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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

Form **990** (2009)

A	For the 2009 ca	lendar year, or tax	year beginning	, a	nd ending					
В	Check if applicable	Please C Name	of organization				С) Emplo	yer identif	ication numb
=	Address change	label or		McGowan Famil	y Foundatio	on		47-	07956	568
_	Name change	P	Business As er and street (or P.O. box if ma	all is not delivered to street addi	ess)	Room	/suite E		one numbe	
=	Initial return	See 302	2 South 36th		3337	100			-342-	
_	Termination	Instruc- City of	or town, state or country,	and ZIP + 4			G	Gross rece	pts \$	706,7
	Amended return	tions Oma	aha	NE	68131					
POSTMARKIDA	Application pending	F Name and add	ress of principal officer (3) ◀ (insert	no) 4947(a)(1) o	r : 527			affiliate f(b) Are all include	affiliates d?	Yes X Yes (see instructions)
ᆵ	Website: 🕨	I/A					 -	(c) Group	exemption nu	mber 🕨
		X Corporation	Trust Association	n Other >		L Year of fe	ormation 19	96	M State of	legal domicile
_8	art I S	ummary								
Activities & Golden 9 1	2 Check t 3 Number 4 Number 5 Total nu 6 Total gr	responding is box if ti of voting member of independent voi mber of employee mber of volunteer iss unrelated bus	section of a the organization discoins of the governing booting members of the es (Part V, line 2a) is (estimate if necessa- tiness revenue from Pa	governing body (Part \ ary) art VIII, column (C), lin	deral tax lar lar lar lar disposed of more	aw) not in	consist	3 4 5 6 7a		
ያ —	b Net unre	lated business ta	xable income from Fo	rm 990-T, line 34	· · · · · · · · · · · · · · · · · · ·	····	Prior Year	7b		rrent Year
Revenue	9 Progran 10 Investm 11 Other re	service revenue ent income (Part \ venue (Part VIII, o		3, 4, and 7d) d, 8c, 9c, 10c, and 11e qual Part VIII, column (•			,621 ,621		20,8
			ts paid (Part IX, colun		2.17, mio 127			,086		520,9
Expenses	14 Benefits15 Salaries16a Professib Total fur17 Other ex	paid to or for mer other compensa onal fundraising for draising expense penses (Part IX	mbers (Part IX, colum tion โอกัฏปิจังอัยปิลักอ์ก็ ges (Part IX, column (D s (Part IX, column (D) column (A), เกือรรัส 12	n (A), line 4) Is[(Part IX, column (A) A), line (I≯e)), line 25}			75 649	,786 ,872		61,38 582,3
- 0	19 Revenu	less expenses S	Subtract-line 18-from I	ine-12			-744			-561,4
Net Assets or Fund Balances	20 Total as	ـــــ • ets (Part X, line					nning of Curren			nd of Year , 053 , 73
Ass 1 Bal		ulities (Part X, line	•			-		,215		12,4
Net		•	es Subtract line 21 fro	om line 20			11,377		13	,041,3
P	art II S	gnature Bloc	:k				<u> </u>			
Sig Her	n ar	der penalties of pen behef, it is rue. Signature of office Type or print nam	was fai	examined this return, inclaration of preparer (other	than officer) is based	on all information	ements, and to of which prepa	the best orer has an Date	of my knowledg	edge
Pai	a 1	eparer's nature				Date 07/14/1	Check if self-employed	> _	Preparer (see insti	's identifying numl ructions)
	•	n's name (or yours						EIN ▶		
	if s	elf-employed), dress, and ZIP + 4						Phone no		
May	the IRS discus	s this return with	the preparer shown a	bove? (see instruction	s)					Yes

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

4c (Code)(Expenses \$ including grants of \$) (Revenue \$

4d Other program services (Describe in Schedule O) including grants of \$) (Revenue \$

4e Total program service expenses ▶ 567,549

Form 990 (2009)

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete X 4 Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 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 the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X 6 complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III 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," X 9 complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or X quasi-endowments? If "Yes," complete Schedule D, Part V 10 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, X 11 VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D. Part VI • Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets 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 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12 Schedule D, Parts XI, XII, and XIII 12A Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No 12A X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X 13 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X 14b business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any 15 X organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X to individuals located outside the United States? If "Yes," complete Schedule F, Part III 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services 17 X on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X 19 If "Yes," complete Schedule G, Part III X Did the organization operate one or more hospitals? If "Yes," complete Schedule H

