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CENSIFIED MAIL RECEIPT NO. 7008 0500 0000 4101 0125 Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 2009

| F | or ca | lendar | vear 2009. | or t | ax year begir | ning | | <u> </u> | . 2009 | and end | ling | <u></u> | , 20 | _ |
|--------|-----------|--------------------|---------------------------------------|---------|---|---------------|----------------|-------------------|---------------|---------|----------|--|----------------------------------|---|
| _ | | | hat apply: | T | Initial return | | | nitial return | of a former p | | | | Final return | _ |
| _ | | | .,, | | Amended re | eturn | | | ss change | Γ | <u> </u> | lame change | | |
| | | | Name of fou | nda | tion | | | <u> </u> | | | | A Employer ident | ification number | _ |
| ι | Jse th | ne IRS | McCarth | y I | Redland F | amil | y Found | dation | | | | 47-6198 | 921 | |
| Ī | lab | | | | | | | | | | | | | |
| (| Other | wise, | Number and | stre | et (or PO box r | number if | mail is not di | elivered to stree | t address) | Room/su | uite | B Telephone number (s | see page 10 of the instructions) | _ |
| | pri | | 7404 Ra | in | wood Road | | | | | | | 402-392 | -1500 | |
| _ | or ty | • | | | | | | | | | | | | |
| | | pecific ctions. | City or town | , sta | te, and ZIP code | e | | | | | | C If exemption appl pending, check he | ication is | T |
| •, | | J. 101101 | Omaha, | NE | 68122 | | | | | | | D 1 Foreign organia | . | 1 |
| | | | | | | | | | | | | 2. Foreign organi | zations meeting the | _ |
| Н | Che | ck type | e of organiza | tion | X Section | n 501(| c)(3) exer | npt private t | foundation | | | | k here and attach |] |
| ſ | s | ection 4 | 1947(a)(1) <u>no</u> | nexe | empt charitable | trust | Othe | er taxable pi | ıvate founda | tion | | · | lion status was terminated | _ |
| ī | Fair | marke | et value of all | ass | ets at end | <u>J Acco</u> | unting me | thod X C | ash 💹 Acc | rual | | | (b)(1)(A), check here . | |
| | of ye | ear (fro | m Part II, coi | | | | ther (spec | | | | | F If the foundation | is in a 60-month termination | _ |
| | | ▶ \$ | | | ,300.00 | | column (a |) must be or | cash basis.) | | | under section 507 | (b)(1)(B), check here . > | 1 |
| Ŀ | art l | Analy | sis of Reve | nue | and Expense | s (The | (a) Rev | enue and | (b) Net inve | estment | , | c) Adjusted net | (d) Disbursements for charitable | |
| | | may n | ot necessarily | eau | nns (b), (c), and ial the amounts | in l | | nses per | incom | | \ ' | income | purposes | |
| _ | | colúm | n (a) (see pag | e 11 | of the instruction | ons)) | | ooks | | | <u> </u> | | (cash basis only) | |
| | 1 | Contribu | tions, gifts, grants, | etc , i | received (attach sche lation is not requi | edule) . | 100, | ,000.00 | <u> </u> | - | | | | _ |
| | 2 | Check J | attach | Sch | B | • • • | | 002.00 | | 00.00 | | | | |
| ı | 3 | Interest | on savings and | tem | porary cash invest | ments | | 283.00 | | 83.00 | | | | _ |
| | 4 | | | | om securities . | | | 90.00 | | 90.00 | | | | |
| | 5 a | Gross r | rents | | | | | <u>-</u> | | | | | - | |
| | | | • | | | | | | | | | | | |
| e | | | n or (loss) from ales pnce for all | sale | of assets not on li | ne 10 | | | | | | - | | _ |
| evenue | | assets of | on line 6a | | | | | | | 0.00 | | | | |
| Re | _ | - | _ | | (from Part IV, lir | | | | | 0.00 | | 0.00 | | _ |
| | 8 | | • | - | ın | | | | | | <u> </u> | 0.00 | | _ |
| | 9 10 a | | e modification: ales less retums | | <i></i> | | | | | | <u>-</u> | | | _ |
| | | | wances | | | | | | | | | | | _ |
| | | | ost of goods sold | | ach schedule) | | | | | | | | | - |
| | | | | | nedule) | | | | | | | | - | - |
| | | | | | ih 11 | | 100 | ,373.00 | 3 | 73.00 | | 0.00 | | - |
| ٦ | | | | | rectors, trustees, e | | | | | | | | | - |
| | | | | | and wages | | | | | | | | | _ |
| es | 15 | | | | benefits | | | | | | | | | _ |
| eus | 16a | | | | ıle) | | | 420.00 | 4 | 20.00 | | R | E CEU LE | _ |
| X | b | | | | schedule) | | 1, | ,360.00 | 1,3 | 60.00 | | 1,01 | EVENVED | _ |
| إي | ٦. | | | | attach schedule | | | 50.00 | | 50.00 | | [8] A. | 70 | - |
| S e | 717 | | | | | | | | | | | AL | 17 2010 S | _ |
| 130 | 18 | | | | page 14 of the instru | | 1, | ,224.00 | 1,2 | 24.00 | | | | _ |
| HU | j1 9 | Depred | ciation (attach | sch | edule) and dep | letion . | | | | | | 1 061 | TO TEL | _ |
| 5 | 20 | | | | | | | | | | | 301 | 4-12, UT | _ |
| 9 | 21 | | | | meetings | | | | <u> </u> | | | | | _ |
| F | 22 | Printin | g and publicat | tions | | | | | | | | | | _ |
| βű | 23 | Other | expenses (atta | ich s | chedule) | | | | | | | | <u> </u> | _ |
| Ē | 24 | | | | ninistrative exp | | - | 05: | | | | _ | | |
| Spe | 5 | | | | | | | ,054.00 | 3,0 | 54.00 | | 0.00 | | _ |
| | | | | | ts paid | | | ,950.00 | | F 4 00 | | | 27,950.00 | _ |
| 4 | 26 | | | | nts. Add lines 24 | and 25 | 31, | ,004.00 | 3,0 | 54.00 | | 0.00 | 27,950.00 | _ |
| | 27 | | ct line 26 fron | | | | - ^ | 260.00 | | 1 | | | 1 | |
| | | | | | s and disbursemer | | 69, | ,369.00 | | 0.00 | | | | _ |
| | | | | | (if negative, ent | | | | | 0.00 | | | | |
| ╛ | <u>C</u> | Adjust | ed net income | e (ıf | negative, enter | -0-) | | | L | | | 0.00 | 1 | |

