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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

2009

OMB No 1545-0052

Department of the Treasury Internal Revenue Service (77)

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For	cale	ndar	year 2009, or tax year beg	ginning JUI	NE 1 , 20	009, and e	nding	MAY 30	, 20 10
G	heck	c all th	at apply Initial retu	ırn 🗌 İnitial	return of a forme	r public ch	arity	Final retu	ırn
			Amended		ddress change		ne char	nge	
He	o the	IRS	Name of foundation				A Emple	oyer identification nu	mber
US	labe		CONAGRA FOODS F	OUNDATION			36-2	899320	
0	herv		Number and street (or P O box nur	mber if mail is not delivered	to street address)	Room/suite	B Telepi	none number (see page	10 of the instructions)
	prin or typ		ONE CONAGRA DRI	VE			402-	-240-4000	
Se	e Spi	ecific	City or town, state, and ZIP code		·		C If exer	nption application is pend	ling, check here
Ins	truct	ions.	OMAHA NE 68102				l .	reign organizations, ch	
H (heck	type	of organization. X Section	on 501(c)(3) exempt	private foundation	n	2. For	eign organizations mee	eting the 85% test,
	Secti	on 49	47(a)(1) nonexempt charita	ble trust 🗌 Other	taxable private f	oundation	j	eck here and attach co	•
۱F	air m	arket v	value of all assets at end	J Accounting meth-	od 🛚 Cash 🛭	Accrual	E If priv	/ate foundation status · section 507(b)(1)(A),	was terminated check here . >
			Part II, col (c),	Other (specific				foundation is in a 60-r	
		<u>) ► \$</u>		(Part I, column (d) mi	ust be on cash bas	is)	under	section 507(b)(1)(B),	check here . ▶ 🛄
Pa	rt I		lysis of Revenue and Exp	·	(a) Revenue and	(b) Net inv	estment	(c) Adjusted net	(d) Disbursements for charitable
			nts in columns (b), (c), and (d) ma mounts in column (a) (see page 11	• • •	expenses per books	incor		income	purposes
		uic ai	mounts in solution (a) (see page 17	or the mandalona, y					(cash basis only)
	1		outions, gifts, grants, etc., receive						
	2		▶ ☐ If the foundation is not rec		22,462		,462		
	3		st on savings and temporary o		22,402		, 402		
	4		ends and interest from secu	urities		 			
			s rents				7 F 31		
Φ			ain or (loss) from sale of asse	ate not on line 10		the commence of the comments o			
Revenue		-	sales price for all assets on line 6a						
Š	7		al gain net income (from Page 1)					Service Control	
ž	8	•							2
	9		ne modifications						
	10a		sales less returns and allowances						
			Cost of goods sold				7		
	С	Gross	s profit or (loss) (attach sch	edule)				FA	2
	11		income (attach schedule)					TIVED	
_	12	Total	. Add lines 1 through 11	<u> </u>	222,329	7 4 23	F 393	7	
98	13	Comp	ensation of officers, directors	s, trustees, etc		V -		7 2010 181	
xpenses	14		employee salaries and wa	•		1-20	रेमिटः	18/	-
9	15		ion plans, employee benefi	ts	22,512		TICA	17-18/	22,512
Ш		_	fees (attach schedule) .		22,312	<u> </u>			22,312
<u>δ</u>			unting fees (attach schedul r professional fees (attach s		157,740)	•		157,740
ati	17		est	•	23,7,120	+			13.7.20
ist	18		(attach schedule) (see page 1						-
Ë	19		eciation (attach schedule) a	·		···		-	
퉏	20		· ·						
and Administrative	21		el, conferences, and meetin						
JUE	22		ng and publications	_					
<u>,,</u>	23		expenses (attach schedul		3,678	3			3,678
Operating	24		operating and adminis		100 000		_	_	100 000
era					183,930	_ 1	0	C	
ā	25		ributions, gifts, grants paid				811 ¥		
_	26		expenses and disbursements.	Add lines 24 and 25	4,201,754		U مەن <u>ەرى</u> چى		4,201,754
	ŀ		act line 26 from line 12		(3,979,425				
			ss of revenue over expenses		(3,979,423		702		
			nvestment income (if neg sted net income (if negati						(A)

D-	-6 H	Attached schedules and amounts in the description column	Beginning of year		End o	f year
Γd	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu		(c) Fair Market Value
	1	Cash—non-interest-bearing	2,328,526	322,3		322,339
		Savings and temporary cash investments	9,935,679	7,962,4	141	7,962,441
		Accounts receivable ▶			; -{	
		Less allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see page 15 of the instructions)				
	7	Other notes and loans receivable (attach schedule)				
Ø		Less allowance for doubtful accounts ▶				
Set	8	Inventories for sale or use				
Assets	9	Prepaid expenses and deferred charges				
•	_	Investments—U S and state government obligations (attach schedule)	1			
		Investments—corporate stock (attach schedule)				
		Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment basis				
	•	Less accumulated depreciation (attach schedule) ▶				
	12	Investments—mortgage loans		 		
	13	Investments—other (attach schedule)				
	-	Land, buildings, and equipment. basis				
		Less accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe ▶				
		Total assets (to be completed by all filers—see the instructions Also, see page 1, item i)	12,264,205	8,284,	780	8,284,780
	17	Accounts payable and accrued expenses				
ø	18	Grants payable				
Ę.	19	Deferred revenue				
Ē	20	Loans from officers, directors, trustees, and other disqualified persons				
Liabilities	21	Mortgages and other notes payable (attach schedule)				
_	22	Other liabilities (describe ▶				
	23	Total liabilities (add lines 17 through 22)	0		0	-
ces		Foundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 26 and lines 30 and 31.				
Ĭ	24	Unrestricted			-	
ä	25	Temporarily restricted				
—	26	Permanently restricted				
or Fund Balan		Foundations that do not follow SFAS 117, check here ▶ □ and complete lines 27 through 31.				
ō	27	Capital stock, trust principal, or current funds				
	28	Paid-in or capital surplus, or land, bldg , and equipment fund .	12 264 205	0 204 '	700	-
ŝ	29	Retained earnings, accumulated income, endowment, or other funds	12,264,205	8,284,	/ 8 U	
Net Assets	30	Total net assets or fund balances (see page 17 of the instructions)	12,264,205	8,284,	780	
ž	31	Total liabilities and net assets/fund balances (see page 17 of the instructions)	12,264,205	8,284,	780	
Рa	irt III	Analysis of Changes in Net Assets or Fund Balan	ces			
1	Total	net assets or fund balances at beginning of year-Part II, colu	umn (a), line 30 (mus	t agree with		10 064 005
					1	12,264,205
		amount from Part I, line 27a			2	(3,979,425
3	Othe				3	
4	Add	ines 1, 2, and 3			4	8,284,780
5	Decr	eases not included in line 2 (itemize) ▶			5	0.004.504
6	i otal	net assets or fund balances at end of year (line 4 minus line	5)—Part II, column (b), line 30	6	8,284,780

