executive Committee A director in question must cooperate in a review by the Executive Committee and has no vote in the determining whether a conflict exist A board member may be disqualified from participating in certain deliberations and votes during and after any review and may be required to resign if a conflict exists Form 990 VI 12c Continued Officers and higher level employees are required to, and any other employee may at any time, report any situation involving a conflict of interest to their Associate Executive Director and/or the Law Department for review and determination as how to proceed Any perceived conflict of interest can also be reported for review through a confidential organizational ethics line at www boystownethics com Form 990 VI 15a 15b The compensation of the CEO /Executive Director was determined by the Board of Trustees Compensation Committee using comparable data for similarly qualified persons in functionally comparable positions at similarly situated organizations Documentation of the decisions made reqarding the compensation have been maintained with the determination incorporated in an employment contract This process was last undertaken in 2005 when his initial employment contract was created The compensation of all other officers were last determined in 2008 as described above, however, officers do not have employment contracts Form 990 VI 19 Father Flanagans Boys Home makes its governing documents and conflict of interest policy available to the public upon request Articles of incorporation and bylaws can also be obtained by the public through the various Secretarys of State Financial Statements are available to the pubic upon request and on its website at www boystown org Form 990 Father Flanagans Boys Home FFBH is the sole member of 13 other exempt organizations In order to understanding the complete scope of FFBHs financial position and nature of operations one must refer to the separate group Form 990 filed for affiliated organizations, the separate Form 990s filed for Father Flanagans Fund For Needy Children, the Lied Learning and Technology Center For Childhood Deafness and Vision Disorders and the Nebraska Families Collaborative in conjunction with this Form 990

Identifier	Return Reference	Explanation
Schedule E Form 990 or 990-EZ Financial Aid or Government Assistance	Line 6a The org receives aid, Line 6b The org has had their aid revoked or suspended	Father Flanagans Boys Home received financial aid or assistance and program fees from the following government agencies US Department of Health Human Services US Department of Agriculture State of Nebraska US Department of Justice US Department of Education US Department of Housing and Urban Development US Department of the Interior Department of Homeland Security National Science Foundation

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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.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
FATHER FLANAGANS BOYS HOME

Employer identification number
47-0376606

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II 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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity

See Additional Data Table

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **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.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

		Yes	No
1	During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**Yes**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**Yes**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**Yes**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**Yes**
o	Reimbursement paid to other organization for expenses	**1o**	**No**
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
r	Other transfer of cash or property from other organization(s)	**1r**	**No**

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)	See Additional Data Table		
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations? Yes	(d) No	(e) Share of end-of-year assets	(f) Disproprtionate allocations? Yes	(f) No	(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner? Yes	(h) No

Additional Data

Return to Form

Software ID: 09000123
Software Version: 2009.0.12
EIN: 47-0376606
Name: FATHER FLANAGANS BOYS HOME

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity
Father Flanagan's Fund For Needy Children 14100 Crawford Street Boys Town, NE68010 36-3680258	Support of FFBH	NE	501c3	11 Type 1	NA
Boys Town California Inc 2740 N Grand Ave 2nd FL Santa Anna, CA92704 26-3965524	Youth Assistance	CA	501c3	7	NA
Boys Town Central Florida Inc 37 Alafaya Woods Blvd Oviedo, FL32765 20-0654235	Youth Assistance	FL	501c3	7	NA
Boys Town Chicago Inc 4538 South Hermatage Chicago, IL60609 20-2137568	Youth Assistance	IL	501c3	7	NA
Boys Town Louisiana Inc 700 Frenchmen St New Orleans, LA70116 41-2220807	Youth Assistance	LA	501c3	7	NA
Boys Town Nevada Inc 821 N Mojave RD Las Vegas, NV89101 20-0654472	Youth Assistance	NV	501c3	7	NA
Boys Town New England Inc 31 King Charles Dr Ste A Portsmouth, RI02871 20-0655240	Youth Assistance	RI	501c3	7	NA
Boys Town New York Inc 444 Park Ave S Rm 801 New York, NY10016 20-5960877	Youth Assistance	NY	501c3	7	NA
Boys Town North Florida Inc 3555 Commonwealth Blvd Tallahassee, FL32303 20-0655144	Youth Assistance	RI	501c3	7	NA
Boys Town Texas Inc 503 Urban Loop San Antonio, TX78204 41-2181898	Youth Assistance	TX	501c3	7	NA
Boys Town Washington DC Inc 4801 Sargent Rd NE Washington, DC20017 41-2220810	Youth Assistance	DC	501c3	7	NA
Father Flanagan's Boys Town Florida Inc 3111 South Dixie HW Suite 200 West Palm Beach, FL33405 26-3965524	Youth Assistance	FL	501c3	7	NA
Learning and Technology Center For Childhood Deafness and Vision Disorders c/o Judy Rasmussen 14086 Mother Ter Boys Town, NE68010	Support of FFBH	NE	501c3	11 Type 1	NA
Nebraska Families Collaborative c/o Judy Rasmussen 14086 Mother Ter Boys Town, NE68010 26-4436716	Service Coordination	NE	501c3	7	NA