| | | Palance Shorts | Attached schedules and amounts in the description column should be for end-of-year | Beginning of year | • End o | of year |
|-------------|--|---|--|------------------------------|----------------|-------------------------|
| Ľ | art II | Balance Sheets | amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| ٦ | 1 | Cash - non-interest-beari | ing | 77,706.00 | 41,034.00 | 41,034.00 |
| 1 | 2 | | cash investments | | | |
| | 3 | | | | | |
| - } | | Less: allowance for dou | btful accounts ▶ | | | |
| | 4 | | | | | |
| | • | Less: allowance for dou | btful accounts ▶ | | | |
| Ì | 5 | | | | | |
| ١ | 6 | | officers, directors, trustees, and other | | | |
| ļ | • | | ach schedule) (see page 16 of the instructions) | | | |
| ١ | 7 | • | receivable (attach schedule) | | | |
| | • | | btful accounts | | | |
| | 8 | | se | | | • |
| Assets | 9 | | eferred charges | | | |
| SS | _ | • | e government obligations (attach schedule) | | | |
| ٩ | | | e stock (attach schedule) | 22,500.00 | 22,500.00 | 0.00 |
| | | • | e bonds (attach schedule) | | | |
| | 11 | Investments - land, building: | e • | | | |
| | | and equipment basis Less accumulated deprecia | ation b | | | |
| | | (attach schedule) | · | | | |
| | 12 | | loans | 47,024.00 | 153,065.00 | 141,466.00 |
| | 13 14 | Land, buildings, and equipment basis | ach schedule) | 17,024.00 | 103/003.00 | 111,400.00 |
| | i | equipment basis Less accumulated deprecia | 163,800.00 0.00 | 163,800.00 | 163,800.00 | 163,800.00 |
| | 4- | | | 103,000.00 | 103,000.00 | 103,000.00 |
| i | 15 | | pleted by all filers - see the | | | |
| | 16 | - | rage 1, item I) | 311,030.00 | 380,399.00 | 346,300.00 |
| _ | | | | 311,030.00 | 300,399.00 | 340,300.00 |
| | 17 | | accrued expenses | | | |
| | 18 | | | | | |
| Liabilities | 19 | | | | | |
| Ħ | 20 | | ors, trustees, and other disqualified persons | | | |
| Lia | 21 | | otes payable (attach schedule) | | | |
| | 22 | Other habilities (describe | e >) | | | |
| | 23 | Total liabilities (add line | es 17 through 22) | 0.00 | 0.00 | |
| _ | | | low SFAS 117, check here ▶ | | - 0.00 | |
| | | | 24 through 26 and lines 30 and 31. | | | |
| S | | <u>-</u> | _ | | | |
| nce | 24 25 26 27 28 29 30 | | | | | |
| ala | 25 | | | | | |
| 9 | 20 | | CEAC 447 | | - | |
| 5 | | check here and com | not follow SFAS 117, plete lines 27 through 31. ► X | | | |
| Ī | 27 | | cipal, or current funds | 311,030.00 | 380,399.00 | |
| S | 20 | | r land, bldg , and equipment fund | 322,000.00 | 300,333.00 | |
| set | 20 | | ulated income, endowment, or other funds | <u> </u> | | |
| As | 20 | | d balances (see page 17 of the | | | |
| let | 30 | | | 311,030.00 | 380,399.00 | |
| ~ | 31 | Total liabilities and not | t assets/fund balances (see page 17 | 311,030.00 | 300,339.00 | |
| | 3' | | , , , - | 211 020 00 | 200 200 00 | |
| F | art li | Analysis of Cha | anges in Net Assets or Fund | 311,030.00 | 380,399.00 | |
| _ | | | | | et agree with | |
| 1 | | | alances at beginning of year - Part II | | | 211 020 02 |
| ^ | eno- | oi-year rigure reporter | d on prior year's return) | | | 311,030.00 69,369.00 |
| 2 | ⊏ure | r amount from Part I, | line 27a | | 2 | 69,369.00 |
| 3 | Otne | | led in line 2 (itemize) ▶ | | | 200 200 00 |
| _ | n | | les 2 (itemire) | | | 380,399.00 |
| 2 | Deci | reases not included in | line 2 (itemize) ► alances at end of year (line 4 minus | les 5) - Dest 11 - 21 - 22 | 5 | 200 200 00 |
| 0 | rota | riet assets of fund ba | alances at end of year (line 4 minus | iiile 5) - Paπ II, column (b |), line 30 6 | 380,399.00 |