Part IV Capital Gains an	d Losses for Tax on Inves	tment Income)		
	ne kind(s) of property sold (e.g., real est ise, or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acqu (mo , day, y	
1a PUBLICLY TRADED	SECURITIES		D	11/27/	09 12/2/09
b					
<u>C</u>					
<u>d</u>					
<u>e</u>			1		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or ot plus expense	e of sale		(h) Gain or (loss) e) plus (f) minus (g)
a 48,835			47,504		1,331
b					
<u> </u>					
d e					
	ing gain in column (h) and owned l	ov the foundation of	on 12/31/69		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess o	of col (i)	col (k),	ins (Col (h) gain minus but not less than -0-) or osses (from col (h))
a					
b					
С					
d					
е					
If gain, also enter in Part I, If (loss), enter -0- in Part I,	or (loss) as defined in sections line 8, column (c) (see pages 13 line 8	and 17 of the in	nstructions).	3	1,331
Part V Qualification Un	der Section 4940(e) for Re	duced Tax on	Net Investme	ent Incom	е
If section 4940(d)(2) applies, le Was the foundation liable for the "Yes," the foundation does no	private foundations subject to the ave this part blank the section 4942 tax on the district qualify under section 4940(e) ant in each column for each year.	ibutable amount Do not comple	of any year in	the base pe	eriod? 🗌 Yes 🖾 No
(a)	(b)	li, see page 10 t		is before in	(d)
Base period years Calendar year (or tax year beginning	Adjusted qualifying distributions	Net value of n	(c) noncharitable-use as	sets	Distribution ratio col (b) divided by col (c))
2008	2,811,0	60	10,106,7		0.2781
2007	3,559,8		12,913,2		0.2757
2006	4,301,4		11,758,4		0.3658
2005	5,758,2		2,120,2		2.7159
2004	4,950,9	58	1,229,0)79	4.0282
					7 (()7
2 Total of line 1, column (d)				. 2	7.6637
	r the 5-year base period—dividention has been in existence if le		e 2 by 5, or by	the 3	1.5327
4 Enter the net value of nonc	haritable-use assets for 2009 fro	om Part X, line 5	5	. 4	8,498,127
5 Multiply line 4 by line 3 .				. 5	13,025,079
6 Enter 1% of net investment	income (1% of Part I, line 27b)			6	238
7 Add lines 5 and 6				. 7	13,025,317
8 Enter qualifying distributions If line 8 is equal to or greathe Part VI instructions on the	ter than line 7, check the box i	n Part VI, line 1	b, and complet	e that part	4,201,754 using a 1% tax rate See

Par	Excise lax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18	of th	e ins	struct	ions)
1a	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 letter if necessary—see instructions)				45.5
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ and enter 1% of Part I, line 27b				476
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-)				
3	Add lines 1 and 2				476
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) . 4				47 6
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				4/0
6	Credits/Payments 2009 estimated tax payments and 2008 overnayment credited to 2009 6a 1 , 859				
	2009 estimated tax payments and 2008 overpayment credited to 2009 Exempt foreign organizations—tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868) 6c				
	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d			1,	859
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid . > 10			1,	383
11 Par	Enter the amount of line 10 to be Credited to 2010 estimated tax ► 1,383 Refunded ► 11 tVII-A Statements Regarding Activities				
				Yes	No
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did participate or intervene in any political campaign?	. -	1a	163	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 1 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 material published or distributed by the foundation in connection with the activities	als			1
	Did the foundation file Form 1120-POL for this year?	S	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$	_			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed of foundation managers > \$	วท			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		2	•	X
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		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a tax return on Form 990-T for this year?		<u>4a</u> 4b		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or			1	
	• 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?	- 1	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	Χ	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ► NEBRASKA	ne			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gener (or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)((3)			
	or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV page 27)? If "Yes," complete Part XIV		9		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing the names and addresses		10		Х

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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
14	Website address ► www.conagrafoodsfoundation.org The books are in care of ► CHRISTOPHER P. KIRCHER Telephone no ► 402-24	0-4	000)
15	Located at ► CONAGRA FOODS, INC. ONE CONAGRA DR, OMAHA, NE ZIP+4 ► 68102 - Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		·	▶ 🗆
Dar	and enter the amount of tax-exempt interest received or accrued during the year 15			
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required		Yes	No
12	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year did the foundation (either directly or indirectly)	===		
14	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		1.	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	t.	1	
	disqualified person?		ŀ	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? . \square Yes \square No		1	1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? . \square Yes \square No	-		
	(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)?			
	(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 section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b	N/	A
	Organizations relying on a current notice regarding disaster assistance check here			
С	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?	1c		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 6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
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) to all years listed, answer "No" and attach statement—see page 20 of the instructions).	2b	N/	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20 , 20 , 20			
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 Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		NT /	
	foundation had excess business holdings in 2009)	3b	N/	A X
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Â
	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		Х