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved ($)
(1)	Boys Town California Inc	b	3,208,688
(2)	Boys Town Central Florida Inc	b	2,019,079
(3)	Boys Town Chicago Inc	b	116,392
(4)	Boys Town Louisiana Inc	b	1,244,299
(5)	Boys Town Nevada Inc	b	1,127,441
(6)	Boys Town New England Inc	b	716,972
(7)	Boys Town New York Inc	b	2,054,244
(8)	Boys Town North Florida Inc	b	1,044,871
(9)	Boys Town Texas Inc	b	1,233,463
(10)	Boys Town Washington DC Inc	b	1,876,343
(11)	Father Flanagan's Boys Town Florida Inc	b	3,467,549
(12)	Father Flanagan's Fund For Needy Children	c	41,086,663
(13)	Boys Town Chicago Inc	d	132,951
(14)	Learning and Technology Center For Childhood Deafness and Vision Disorders	j	693,339
(15)	Nebraska Families Collaborative	k	103,400
(16)	Father Flanagan's Fund For Needy Children	n	692,658
(17)	Father Flanagan's Fund For Needy Children	p	692,568

TY 2009 Affiliated Group Schedule

Name: FATHER FLANAGANS BOYS HOME
EIN: 47-0376606
Software ID: 09000123
Software Version: 2009.0.12

Affiliated Group Business Name:	FATHER FLANAGANS BOYS HOME
Address. Either US or Foreign Type:	14100 CRAWFORD STREET BOYS TOWN, NE 68010
EIN:	47-0376606
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	349,749
Total Lobbying Expenditures:	349,749
Other Exempt Purpose Expenditures:	264,870,597
Total Exempt Purpose Expenditures:	265,220,346
Lobbying Nontaxable Amount:	821,567
Grassroots Nontaxable Amount:	205,392
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Father Flanagan's Fund For Needy Children
Address. Either US or Foreign Type:	14100 Crawford Street Boys Town, NE 68010
EIN:	36-3680258
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	770,597
Total Exempt Purpose Expenditures:	770,597
Lobbying Nontaxable Amount:	2,387
Grassroots Nontaxable Amount:	597
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Boys Town California Inc
Address. Either US or Foreign Type:	2740 N Grand Ave 2nd FL Santa Anna, CA 92704
EIN:	26-3965524
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	7,003,906
Total Exempt Purpose Expenditures:	7,003,906
Lobbying Nontaxable Amount:	21,696
Grassroots Nontaxable Amount:	5,424
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Boys Town Central Florida Inc
Address. Either US or Foreign Type:	37 Alafaya Woods Blvd Oviedo, FL 32765
EIN:	20-0654235
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	4,704,573
Total Exempt Purpose Expenditures:	4,704,573
Lobbying Nontaxable Amount:	14,573
Grassroots Nontaxable Amount:	3,643
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Boys Town Chicago Inc
Address. Either US or Foreign Type:	4538 South Hermetage Chicago, IL 60609
EIN:	20-2137568
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	1,164,003
Total Exempt Purpose Expenditures:	1,164,003
Lobbying Nontaxable Amount:	3,606
Grassroots Nontaxable Amount:	902
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Boys Town Lousiana Inc
Address. Either US or Foreign Type:	700 Frenchmen St New Orleans, LA 70116
EIN:	41-2220807
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	3,722,089
Total Exempt Purpose Expenditures:	3,722,089
Lobbying Nontaxable Amount:	11,530
Grassroots Nontaxable Amount:	2,883
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Boys Town Nevada Inc
Address. Either US or Foreign Type:	821 N Mojave RD Las Vegas, NV 89101
EIN:	20-0654472
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	4,427,414
Total Exempt Purpose Expenditures:	4,427,414
Lobbying Nontaxable Amount:	13,715
Grassroots Nontaxable Amount:	3,429
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Boys Town New England Inc
Address. Either US or Foreign Type:	31 King Charles Dr Ste A Portsmouth, RI 02871
EIN:	20-0655240
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	4,112,939
Total Exempt Purpose Expenditures:	4,112,939
Lobbying Nontaxable Amount:	12,741
Grassroots Nontaxable Amount:	3,185
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Boys Town New York Inc
Address. Either US or Foreign Type:	444 Park Ave S Rm 801 New York, NY 10016
EIN:	20-5960877
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	7,970,582
Total Exempt Purpose Expenditures:	7,970,582
Lobbying Nontaxable Amount:	24,690
Grassroots Nontaxable Amount:	6,173
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Boys Town North Florida Inc
Address. Either US or Foreign Type:	3555 Commonwealth Blvd Tallahassee, FL 32303
EIN:	20-0655144
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	2,999,089
Total Exempt Purpose Expenditures:	2,999,089
Lobbying Nontaxable Amount:	9,290
Grassroots Nontaxable Amount:	2,323
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Boys Town Texas Inc
Address. Either US or Foreign Type:	503 Urban Loop San Antonio, TX 78204
EIN:	41-2181898
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	2,852,610
Total Exempt Purpose Expenditures:	2,852,610
Lobbying Nontaxable Amount:	8,836
Grassroots Nontaxable Amount:	2,209
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Boys Town Washington DC Inc
Address. Either US or Foreign Type:	4801 Sargent Rd NE Washington, DC 20017
EIN:	41-2220810
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	6,432,628
Total Exempt Purpose Expenditures:	6,432,628
Lobbying Nontaxable Amount:	19,926
Grassroots Nontaxable Amount:	4,982
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Father Flanagans Boys Town Florida Inc
Address. Either US or Foreign Type:	3111 South Dixe Highway St 200 West Palm Beach, FL 33405
EIN:	29- 3965524
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	9,507,864
Total Exempt Purpose Expenditures:	9,507,864
Lobbying Nontaxable Amount:	29,452
Grassroots Nontaxable Amount:	7,360
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Nebraska Families Collaborative
Address. Either US or Foreign Type:	c/o Judy Rasmussen 14086 Mother Ter Boys Town, NE 68010
EIN:	26-4436716
Electing Organization Checkbox:	☐
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	1,933,887
Total Exempt Purpose Expenditures:	1,933,887
Lobbying Nontaxable Amount:	5,991
Grassroots Nontaxable Amount:	1,498
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Additional Data

