

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490





Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

2009 Treated as a Private Foundation Department of the Treasury Note The foundation may be able to use a copy of this return to satisfy state reporting requirements Internal Revenue Service 2009 2010 For calendar year 2009, or tax year beginning JUL 1, , and ending JUN Initial return initial return of a former public charity Final return G Check all that apply Amended return Address change Name change A Employer identification number Name of foundation Use the IRS BETTENHAUSEN FAMILY FOUNDATION label C/O ROBERT N BETTENHAUSEN 47-0836745 Otherwise, Number and street (or P O pox number if mail is not delivered to street address) Room/suite B Telephone number print or type 100 402-421-1223 6041 VILLAGE DR See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions LINCOLN, NE 68516 1 Foreign organizations, check here 2 Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J | Accounting method under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) F If the foundation is in a 60-month termination 636,850. (Part I, column (d) must be on cash basis) ▶\$ under section 507(b)(1)(B), check here Analysis of Revenue and Expenses Part I (d) Disbursements (a) Revenue and (c) Adjusted net (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash pasis only) expenses per books income income 37,956N/A Contributions, gifts, grants, etc., received Check I if the foundation is not required to attach Sch. B 2 Interest on savings and temporary cash investments 9 g Statement 10,646. 10,646. Statement Dividends and interest from securities 5a Gross rents Net rental income or (loss) <468.> 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0 7 Capital gain net income (from Part IV, line 2) 8 - Net short-term capital gain Income modifications b Less Cost of goods sold c Gross profit or (loss) <1,873. 0. Statement 11 Other income 46,270. 10,655. 12 Total Add lines 1 through 11 0. 0 -0. Compensation of officers, directors, trustees, etc 13 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees Stmt 4 850 850. 0. **b** Accounting fees c Other professional fees and Administrative 17 Interest RECEIVED Ō. 170 0. 18 Taxes Depreciation ഗ് 19 and depletion Ö NOV 16 2010 SCANNED NOV 2 20 21 Travel, conferences, and meetings and briggidals E 22 Printing 30. 47 0. 23 Total operating and administrative 1,067 880 expenses Add lines 13 through 23 30,351 30,351 Contributions, gifts, grants paid Total expenses and disbursements 31,418. 880. 30,351. Add lines 24 and 25 27 Subtract line 26 from line 12 14,852 3 Excess of revenue over expenses and dispursements

Form **990-PF** (2009)

N/A

9,775.

<u> P</u>

b Net investment income (if negative, enter -0-)

C Adjusted net income (if negative, enter -0-)

C/O ROBERT N BETTENHAUSEN

47-0836745

Page 2 Beginning of year End of year Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 20,308. 1,113. 20,308. 2 Savings and temporary cash investments 3 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 7 Other notes and loans receivable Less allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations 764,078. 759,735. Stmt 7 616,542. **b** Investments - corporate stock c Investments - corporate bonds 11 Investments land buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment basis Less accumulated depreciation 15 Other assets (describe ► 765,191. 780,043. 636,850. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 - Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 23 Total liabilities (add lines 17 through 22) 0. 0 Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31 Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here $\triangleright [X]$ and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds Ö 28 Paid-in or capital surplus, or land, bldg, and equipment fund 765,191. 780,043 29 Retained earnings, accumulated income, endowment, or other funds 765,191. 780,043 30 Total net assets or fund balances 31 Total liabilities and net assets/fund balances 765,191. 780,043 Part III Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 765,191. 2 Enter amount from Part I, line 27a 14,852. 3 Other increases not included in line 2 (itemize) 3 780,043. 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) 5 780,043. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6

