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SHANNENDOW 10/11/2010 8 57 AM

SCANNED NOV 0 & 2010

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

Open to Public Inspection

Form **990** (2009)

	For the 20	09 calend	dar ye	ear, or tax year beginning , and ending	-		
	Check if applic		ease	C Name of organization		D Empl	oyer identification number
\prod_{i}	Address chang	1e	∍ IRS	LOYAL & MARY SHANNON ENDOWMENT		•	•
$\overline{\sqcap}$	Name change		el or nt or	Doing Business As		47-	-0699929
\equiv	•		rpe.	Number and street (or P O box if mail is not delivered to street address) Room	n/suite		hone number
\square	Initial return		See	916 COURTNEY DRIVE		•	
	Termination	,	ecific truc-	City or town, state or country, and ZIP + 4		G Gross rec	eipts\$ 100,497
\prod_{i}	Amended retu		ons.	NEBRASKA CITY NE 68410	1		
Ħ	Application pe	oduna F I	Name	and address of principal officer		H(a) Is this	s a group return for
Ш,	Application per	ilding				affilia	i m
						H(b) Are a	Il affiliates T
							,* attach a list (see instructions)
<u> </u>	Tax-exemp	t status	X	501(c) (3) ◀ (insert no) 4947(a)(1) or 527			,,
	Website:					H(c) Grou	p exemption number
	Type of organ		7	oration Trust Association Other ▶ L Year of	formation 1	986	M State of legal domicile NE
******	art l	Sumi					1.00
				ne organization's mission or most significant activities			
				SUPPORT OF PAROCHIAL SCHOOL			
ည	· ·	111/1110	, 1111	DOTTORT OF TARGETTAL BEHOOD			
nai							
,er			_	~			
Activities & Governance				if the organization discontinued its operations or disposed of more than 25% of	fits net ass	1	l ^
∞ಶ	ľ		-	members of the governing body (Part VI, line 1a)		3	2
ies	4 Nun	nber of in	ndep	endent voting members of the governing body (Part VI, line 1b)		4	2
₹	5 Tota	al numbe	er of e	employees (Part V, line 2a)		5	0
Act	6 Tota	al numbe	er of v	olunteers (estimate if necessary)		6	
	7a Tota	al gross u	unrel	ated business revenue from Part VIII, column (C), line 12		7a	
	b Net	unrelated	d bus	siness taxable income from Form 990-T, line 34	_	7b	0
					Prior Yea	r	Current Year
ē				I grants (Part VIII, line 1h)			
Revenue		gram ser					
ě	10 Inve	stment ıı	ncon	2 (5 <u>,623</u>	-7 , 917	
Œ	11 Oth	er revenu	ue.(P	art-VIII , column (A), III 0 5, 6d, 8c, 9c, 10c, and 11e)			
	12 Tota	al revenu	ie – ,a	idd lines 8 through 11 Aust equal Part VIII, column (A), line 12)		5 , 623	
	13 Gra	nts and s	sımıla	ramounts paig (Par IX) column (A), lines 1–3)	4 (0,000	30,000
	14 Ben	efits paic	ditô c	Tamounis paid (Part X) column (A), lines 1–3)			
S				(Part IX, column (A), lines 5–10)			
enses	16a Prof	fessional	l func	raising fees (Part IX, column (A), line 11e)			
Ехре	b Tota	al fundrai	ısıng	expenses (Part IX, column (D), line 25) ▶			
Ω į	17 Oth	er expen	ses (Part IX, column (A), lines 11a-11d, 11f-24f)		5,038	4,277
	18 Tota	al expens	ses /	Add lines 13–17 (must equal Part IX, column (A), line 25)	4.5	5,038	34,277
	19 Rev	enue les	s ex	penses Subtract line 18 from line 12		3,415	-42,194
Ses				Beg	inning of Cur		End of Year
sets	20 Tota	al assets	(Par	t X, line 16)	652	2 , 692	610,500
Net Assets or Fund Balances	21 Tota	al liabilitie	es (P	art X, line 26)			
				d balances Subtract line 21 from line 20	652	2 <u>,692</u>	610,500
<u>P</u>	art II	Signa	<u>atuı</u>	e Block			
		Underp	penal	es of perjury, I declare that I have examined this return, including accompanying schedules and s	statements, a	nd to the b	est of my knowledge
		and beli	lief, i	Strue, correct, and complete Declaration of preparer (other than officer) is based on all information	on of which p	reparer ha	s any knowledge
Sig	ın	I N X		Leray Hanhma		X	10-13-10
Hei		Sig	gnatui	e of officer.		Date	
			DE:	ROY HARSHMAN TREASURE	ΞR		
		_		print name and title			
_			•	Date	Check		Preparer's identifying number
Pai	id	Prepare signatui			self-		(see instructions)
Pre	eparer's	Jigriaidi		10/11/1	O employ	T	J P00281267
	e Only	1		(or yours VANDERVEEN & GORACKE, LLC		EIN_	<u>▶ 47-0822363</u>
	•	ıf self-eı				Phone	
_		address		NEBIGISTAL CITY, NE 00410 0033		no l	<u> 402-873-6022</u>
May	the IRS d	liscuss th	his re	turn with the preparer shown above? (see instructions)			X Yes No