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04			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		x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	21	^	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	x	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		х
24a				
	\$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		х
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		
25a	• , • , • ,			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b				
	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		X
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		Х
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		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)			
а	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			
	Schedule L, Part IV	28b		Х
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	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	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	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	1		
	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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		7.7	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	L

Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of 0 U.S. Information Returns. Enter -0- if not applicable 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable ь Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 10 gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a 0 Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X 3a this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X account)? 4a 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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding 5c Prohibited Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X 6a organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? 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 7a and services provided to the payor? 7Ь If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f 7g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as 7h required? 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? Sponsoring organizations maintaining donor advised funds 9a а Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 10a а 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a If "Yes," enter the amount of tax-exempt interest received or accrued during the year

Form 990 (2009) The McGowan Family Foundation

47-0795668

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

Section Fig.	Sec	tion A. Governing Body and Management			
15 Enter the number of voting members of the governing body 2 Did any officer, director, fusiter, or key employee have a family relationship or a business relationship with any other officer, director, fusiter, or key employee have a family relationship or a business relationship with any other officer, director, fusiter, or key employees to a management company or other person? 3 Did the organization delegate control over management dubes customanly performed by or under the direct supervision of officers, directors or fusites, or key employees to a management company or other person? 4 A X 5 Did the organization make any separation that the properties of the governation of the organization that the properties of the governation of the organization have members or stockholders or other persons who may elect one or more members 5 Did the organization have members, stockholders, or other persons? 6 A X 7 Did the governation that we members, stockholders, or other persons? 7 Did the governation contemporation organization contemporation and the powering body? 8 Did the organization contemporation stockholders, or other persons? 9 Did the organization contemporation stockholders, or other persons? 9 Did the organization contemporation stockholders, or other persons? 9 Did the organization contemporation stockholders, or other persons? 9 Did the organization contemporation stockholders, or other persons? 9 Did the organization contemporation stockholders, or other persons? 9 Did the organization contemporation stockholders, or other persons? 9 Did the organization contemporation stockholders, or other persons? 9 Did the organization contemporation stockholders, or other persons? 9 Did the organization contemporation stockholders, or other persons. 9 Did the organization contemporation stockholders, or other persons. 9 Did the organization stockholders. 9 Did the process of the organization have written and the persons the organization? 10 Did the process of the organization have written stockholders. 11 Did the pro	560	tion A. Governing Body and management	I	Voc	No
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Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ None 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website. ▼ 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					-
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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 Upon request. 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. State the name, physical address, and telephone number of the person who possesses the books and records of the					
available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website X Upon request. 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. State the name, physical address, and telephone number of the person who possesses the books and records of the	17				
Own website Another's website X Upon request 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 State the name, physical address, and telephone number of the person who possesses the books and records of the	10				
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 State the name, physical address, and telephone number of the person who possesses the books and records of the					
policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the	10				
State the name, physical address, and telephone number of the person who possesses the books and records of the	13				
	20				
Digging Color	20				
Omaha NE 68131 402-342-3458	Оп	-	02-34	2-3	458

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

1.00 1.00 1.00 1.00	or director	 -	Key employee	Highest compensated employee	poly) Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
1.00 4.00 1.00	X X					0	0	(
1.00 4.00 1.00	X X					0	0	(
4.00 1.00	x	x				0	0	C
4.00 1.00	x	x				0	0	C
1.00	x	X				0	0	C
1.00	x	X				0	0	C
1.00	x					0	0	
1.00	Х					l ol	ol	r
				1				

Part	(A)	(B)			((C)			(D)	(E)	(F)				
•	Name and Title	Average hours per week	ndividual trustee or director				Highest compensated employee	Pormer Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	col	Estimated imount of other mpensate from the ganizated not related ganization	of on on ed		
						_							·		
				-				 	_						
<u> </u>															
															
						-									
	Total Total number of individuals (inc	cluding but not lim	ııted	to th	ose	liste	d abo	ve)	who received more than \$10	<u> </u> 	1				
	reportable compensation from	=		0						· ·		1			
	Did the organization list any for employee on line 1a? If "Yes,"	complete Schedu	le J	for s	uch i	ndıv	idual					3	res	No X	
	For any individual listed on line the organization and related or individual	ganizations great	er th	an \$	150,	0001	ን If "ነ	es,"	complete Schedule J for su			4		х	
	Did any person listed on line 1a services rendered to the organ											5		x	
1	complete this table for your five compensation from the organiz	e highest comper	sate	ed inc	depe	nder	nt coi	ntrac	ctors that received more that	n \$100,000 of	-				
		(A) I business address				-		L	Descrip	(B) tuon of services		Comp	(C) pensati	on	
													–		
	<u>,</u>								····						
		···		•											
	Total number of independent c						to th	l iose	listed above) who received	· · · · · · · · · · · · · · · · · · ·		0			
DAA	more than a roo,ood in compet	Canon nom me C	. gai		J.1 P							Form	990	(2009	