| _ | art IV Capital Gains | s and Losses for Tax on Inve | estment Income | | | |
|------------|--|--|---|---|---|----------------------------------|
| | (a) List an | d describe the kind(s) of property sold (e rick warehouse; or common stock, 200 s | | (b) How acquired P-Purchase D-Donation | (c) Date acquired (mo , day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a | 1 | | | | | |
| _ <u>t</u> |) | | | | | |
| | <u> </u> | | | ļ | ļ | |
| | <u> </u> | | ······································ | | | |
| _6 |) | | () () () () () | | l | <u> </u> |
| _ | (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (lo (e) plus (f) mini | ıs (g) |
| _a | <u> </u> | | | | | 0.00 |
| _ <u>k</u> |) | | - | ļ | | 0.00 |
| | | | | ļ. <u></u> | | 0.00 |
| | | | | | | 0.00 |
| -6 | | howing gain in column (h) and own | ed by the foundation on 12/31/60 | | | |
| | (i) F.M V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Excess of col. (i) over col. (j), if any | 4 17 | Gains (Col. (h) g (k), but not less t Losses (from co | han -0-) or |
| a | 1 | | 0.00 | | | 0.00 |
| Ŀ | | | 0.00 | | | 0.00 |
| _ c | > | | 0.00 | | | 0.00 |
| | <u> </u> | | 0.00 | | | 0.00 |
| _6 | <u> </u> | | 0.00 | | | 0.00 |
| 2 | Capital gain net income or | (not canital loce) | gain, also enter in Part I, line 7 } | 2 | | 0.00 |
| (F | art V Qualification Unfor optional use by domestic section 4940(d)(2) applies, | line 8 | e section 4940(a) tax on net investi | ment inco | <u></u> | Yes X No |
| | | not qualify under section 4940(e). | | , | •••• |] (65 [] (40 |
| 1 | Enter the appropriate am | ount in each column for each year; | see page 18 of the instructions be | efore mak | ing any entries. | |
| | (a) Base penod years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of nonchantable-use assets | | (d) Distribution ra (col (b) divided by | |
| | 2008 | 72,150.00 | 206,239.30 | | | 0.3498 |
| _ | 2007 | 16,000.00 | 187,069.00 | | | 0.0855 |
| | 2006 | 85,350.00 | 129,454.00 | | | 0.6593 |
| | 2005 | 6,000.00 | 73,838.00 | ļ | | 0.0813 |
| | 2004 | 8,000.00 | 57,945.00 | <u> </u> | | 0.1381 |
| 2 | Total of line 1, column (d) | or the 5-year base period - divide | the total on line 2 by 5 or by the | 2 | | 1.3140 |
| • | | dation has been in existence if less | | 3 | | |
| 4 | Enter the net value of nor | | | 1 1 | | 0.2628 |
| • | | ncharitable-use assets for 2009 from | m Part X, line 5 | 4 | 25 | 0.2628 6,783.59 |
| 5 | Multiply line 4 by line 3 | ncharitable-use assets for 2009 from | | 5 | | |
| 5 | | | | | | 6,783.59 |
| 5 6 | Enter 1% of net investme | | | 5 | 6 | 6,783.59 7,482.73 |

| orm | 990-PF (2009) | | | Page 4 |
|--------|--|------------|-----------|---------|
| Par | t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t | he ins | tructi | ons) |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 | | | |
| | Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | |
| | here and enter 1% of Part I, line 27b | | | |
| С | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% | | | |
| | of Part I, line 12, col (b) | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2 | | | 00 |
| 3 | Add lines 1 and 2 | | | . 00 |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4 | | | .00 |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | | . 00 |
| 6 | Credits/Payments: | | | |
| | 2009 estimated tax payments and 2008 overpayment credited to 2009 6a | | | |
| | Exempt foreign organizations-tax withheld at source 6b | | | |
| | Tax paid with application for extension of time to file (Form 8868). | | | |
| | Backup withholding erroneously withheld | | Λ | .00 |
| 7 | Total credits and payments. Add lines 6a through 6d | | | . 00 |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached | | | . 00 |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | . 00 |
| 0 1 | Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be: Credited to 2010 estimated tax Refunded 11 | | | .00 |
| | t VII-A Statements Regarding Activities Refunded ▶ 11 | | | |
| _ | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | Yes | No |
| ıa | participate or intervene in any political campaign? | 1a | 163 | No X |
| h | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19 | <u> </u> | | |
| | of the instructions for definition)? | 1b | ' | Х |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | |
| | published or distributed by the foundation in connection with the activities |] | | Ì |
| c | Did the foundation file Form 1120-POL for this year? | 10 | | Х |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| | (1) On the foundation. ▶\$ (2) On foundation managers ▶\$ 0.00 | | | ļ |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | ĺ |
| | on foundation managers. ▶ \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | Х |
| | If "Yes," attach a detailed description of the activities. | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | _3_ | | Х |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4 a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4 b | | X |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | _5_ | | X |
| | If "Yes," attach the statement required by General Instruction T. | | ļ | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | 1 | |
| | By language in the governing instrument, or | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | |
| | conflict with the state law remain in the governing instrument? | 6 | _ X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV. | 7 | <u> X</u> | |
| 8a | | | ļ | |
| | instructions) NEBRASKA | | | |
| þ | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General | | ., | |
| _ | (or designate) of each state as required by General Instruction G? If "No," attach explanation | <u>8</u> b | -X | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | | 1 | |
| | 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page | | | v |
| | 27)? If "Yes," complete Part XIV | 9 | | X |

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

10

10

| | : | | | |
|------|--|-----|-----|--------------|
| Form | 990-PF (2009) | | ı | Page |
| Par | t VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | |
| • | meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) | 11 | | Х |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| | August 17, 2008? | 12 | | _ X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Χ | |
| | Website address | | | - |
| 14 | The books are in care of ► JOHN A MCCARTHY, MD Telephone no. ► 402-392-15 | 00 | | |
| | The books are in care of ▶ JOHN A MCCARTHY, MD Located at ▶ 7404 RAINWOOD ROAD, OMAHA NE ZIP+4 ▶ 68122 | | · | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | ▶ | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| Par | t VII-B Statements Regarding Activities for Which Form 4720 May Be Required | 1 | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly): | l | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No | 1 | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | | | |
| | the benefit or use of a disqualified person)?Yes X No | 1 | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if | | | |
| | the foundation agreed to make a grant to or to employ the official for a period after | } | | |
| | termination of government service, if terminating within 90 days.) | | | |
| b | If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | ł | } | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? | 1 b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | Į. | | |
| c | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that |] | | |
| | were not corrected before the first day of the tax year beginning in 2009? | 1 c | | _X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)). | | | |
| а | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and | | İ | |
| | 6e, Part XIII) for tax year(s) beginning before 2009? | | | |
| | If "Yes," list the years | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) | | | |
| | (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) | 1 : | | |
| | to all years listed, answer "No" and attach statement - see page 20 of the instructions.) | 2 b | | X |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | ▶ | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business | | | |
| | enterprise at any time during the year? | | | |
| b | If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or | | | |
| | disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the | | 1 | |
| | Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse | | ļ | |
| | of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the | | | |
| | foundation had excess business holdings in 2009) | 3 b | | |

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?