orm 990 (2009	<u>) LOYAL & MARY SHA</u>	ANNON ENDOWMENT 47-	-0699929	Page 2
Part III	Statement of Program Ser	vice Accomplishments		
1 Briefly des	scribe the organization's mission			
FINANC	IAL SUPPORT OF PA	ROCHIAL SCHOOL		
2 Did the or	ganization undertake any significar	nt program services during the year which were i	not listed on	
	Form 990 or 990-EZ?			Yes X No
•	escribe these new services on Sch	redule O		
		ake significant changes in how it conducts, any	orogram	
services?		and digitillount changes in now it conducte, any	5.0g.a.n	Yes X No
	escribe these changes on Schedu	a O		
		for each of the organization's three largest prog		
		s and section 4947(a)(1) trusts are required to re	· -	
allocation	s to others, the total expenses, and	revenue, if any, for each program service repor	ted	
4a (Code) (Expenses \$	30,000 including grants of \$	30,000) (Revenue \$)
DIRECT	FINANCIAL SUPPOR	T OF LOURDES SCHOOLS OF	NEBRASKA	
CITY				
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
•				
4d Other pro	gram services (Describe in Sched	ıle O)		
(Expense			(Revenue \$)
	gram service expenses ▶	30,000		

	art is Ontoknist of Negaties Schedules			
1	le the organization decembed in control E01/c)/2) or 4047/c)/4) (other than a private foundation)? If #Yes "		Yes	No
•	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	4	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	1 2		Х
2				_^_
J	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		Х
	candidates for public office? If "Yes," complete Schedule C, Part I	<u> </u>		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	۱.		Х
5	Schedule C, Part II	4_		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	_		
6	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	5		
0	·			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	_		v
7	complete Schedule D, Part I	6		X
,	Did the organization receive or hold a conservation easement, including easements to preserve open space,	١.,		v
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III			v
9	·	8		X
3	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,"	_		v
10	complete Schedule D, Part IV	9		Χ
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40	v	
11	quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
• •	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable			v
_	•	11		Ϋ́
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Bart VI.			
	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 related 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			
12	Schedule D, Parts XI, XII, and XIII	12		Х
12Δ	the state of the s	12		Λ
	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 X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Χ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b		140		- 23
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	140		
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	<u> </u>		
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	-10		
•	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	 ''-		- ^`` -
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u>'</u> ''		 ^`
-	If "Yes," complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
			990	
				,