Form 99			LLY Founda	tion	47-0795668		Page 9
Part V				(A)	(B) T		(D)
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ध्य 1a	Federated campaigns	1a					
n n	Membership dues	1b		1			
s, g	Fundraising events	1c					
aria aria	Related organizations	1d		1			
Contributions, gifts, grants and other similar amounts	Government grants (contributions)	1e		1			
er s	All other contributions, gifts, grants,			1			
들원	and similar amounts not included above	1f					
	Noncash contributions included in lines 1a-	1f \$		1			•
-	Total. Add lines 1a-1f		•				
Program Service Revenue			Busn Code				
8 2a							
8 F							
S Se							
gra	All other program service rever	nue.					
옵 :	Total. Add lines 2a-2f		•		-		
3	•	lividends,	interest, and				
	other similar amounts)		•	285,483			285,483
4	Income from investment of tax-	exempt be	ond proceeds 🕨				
5	Royalties		>				
	(ı) Real		(II) Personal				
6a	Gross Rents						
Ь	Less rental exps						
c				Ī			
d 7a			() () ()				
'	sales of assets		(II) Other				
_		,294					
"	Less cost or other basis & sales exps 685	,907					
	Gain or (loss) -264	' 					
- 1	Net gain or (loss)	, j	>	-264,613			-264,613
l 8a	Gross income from fundraising eve	ents		•			
Other Revenue	(not including \$						
eve	of contributions reported on line 10	;)					
<u>ة</u>	See Part IV, line 18	a			•		
꽃 ㅂ	Less direct expenses	b					
_ 0	Net income or (loss) from fund		ents 🕨				
9a	Gross income from gaming activities						
	See Part IV, line 19	a					
	Less direct expenses	b <u></u>	es Þ				
4	 Net income or (loss) from gam Gross sales of inventory, less 	ing activiti	es 🕨				
100	returns and allowances	a					
_ l	Less cost of goods sold	ь					1
	Net income or (loss) from sales	of invent	ory b				
	Miscellaneous Revenu		Busn Code				_
11a	ı. ——						
b							
0	;						
d	All other revenue						
е			>	20. 27.			00 000
12	Total Revenue. See instructio	ns	<u> </u>	20,870	0	0	20,870 Form 990 (2009)

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).

		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
<u>70,</u> 1	Grants and other assistance to governments and		САРСПЭСЭ	gonoral expenses	
•	organizations in the U.S. See Part IV, line 21	508,925	508,925		
2	Grants and other assistance to individuals in		- 555/525		· · · · · · · · · · · · · · · · · · ·
_	the U.S. See Part IV, line 22	12,000	12,000		
3	Grants and other assistance to governments,				
•	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members		-		
5	Compensation of current officers, directors,				
•	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	46,624	46,624		
b	Legal	390		390	
С	Accounting				
ď	Lobbying				
е	Professional fundraising services See Part IV, line 17				<u> </u>
f	Investment management fees	14,369		14,369	
g	Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings				
20	Interest				· · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				· · · · · · · · · · · · · · · · · · ·
23	Insurance				<u> </u>
	Other automate Harris and the second				
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)				
_	3 70 OF IOIAI EXPENSES SHOWN ON line 23 DEIOW)				
a b					
C				_	
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	582,308	567,549	14,759	
26	Joint costs. Check here ▶ If following	332,333	30.,0		
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and]			
	from a combined educational campaign and fundraising solicitation				