ONE CONAGRA DR,OMAHA, NE 68102 2 HOURS NONE NONE NONE NONE KORI E. REED PRES/FUND ONE CONAGRA DR,OMAHA, NE 68102 MGR 18 HRS NONE NONE NONE COLLEEN R. BATCHELER SECRETARY ONE CONAGRA DR,OMAHA, NE 68102 1 HOUR NONE NONE NONE ROBERT G. WISE TREASURER	Part VII-B Statements Regarding Activities	s for V	Vhich Form	4720	May Be I	Requir	ed (continued)	
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes?	5a During the year did the foundation pay or incur	any am	ount to					
directly or indirectly, any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a chantable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions). (5) Provide a grant to an organization other than a chantable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions). (6) Provide a grant to an organization other than a chantable, section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions). (8) Provide a grant to an organization other than a chantable, section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions)? (9) If any answers is "Yes" to gastify or a current notice regarding disaster assistance (see page 22 of the instructions)? (1) Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? (2) Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? (3) Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? (4) Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions). (5) If Yes at a section 53 4945–5(d). (6) Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? (6) If Yes to 60, file Form 8870 (7) At any time during the tax year, was the foundation a party to a prohibited tax shefter transaction? (7) Yes No 10 If Yes and No 10 If Ye	(1) Carry on propaganda, or otherwise attempt to	ınfluer	nce legislation	n (sectio	on 4945(e))	? .	☐ Yes ☒ No	
(3) Provide a grant to an individual for travel, study, or other similar purposes?	(2) Influence the outcome of any specific public	election	n (see sectio	n 4955)	, or to carr	y on,		
(4) Provide a grant to an organization other than a chantable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions). (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? bit flay answer is Yes' to a(1)—(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? If Yes is the sex of the foundation of the page of the foundation during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If Yes is the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract? If Yes is the file foundation during the year, was the foundation a party to a prohibited tax sheller transaction? Yes No bit yes, did the foundation receive any proceeds or have any net income attributable to the transaction? If Yes is the foundation receive any proceeds or have any net income attributable to the transaction? If yes is the foundation receive any proceeds or have any net income attributable to the transaction? If yes No bit yes, did the foundation receive any proceeds or have any net income attributable to the transaction? If yes is No bit yes, did the foundation receive any proceeds or have any net income attributable to the transaction? If yes is No bit yes, did the foundation receive any pro	directly or indirectly, any voter registration dr	ive?					🗌 Yes 🛛 No	
section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instructions).	(3) Provide a grant to an individual for travel, st	udy, or	other similar	purpos	es?		☐ Yes 🏻 No	
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?							☐ Yes ☒ No	
b if any answer is "ves" to Sa(1)-(5), did any of the transactions faul to qualify under the exceptions described in Regulations section 53 4945 or a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance (see page 22 of the instructions)? Ce if the answer is "ves" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? c if the answer is "ves" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? if "ves." attach the statement required by Regulations section 53 4945—5(d). Sa Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? if "ves" to 8b, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax sheller transaction? 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Time, and average (c) Compensation (see page 22 of the instructions). (a) Name and address (b) Time, and average (c) Compensation (see page 22 of the instructions). (c) Compensation (see page 22 of the instructions). (d) Commensation (see page 22 of the instructions). (e) Expense account, other allowances and deferred compensation (see page 22 of the instructions). (b) Fixe, and average (c) Compensation (see page 22 of the instructions). (d) Compensation (see page 22 of the instructions). (e) Expense account, other allowances and deferred compensation (see page 22 of the instructions). (e) Expense account, other allowances and deferred compensation of the page 2 of the instructions (see page 2 of the instructions). (d) Compensation (see page 2 of the instructions). ((5) Provide for any purpose other than re	ligious,	chantable,	scienti	fic, literary	y, or		
Regulations section 53 4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here If the answer is "Yes" to question 53(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945–5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53 4945–5(d). But the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53 4945–5(d). But the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53 4945–5(d). But the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53 4945–5(d). But the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? If "Yes," attach the statement required by Regulations section 53 4945–5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If yes, attach the statement required by Regulations section 53 4945–5(d). But the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on feel to promise the second to promise the second to promise the pay premiums. Information About Officers, directly or indirectly, to a prohibited tax shelter transaction? If the same and address of each employee pad more than \$50,000 for all weetings (a) Compensation (d) Compensation (d) Compensation (d) Compensation (d)			•					
Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? At a constant the statement required by Regulations section 53 4945–5(d). Satisfy the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? if "Yes" to 86, file Form 8870 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). CHRISTOPHER P. KIRCHER CHAIRMAN ONE CONAGRA DR, OMAHA, NE 68102 2 HOURS NONE CONAGRA DR, OMAHA, NE 68102 2 HOURS NONE COLLEEN R, BATCHELER SECRETARY ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE COMPETED SHOP SHOP SHOP SHOP SHOP SHOP SHOP SHOP								5b N/A
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?		-	_				▶□	
because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53 4945–5(d). Ba Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? The provided of the foundation during the year, pay premiums, directly or indirectly, on a personal benefit contract? The provided of the foundation during the tax year, was the foundation a party to a prohibited tax shelter transaction? The provided of the foundation receive any proceeds or have any net mome attributable to the transaction? The provided of the foundation during the tax year, was the foundation a party to a prohibited tax shelter transaction? The provided of the foundation during the tax year, was the foundation a party to a prohibited tax shelter transaction? The provided of the foundation during the tax year, was the foundation a party to a prohibited tax shelter transaction? The provided of the foundation during the tax year, was the foundation a party to a prohibited tax shelter transaction? The provided of the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contact? The provided of the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contact? The provided of the foundation during the year, pay premiums, directly or indirectly, to pay premiums. The foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contact. The provided tax shelter transaction? The provided tax shelter transaction		-				e tax		
Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? If 'Yes' to 6b, file Form 8870 A Al any time during the year, pay premiums, directly or indirectly, on a personal benefit contract? If 'Yes' to 6b, file Form 8870 A Al any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If yes to 6b, file Form 8870 A Al any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors I List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (see page 22 of the instructions). (d) Contributions to endough the party of the instructions of the file and average hours per week devoted to position (e) Expense account, of the reliable of the file and average hours per week devoted to position (find paid file form 8870 The All any time during the tax shelter transaction? The All any time during the tax shelter transaction? The All any time during the tax shelter transaction? The All any time during the tax shelter transaction? The All any time during the tax shelter transaction? The All any time during the tax shelter transaction? The All any time during the tax shelter transaction? The All any time during the tax shelter transaction? The All any time during the tax shelter transaction? The All any time during the tax shelter transaction? The All any time during the tax shelter transaction? The All any time during the tax shelter transaction? The All any time during the tax shelter transaction? The All any time during the tax shelter transaction? The All any time during the tax shelter transaction? The All any time during the tax shelter transaction? The All any time during the tax shelter transaction	because it maintained expenditure responsibility	for the	grant?				☐ Yes ☐ No	
on a personal benefit contract? Ves No	· · · · · · · · · · · · · · · · · · ·					iume		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If 'Yes' to 6b, file Form 8870' 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? If yes did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average hours per week devoted to position (PATATMAN) ONE CONAGRA DR, OMAHA, NE 68102 AGR 18 HRS NONE NONE NONE NONE NONE NONE NONE NONE NONE ONE CONAGRA DR, OMAHA, NE 68102 I HOUR NONE NONE NONE NONE ONE CONAGRA DR, OMAHA, NE 68102 I HOUR NONE N				rectiy, t	o pay pien		☐ Yes ☒ No	
If Yes' to 6b, file Form 8870 7a Al any time during the lax year, was the foundation a party to a prohibited tax shelter transaction?				onap	ersonal ber	efit cor		6b X
b if yes, did the foundation receive any proceeds or have any net income attributable to the transaction? The improved information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (ff not paid, enter employee benefit plans and deferred compensation of the raillowances of the position of the paid, enter employee penefit plans and deferred compensation of the raillowances of the paid of the paid, enter employee penefit plans and deferred compensation of the raillowances of the paid of the paid, enter employee penefit plans and deferred compensation of the paid, enter of the paid, enter employee penefit plans and deferred compensation of the paid of the paid, enter employee penefit plans and deferred compensation of the paid o			,	•				
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And Contractors 1 List all officers, directors, trustees, foundation managers and their compensation (see page 22 of the instructions). (a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (finite paid, enter photos per meek devoted to position) (d) Contributions to employee benefit plans and deferred compensation (other allowances) (e) Expense account, other allowances (d) Compensation (finite paid, enter photos per meek devoted to position) (d) Contributions to employee benefit plans and deferred compensation (other allowances) (e) Expense account, other allowances) (e) Expense account, other allowances) (finite paid, enter photos per meek devoted to position) (d) Contributions to employee paid more than \$50.000 (Finite paid average hours per week devoted to position) (e) Expense account, other allowances) (f) Compensation (finite plans and deferred compensation) (e) Expense account, other allowances) (f) Compensation (finite plans and deferred compensation) (g) Compensation (finite plans and deferred compensation) (g) Compensation (finite plans and deferred compensation) (g) Expense account, other allowances)								
(a) Name and address (b) Title, and average hours per week devoted to position (c) Compensation (d) Contributions to employee benefit plans and deferred compensation (e) Expense account, other allowances (e) Expense accoun		ectors,	, Trustees,	Found	dation Ma	nager	s, Highly Paid	l Employees,
(a) Name and address	1 List all officers, directors, trustees, foundati	on mar	nagers and t	heir co	mpensation	on (see	page 22 of the	instructions).
ONE CONAGRA DR, OMAHA, NE 68102 2 HOURS NONE NONE NONE KORI E. REED ONE CONAGRA DR, OMAHA, NE 68102 MGR 18 HRS NONE NONE NONE COLLEEN R. BATCHELER ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE NONE ROBERT G. WISE ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE NONE ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE NONE NONE ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE NONE NONE ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE NONE ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE NONE ONE ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE ONE ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE ONE ONE ONE ONE ONE ONE	(a) Name and address	hour	rs per week		paid, enter	emplo	yee benefit plans	
KORI E. REED ONE CONAGRA DR, OMAHA, NE 68102 MGR 18 HRS NONE NONE COLLEEN R. BATCHELER SECRETARY ONE CONAGRA DR, OMAHA, NE 68102 I HOUR NONE Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (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 account, other allowances (e) Expense account, other allowances (e) Expense account, other allowances	CHRISTOPHER P. KIRCHER	CHAI	RMAN					
ONE CONAGRA DR, OMAHA, NE 68102 MGR 18 HRS NONE NONE NONE COLLEEN R. BATCHELER ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE ROBERT G. WISE ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (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 of the railowances of the instructions).	ONE CONAGRA DR,OMAHA, NE 68102	2 HC	URS		NONE		NONE	NONE
COLLEEN R. BATCHELER ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE ROBERT G. WISE ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (c) Compensation (e) Expense account, other allowances NONE	KORI E. REED	PRES	FUND					
ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE NONE NONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE NONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE NONE (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other allowances other allowances of the instructions).	ONE CONAGRA DR,OMAHA, NE 68102	MGR	18 HRS		NONE		NONE	NONE
ROBERT G. WISE ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (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 other allowances of the instructions). (e) Expense account, other allowances compensation other allowances compensation of the instructions).	COLLEEN R. BATCHELER	SECF	RETARY					
ONE CONAGRA DR, OMAHA, NE 68102 1 HOUR NONE NONE NONE 2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 (b) Title, and average hours per week devoted to position (c) Compensation (e) Expense account, other allowances compensation (other allowances).	ONE CONAGRA DR,OMAHA, NE 68102	1 HC	UR		NONE		NONE	NONE
2 Compensation of five highest-paid employees (other than those included on line 1—see page 23 of the instructions). (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 account, other allowances (other allowances)	ROBERT G. WISE	TREA	SURER					
If none, enter "NONE." (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 account, other allowances (o) Title, and average hours per week devoted to position	ONE CONAGRA DR,OMAHA, NE 68102	1 HC	OUR		NONE		NONE	NONE
(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 account, other allowances	2 Compensation of five highest-paid employed	es (oth	er than thos	e inclu	ded on lin	ie 1—s	ee page 23 of t	he instructions).
	(a) Name and address of each employee paid more than \$50	0,000	hours per v	veek -	(c) Compe	nsation	employee benefit plans and deferred	
	NONE							
Total number of other employees paid over \$50,000	•		1					İ
Total number of other employees paid over \$50,000								
Total number of other employees paid over \$50,000								
Total number of other employees paid over \$50,000							1	
Total number of other employees paid over \$50,000					Ì			
Total number of other employees paid over \$50,000								
Total number of other employees paid over \$50,000							į	j
Total number of other employees paid over \$50,000								1
Total number of other employees paid over \$50,000								
	Total number of other employees paid over \$50,00	0 .						• 0