Form 990 (2009) LOYAL & MARY SHANNON ENDOWMENT

_ <u>Pa</u>	art IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		,	
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			i
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated	-		
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u></u>	<u> </u>
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	ļ. 	X
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			١
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			, <i>,</i>
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
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?	1		.,
	If "Yes," complete Schedule L, Part III	27	 	X
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		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			v
_	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	200		Х
29		28c		X
30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	 	
30	conservation contributions? If "Yes," complete Schedule M	30	ŀ	Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
J,	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		 ^`
-	Schedule N, Part II	32		X
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		X
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		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X_
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
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		Χ
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	X	

<u>Pa</u>	irt 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					İ
	U.S. Information Returns. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portabl	le			ĺ
	gaming (gambling) winnings to prize winners?		ı	1c		
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	0			İ
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns			2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
•	Instructions)					
3a	5	d by				l v
_	this return?			3a		<u>X</u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin account)?	anciai		40		Х
h	If "Yes," enter the name of the foreign country			4a		$\stackrel{\wedge}{\vdash}$
b	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Rank				
	and Financial Accounts	Dank				
5a				5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction.	tion?		5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regi			0.5		1
•	Prohibited Tax Shelter Transaction?	a. ag		5c	ļ	Į
6a		e		-3.3		
	organization solicit any contributions that were not tax deductible?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for §	goods				
	and services provided to the payor?			7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	<u> </u>	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	ıs				
	required to file Form 8282?			7c		ļ
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersona	al			
	benefit contract?			7e		<u> </u>
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			_7f	ļ	Ь—
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		<u> </u>
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0	c as				
	required?			<u>7h</u>	-	
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			8	1	
9	organization, have excess business holdings at any time during the year?			-		
a	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?			9a	ĺ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b	 	
10	Section 501(c)(7) organizations. Enter			30	-	
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1			
11	Section 501(c)(12) organizations. Enter	_,,,,,				
	Gross income from members or shareholders	11a	1			
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		>	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	1		Ī	

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body	2		
b	Enter the number of voting members that are independent	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X_
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		i	
	of the governing body?	<u>7a</u>	↓	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	X	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached	Ì		
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	<u> </u>	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			1
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	<u> </u>	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			ļ
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			ļ
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	4	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	125	<u>:</u>	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		1	
	describe in Schedule O how this is done	120	<u> </u>	ļ <u>.</u>
13	Does the organization have a written whistleblower policy?	13	 	X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	4	<u>X</u>
b	Other officers or key employees of the organization	15t	<u> </u>	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a				
	with a taxable entity during the year?	16a	↓	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	<u> 1 </u>	<u> </u>
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ► DEROY HARSHMAN 916 COURTNEY DRIVE	400	7.0 .	- 4 4 -
N	EBRASKA CITY NE. 68410	402-8	13-6	1444

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per	L		chec		that ap		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
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Name and Title	Average	Posi	tion (chec	C) k all t	hat a	(vlaa	(D) Reportable	(E) Reportable	(F) Estima		
	Individual trustee or director		Officer	Key employee	Highest compensated employee	_	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amour othe compen from organiz and rei organiz:	nt of er sation the sation lated		
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Total Total number of individuals (in	ncluding but not	limite	d to	thos	e lis	ted a	bove) who received more than	\$100,000 in			
reportable compensation from	•											
Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, di	rector	or t	ruste	e, k	ey er	mplo	yee, or highest compensa	ted	3	Yes	No X
For any individual listed on lin the organization and related of individual	e 1a, is the sum	of re	port	able	com	pens	atio			4		X
Did any person listed on line 1 services rendered to the orga- tion B. Independent Contract	nization? If "Yes								or	5		Х
Complete this table for your fi compensation from the organ	ve highest comp	ensa	ted i	nder	pend	ent o	contr					
Name and	(A) business address							Descrip	(B) struces	a	(C) ompensa	ition
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Total number of independent	contractors (inc	udıng	but	not l	imite	ed to	thos	se listed above) who receiv	ved			

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12 Total Revenue. See instructions ► -7,917 -7,917 0 0		е	Total. Add line	es 11a–11d		'	>			***************************************	
	\perp	12	Total Revenue	e. See instructio	ns		<u> </u>	-7,917	-7,917	0	0

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).