C/O ROBERT N BETTENHAUSEN

Part IV Capital G	ains and L	osses for Tax on Ir	nvestment	t Income						
		and(s) of property sold (e g , or common stock, 200 sh			P	How ac - Purc - Dona			acquired iay, yr)	(d) Date sold (mo , day, yr)
1a PASSTHROUGH	FROM E	NBRIDGE PART	NERS L	.P.						
<u>b</u>										
<u>C</u>		· · · · · · · · · · · · · · · · · · ·			<u> </u>					
<u>d</u>										
<u>e</u>	1 (0)	Depression allowed	(a) Coo	et ar other basis	<u> </u>		!	(h) C	iain or (loss)	<u> </u>
(e) Gross sales price	(1)	Depreciation allowed (or allowable)		st or other basis expense of sale					s (f) minus (
<u>a</u>										<468.
b				· · · · · · · · · · · · · · · · · · ·	İ					
С										
<u>d</u>										
<u>e</u>			<u> </u>						- -	
Complete only for assets	showing gain in	column (h) and owned by	i ·						Col (h) gain not less thai	
(i) F M V as of 12/31/6	9	(j) Adjusted basis as of 12/31/69		cess of col (1) col (j), if any					(from col (h))
_a										<468.
b										
<u>C</u>										
d e										
-		()	Dark I Ivaa	- -	7					
2 Capital gain net income or	(net capital loss	$\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases}$			•	2				<468.
3 Net short-term capital gair	• •	• •	nd (6)							
If gain, also enter in Part I, If (loss) enter -0- in Part I		(c)			•	3			N/A	
Part V Qualificati		Section 4940(e) for	Reduced	Tax on Net	Inv		ent Inc	ome	H/ A	
(For optional use by domestic										
						,				
If section 4940(d)(2) applies,	leave this part b	lank								
Was the foundation liable for t	the section 4942	tax on the distributable an	nount of any ye	ear in the base pe	rıod?					Yes X No
If "Yes," the foundation does n										
1 Enter the appropriate amo	ount in each coil		uctions before	making any entri				1		(4)
Base period yea Calendar year (or tax year t	rs	(b) Adjusted qualifying dis	tributions	Net value of no	(c) onchar		use assets		Distrib	(d) ution ratio ided by col (c))
2008	Jeginning in)		4,706.				8,505		(cor (b) div	•057988
2007			8,920.				8,064			.035789
2006			9,000.	,			3,663		_	.026623
2005			8,133.				2 , 895			.045902
2004		1	4,475.			52	0,965		,	.027785
										10400
2 Total of line 1, column (d)								2		.194087
3 Average distribution ratio f the foundation has been in	•	•	on line 2 by 5,	or by the number	of yea	ars			ļ	.038817
the foundation has been in	existence in les	s man 5 years						3		.030017
4 Enter the net value of nonc	chantable-use as	ssets for 2009 from Part X,	line 5					4		678,917.
C. Marillandi, bara 4 ha lara 0								_		26 254
5 Multiply line 4 by line 3								_5_	<u> </u>	26,354.
6 Enter 1% of net investmen	t income (1% o	f Part I, line 27b)						6		98.
	,	٠								
7 Add lines 5 and 6								7		26,452.
8 Enter qualifying distributio	ns from Part XII	, line 4						8		30,351.
		heck the box in Part VI, line	1b, and comp	olete that part usin	ig a 19	% tax r	ate			
See the Part VI Instruction	S									

Page 4

_	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940	3 - see i	nstru	ctio	ns)
	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1	1			,
10	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			98.
U	of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)	.			0.
	Add lines 1 and 2				98.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-				98.
	Credits/Payments	-			
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a				
	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)				
	Backup withholding erroneously withheld 6d 6d				
	Total credits and payments Add lines 6a through 6d	.			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	- i	_		
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed				98.
	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				
	rt VII-A Statements Regarding Activities	<u>' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' </u>			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	any political campaign?		1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see 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.				
ε	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 ► \$ 0 . (2) On foundation managers ► \$ 0 .				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
_	managers ►\$ 0.				
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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		Х
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		Х
	If "Yes," attach the statement required by General Instruction T				·
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	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		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	Х	
	If "Yes," complete Part II, col. (c), and Part XV				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	NE				
b	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		8b	X	
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	r			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		Х
10	Did any persons become substantial contributors during the tax year? If 'Yes ' attach a schedule listing their names and addresses		10		<u> </u>

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,

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

valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach

Yes X No

N/A

Form 4720, to determine if the foundation had excess business holdings in 2009)

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

N/A 3b 4a

2b

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?

Form 990-PF (2009)

Х

Х

statement - see instructions)

during the year?