	art X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			1	
	2	Savings and temporary cash investments		2,566,486	2	1,197,815
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, tru	ustees, key		1	
		employees, and highest compensated employees Comple	ete Part II of			
		Schedule L			5	
	6	Receivables from other disqualified persons (as defined un	nder section		1	
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	[1	
1 0		Part II of Schedule L			6	
Assets	7	Notes and loans receivable, net			7	
SSI	8	Inventories for sale or use			8	
٩	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost or		<u> </u>	-	
		other basis Complete Part VI of Schedule D	10a		1	
	b	Less accumulated depreciation	10b		10c	
	11	Investments—publicly traded securities		8,918,661	11'	11,847,065
	12	Investments—other securities See Part IV, line 11			12	
	13	investments—program-related See Part IV, line 11			13	
;	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		4,269	15	8,851
	16	Total assets. Add lines 1 through 15 (must equal line 34)		11,489,416	16	13,053,731
	17	Accounts payable and accrued expenses		12,215	17	12,425
- - -	18	Grants payable		100,000	18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Liabilities	21	Escrow or custodial account liability Complete Part IV of S	Schedule D		21	
Ξ	22	Payables to current and former officers, directors, trustees	s, key		1	
ap		employees, highest compensated employees, and disqua	lified			
Ξ,		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third p	parties		23	· ····································
	24	Unsecured notes and loans payable to unrelated third par	ties		24	
	25	Other liabilities Complete Part X of Schedule D		110.015	25	10 10=
	26	Total liabilities Add lines 17 through 25		112,215	26	12,425
Balances		Organizations that follow SFAS 117, check here > 2	and	:		
n c		complete lines 27 through 29, and lines 33 and 34.		11 255 201		10 041 000
ala	27	Unrestricted net assets		11,377,201	27	13,041,306
	28	Temporarily restricted net assets			28	
Ξ.	29	Permanently restricted net assets	. —		29	
正		Organizations that do not follow SFAS 117, check here	e • [
ō		and complete lines 30 through 34.				
Net Assets or Fund	30	Capital stock or trust principal, or current funds			30	
SSE	31	Paid-in or capital surplus, or land, building, or equipment f			31	
Ä	32	Retained earnings, endowment, accumulated income, or o	other funds	11 277 001	32	12 041 200
let	33	Total net assets or fund balances		11,377,201	33	13,041,306
_	34	Total liabilities and net assets/fund balances		11,489,416	34	13,053,731

Form **990** (2009)

Form 990 (2009)	The	McGowan	Family	Foundation
J 000 (2000)				

47-0795668

Page **12**

Part XI Financial Statements and Reporting											
			Yes	No							
1	Accounting method used to prepare the Form 990 Cash X Accrual Other										
	If the organization changed its method of accounting from a prior year or checked "Other," explain in										
	Schedule O										
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X							
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	X								
	If the organization changed either its oversight process or selection process during the tax year, explain in										
	Schedule O										
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were										
	issued on a consolidated basis, separate basis, or both										
	Separate basis Consolidated basis X 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		X							
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the										
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b									

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

			The McGowan	ramily	Foundati	on				47	-0795	668		
P	art I	Reas	on for Public Charity	Status (All	organizations	s must c	omplete	e this p	art.) S	See in:	structio	ns.		
he	orgar	nization is not	a private foundation because	it is (For line:	s 1 through 11, che	eck only on	e box)							
1	-	A church, cor	nvention of churches, or asso	ciation of chui	ches described in	section 1	70(b)(1)(A)(ı).						
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach S	Schedule E)									
3			a cooperative hospital service		ŕ	tion 170(b)	(1)(A)(iii)							
4	-		search organization operated	-					(A)(iii).	Enter th	ne hospita	il's name.		
		city, and state		,				-(-/(-/				· · · · · · · · · · · · · · · · · · ·		
5	_	•	- ion operated for the benefit of	a college or i	iniversity owned o	r operated	hy a gove	ernmenta	d unit de	scribed	ın			
Ĭ			(b)(1)(A)(iv) (Complete Part I	_	arm voronty overlied of	Орогатов	o, a gov	J	orm oc	.5011500	•••			
6	—		ite, or local government or go	•	nt described in se	ction 170/	~\/4\/ ^ \/	٨						
7	-		ion that normally receives a si						the co	noral pu	blic			
•	_	_	section 170(b)(1)(A)(vi). (Co	•		ii a goveriii	nental un	01 11011	i tile gei	iciai pu	DIIC			
8	_					шх								
9	-		trust described in section 17						b f-					
9			ion that normally receives (1)								-			
		_	activities related to its exemp		-	-					แร			
			gross investment income and					i tax) iro	om busir	iesses				
4.0	—		he organization after June 30				•							
10	₹	-	on organized and operated e	•	•	•								
11			on organized and operated e											
			one or more publicly supporte	-							tion			
			neck the box that describes th						<u> </u>					
	v	a X Type			Type III-Function			d !		e III–Ot	ner			
е	X,	-	this box, I certify that the orga		•				•					
			r than foundation managers a	nd other than	one or more publi	icly support	ed organ	izations (describe	d in sec	tion			
_		,	section 509(a)(2)											
f		_	ation received a written deter	mination from	the IRS that it is a	ı Type I, Ty	pe II, or 1	ype III s	upportin	g				_
		-	check this box											
g		Since August following per	t 17, 2006, has the organizations?	on accepted a	ny gift or contribut	ion from ar	y of the							
			n who directly or indirectly cor	ntrols, either a	lone or together w	nth persons	describe	d in (ii)					Yes	No
			below, the governing body of		_			- (/				11g(ı)		X
			member of a person describe		-							11g(II)	†	X
			ontrolled entity of a person de									11g(m)		X
h			following information about the	• •	• •							[5(4	
	Name	of supported	(ii) EIN		e of organization	(iv) Is the c	rganization	(v) Did v	ou notify	(vi)	Is the	(vii) Am	ount of	
` '		anization			ed on lines 1-9	in col (i) is	_	the organ	nization in	organiza	ion in col	sup		
			:		or IRC section	governing	document?		of your oort?		zed in the			
				(See ii	istructions))	Yes	No	Yes	No	Yes	No			
Or	nah	a Commu	nity Foundation	n		1		<u> </u>						
			47-0645958		8	x		x	′	x			46,	624
					··	1	-							
								İ						
			1	1		1 :	,	,	,	3	, 1			