Th. 8t. 9t. 9t. and 10b of Part VIII.	Do	not include amounts reported on lines 6b.	(A)	(B)	(C)	(D)
1 Gardia and other assetation to governments and organizations in the U.S See Part IV, line 21 2 Grants and other assetatione to individuals in the U.S See Part IV, line 21 3 Grants and other assetatione to governments or the U.S See Part IV, line 25 4 Benefits paid to or for members 5 Compensations and individuals outdoor the U.S See Part IV, line 35 and 16 8 Benefits paid to or for members 5 Compensation or current officers, directors, insistes, and key employees 6 Compensation individed above, in dequalified persons (southern asset on 4958(IV)) and persons desortation of excent 4958(IV) and persons desortation asset on 4958(IV) and persons desortation asset on 4958(IV) and persons desortation asset on 4958(IV) and persons desortation asset on 4958(IV) and section 400(IV)	7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
Organizations in the U.S. See Part IV, Ine 21 30,000 30,000						· · · · · · · · · · · · · · · · · · ·
2 Grants and other assistance to individuals in the U.S. See Part IV, line 2 C. 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 10 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustices, and key employees 6 Compensation of current officers, directors, trustices, and key employees 7 Other silaries and wages 8 Person plan contributions (pricidle section 495(f)) and persons described in exclore 495(f)(f) and persons described in exclore 495(f)(f) and persons described in exclore 495(f)(f) and section 495(f)(f) and section 495(f)			30,000	30,000		
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SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and			<u> </u>	30,000	4,211	
from a combined educational campaign and		SOP 98-2 Complete this line only if the			1	

		·		(A) Beginning of year		(B) End of year						
$\overline{}$	4	Cook non-interest houses	···	4,202	1							
	1	Cash—non-interest bearing		6,491	2	3,447 7,426						
i i	2	Savings and temporary cash investments		6,491		7,420						
l	3	Pledges and grants receivable, net			3							
1	4	Accounts receivable, net	A. Maria I.		4	······································						
	5	Receivables from current and former officers, directors	•									
		employees, and highest compensated employees. Con	nplete Part II of		_							
	_	Schedule L			5							
	6	Receivables from other disqualified persons (as defined										
		4958(f)(1)) and persons described in section 4958(c)(3))(B) Complete									
တ္သ		Part II of Schedule L			6							
Assets	7	Notes and loans receivable, net			7							
Š	8	Inventories for sale or use			8							
	9	Prepaid expenses and deferred charges	1 1		9							
1	10a	Land, buildings, and equipment cost or										
		other basis Complete Part VI of Schedule D	10a									
	b	Less accumulated depreciation	10b		10c							
1	11	Investments—publicly traded securities		641,999	11	599 , 627						
1	12	Investments—other securities See Part IV, line 11										
1	13	Investments—program-related See Part IV, line 11		13								
1	14	Intangible assets		14								
1	15	Other assets See Part IV, line 11		15								
_ 1	16	Total assets. Add lines 1 through 15 (must equal line 3	34)	652,692	16	610,500						
1	17	Accounts payable and accrued expenses		17								
1	18	Grants payable			18							
1	19	Deferred revenue			19	<u> </u>						
2	20	Tax-exempt bond liabilities			20							
S 2	21	Escrow or custodial account liability Complete Part IV	of Schedule D		21							
Liabilities	22	Payables to current and former officers, directors, trust	ees, key									
١٩		employees, highest compensated employees, and disc	jualified									
֡׀ב֟		persons Complete Part II of Schedule L			22							
2	23	Secured mortgages and notes payable to unrelated this	rd parties		23							
2	24	Unsecured notes and loans payable to unrelated third p	parties		24							
2	25	Other liabilities Complete Part X of Schedule D			25							
2	26	Total liabilities. Add lines 17 through 25			26							
Sa		Organizations that follow SFAS 117, check here ▶	and									
Balances		complete lines 27 through 29, and lines 33 and 34.	_									
<u> </u>	27	Unrestricted net assets			27							
ഥ്∣2	28	Temporarily restricted net assets			28							
_	29	Permanently restricted net assets			29							
֓֞֞֟֟֝֟֝֟֝֟֝֟֝֟		Organizations that do not follow SFAS 117, check he	ere ▶ X									
5		and complete lines 30 through 34.										
<u>s</u> 3	30	Capital stock or trust principal, or current funds		582,737	30	582,737						
Se 3	31	Paid-in or capital surplus, or land, building, or equipme	nt fund		31							
**	32	Retained earnings, endowment, accumulated income,		69,955	32	27,763						
<u>ا نی</u>	33	Total net assets or fund balances		652,692	33	610,500						
۶l.	34	Total liabilities and net assets/fund balances		652,692	34	610,500						