4b Form 990-PF (2009)

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| Form 990-PF (2009) | | | • | | Page (|
|---|---|-----------------------------|--|---------------------------|-------------|
| Part VII-B Statements Regarding Activities for | or Which Form 4 | 720 May Be Requ | ired (continued) | | |
| 5a During the year did the foundation pay or incur any amou | | | | | |
| `(1) Carry on propaganda, or otherwise attempt to influer | nce legislation (section | 4945(e))? | Yes X N | 。 | |
| (2) Influence the outcome of any specific public election | | | | | |
| directly or indirectly, any voter registration drive? | | | Yes X N | 0 | |
| (3) Provide a grant to an individual for travel, study, or oti | | | | 。 | |
| (4) Provide a grant to an organization other than a chart | | | | | |
| section 509(a)(1), (2), or (3), or section 4940(d)(2)? | - | | Yes X N | .]] | |
| (5) Provide for any purpose other than religious, charital | | | | | |
| purposes, or for the prevention of cruelty to children of | | | Yes X No | . | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the trans | | | | | |
| Regulations section 53.4945 or in a current notice regard | | • | | 5b | |
| Organizations relying on a current notice regarding disast | | | | | |
| c If the answer is "Yes" to question 5a(4), does the foundation | | | • | | • |
| because it maintained expenditure responsibility for the gi | • | | Yes No | . | |
| If "Yes," attach the statement required by Regulations sec. | | | | | |
| 6a Did the foundation, during the year, receive any funds, or | , , | nov promume | | | |
| on a personal benefit contract? | • | | Yes X No | | |
| b Did the foundation, during the year, pay premiums, direct | | | • | 6ь | X |
| If "Yes" to 6b, file Form 8870 | ony or monochy, on a | personal benefit contrat | · · · · · · · · · · · · · · · · · · · | | |
| 7a At any time during the tax year, was the foundation a pa | rty to a prohibited tax | shelter transaction? | Yes X No | , | |
| b If yes, did the foundation receive any proceeds or have a | | • | | | |
| Part VIII Information About Officers, Directors | | | | | |
| and Contractors 1 List all officers, directors, trustees, foundation m | anagers and their | componention (see | nage 22 of the inetr | uctions) | |
| | (b) Title, and average | (c) Compensation | (d) Contributions to | (e) Expense | account. |
| (a) Name and address | hours per week devoted to position | (if not paid, enter -0-) | employee benefit plans and deferred compensation | other allo | |
| JOHN A MCCARTHY, MD | TRUSTEE | | | | |
| 7404 RAINWOOD ROAD, OMAHA, NE 68122 | 1 HOUR | 0.00 | 0.00 | | 0.00 |
| ROALENE J REDLAND, MD | TRUSTEE | | | | |
| 7404 RAINWOOD ROAD, OMAHA, NE 68122 | 1 HOUR | 0.00 | 0.00 | | 0.00 |
| | | | | | |
| | | | | | |
| | | | | ,, | |
| | | | | | |
| 2 Compensation of five highest-paid employees (otl | her than those inc | luded on line 1 - se | e page 23 of the inst | ructions). | |
| If none, enter "NONE." | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | |
| (a) Name and address of each employee paid more than \$50,000 | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Expense other allo | |
| | - | | COMPENSATION | | |
| <i></i> | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Total number of other employees paid over \$50,000

| Time highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE. Total number of others receiving over \$50,000 for professional services. Part IX-A Summary of Direct Charitable Activities List the foundation's four largest oriect charitable activities during the tax year include relevant statistical information such as the number of originatations and other beneficianes served, conferences convened, research papers produced, etc. Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Part VIII | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued) | yees, |
|--|----------------|---|--|
| (c) Compensation NONE (c) Compensation (d) Type of service (e) Compensation (e) Type of service (f) Compensation (f) Type of service (g) Compensation 3 Five high | est-paid independent contractors for professional services (see page 23 of the instructions). If none, | enter "NONE." |
| Total number of others receiving over \$50,000 for professional services▶ Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statestical information such as the number of organizations and other beneficiaries served, conferences converted, research papers produced, etc. 1 NONE 2 3 4 Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 N/A All other program-related investments See page 24 of the instructions 3 N/A All other program-related investments See page 24 of the instructions | | | |
| Total number of others receiving over \$50,000 for professional services▶ Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statestical information such as the number of organizations and other beneficiaries served, conferences converted, research papers produced, etc. 1 NONE 2 3 4 Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 N/A All other program-related investments See page 24 of the instructions 3 N/A All other program-related investments See page 24 of the instructions | NONE | | |
| Part IX-B Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc. 1 NONE 2 3 4 Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 N/A All other program-related investments See page 24 of the instructions 3 N/A | | | ļ |
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| of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 NONE 2 | Part IX-A | Summary of Direct Charitable Activities | |
| of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 NONE 2 | List the found | dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number | |
| 2 Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 N/A All other program-related investments See page 24 of the instructions 3 N/A | | | Expenses |
| 2 Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount 1 N/A All other program-related investments See page 24 of the instructions 3 N/A | 1 NONE | | |
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| Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See page 24 of the instructions 3 N/A | | | |
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| Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See page 24 of the instructions 3 N/A | 3 | | |
| Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See page 24 of the instructions 3 N/A | | | ļ |
| Part IX-B Summary of Program-Related Investments (see page 23 of the instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See page 24 of the instructions 3 N/A | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount Amount All other program-related investments See page 24 of the instructions 3 N/A | 4 | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount Amount All other program-related investments See page 24 of the instructions 3 N/A | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount Amount All other program-related investments See page 24 of the instructions 3 N/A | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount Amount All other program-related investments See page 24 of the instructions 3 N/A | Part IX-B | Summary of Program-Related Investments (see page 23 of the instructions) | <u> </u> |
| 2 | | | Amount |
| All other program-related investments See page 24 of the instructions 3 N/A | | | , moork |
| All other program-related investments. See page 24 of the instructions. 3 N/A | 1177 | | |
| All other program-related investments. See page 24 of the instructions. 3 N/A | | | |
| All other program-related investments. See page 24 of the instructions. 3 N/A | | | |
| 3 N/A | 2 | | |
| 3 N/A | | | |
| 3 N/A | | | |
| | All other prog | gram-related investments. See page 24 of the instructions | |
| Total. Add lines 1 through 3 | 3 N/A | | |
| Total. Add lines 1 through 3 | | | |
| Total. Add lines 1 through 3 | | | |
| | Total, Add I | nes 1 through 3 | 0.00 |