Total. Add lines 1 through 3

Part VIII	Information About Officers, Directors, Trustees, Found and Contractors (continued)	ation Managers, Highly Paid	d Employees,
3 Five hig	hest-paid independent contractors for professional services (see p	page 23 of the instructions). If no	one, enter "NONE
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
Total number	er of others receiving over \$50,000 for professional services		• (
		 	
Part IX-A	Summary of Direct Charitable Activities		
List the found	lation's four largest direct charitable activities during the tax year. Include relevant sta	stistical information such as the number	
	ns and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 NONE			
2			
	•••••		
	ORA A TO A TO A TO A TO A TO A TO A TO A		<u> </u>
3			
			
4			
	-		-
Part IX-B	Summary of Program-Related Investments (see page 2	3 of the instructions)	
	two largest program-related investments made by the foundation during the tax year of		Amount
1 NONE			
•			
2	•		
All add:	0		
3 NONE	ram-related investments. See page 24 of the instructions		
2 INOINE			

Pa	Minimum Investment Return (All domestic foundations must complete this part see page 24 of the instructions)	Foreigi	n foundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	4,070
b	Average of monthly cash balances	1b	531,616
С	Fair market value of all other assets (see page 24 of the instructions)	1c	7,962,441
d	Total (add lines 1a, b, and c)	1d	8,498,127
е	Reduction claimed for blockage or other factors reported on lines 1a and		
-	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	8,498,127
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see page 25 of the instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	8,498,127
6	Minimum investment return. Enter 5% of line 5	6	424,906
Pa	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) foundations and certain foreign organizations check here ▶ ☐ and do not complete this part		
1	Minimum investment return from Part X, line 6	1	424,906
2a	1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00		
b	Income tax for 2009 (This does not include the tax from Part VI)		
c	Add lines 2a and 2b	2c	476
3	Distributable amount before adjustments Subtract line 2c from line 1	3	424,430
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	424,430
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	424,430
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	4,201,754
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	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	4,201,754
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	4 001 854
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,201,754
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years	ng whet	her the foundation

Par	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				424,430
2	Undistributed income, if any, as of the end of 2009.	·		-	
а	Enter amount for 2008 only	,			
b	Total for pnor years 20,20,20	أعتب المساعدة التحاسمان			
3	Excess distributions carryover, if any, to 2009 From 2004 4,909,515				
а	E CEO 47C				
b	From 2005				
С	From 2006				
d	From 2007				*
е	110111 2000	19,516,970			
f	Total of lines 3a through e	19,510,970			
4	Qualifying distributions for 2009 from Part XII, line 4 \blacktriangleright \$ $4,201,754$				
а	Applied to 2008, but not more than line 2a .			,	چاپیم اوستید داد م
b	Applied to undistributed income of prior years (Election required—see page 26 of the instructions)			Hans transfer and plants .	وجد معر بصودميت
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions)		· com company against the contract and contr	ا المراجعة بعد المحسن المحسدة إلى يعتدد	484 438
d	Applied to 2009 distributable amount	3,777,324	وإنعاد بمنابع مايا تمانا متحصما		424,430
е	Remaining amount distributed out of corpus .	3,111,324	والمستناء شساء بهاعد النسا		<u>, a antiques a constantis a la co</u>
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	23,294,294			
b	Prior years' undistributed income Subtract line 4b from line 2b		0		
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			المستقيم سيبت سيتسط	
d	Subtract line 6c from line 6b Taxable amount—see page 27 of the instructions .	sign (0		وسوده دمه ستجده دمه
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount—see page 27 of the instructions			0	
f	Undistributed income for 2009 Subtract lines				
•	4d and 5 from line 1 This amount must be				
	distributed in 2010			erian in gelagi a legan i	0
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 instructions)		·		
8	Excess distributions carryover from 2004 not				
•	applied on line 5 or line 7 (see page 27 of the instructions)	4,909,515			
9	Excess distributions carryover to 2010.	18,384,779			And the state of the state of the
	Subtract lines 7 and 8 from line 6a	10,304,779			·
10	Analysis of line 9 Excess from 2005 5, 652, 476				
a	2 717 133				
b	2 020 507				
c d	Excess from 2007				
-	Excess from 2009 3,777,324				