Form **990** (2009)

Form	1990 (2009) LOYAL & MARY SHANNON ENDOWMENT 47-0699929		Pa	ge 12
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			İ
	Schedule O			ĺ
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u>X</u>
b	Were the organization's financial statements audited by an independent accountant?	_2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			ĺ
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a_		L
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		

3b Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

city, and state

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

Employer identification number

Open to Public Inspection

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.)

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

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

A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). Enter the hospital's name,

section 170(b)(1)(A)(iv). (Complete Part II)

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

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

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)

An organization that normally receives (1) more than 33 1/3 % 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 33 1/3 % 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.)

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in

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

X 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 X Type III—Functionally integrated d Type III—Other 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)

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

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

(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 supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

 Yes
 No

 11g(i)
 X

 11g(ii)
 X

 11g(iii)
 X

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	ın col (ı) lı	organization sted in your document?	the organ	rou notify nization in of your port?	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amount of support
		(000,	Yes	No	Yes	No	Yes	No	
LOURDES SCH	OOLS OF NEBRA	SKA CITY					1		· · · · · · · · · · · · · · · · · · ·
	47-0468127	10	X		Х		X		30,000
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[otal				!					30.000

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

Schedule A (Form 990 or 990-EZ) 2009

	dule A (Form 990 or 990-EZ) 2009 $ m LOY$					<u>-0699929</u>	Page 2
Pa	rt II Support Schedule for O)(1)(A)(iv) and	170(b)(1)(A)(vi)
	. (Complete only if you che	ecked the box	<u>on line 5, 7, or</u>	· 8 of Part I)	,		
	tion A. Public Support				, ··		,
Cal	endar 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						
	tion B. Total Support						
Ca	endar 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 Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10					L	
12	Gross receipts from related activities, etc	,				12	
13	First five years. If the Form 990 is for the	-	, second, third, for	urth, or fifth tax ye	ar as a section 501	I(c)(3)	. 🗀
	organization, check this box and stop her	9				 	•
	tion C. Computation of Public Su			·····			
14			•	n (f))		14	
15	Public support percentage from 2008 Scho	edule A, Part II, lin	e 14			15	%
16a	33 1/3 % support test—2009. If the organ	ization did not che	ck 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 supp	orted organization				▶ ∐
b	33 1/3 % support test—2008. If the organ	ization did not che	ck a box on line 13	3 or 16a, and line	15 is 33 1/3 % or r	nore, check this	
	box and stop here. The organization quali	fies as a publicly s	upported organiza	tion			▶ _
17a	10%-facts-and-circumstances test—200	If the organization	on did not check a	box on line 13, 16	Sa, or 16b, and line	e 14 is 10% or	
	more, and if the organization meets the "fa	cts-and-circumsta	inces" test, check	this box and stop	here. Explain in P	art IV how the	
	organization meets the "facts-and-circums	tances" test. The o	organization qualif	es as a publicly s	upported organizat	ion	>
b	10%-facts-and-circumstances test—200	8. If the organization	on did not check a	box on line 13, 16	8a, 16b, or 17a, an	d line 15 is 10%	ог
	more, and if the organization meets the "fa	cts-and-circumsta	inces" test, check	this box and stop	here. Explain in P	art IV how the	
	organization meets the "facts-and-circums	tances" test. The o	organization qualif	ies as a publicly s	upported organizat	tion	▶ 🗀
18	Private foundation. If the organization did	not check a box of	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	ee instructions	▶ ∐