Software ID:
Software Version:
EIN: 47-0376606
Name: FATHER FLANAGANS BOYS HOME

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John T Reed Chairman of the Board	3 00	X						0	0	0
Rajive Johri Director	2 00	X						0	0	0
Colin E Brady Director	2 00	X						0	0	0
Carl Bryant PhD Director	2 00	X						0	0	0
Bea Garza Director	2 00	X						0	0	0
David K Karnes Director	2 00	X						0	0	0
Jan Madsen Director	2 00	X						0	0	0
Robert Miller MD Director	2 00	X						0	0	0
Daniel P Neary Director	2 00	X						0	0	0
Vivian Jenkins Nelson Director	2 00	X						0	0	0
Cathleen Piazza PhD Director	2 00	X						0	0	0
Gary Rodkin Director	2 00	X						0	0	0
David Shaffer Director	2 00	X						0	0	0
Wendell Starke Director	2 00	X						0	0	0
Rev Steven E Boes President	40 00	X		X				52,909	0	43,423
Patrick Brookhouser MD Vice President and Director, Health Care	40 00			X				300,865	0	278,204
Philip J Ruden Executive Vice President, Investments Chief Investment Officer	40 00			X				243,723	0	149,173
Judy F Rasmussen Treasurer and Chief Financial Officer	40 00			X				225,110	0	31,176
Dan Daly PhD Vice President and Director, Youth Care	40 00			X				208,325	0	246,057
Michael J Eglseder Vice President, Investments and Assistant Treasurer	40 00			X				172,910	0	87,038
Thomas Gregory Vice President and Corporate Secretary	40 00			X				148,433	0	67,345
Victor LaPuma General Counsel and Assistant Corporate Secretary	40 00			X				151,455	0	25,803
Andrew M Bath General Counsel and Assistant Secretary	40 00			X				185,732	0	16,278
Rev Val J Peter Executive Director Emeritus	20 00						X	20,000	0	0
Charles J Sprague MD Staff Pediatrician	40 00					X		331,194	0	29,439

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
John P Sheehan MD Staff Orthopedist	40 00					X		314,579	0	19,070
Jane Emanuel MD Staff Otolarynologist	40 00					X		301,970	0	33,759
Mark J Domet MD Staff Pediatrician	40 00					X		300,776	0	28,759
John W Peterson MD Staff Anesthesiologist	40 00					X		296,684	0	31,210

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Village Residential	623,990	16,847,831	16,847,831		
Home Town Educational	611,600	3,522,280	3,522,280		
Programs Across America	624,100	1,406,627	1,406,627		
Boys Town National Research Hospital	900,099	70,904,765	70,904,765		
National Hotline and Public Services	624,100	94,631	94,631		