Par	t XIV Private Operating Foun	dations (see pa	ge 27 of the inst	ructions and Pai	t VII-A, question	1 9)
1a	If the foundation has received a rulin foundation, and the ruling is effective	-	·	orivate operating	N/A	
b	Check box to indicate whether the four	ndation is a private	operating foundation	n described in section	on 🗌 4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	each year listed	0	0	0	0	0
_	85% of line 2a	<u> </u>	0		0	
С	Qualifying distributions from Part XII, line 4 for each year listed					0
d	Amounts included in line 2c not used directly for active conduct of exempt activities					0
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	0	0	0	0	0
	Complete 3a, b, or c for the alternative test relied upon					
а	"Assets" alternative test—enter					0
	(1) Value of all assets					<u> </u>
.	under section 4942(j)(3)(B)(i) "Endowment" alternative test—enter % of					0
	minimum investment return shown in Part X, line 6 for each year listed					0
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)					0
	(2) Support from general public	· · · · · · · · · · · · · · · · · · ·			·····	
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					-0
	(3) Largest amount of support from					_
	an exempt organization					0
Par	t XV Supplementary Informat	tion (Complete	this part only if	the foundation	had \$5,000 or	more in assets
	at any time during the y	ear—see page			, , , , , , , , , , , , , , , , , , ,	
1	Information Regarding Foundation					
а	List any managers of the foundation before the close of any tax year (but	who have contribut it only if they have	contributed more	of the total contrib than \$5,000). (Se	ee section 507(d)(the foundation 2))
NOI						
	List any managers of the foundation ownership of a partnership or other	n who own 10% or entity) of which th	r more of the stock ne foundation has	of a corporation a 10% or greater	(or an equally larg interest.	e portion of the
NOI		0 0:4 1	ana Onbalambia	-4- 8		
2	Information Regarding Contributi			_		
	Check here ▶ ☐ If the foundation unsolicited requests for funds. If the organizations under other condition	e foundation make	es gifts, grants, etc	c (see page 28 of	rganizations and of the instructions)	to individuals or
а	The name, address, and telephone	number of the pe	rson to whom app	lications should be	e addressed	
SEI	E STATEMENT 2					
b	The form in which applications show	uld be submitted a	and information and	d materials they s	hould include	
SEI	E STATEMENT 2					
NOI	Any submission deadlines NE					
	Any restrictions or limitations on a factors E STATEMENT 2	wards, such as b	y geographical are	eas, charitable fie	lds, kinds of instit	utions, or other
<u> 고타</u>	S SIMIEMENT Z					

Part XV Supplementary Information (cont 3 Grants and Contributions Paid During	inued)			
			uture Payment	<u>T </u>
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	reapient		
a Paid during the year				
SEE STATEMENT 3				
				015 004
				4,017,824
		-		
			•	
Total				4 ,017,824
b Approved for future payment				
Total				b 0

I GIL A	VI-A Analysis of Income-Producing	Activities		· · · · · · · · · · · · · · · · · · ·		,
Enter gro	oss amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	(e)
1 Progr	ram service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of the instructions)
a _						
b _						
		ļ				
d _						
е						
f _						
g Fo	ees and contracts from government agencies					
2 Mem	bership dues and assessments			11.4		
3 Intere	est on savings and temporary cash investments			14	22,462	
4 Divide	ends and interest from securities					
5 Net re	ental income or (loss) from real estate:					
a D	ebt-financed property	ļ				
b N	ot debt-financed property					
6 Net re	ental income or (loss) from personal property	ļ				
7 Other	r investment income	ļ		10	1 221	
8 Gain o	or (loss) from sales of assets other than inventory			18	1,331	
9 Net in	ncome or (loss) from special events					
	s profit or (loss) from sales of inventory .			-		
11 Other	r revenue. a					
b _						
c _						
d _					-	
е _				1	23,793	
12 Subto	otal Add columns (b), (d), and (e)		·		·	
						7 7 7 U 4
(See wor	rksheet in line 13 instructions on page 28 to		ons)		13	23,793
(See wor	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X\ Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	23,793 I importantly to urposes) (See
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	
(See wor Part X) Line No	rksheet in line 13 instructions on page 28 to VI-B Relationship of Activities to the Explain below how each activity for wh the accomplishment of the foundation' page 28 of the instructions)	verify calculate	ons) nment of Exe	mpt Purpose	s	

Preparer's signature

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

Part XVII Information Regarding Transfers To and Transactions and Relatio Exempt Organizations 1 Did the organization directly or indirectly engage in any of the following with any other organization section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash	on described ring to political 1a(1) X
in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, rela organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash	ing to political
(1) Cash	· · · · · · · · · · · · · · · · · · ·
(2) Other assets	· · · · · · · · · · · · · · · · · · ·
• • • • • • • • • • • • • • • • • • • •	14a/2\! Y
b Other transactions	1a(2) X
(1) Sales of assets to a noncharitable exempt organization	1b(1) X
(2) Purchases of assets from a noncharitable exempt organization	1b(2) X
(3) Rental of facilities, equipment, or other assets	X
(4) Reimbursement arrangements	1b(4) X
(5) Loans or loan guarantees	1b(5) X
(6) Performance of services or membership or fundraising solicitations	1b(6) X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees	<u>1c X</u>
d If the answer to any of the above is "Yes," complete the following schedule Column (b) show value of the goods, other assets, or services given by the reporting foundation. If the foundation value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets.	received less than fair market er assets, or services received
	nsactions, and sharing arrangements
N/A	
 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule 	organizations
(a) Name of organization (b) Type of organization (c) C	escription of relationship
Under pepalities of perviry, I declare that I have examined this return, including accompanying schedules and statement belief, it is true correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information	s, and to the best of my knowledge and
	HAIRMAN OF THE BOAR
Signature of officer or trustee CHRISTOPHER P. KIRCHER Date Till Date	
Date Check if self-employed	Preparer's identifying number (see Signature on page 30 of the instructions)