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶

(d) 2008

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

47-0699929

(e) 2009

Page 3

(f) Total

Support Schedule for Organizations Described in Section 509(a)(2)

(a) 2005

1	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		1						
	amount on line 13 for the year						→		_
С	Add lines 7a and 7b						—		_
8	Public support (Subtract line 7c from						Ì		
	line 6)				1	<u> </u>			_
	tion B. Total Support			T	 	T ·			
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	\rightarrow	(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								
С	Add lines 10a and 10b								
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on								
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12)		<u> </u>			4(-)(2)			_
14	First five years. If the Form 990 is for the organization, check this box and stop her	-	it, secona, inira, ic	ourth, or mith tax ye	ar as a section 50	1(0)(3)		_	Г
Sec	tion C. Computation of Public St		itago						_
15	Public support percentage for 2009 (line 8			mp (f))			15		%
16	Public support percentage from 2008 Sch		-	iii (1 <i>))</i>		<u> </u>	16		<u>~</u>
$\overline{}$	tion D. Computation of Investme						10		-0
<u>360</u> 17	Investment income percentage for 2009 (I			3 column (ft)			17		<u>~</u>
18	Investment income percentage for 2009 (investment income percentage from 2008			o, column (1))		 	18		<u>/^</u>
19a	33 1/3 % support tests—2009. If the orga			ne 14 and line 15	s more than 33 1/	L 3% and line	101		<u>-</u>
ısa	17 is not more than 33 1/3 %, check this b							•	Г
b	33 1/3 % support tests—2008. If the orga		_				and	•	_
-	line 18 is not more than 33 1/3 %, check t							•	
20_	Private foundation. If the organization did		=			_		.	
DAA			,,				m 990	or 990-EZ) 20	0

(c) 2007

(b) 2006

Schedule A (Form 990 or 990-EZ) 2009 LOYAL & MARY SHANNON ENDOWMENT

47-0699929

Page 4

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

Schedule A (Form 990 or 990-EZ) 2009

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.

2009 Open to Public Inspection

OMB No 1545-0047

ame	e of the organization		Employer identification number
т,	OYAL & MARY SHANNON ENDOWMENT		47-0699929
	ort I Organizations Maintaining Donor Advised Futher organization answered "Yes" to Form 990,	ınds or Other Similar Funds or Ac	
		(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	at the assets held in donor advised	
	funds are the organization's property, subject to the organization's exc	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	writing that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements. Complete if the org	anization answered "Yes" to Form	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check	k all that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land area
	Protection of natural habitat	Preservation of certified historic str	ructure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conse	ervation contribution in the form of a conserv	ration
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inc	cluded in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17	7/06	2d
3	Number of conservation easements modified, transferred, released, e	xtinguished, or terminated by the organization	on 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 mol	nitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfor	cing conservation easements during the yea	ar
	-		
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)(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIV, describe how the organization reports conservation easer	nents in its revenue and expense statement,	, and
	balance sheet, and include, if applicable, the text of the footnote to the	e organization's financial statements that des	scribes
_	the organization's accounting for conservation easements		
Pε	Organizations Maintaining Collections of Art Complete if the organization answered "Yes" to		imilar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report		
	art, historical treasures, or other similar assets held for public exhibition	on, education, or research in furtherance of p	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 wo	orks of art,
	historical treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of public	c 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, o	r other similar assets for financial gain, provi	ide the
	following amounts required to be reported under SFAS 116 relating to	these items	
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		▶ \$
	Privacy Act and Pananwark Reduction Act Notice, see the Instruction		Schodulo D (Form 999) 2000