| Pa | Minimum Investment Return (All domestic foundations must complete this part. Foreit see page 24 of the instructions.) | ign foundat | ions, |
|-----|---|----------------|------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out chantable, etc., | | |
| | purposes: | į | |
| а | Average monthly fair market value of securities | 1a | 37,524.00 |
| b | Average of monthly cash balances | 1b | 59,370.00 |
| С | Fair market value of all other assets (see page 24 of the instructions) | 1c | 163,800.00 |
| d | - · · · · · · · · · · · · · · · · · · · | 1d | 260,694.00 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) Acquisition indebtedness applicable to line 1 assets | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 260,694.00 |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 | | |
| | of the instructions) | 4 | 3,910.41 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 | 5 | 256,783.59 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 12,839.18 |
| Pa | Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here ▶ □ and do not complete this privation is the complete that the private is the complete that the private is the complete that the private is the private instruction of the complete that the private is the private instruction of the private instruction of the private is the private instruction of the private instruction of the private is the private instruction of the private instr | ate operating | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 12,839.18 |
| 2 a | Tax on investment income for 2009 from Part VI, line 5 | | |
| b | | 1 | |
| С | Add lines 2a and 2b | 2c | 0.00 |
| 3 | Add lines 2a and 2b Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | 12,839.18 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | A 1.1.2 | I _ I | 12,839.18 |
| 6 | Deduction from distributable amount (see page 25 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII, | | |
| | line 1 | 7 | 12,839.18 |
| Pa | art XII Qualifying Distributions (see page 25 of the instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes. | I I | |
| а | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | 1a | 27,950.00 |
| b | Program-related investments - total from Part IX-B | 1b | 0.00 |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | | |
| | | 2 | |
| 3 | purposes Amounts set aside for specific charitable projects that satisfy the: | - - | |
| a | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 27,950.00 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. | | 2.,550.00 |
| - | Enter 1% of Part I, line 27b (see page 26 of the instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 27,950.00 |
| • | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w | | |
| | qualifies for the section 4940(e) reduction of tax in those years. | mounds the fe | Juliadion |

Form 990-PF (2009)

| Рa | rt XIII Undistributed Income (see page | 26 of the instruction | ns) | | |
|----|--|-----------------------|----------------------------|-------------|--------------------|
| 1 | Distributable amount for 2009 from Part XI, | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
| • | line 7 | | | | 12,839.18 |
| 2 | Undistributed income, if any, as of the end of 2009 | | | | |
| | Enter amount for 2008 only | | | 0.00 | |
| | Total for pnor years 20,20 | | 0.00 | - | |
| 3 | Excess distributions carryover, if any, to 2009: | | | | |
| | From 2004 5, 103.00 | | | | |
| | From 2005 2,327.00 | | | | |
| | • | | | | |
| | From 2006 | | | | |
| | From 2008 61,838.00 | | | | |
| | Total of lines 3a through e | 154,894.00 | | | |
| 4 | Qualifying distributions for 2009 from Part XII, | | | | |
| • | line 4. ► \$ 27,950.00 | | | | |
| а | Applied to 2008, but not more than line 2a | | | 0.00 | |
| | | ····· | | | |
| D | Applied to undistributed income of prior years (Election required - see page 26 of the instructions) | | 0.00 | | |
| C | Treated as distributions out of corpus (Election required - see page 26 of the instructions) | 0.00 | | | |
| | Applied to 2009 distributable amount | | | | 12,839.18 |
| | Remaining amount distributed out of corpus | 15,111.00 | | | |
| 5 | Excess distributions carryover applied to 2009 | | | | |
| • | (If an amount appears in column (d), the same | | | | |
| _ | amount must be shown in column (a)) | | | | |
| 6 | Enter the net total of each column as indicated below: | | | | |
| а | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 170,005.00 | | | |
| b | Prior years' undistributed income. Subtract | | | 1 | |
| | line 4b from line 2b | | 0.00 | | |
| С | Enter the amount of prior years' undistributed | | | | |
| | income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has | | | | |
| | been previously assessed | | 0.00 | | |
| d | Subtract line 6c from line 6b. Taxable | | | | |
| | amount - see page 27 of the instructions | | 0.00 | | |
| e | Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see page | | | | |
| | 27 of the instructions | | | 0.00 | |
| f | Undistributed income for 2009. Subtract lines | | | | |
| • | 4d and 5 from line 1. This amount must be | | | | |
| _ | distributed in 2010 | | | | 0.00 |
| 7 | Amounts treated as distributions out of corpus to satisfy requirements imposed by section | | | | |
| | 170(b)(1)(F) or 4942(g)(3) (see page 27 of the | | | | |
| 8 | instructions) | | | | |
| ٥ | Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the | F 102 00 | | | |
| | instructions) | 5,103.00 | | | |
| 9 | Excess distributions carryover to 2010. | 164 000 00 | | | |
| | Subtract lines 7 and 8 from line 6a | 164,902.00 | - | | |
| | Analysis of line 9: | | | | |
| | Excess from 2005 2,327.00 | | | | |
| | Excess from 2006 78,877.00 Excess from 2007 6,749.00 | | | | |
| | | |] | | |
| | Excess from 2008 61,838.00 | | | | |
| e | Excess from 2009 15,111.00 | | <u> </u> | | |

Form 990-PF (2009)