Sche	dule A (Form 990 or 990-EZ) 2009 The	McGowan	Family Fo	undation	47	-0795668	Page 2
Pa	Support Schedule for Or (Complete only if you che				1)(A)(iv) and 1	70(b)(1)(A)(vi)	
Sec	tion A. Public Support				•		···-
Ca	lendar 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	lendar 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						
12	Gross receipts from related activities, etc. (s	•				12	
13	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourth	, or fifth tax year a	s a section 501(c)(3)	. —
<u></u>	organization, check this box and stop here						>
	tion C. Computation of Public Su	···					
14	Public support percentage for 2009 (line 6,			7))		14	<u>%</u>
15	Public support percentage from 2008 Sched					15	%_
16a	33 1/3 % support test—2009. If the organiz			, and line 14 is 33	1/3 % or more, che	ck this box	. —
	and stop here. The organization qualifies a		•				▶
b	33 1/3 % support test—2008. If the organiz				is 33 1/3 % or more	, check this	
	box and stop here. The organization qualifi		· -				.
17a	10%-facts-and-circumstances test—2009						
	more, and if the organization meets the "fac					/ how the	. —
	organization meets the "facts-and-circumsta	_	•		J		▶
Ь	10%-facts-and-circumstances test—2008						
	more, and if the organization meets the "fact organization meets the "facts-and-circumstate organization meets the "facts-and-circumstate organization meets the "facts-and-circumstate organization meets the "facts-and-circumstate organization meets the "facts-and-circumstate organization meets the "facts-and-circumstate organization meets the "facts-and-circumstate organization meets the "facts-and-circumstate organization meets the "facts-and-circumstate organization meets the "facts-and-circumstate organization meets the "facts-and-circumstate organization meets the "facts-and-circumstate organization meets the "facts-and-circumstate organization meets organization meets the "facts-and-circumstate organization meets organization meets organization meets organization meets organization meets organization meets organization meets organization meets organization meets organization meets organization meets organization meets organization meets organization meets organization organ	nces" test. The org	anization qualifies	as a publicly suppo	orted organization		>
18	Private foundation. If the organization did	not check a box on	line 13, 16a, 16b, 1	i7a, or 17b, check	this box and see in	structions	▶

Schedule A (Form 990 or 990-EZ) 2009

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

500	tion A. Public Support	ecked the box	on line 9 of Pa	art I.)			
	lendar year (or fiscal year beginning in)▶	(a) 200E	(F) 2006	(-) 2007	(-1) 2000	(-) 2000	/D T-1-1
Ca	neridar year (or riscar 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		İ				
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)					,	7.T-T-1.2-1-11-1
	tion B. Total Support	···			T- · ·		
	lendar 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						
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,						<u> </u>
	and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop here	organization's first,	second, third, fourth	n, or fifth tax year a	s a section 501(c)	(3)	> _
Sec	tion C. Computation of Public Su	pport Percent	age				
15	Public support percentage for 2009 (line 8,	column (f) divided l	oy line 13, column (f))		15	%
16	Public support percentage from 2008 Scheo					16	%
Sec	tion D. Computation of Investmer					-	
17	Investment income percentage for 2009 (lin	ie 10c, column (f) d	livided by line 13, c	olumn (f))		17	%
18	Investment income percentage from 2008 S		•			18	%
19a	33 1/3 % support tests—2009. If the organ						_
	17 is not more than 33 1/3 %, check this bo						▶ _
b	33 1/3 % support tests—2008. If the organ						
00	line 18 is not more than 33 1/3 %, check this						▶ _
20	Private foundation. If the organization did	not check a box on	<u>iine 14, 19a, or 19</u>	o, cneck this box ai	to see instructions	5	