EIN ▶ Phone no

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2009

Employer identification number Name of the organization 36-2899320 CONAGRA FOODS FOUNDATION Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization X 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 Kill 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 33½% 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 H 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)

	7		1		
Page	1	of	Τ	of	Part I

Name of organization
CONAGRA FOODS FOUNDATION

Employer identification number

36-2899320

rari	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	GARY M. & BARBARA RODKIN ONE CONAGRA DRIVE	\$ 48,835	Person Payroll Noncash X
	OMAHA, NE 68102-5001		(Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
.2.	GARY M. & BARBARA RODKIN ONE CONAGRA DRIVE OMAHA, NE 68102	\$ 151,032	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

(a) No. from

Part I

(a) No.

from

Part I

Employer identification number

ONAGE	RA FOODS FOUNDATION	130-	2899320
art 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
1	PUBLICLY TRADED SECURITIES		
		\$ 48,835	12/2/2009
a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
i) 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
		\$	

(b) Description of noncash property given

(b) Description of noncash property given

(d) Date received

(d)

Date received

(c) FMV (or estimate)

(see instructions)

(c) FMV (or estimate)

(see instructions)

ConAgra Foods Foundation EIN: 36-2899320 Form 990-PF May 30, 2010

Part I, Line 23-Other Expenses		(a) Revenue and Expenses Per Books
Bank Charges		3,678
Part I, Line 16a-Legal Fees		(a) Revenue and Expenses Per Books
Dinsmore & Stohl	22,512	
Part I, Line 16c-Other Professional Fees		(a) Revenue and Expenses Per Books
Changing Our World Fleishman Hillard JK Group	121,300 24,820 11,620	•
		157,740

ConAgra Foods Foundation EIN: 36-2899320 Form 990-PF May 30, 2010

Part XV-Supplementary Information

Questions 2a and 2b):

The name, address, and telephone number of the person to whom applications should be addressed:

Corporate Relations ConAgra Foods, Inc. One ConAgra Drive--CC 305 Omaha, NE 68102-5001

- 1. Statement of the organization's objectives.
- 2. Concise description of the proposed use and primary objectives of the grant.
- 3. How the grant will improve the quality of life in the community.
- 4. Brief history of achievements.
- 5. List of officers and directors.
- 6. Written evidence of tax exempt status defined under Section 501(c)3 of the Internal Revenue Code.
- 7. Financial Statements.
- 8. List major funders of the organization or project and amounts contributed and/or pledged by those funders.
- 9. Budget for the proposed project.

Question 2d):

Any restrictions or limitations on awards, such as by geographic areas, charitable fields, kinds of institutions, or other factors:

- 1. Individuals.
- 2. Fund-raising and testimonial events / dinners, including tickets, silent auctions, raffles, telethons, etc.
- 3. Organizations with limited constituency, such as clubs or fraternal or social organizations.
- 4. Religious organizations for religious endeavors.
- 5. Support of any type for travel or tours for individuals or grants.
- 6. Advertising for any purpose.
- 7. For profit organizations.

Part XV, Line 3a - Grants and Contributions Paid During the Year or Approved for Future Payment:

Organization	Address				
Adoption Links Worldwide	5017 Leavenworth Street	City Omaha	State NE	Amount 3,000	Status Health and Human Services
American Falls School District No 381	254 Taylor Street	American Falls	ID		Nutrition Education
American Red Cross	Nat'l Headquarters, 2025 E Street NW	Washington	DC	400,000	Disaster \ Humanitarian Relief
Arkansas Scorpions Baseball Bayouclinic Inc	500 SE Fullerion Street	Bentonville	AR		Health and Human Services
BBBS Greater Twin Cities	13833 Tapia Ave 2550 University Ave, 410 North	Bayou Labatre St Paul	AL MN		Health and Human Services Health and Human Services
Boy Scouts of America-Sagamore Council		Kokomo	IN		Health and Human Services
Brush Up Nebraska Paint-A-Thon	4221 N 164th St	Omaha	NE		Community and Economic Development
Camp Fire USA Midlands Council	2566 St Mary's Avenue	Omaha	NE	5,000	Health and Human Services
Changing Our World	220 East 42 Street, 7th Floor	New York	NY		Health and Human Services
Chantideer Community Theater Children's Cancer Camps of NE	830 Franklin Ave 15448 Seward Street	Co Bluffs Omaha	IA NE		Arts and Culture Health and Human Services
Citizens Against Spouse Abuse	108 E 5th Street	Sedalia	MO		Health and Human Services
City of Hamburg	711 Main Street	Hamburg	IA		Health and Human Services
City of Pottsville	173 East Ash Street	Pottsville	AR		Health and Human Services
Common Threads	900 N North Branch, Suite 741	Chicago	IL.	96,658	Nutrition Education
Community Development Center	PO Box 393	Macon	MO		Nutrition Education
Creighton University Divine World Seminary	2500 California Piaza 11318 Cypress Ave	Omaha Riverside	NE CA		Education Higher Education
Donor's Trust	8805 Indian Hills Drive, Suite 175	Omaha	NE NE		Disaster \ Humanitarian Relief
Feed My Starving Children	350 N Eric Dr. Suite 101A	Palatine	IL		Community and Economic Development Hunger
Food Bank of Contra Costa & Solano	4010 Nelson Ave	Concord	CA		Hunger
Food Bank - Southwest Georgia	2800 Phillips Drive	Albany	GA		Hunger
Girl Scouts of Greater Iowa	526 3rd Street	Co Bluffs	IA	10,000	Health and Human Services
Girl Scouts Oregon-SW Washington	9640 SW Barbur Blvd	Portland	OR		Health and Human Services
Greater Twin Cities United Way Hooves & Paws Rescue	404 South Eighth Street 27821 US Hwy 34	Minneapolis	MN		Health and Human Services
Iowa 4H Foundation-Mills Co Extension	PO Box 430	Glenwood Malvern	IA IA		Community and Economic Development Community and Economic Development
JK Group	PO Box 7174	Princeton	NJ		Health and Human Services
Kingswood Athlectic Assn	PO Box 45234	Omaha	NE		Community and Economic Development
Kyle Franks Foundation	1882 W Placita Rancho Naranjo	Tucson	ΑZ		Health and Human Services
Lazarus House	214 Walnut Street	St Charles	IL	5,800	Health and Human Services
Leavenworth Neighborhood Assn	PO Box 55193	Omaha	NE		Community and Economic Development
Little White Dog Rescue Loaves & Fishes Community Pantry	1006 N 77th Street 556 W 5th Ave	Omaha Naperville	NE IL		Community and Economic Development
Medical Foundation of NC	880 Martin Luther King Jr Blvd	Chapel Hill	NC		Hunger Health and Human Services
Metro Area Continuum of Care	115 S 49th Ave	Omaha	NE		Health and Human Services
Mid-America Council, Boy Scouts of Ameri	c 12401 W Maple Road	Omaha	NE		Hunger
Midlands Cultural & Historical Assn	15214 Martin Ave	Omaha	NE	3,000	Arts and Culture
Millard Athletic Association	4871 South 136 Street	Omaha	NE		Community and Economic Development
National FFA Foundation	P O Box 68960	Indianapolis	IN		Education Higher Education
National Merit Scholarship Corporation National Multiple Sclerosis Society	1560 Sherman Road, Suite 200 Nebraska Chapter 7101 Newport Avenu	Evanston (Omaha	∤L NE		Education Higher Education Health and Human Services
National Multiple Sclerosis Society	7611 State Line Road, Suite 100	Kansas City	MO		Health and Human Services
NCBW100	PO Box 641984	Omaha	NE		Health and Human Services
NCO Youth & Family Services	1305 Oswego Road	Naperville	IL	3,000	Health and Human Services
Nebraska Food Bank Network, Inc	6824 J Street	Omaha	NE	•	Hunger
Nebraska Humane Society	8920 Fort Street	Omaha	NE		Health and Human Services
North Carolina Baptist Men Omaha Childrens Museum	205 Convention Drive 500 South 20th Street	Cary Omaha	NC NE		Health and Human Services
Omaha Chinese Culture Assn	PO Box 24358	Omaha	NE		Nutrition Education Community and Economic Development
Omaha Czech Cultural Club	PO Box 24367	Omaha	NE		Civic/Public Policy
Omaha Theater Company	2001 Farnam St	Omaha	NE		Arts and Culture
Omaha Zoo Foundation	3701 S 10 Street	Omaha	NE		Community and Economic Development
Our Health Community Partnership	12565 W Center Rd, #220	Omaha	NE		Health and Human Services
People Resource Center Project Harmony	201 S Naperville Rd	Wheaton	IL NE		Hunger
Rocky Mountain Great Dane Rescue	7110 "F" Street PO Box 460773	Omaha Aurora	NE CO		Health and Human Services
Ronald McDonald House Charities	One Kroc Drive	Oak Brook	IL		Health and Human Services Health and Human Services
Salvation Army	3612 Cuming Street	Omaha	NE		Health and Human Services
Scholarship America	c/o First National BankP O Box 240	St Peter	MN		Education Higher Education
Second Harvest Food Bank of the Inland N		Spokane	WA		Hunger
Siena Francis House	P O Box 217Downtown Station	Omaha	NE		Health and Human Services
Sing Omaha Inc	2409 Marilyn Drive	Papillion	NE		Arts and Culture
Stenoing Stones for Woman of Domonto V	u P ∩ Boy 721156	Pocolio			
Stepping Stones for Women of Domesite V Strategic Air & Space Museum		Roselle Ashland	IL NE		Health and Human Services
Stepping Stones for Women of Domesitc V Strategic Air & Space Museum Torro Soccer Club	28210 West Park Highway	Ashland	NE	3,000	Arts and Culture
Strategic Air & Space Museum				3,000 500	

ConAgra Foods Foundation EIN 36-28999320 Form 990-PF May 30, 2010

Part XV, Line 3a - Grants and Contributions Paid During the Year or Approved for Future Payment:

Organization	Address	City	State	Amount Status	
United Way of Benton and Franklin Countie 401 North Young Street		Kennewick	WA	15,000 Health and Human Services	
United Way of Metropolitan Chicago	560 W Lake Street	Chicago	1L	15,000 Health and Human Services	
United Way of The Midlands	1805 Harney Street	Omaha	NE	250,800 Health and Human Services	
UNO Foundation-NE Business Aviation	PO Box 19007	Omaha	NE	1,000 Community and Economic Develo	pment
USTA Tennis and Education Foundation	70 West Red Oak Lane	White Plains	NY	10,000 Health and Human Services	
Uta Hallee Girls Village	10625 Calhoun Rd	Omaha	NE	3,000 Health and Human Services	
Voices of Hope of Lincoln, Inc	2545 N ST	Lincoln	NE	250 Health and Human Services	
YMCA - Orange County	2000 Youth Way	Fullerton	CA	10,000 Health and Human Services	
YWCA Omaha	222 South 29th Street	Omaha	NE	1,000 Health and Human Services	
			-	\$4,017,824	