Sche	edule D (Form 990) 2009 LOYAL & M.	ARY SHANNON	ENDOWMENT	47-06	599929	Page 2
Pa	art III Organizations Maintaining	Collections of Art,	Historical Treas	sures, or Other	Similar Asse	ets (continued)
3	Using the organization's acquisition, accessio collection items (check all that apply)	n, and other records, che	ck any of the following	ng that are a signific	ant use of its	
а	Public exhibition	d Loan	or exchange program	าร		
b	Scholarly research	e Other				
C	Preservation for future generations					•
4	Provide a description of the organization's col	lections and explain how	they further the orga	nızatıon's exempt pı	urpose in	
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of art,	historical treasures,	or other similar		Yes No
Pa	ert IV Escrow and Custodial Arra				"Yes" to Form	
. •	IV, line 9, or reported an am			anon anoword	100 101 011	11 000, 7 a.t
1a	Is the organization an agent, trustee, custodia			ner assets not		
	included on Form 990, Part X?	in or other intermediary is		ici abocto not		Yes No
h	If "Yes," explain the arrangement in Part XIV a	and complete the followin	o table			
-	in 100, explain the untangement in traction	and complete the length	g tubic			Amount
С	Beginning balance				1c	···
	Additions during the year				1d	
e	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Fo	rm 990 Part X line 212				Yes No
	If "Yes," explain the arrangement in Part XIV	000, 1 dit 7t, iiii 0 2 1				1es No
	art V Endowment Funds. Compl	ete if organization a	nswered "Yes" t	o Form 990. Pa	art IV. line 10	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years b	
1a	Beginning of year balance	652,692	671,106			
	Contributions		· · · · · · · · · · · · · · · · · · ·	***************************************		
С	Net investment earnings, gains,					
	and losses	-7,917	26,623			
d	Grants or scholarships	30,000	40,000			
	Other expenditures for facilities		,			
	and programs	3,397	4,177			
f	Administrative expenses	880	860			
а	End of year balance	610,500	652,692			
2	Provide the estimated percentage of the year				•	
а		95.45%				
b	Permanent endowment ▶ %					
С	Term endowment ▶ %					
	Are there endowment funds not in the posses	sion of the organization t	hat are held and adm	inistered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(II) X
b	If "Yes" to 3a(ii), are the related organizations	listed as required on Sch	nedule R?			3b
4	Describe in Part XIV the intended uses of the	,				
Рa	ırt VI Investments—Land, Buildi	ngs, and Equipmer	nt. See Form 99	0, Part X, line 1	0	
	Description of investment	(a) Cost or other basis	(b) Cost or oth	ner (c) Aco	cumulated	(d) Book value
		(investment)	basis (other)	depi	reciation	
1a	Land					
b	Buildings					
С	Leasehold improvements					
	Equipment					
	Other					-
	I. Add lines 1a through 1e (Column (d) must ed	qual Form 990, Part X, co	olumn (B), line 10(c))		•	
					Sche	dule D (Form 990) 2009
						•

Schedule D (Form 990) 2009 LOYAL & MARY SHANNON Part VII Investments—Other Securities. See Form 990		47-0699929	Page 3
(a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)	(5) 50011 14.140	Cost or end-of-year	
Financial derivatives			
Closely-held equity interests			
Other			· · · · · · · · · · · · · · · · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 99	0, Part X, line 13		
(a) Description of investment type	(b) Book value	(c) Method of	valuation
		Cost or end-of-yea	r market value
			