Schedule A (Form 990 or 990-EZ) 2009 The McGowan Family Foundation

47-0795668

Page 4

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 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 2009

Open to Public Inspection

Name of the organization Employer identification number The McGowan Family Foundation 47-0795668 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year 2a Total number of conservation easements Total acreage restricted by conservation easements 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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 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 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 Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Schedule D (Form 990) 2009

b Buildings

d Equipment e Other

c Leasehold improvements

Total Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2009 The McGowan Family	Found	dation	47-0795668	Page 3
Part VII Investments—Other Securities. See Form	1990, P	art X, line 12.		
(a) Description of security or category		(b) Book value	(c) Method o	f valuation
(including name of security)			Cost or end-of-year	ar market value
Financial denvatives				
Closely-held equity interests				
Other				
	[
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	L			
	L			
	L			
	L			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	>			
Part VIII Investments—Program Related. See Form	n 990, F	Part X, line 13.		
(a) Description of investment type		(b) Book value	(c) Method o	
			Cost or end-of-ye	ar market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX Other Assets. See Form 990, Part X, line	15.			
(a) Description	on			(b) Book value
			•	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)			<u> </u>	
Part X Other Liabilities. See Form 990, Part X, III	<u>ne 25.</u>			
1 (a) Description of liability		(b) Amount	4	
Federal income taxes			4	
			_[
			_}	
			_[
			_	
		<u></u>	_[
			_[
			_	
			-	
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 or	rganizatioi	n's financial statements	s that reports the	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 The McGowan Family Foundation		47-079566	8	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audite	ed Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	20,870
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	582,308
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-561,438
4	Net unrealized gains (losses) on investments			4	2,225,543
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	2,225,543
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	1,664,105
Pa	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts Wi	th Revenue per Retu	ırn	
1	Total revenue, gains, and other support per audited financial statements		· · ·	1	2,246,413
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains on investments	2a	2,225,543		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	2,225,543
3	Subtract line 2e from line 1			3	20,870
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		ſ		,
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
ь	Other (Describe in Part XIV)	4b		1 1	
c	Add lines 4a and 4b	1		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	20,870
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	/ith Expenses per Re	eturn	,
1	Total expenses and losses per audited financial statements			1	582,308
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		1 1	
_	Other losses	2c		1 1	:
ď	Other (Describe in Part XIV)	2d		1 1	
e	Add lines 2a through 2d		L	2e	
3	Subtract line 2e from line 1			3	582,308
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1	[
,	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b	4.0	I	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	582,308
	rt XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	10 000	1.4 Part IV lines 1h		
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines				
		zu anc	140 Also complete		
uıs t	art to provide any additional information				
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SCHEDULEI (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

Open to Public Inspection OMB No 1545-0047 2009

ŝ Grants and Otner Assistance to Governments and Organizations in the Control of the St. Co (h) Purpose of grant Human Services Human Services or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Yes Education X Religion Health Youth Arts Arts Arts Employer identification number non-cash assistance (g) Description of 47-0795668 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (c) IRC (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, fapplicable other) 13,200 50,000 25,000 25,000 26,170 10,000 10,000 124,450 10,750 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed ო ო ო ო m ന ന ო ന The McGowan Family Foundation 47-0595345 47-0399847 47-0415808 47-0384577 47-0832480 21-0353264 74-3244900 47-0843276 47-6039304 General Information on Grants and Assistance (p) EIN the selection criteria used to award the grants or assistance? NE 68134 68914 Greater Omaha Alliance for Bus (a) Name and address of organization Methodist Hospital Foundation Creighton Preparatory School 10250 Regency Circle Ste 250 All Saints Episcopal Church Omaha Symphony Association Ä 爿 吳 Omaha Police Foundation 2500 California Plaza Omaha Performing Arts Joslyn Art Museum 7400 Western Ave 1200 Douglas St 1605 Howard St Department of the Treasury Internal Revenue Service 2200 Dodge St 8401 W Dodge Name of the organization 2207 Wirt St 9302 Blondo Part II Part Omaha Omaha Omaha Omaha Omaha Omaha Omaha Omaha Omaha CUES