N/A JSA 9E1490 1 000

| Pa | rt XIV Private Oper | ating Foundations (| see page 27 of the | instructions and Par | t VII-A, question 9) | |
|-----------|---|---|---|---------------------------|--|---|
| 1 a | If the foundation has | | | | | |
| | foundation, and the ruling | | | | | Val. 1 |
| b | Check box to indicate wh | | private operating found | | 4942(| (3) or 4942(j)(5) |
| 2 a | | Tax year (a) 2009 | (b) 2008 | Prior 3 years (c) 2007 | (d) 2006 | (e) Total |
| | justed net income from Part I or the minimum investment | (4) 2003 | (0) 2000 | (6) 2007 | (4)2000 | |
| | return from Part X for each year listed | | | | | 0.00 |
| b | 85% of line 2a | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| С | Qualifying distributions from Part | | | | | |
| | XII, line 4 for each year listed | | | | | 0.00 |
| đ | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | 0.00 |
| е | Qualifying distributions made | | | | | |
| | directly for active conduct of exempt activities. Subtract line | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| 3 | 2d from line 2c Complete 3a, b, or c for the | 0.00 | 0.00 | 0.00 | 0.00 | 0.00 |
| а | alternative test relied upon "Assets" alternative test - enter | | | | | İ |
| | (1) Value of all assets | | | | | 0.00 |
| | (2) Value of assets qualifying under section | | | | | 0.00 |
| ь | 4942(j)(3)(B)(i) "Endowment" alternative test- | _ | | | | 0.00 |
| | enter 2/3 of minimum invest- | | | | | |
| | ment return shown in Part X, line 6 for each year listed | | ···· | | | 0.00 |
| C | "Support" alternative test - enter | | | | | |
| | (1) Total support other than gross investment income | | | | | |
| | (interest, dividends, rents, payments on securities | | | | | |
| | loans (section 512(a)(5)), or royalties) | | ļ | | | 0.00 |
| | (2) Support from general public and 5 or more | | | | | |
| | exempt organizations as provided in section 4942 (j(3)(B)(iii) , | | | | | 0.00 |
| | (3) Largest amount of sup- port from an exempt | | | | | 0.00 |
| | organization | | | | | 0.00 |
| Pa | | ary Information (Co | | | tion had \$5,000 | or more in assets |
| | | luring the year - see | <u> </u> | tructions.) | | |
| 1 | Information Regarding List any managers of | | | than 2% of the total | contributions receiv | ad by the foundation |
| a | before the close of any | tax year (but only if the | ey have contributed m | nore than \$5,000). (Se | e section 507(d)(2).) | ed by the foundation |
| JO | HN A MCCARTHY, N | MD AND ROALENE | J REDLAND, MD | | | |
| b | List any managers of | | | | | large portion of the |
| | ownership of a partner | ship or other entity) of | which the foundation | has a 10% or greater i | nterest. | |
| NO | ME | | | | | |
| 2 | Information Regarding | Contribution, Grant, | Gift, Loan, Scholarsh | p, etc., Programs: | | |
| | Check here ► X if the unsolicited requests for | he foundation only more funds. If the found | nakes contributions t dation makes gifts, gi | o preselected charita | able organizations a 28 of the instructio | nd does not accept ns) to individuals or |
| | organizations under ot | _ - | | | | |
| a N/ | The name, address, a | nd telephone number o | of the person to whom | applications should be | addressed: | |
| b | The form in which app | ications should be sub | mitted and informatio | n and materials they s | should include: | |
| N/ | A | | | | | |
| С | Any submission deadle | nes: | | | | |
| <u>N/</u> | | | | | | |
| d | Any restrictions or lifectors: | mitations on awards, | such as by geogra | phical areas, charitab | le fields, kinds of i | nstitutions, or other |

| Form 990-PF (2009) | | | • • | Page 11 |
|---|--|--------------------------------|----------------------------------|-------------|
| Part XV Supplementary Information (co | intinued) | | | |
| 3 Grants and Contributions Paid Durin | ng the Year or Appr | | | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home or business) a Paid during the year SEE ATTACHED LISTING | any foundation manager or substantial contributor | recipient | contribution | 27,950.00 |
| | | | ▶ 3a | 27,950.00 |
| b Approved for future payment | | | 3 | 21,530.00 |

| | Analysis of Income-Produ amounts unless otherwise indicated. | | ted business income | Excluded by | y section 512, 513, or 514 | (e) Related or exempt |
|--------------|--|----------------------|---------------------|-----------------------|----------------------------|--|
| | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | Related or exempt function income (See page 28 of the instructions) |
| • | n service revenue: | | | | | the instructions) |
| | | | | - | | |
| _ | | | | | | |
| | | | | | | |
| и е | | | | | | |
| f | | | | | | ····· |
| | s and contracts from government agencies | | | | | |
| • | rship dues and assessments | | | | | |
| | on savings and temporary cash investments | | 0.00 | 14 | 283.00 | 0.00 |
| 4 Dividend | ds and interest from securities | | 0.00 | 14 | 90.00 | 0.00 |
| 5 Net rent | tal income or (loss) from real estate: | | | | | |
| a Deb | t-financed property | | | | | |
| b Not | debt-financed property | | | | | |
| 6 Net renta | al income or (loss) from personal property . | | | \ | | |
| 7 Other in | vestment income | | · | | | |
| | loss) from sales of assets other than inventory | | | | | |
| 9 Net inco | ome or (loss) from special events | | | ļ | | |
| • | rofit or (loss) from sales of inventory | | | ļ | | |
| 1 Other re | evenue: a | | | ļ | | |
| ь <u> </u> | | | | <u> </u> | | |
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| d | | | | ļ | | |
| e | | | 0.00 | | 373.00 | 0.00 |
| | 1. Add columns (b), (d), and (e) | | | اــــــا | | 0.00 373.00 |
| | dd line 12, columns (b), (d), and (e) heet in line 13 instructions on page 28 | | | • • • • • • | 13 | 373.00 |
| Part XVI | | | | empt Purp | oses | |
| V | the accomplishment of the for page 29 of the instructions.) | oundation's | exempt purposes (or | ther than t | py providing funds for | such purposes). (Se |
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| Form | 990-PF | | 're. | | | | | | | | | ge 13 |
|-----------|----------------------------------|---|---------------------|-------------------------|------------------|---------------|------------------------------|--------------------------|------------------------------|-----------|----------|------------------|
| Pai | t XVII | Information Exempt Orga | | Transfers To a | nd Transa | ctions | and Relat | ionship | s With N | lonc | harit | able |
| 1 | ın se | he organization directl ction 501(c) of the C izations? | ode (other than | n section 501(c)(3) | organizations | s) or in s | ny other org section 527, | ganization relating t | described o political | | Yes | No |
| а | | zations? fers from the reporting f | | | _ | | | | | | | v |
| | | ash | | | | | | | | 1a(1) | | X |
| h | | ther assetstransactions: | | | • • • • • • | | | | | 1a(2) | | |
| | | ales of assets to a noncl | haritable exempt | organization | | | | | | 16(1) | | Х |
| | | urchases of assets from | | | | | | | | 1b(2) | | X |
| | | ental of facilities, equipm | | | | | | | | 1b(3) | | X |
| | | eimbursement arrangeme | | | | | | | | 1b(4) | | X |
| | (5) Lo | oans or loan guarantees | | | | | | | | 1b(5) | | Х |
| | | erformance of services of | | | | | | | | 1b(6) | | X |
| C | | ng of facilities, equipmen | | | | | | | | | | X |
| d | | e answer to any of | | | | | | | - | | | |
| | | of the goods, other in any transaction or | | | | | | | | | | |
| | Value | in any transaction of | sharing arran | igement, show in | column (u) t | ne value | or the good | s, omer | assets, U | SCI VICE | 3 IC | civeu. |
| (a) L | ine no | (b) Amount involved | (c) Name of | noncharitable exempt o | rganization | (d) Desc | cription of transf | ers, transact | ions, and shar | ing arrai | ngeme | nts |
| N/A | <u> </u> | N/A | N/A | | | N/A | | | | | | |
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| | ls the | foundation directly or | indirectly offile | ated with or related | l to one or r | L | vomnt organi | rotiona da | | _ | | |
| 2 a | | n 501(c) of the Code (oth | | | | | xempt organi | zauons de | scribed in | Ye | . [| N₀ |
| b | | s," complete the following | | | | | | | · · · · · L | | " | J 140 |
| | | (a) Name of organization | n | (b) Type of | forganization | | (| c) Descripti | on of relations | hip | | |
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| | belief, | penalties of perjury, I decl it is true, correct, and com | plete Declaration | of preparer (other than | taxpayer or fidu | iciary) is pa | sed of all inform | nation of w | hich preparer | has an | y knov | ge and vledge |
| | | []] | | | | 8/6 | /// | 1 | fall | | | |
| ابع | ▶ - | gnature of officer or trustee | | | <u>-</u> | Date / | // • • | Title | v (<u>u</u>) | | | |
| 훈 | / | | | - - | Date | / | | | Preparer's | | | - |
| Sign Here | aid arer's Only | Preparer's |) ppr.) | Kading | | | Check if self-employe | ed ▶□ | number (See page 30 of th | | | |
| ומש | Paid Y Preparer's Use Only | signature Firm's name (or yours if | | naxing | | | | EIN ▶ | P001242 | 232 | | |
| | يّ ي | self-employed), address | | | | | | | | | | |