			······
	1		
		 	
	 		·
			
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		<u> </u>	
Part IX Other Assets. See Form 990, Part X, line 15.	 	···	(1) D
(a) Description			(b) Book value
			<u></u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X, line 2	5.		
1 (a) Description of liability	(b) Amount		
Federal income taxes			
		7	
		7	
	 	7	
•	<u> </u>	1	
		1	
	 	1	
		1	
	 	-	
	 	-	
	 	-	
	<u> </u>	4	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the orga	nization's financial statem	ents that reports the	
organization's liability for uncertain tax positions under FIN 48			

<u>Sc</u> he	edule D (Form 990) 2009 LOYAL & MARY SHANNON ENDOWMENT 47-069992		Page 4
	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statem	ents	
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	<u>.</u>
5	Donated services and use of facilities	5_	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn	
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			
b			
C	· · · · · · · · · · · · · · · · · · ·		
d			
e	· ···· · · · · · · · · · · · · · · · ·	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 b			
c		4c	
5		5	
	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per F		n
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		
а			
b	Prior year adjustments 2b		
С]	
d	Other (Describe in Part XIV)]	
е	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:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
		5	
	art XIV Supplemental Information	_	
	plete 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		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
this p	part to provide any additional information		
 .			

Schedule D (F	orm 990) 2009	LOYAL &	MARY SHANNO	N ENDOWMENT	47-0699929	Page 5
Part XIV	Suppleme	ntal Informatio	n (continued)	N ENDOWMENT		·
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

LOYAL & MARY SHANNON ENDOWMENT

General Information on Grants and Assistance

Parti

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

Open to Public Inspection 2009

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

► Attach to Form 990.

oloyer identification number	-0699929	
Employ	47-(

1 Does the sel	the organization mainta lection criteria used to a libe in Part IV the organi	Does the organization maintain records to substantiate the amount of the grants the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant	he amount of the grace? Intoring the use of	rants or ass grant funds	or assistance, the grantees' eligibility for the grants or assistance, and funds in the United States	eligibility for the grants	or assistance, an	P	Yes 🗵 No	2
Par E	Grants and Ot Form 990, Parl Part IV and Scl	Grants and Other Assistance to Governments and Organizations Form 990, Part IV, line 21, for any recipient that received more tha Part IV and Schedule I-1 (Form 990) if additional space is needed	vernments an scipient that res) if additional s	d Organi ceived m pace is n	rganizations in the United States. Complete if the organization answered "Yes" to ed more than \$5,000. Check this box if no one recipient received more than \$5,00 e is needed	i ited States. Com Check this box if	plete if the org no one recipie	janization ans	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	s of organization nent	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant (e) Amount of non-cash assistance	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	<u> </u>
LOURDES CATHO 412 2ND AVENU NEBRASKA CITY	LOURDES CATHOLIC SCHOOL 412 2ND AVENUE NEBRASKA CITY	JOL NE 68410	47-0468127		30,000				OPERATIONAL SUBSIDY	<u> </u>
i										
						•			4	

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

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

Schedule I (Form 990) 2009

Part III

Page 2

Schedule I (Form 990) 2009 LOYAL & MARY SHANNON ENDOWMENT

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. 47-0699929

•	(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
		recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
				-		
			:			
Part IV	Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	omplete this part to p	provide the information	on required in Part I,	line 2, and any other addition	onal information.

Schedule I (Form 990) 2009

SCHEDULE O .

(Form 990) .

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LOYAL & MARY SHANNON ENDOWMENT

Employer identification number

47-0699929

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

DEROY HARSHMAN

THOMAS FUNKE

DIRECTOR

DIRECTOR

BROTHER-IN-LAWS

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990 TAX RETURN IS PROVIDED TO OFFICERS/DIRECTORS FOR REVIEW.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.