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

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

13

47-0795668 Schedule I (Form 990) 2009 The McGowan Family Foundation

Page 2 (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of Use Part IV and Schedule I-1 (Form 990) if additional space is needed (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part

Medical		1	12,000			
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 add	tional information

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

Due diligence is conducted to ensure grants are made to qualified charities

that are not private non-operating foundations, non-functionally integrated

Type III supporting organizations, not to be used by individuals for

private benefit, and that no portion of a grant is in exchange for goods

and services. The process is monitored by the board.

Schedule I (Form 990) 2009

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SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Continuation Sheet for Schedule I (Form 990)

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

Open to Public 2009

OMB No 1545-0047

Inspection

47-0795668

Employer identification number (h) Purpose of grant or assistance Human Services Human Services Education Education Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Arts non-cash assistance (g) Description of (c) IRC Code section (d) Amount of cash grant (e) Amount of non-cash (book, FMV, appraisal, assistance other) 25,000 10,000 7,000 32,050 10,000 m The McGowan Family Foundation 47-0399856 40-0001019 47-0379839 47-0384575 43-0654872 (b) EIN I Ī I 68156 68132 _ _ 68131 51351 University of Nebraska Foundation (a) Name and address of organization 뜆 Ιg ΙĘ City of West Okoboji Parks Urban league of Nebraska

St Louis University

PO_Box 8005_

St Louis

i

Take Flight Farms

1004 Farnam

Omaha

1

PO_Box 82555

Lincoln

3040 Lake St

Omaha

1

6915 Cass St

Omaha

Omaha Playhouse

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Schedule I-1 (Form 990) 2009

Youth

Community Improvemen

7,500

42-6023462

10,000

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47-0527737

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Cystic Fibrosis Foundation

11917 Pierce Plaza

501 Terrece Park Blvd

Milford

50,000

26-2515785

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8805 Indian Hills

Donor's Trust

Omaha

10,000

06-1839108

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1124 N Happy Hollow

YFC, Inc

Omaha

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25,000

47-0384339

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PO BOX 12034

Omaha

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Omaha

Medical Research

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SCHEDULE 1-1 (Form 990)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule I (Form 990)

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

2009

OMB No 1545-0047

Open to Public Inspection

Name of the organization The McGowan Family Foundation	ily Found	ation				Emp 47	Employer identification number 47-0795668
Part I Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990)	- Assistance t	o Governments	and Organizatio	ons in the Unite	d States (Sche	dule I (Form 990)	, Part II.)
	(p) 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	
Other Grants			8,055				
For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instruc	tions for Form 990.					Schedule I-1 (Form 990) 2009

			Commission of Ording and Cone Assistance to marviagais in the Office States (Octobring 1 (1 Offil 990), Falt III.	330), raitiii.)	
(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
				-	

SCHEDULE O

Department of the Treasury Internal Revenue Service Name of the organization

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

The McGowan Family Foundation

Employer identification number 47-0795668

Form 990 - Organization's Mission or Most Significant Activities

To engage in religious, scientific, literary, charitable or educational activities as described in Section 501(c)(3) of the IRS Code of 1986 (or corresponding section of any future Federal tax law) not inconsistent with the purposes of this Corporation as set forth in the articles.

Form 990, Part VI, Line 2 - Related Party Information Among Officers Cynthia McGowan

Family

Thomas F McGowan

Family

Form 990, Part VI, Line 7a - Election of Members and Their Rights
Omaha Community Foundation can elect directors to the governing body.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

A copy of the final return is emailed to the board of directors before
being filed with the IRS. Each director reviews the 990 and any changes are
made.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

A conflict of interest letter is sent each year to all directors. Upon receipt of the letter, a form is filled out by the directors disclosing all conflicts. The form is returned to the organization and kept on file.

The McGowan Family Foundation

Employer identification number 47-0795668

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation The governing documents are kept on file with the Omaha Community Foundaiton at the location of 302 S 36th St, Omaha, NE and made available upon request.

Form 990, Part VII - Group Return Method Parent organization has filed a separate return

Form 990, Part XI, Line 2c - Change in Financial Review Process The organization is audited on a consolidated basis with the Omaha Community Foundation's audit by an independent auditor. Oversight for the audit and selection of independent auditor is the responsibility of the Omaha Community Foundation's audit committee.