Phone no.

Firm's name (or yours if self-employed), address,

and ZIP code

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number

McCarthy Redland Family Foundation 47-6198921 Organization type (check one). Section: Filers of: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule $\lceil X \rceil$ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and 11. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

| of | of Part I |
|----|-----------|
| | or raiti |

Name of organization

McCarthy Redland Family Foundation

Employer identification number 47-6198921

| Part I | Contributors | (see | instructions | Ì |
|--------|--------------|------|--------------|---|
|--------|--------------|------|--------------|---|

| (a) | (b) | (c) | (d) |
|-----|--|-------------------------|---|
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| | JOHN A MCCARTHY & ROALENE REDLAND 7404 RAINWOOD DRIVE OMAHA NE 68122 | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) | (b) | (c) | (d) |
| No. | Name, address, and ZIP + 4 | Aggregate contributions | Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

• Page_

of Part II

Name of organization McCarthy Redland Family Foundation Employer identification number

of

47-6198921

| Part II | Noncash | Property | (see instructions) |
|---------|---------|----------|--------------------|
|---------|---------|----------|--------------------|

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|---------------------------|--|--|----------------------|
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |

| | | | | t - 1 |
|---------------------------|---|------------------------|-----------------------------------|---|
| Schedule B (Fe | orm 990, 990-EZ, ar 990-PF) (2099) | | | Page of of Part III |
| Name of organ | mization y Redland Family Foundation | | <u>-</u> - <u>-</u> | Employer identification number 47-6198921 |
| Part III E | xclusively religious, charitable, etc., ggregating more than \$1,000 for the | individual contributio | ons to section 50 mns (a) through | 01(c)(7), (8), or (10) organizations |
| | or organizations completing Part III, er ontributions of \$1,000 or less for the | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of (| gift | (d) Description of how gift is held |
| | | | | |
| | | (e) Transfer o | of gift | |
| ļ- | Transferee's name, address, an | d ZIP + 4 | Relation | nship of transferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of (| gift | (d) Description of how gift is held |
| | | | | |
| | | | | |
| | | (e) Transfer o | of gift | |
| | Transferee's name, address, an | d ZIP + 4 | Relation | nship of transferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of (| gift | (d) Description of how gift is held |
| | | | | |
| - | | (e) Transfer o | of gift | |
| | Transferee's name, address, an | d ZIP + 4 | Relation | nship of transferor to transferee |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of (| gift | (d) Description of how gift is held |

(e) Transfer of gift

Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

MCCARTHY REDLAND FAMILY FOUNDATION EIN:47-6198921 PART XV SUPPLEMENTARY INFORMATION - LINE 3a

.

| Name and address | | Purpose of grant or contribution | Amount |
|------------------------------------|-----|----------------------------------|-----------|
| ST PIUX X/ST LEO SCHOOL - OMAHA NE | N/A | GENERAL PURPOSE | 6,000.00 |
| MARIAN HIGH SCHOOL - OMAHA NE | N/A | GENERAL PURPOSE | 15,000.00 |
| CREIGHTON UNIVERSITY - OMAHA NE | N/A | GENERAL PURPOSE | 5,500.00 |
| ADOPTION LINKS WORLDWIDE - USA | N/A | GENERAL PURPOSE | 1,250.00 |
| CATHOLIC CHARITIES - OMAHA NE | N/A | GENERAL PURPOSE | 200.00 |
| | | | |
| TOTAL | | | 27,950.00 |