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SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

2009

OMB No 1545-0047

Open to Public Inspection

▶ 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.

Employer identification number

47-0795668

(f) Direct controlling (f) Direct controlling entity entity Identification of Related Tax-Exempt Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34 because of had one or more related tax-exempt organizations during the tax year.) n/a (e)
Public charity status
(if section 501(c)(3)) (e) End-of-year assets ω **Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) (d) Exempt Code section (d) Total income ო (c)
Legal domicile (state
or foreign country) (c) Legal domicile (state or foreign country) Ä (b) Primary activity (b)
Primary activity Granting 47-0645958 The McGowan Family Foundation (a) Name, address, and EIN of related organization (a) Name, address, and EIN of disregarded entity 68131 Ä Omaha Community Foundation 302 S 36th St Ste 100 Omaha Part II Part

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

Schedule R (Form 990) 2009

(j) General or mahaging	Yes No				-	age hip		
,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Part IV,	(h) Percentage ownership		
Code V	(Form				orm 990,	I) re of ar assets		
(h) Disproportionale	Yes No				es" to Fc	(g) Share of end-of-year assets		
(g) Share of end-of-year assets					J on answered "Yo ix year.)	(f) Share of total income		
tax year.) (f) Share of total income		:			r rrust (Complete if the organization answ a corporation or trust during the tax year.)	(e) Type of entity (C corp, S corp, or trust)		
hip during the (e) Predominant income (related, unrelated,	sections 512-514)			 	ust (Complete orporation or t	(d) Direct controlling entity	 	
d as a partners (a) Direct controlling entity					orporation or Ti s treated as a c	(c) Legal domicile (state or foreign country)		
treatec (c) Legal domicile	foreign country)				Is a Col zations			
rganizations (b) Primary activity					ns Taxable a elated organi	(b) Primary activity		
because if had one or more related organizations treated as a partnership during the tax year.) (a) (b) (c) (d) (b) (d) (h) (h) (h) (h) (h) (h) (h					Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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		
Fan E					Part IV	E Z		

Page 3

Schedule R (Form 990) 2009 The McGowan Family Foundation

undation 47-0

47-0795668

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

			[;	┕
ote. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			Yes	2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II~IV?				
a Receipt of (i) interest (ii) annuities (iii) royalilies (iv) rent from a controlled entity		Ja		×
b Gift, grant, or capital contribution to other organization(s)		1		×
c Gift, grant, or capital contribution from other organization(s)		10		×
d Loans or loan guarantees to or for other organization(s)		1d		×
e Loans or loan quarantees by other organization(s)		1e		×
f Sale of assets to other organization(s)		14		×
g Purchase of assets from other organization(s)		19		×
		11		×
		=		×
j Lease of facilities, equipment, or other assets from other organization(s)		1,		×
k Performance of services or membership or fundraising solicitations for other organization(s)		+		×
Performance of services or membership or fundraising solicitations by other organization(s)		=	×	
m Sharing of facilities, equipment, mailing lists, or other assets		1m		×
n Sharing of paid employees		1n		×
o Reimbursement paid to other organization for expenses		9		×
p Reimbursement paid by other organization for expenses		1p		×
			:	
q Other transfer of cash or property to other organization(s)		19	×	
	throcholde	11		×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction triesholds	ion inrestiolds			
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	olved	
(1)				
(2)				
(3)				
(4)				
(5)				
(9)				
	Schedu	Schedule R (Form 990) 2009	n 990) 2009

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Schedule R (Form 990) 2009 The McGowan Family Foundation

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

47-0795668

Page 4

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

(h) General or managing partner?	Yes No								rm 990) 2009
(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)									Schedule R (Form 990) 2009
(f) Disproportionate allocations?	oN s		-		·				
	Yes						_		
(e) Share of end-of-year assets									
(d) Are all partners section 501(c)(3) organizations?	S.				,				
Are all sec 501	Yes		1						
(c) Legal domicile (state or foreign country)		-	-	-			_	-	
(b) Primary activity									
(a) (b) (c) Name, address, and EIN of entity Legal domicile (state or foreign country)									

470795668 The McGowan Family Foundation
47-0795668 Federal Statements

47-0795668

FYE: 12/31/2009

7/14/2010 7:55 AM

Taxable Dividends from Securities

Description	 Amount	Unrelated Business Code		Postal Code	Acquired after 6/30/75
Interest	\$ 285,483		14		
Total	\$ 285,483				