McCarthy Redland Family Foundation

EIN: 47-6198921 2009 Form 990-PF Additional Information

| Part I, Line 16a – <u>Legal Fees</u> Ellick, Jones, Buelt, Blazek & Longo | \$ 420.00 |
|---|---------------------------------------|
| Part I, Line 16b – <u>Accounting Fees</u> Lehigh & Kading, P.C. Jerome T. Graney – accounting | 360.00 <u>1,000.00</u> 1,360.00 |
| Part I, Line 16c – Other Professional Fees Smith Barney Account Administration Fee | 50.00 |
| Part I, Line 18 - <u>Taxes</u> Real Estate Taxes | 1,224.00 |

Part II, Line 10b – <u>Investments – Stocks</u>

| | | End of Year Fair |
|-----------------------------------|------------------------|------------------|
| <u>Description</u> | End of Year Book Value | Market Value |
| 1,500 shares Acceptance Insurance | | |
| Co., common stock @ \$15.00 | \$22,500 | \$ 0.00 |
| | | |

Part II, Line 13 – <u>Investments – Other</u>

| | | End of Year Fair |
|-------------------------|------------------------|------------------|
| <u>Description</u> | End of Year Book Value | Market Value |
| Smith Barney Money Fund | \$ 5,339 | \$ 5,339 |
| Weitz Value Fund | \$ 47,727 | \$ 36,127 |
| MRM FARMS LLC | \$100,000 | \$100,000 |
| | | |
| Total | <u>\$153,339</u> | <u>\$141,466</u> |
| | | |

Form **8868**

: 4

(Rev April 2009) Department of the Treasury Internal Revenue Service Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No. 1545-1709

| • if y | ou are | filing for an Automatic 3-Month Extension, complete only Part I and check this bo filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II plete Part II unless you have already been granted an automatic 3-month extension on a | (on page 2 | of this form | m). 1 |
|--|-----------------------------------|---|---|--|--|
| Par | | Automatic 3-Month Extension of Time. Only submit original (no copies needs) | | neu romi c | 3000. |
| A co Part | rporatio I only . | n required to file Form 990-T and requesting an automatic 6-month extension—chec | k this box a | and comple | ete . ► 🗀 |
| | | porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form acome tax returns. | 7004 to red | quest an e | xtension of |
| one elect retur | of the r ronically ns, or a | iling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month at eturns noted below (6 months for a corporation required to file Form 990-T). However if (1) you want the additional (not automatic) 3-month extension or (2) you file Form composite or consolidated Form 990-T. Instead, you must submit the fully completed at one details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file | ever, you cans s 990-BL, (and signed p | annot file f 6069, or 88 age 2 (Part | Form 8868 870, group t II) of Form |
| Туре | or | Name of Exempt Organization | Employer | identificatio | on number |
| print | t l | McCarthy Redland Family Foundation | 47 | 6198 | 1921 |
| File by due di filing y | ate for | Number, street, and room or suite no. If a P.O. box, see instructions. 7404 Rainwood Road | | | |
| return | | City, town or post office, state, and ZIP code. For a foreign address, see instructions. Omaha, NE 68122 | | | |
| Che | ck type | of return to be filed (file a separate application for each return): | | | |
| | orm 990 | Form 990-T (corporation) | | Form 472 | 20 |
| | orm 990 | D-BL | | Form 522 | 27 |
| _ | orm 990 | | | Form 606 | 39 |
| _ | orm 990 | · | $\overline{\Box}$ | Form 887 | |
| Tel If to the for the formula is the formula is the following the following term in the formula is the following term in the formula is the following term in the following term | ephone the orga this is fo | No. ► (402) 392-1500 FAX No. ► () nization does not have an office or place of business in the United States, check this r a Group Return, enter the organization's four digit Group Exemption Number (GEN), a group, check this box ► □ . If it is for part of the group, check this box are names and EINs of all members the extension will cover. | box | If th | . ► □ his is tach |
| | | | | | |
| 1 | until for the | est an automatic 3-month (6 months for a corporation required to file Fo. August 15, 20, 10, to file the exempt organization return for the organization organization's return for: calendar year 20, 09, or tax year beginning, 20, and ending | named abo | ove. The ex | ktension is |
| 2 | | ax year is for less than 12 months, check reason: Initial return Final return [| | | |
| 3a | | application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions. | х, За | \$ | 0.00 |
| b | If this a | pplication is for Form 990-PF or 990-T, enter any refundable credits and estimated tants made. Include any prior year overpayment allowed as a credit. | | | 0.00 |
| С | Balanc | e Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Paymer). See instructions. | j. · | | 0.00 |
| Caut | | ou are going to make an electronic fund withdrawal with this Form 8868, see Form 84 | | | |
| | • | instructions. | | . 5 507 5 | 0 |

| If you are | e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II a complete Part II if you have already been granted an automatic 3-month extension on a prece filing for an Automatic 3-Month Extension, complete only Part I (on page 1). | viously filed | Form 8868. |
|--|---|---------------|--|
| Part II | Additional (Not Automatic) 3-Month Extension of Time. Only file the original | | |
| Type or print | Name of Exempt Organization | | dentification number |
| File by the extended due date for | Number, street, and room or suite no. If a P.O. box, see instructions. | For IRS use | e only |
| filing the return. See instructions. | City, town or post office, state, and ZIP code. For a foreign address, see instructions. | | |
| ☐ Form 9 ☐ Form 9 ☐ Form 9 | 90-BL | | Form 6069 Form 8870 |
| STOP! Do | not complete Part II if you were not already granted an automatic 3-month extension o | n a previou | sly filed Form 8868. |
| Telephon If the org If this is for the who list with the | As are in the care of ► The No. ► () FAX No. ► () The No. ► (| box ▶ [| If this is |
| Telephon If the org If this is the org If this is the wholest with the Irequ For call of this | re No. ► () FAX No. ► () ganization does not have an office or place of business in the United States, check this for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ole group, check this box ► □ . If it is for part of the group, check this box. | box | , If this is and attach a, 20 in accounting period |
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| Telephon If the org If this is a for the who list with the I requ For ca If this Telephon State Ba If this Less a b If this estim amou c Balan | FAX No. ► () FAX No. ► () panization does not have an office or place of business in the United States, check this for a Group Return, enter the organization's four digit Group Exemption Number (GEN) cole group, check this box ► □ . If it is for part of the group, check this box ► □ . If it is for part of the group, check this box • In additional 3-month extension of time until | box | If this is and attach a 20 in accounting period |