 BETTENHAUSEN FAMILY FOUN 	DATION				
orm 990-PF (2009) C/O ROBERT N BETTENHAUSE	N		<u>47-08367</u>	45 Pa	ge 6
Part VII-B Statements Regarding Activities for Which I	orm 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	14945(e))?	Y6	s X No		
(2) Influence the outcome of any specific public election (see section 4955), o	• • • •	ectly			
any voter registration drive?	, 10 0011, 011, 0110011, 07 111011		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	2		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization		٠. رـــــا	,,,		
	ii described iii section	v	s X No		
509(a)(1), (2), or (3), or section 4940(d)(2)?			S LAL NU		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or i		(V),		
the prevention of cruelty to children or animals?			es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	•	in Regulations	27 / 7		
section 53 4945 or in a current notice regarding disaster assistance (see instru	ctions)?			5b	
Organizations relying on a current notice regarding disaster assistance check h	ere				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for					
expenditure responsibility for the grant?	N	I/A 🔲 Ye	es L No		
If "Yes," attach the statement required by Regulations section 53 494s	5-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		<u></u>	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870			-		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ve	s X No		
b If yes, did the foundation receive any proceeds or have any net income attribut.		٠٠ ســــ		7b	
Information About Officers Diseases Truck		nagere Highly		70	
Part VIII Paid Employees, and Contractors	ees, roundation wa	illagers, nignij	,		
List all officers, directors, trustees, foundation managers and their	compensation.				
List all officers, directors, trustees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expen	se
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (if not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expen	her
(a) Name and address	(b) Title, and average hours per week devoted to position		i employee benefit plans	(e) Expen account, of allowance	her
(a) Name and address ROBERT N BETTENHAUSEN	(b) Title, and average hours per week devoted	(If not paid,	employee benefit plans and deferred	account, of	her
(a) Name and address ROBERT N BETTENHAUSEN 041 VILLAGE DR STE 100	(b) Title, and average hours per week devoted to position DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, of allowance	her s
(a) Name and address ROBERT N BETTENHAUSEN 041 VILLAGE DR STE 100 LINCOLN, NE 68516	(b) Title, and average hours per week devoted to position DIRECTOR 0.00	(If not paid,	employee benefit plans and deferred	account, of allowance	her
(a) Name and address ROBERT N BETTENHAUSEN 041 VILLAGE DR STE 100 LINCOLN, NE 68516 OANNE BETTENHAUSEN	(b) Title, and average hours per week devoted to position DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, of allowance	her s
(a) Name and address ROBERT N BETTENHAUSEN 041 VILLAGE DR STE 100 LINCOLN, NE 68516 OANNE BETTENHAUSEN 041 VILLAGE DR STE 100	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, ot allowance	her es
(a) Name and address ROBERT N BETTENHAUSEN 041 VILLAGE DR STE 100 LINCOLN, NE 68516 FOANNE BETTENHAUSEN 041 VILLAGE DR STE 100 LINCOLN, NE 68516	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, ot allowance	her s
(a) Name and address ROBERT N BETTENHAUSEN 041 VILLAGE DR STE 100 INCOLN, NE 68516 OANNE BETTENHAUSEN 041 VILLAGE DR STE 100 INCOLN, NE 68516 CATHERINE I HEDSTROM	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, ot allowance	her es
(a) Name and address ROBERT N BETTENHAUSEN 041 VILLAGE DR STE 100 INCOLN, NE 68516 OANNE BETTENHAUSEN 041 VILLAGE DR STE 100 INCOLN, NE 68516 EATHERINE I HEDSTROM 406 RIDGE RD	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, ot allowance	her es
(a) Name and address ROBERT N BETTENHAUSEN 5041 VILLAGE DR STE 100 LINCOLN, NE 68516 FOANNE BETTENHAUSEN 5041 VILLAGE DR STE 100 LINCOLN, NE 68516 CATHERINE I HEDSTROM 5406 RIDGE RD LINCOLN, NE 68512	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, of allowance	her es
(a) Name and address ROBERT N BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 FOANNE BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 CATHERINE I HEDSTROM 406 RIDGE RD LINCOLN, NE 68512	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, of allowance	heres O.
(a) Name and address ROBERT N BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 FOANNE BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 CATHERINE I HEDSTROM 406 RIDGE RD LINCOLN, NE 68512 LATTHEW V BETTENHAUSEN	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 0.00 DIRECTOR	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, of allowance	heres O.
(a) Name and address ROBERT N BETTENHAUSEN RO41 VILLAGE DR STE 100 LINCOLN, NE 68516 ROANNE BETTENHAUSEN RO41 VILLAGE DR STE 100 LINCOLN, NE 68516 RATHERINE I HEDSTROM R406 RIDGE RD LINCOLN, NE 68512 RATTHEW V BETTENHAUSEN	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) O.	employee benefit plans and deferred compensation O . O .	account, of allowance	0 . 0 .
(a) Name and address ROBERT N BETTENHAUSEN 041 VILLAGE DR STE 100 INCOLN, NE 68516 COANNE BETTENHAUSEN 041 VILLAGE DR STE 100 INCOLN, NE 68516 CATHERINE I HEDSTROM 406 RIDGE RD INCOLN, NE 68512 MATTHEW V BETTENHAUSEN 041 VILLAGE DR STE 100 INCOLN, NE 68516	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) O. O.	employee benefit plans and deferred compensation	account, of allowance	heres O.
(a) Name and address ROBERT N BETTENHAUSEN 041 VILLAGE DR STE 100 INCOLN, NE 68516 COANNE BETTENHAUSEN 041 VILLAGE DR STE 100 INCOLN, NE 68516 CATHERINE I HEDSTROM 406 RIDGE RD INCOLN, NE 68512 IATTHEW V BETTENHAUSEN 041 VILLAGE DR STE 100 INCOLN, NE 68516 COMPENSATION OF TWO HIGHEST-PAID EMPLOYEES (other than those inc	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) O. O.	employee benefit plans and deferred compensation O . O . (d) Commutations to	account, of allowance	0 . 0 .
(a) Name and address ROBERT N BETTENHAUSEN 041 VILLAGE DR STE 100 INCOLN, NE 68516 COANNE BETTENHAUSEN 041 VILLAGE DR STE 100 INCOLN, NE 68516 CATHERINE I HEDSTROM 406 RIDGE RD INCOLN, NE 68512 MATTHEW V BETTENHAUSEN 041 VILLAGE DR STE 100 INCOLN, NE 68516	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) O. O.	employee benefit plans and deferred compensation O . O . (d) Contributions to employee benefit plans and deferred	(e) Expenaceount, of	O. O.
(a) Name and address ROBERT N BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 FOANNE BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 CATHERINE I HEDSTROM 406 RIDGE RD LINCOLN, NE 68512 LATTHEW V BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 COMPENSATION OF THE NEW OF THE	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR ,0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) O. O. enter "NONE."	employee benefit plans and deferred compensation O . O . (d) Commutations to employee benefit plans	account, of allowance	O. O.
(a) Name and address ROBERT N BETTENHAUSEN 041 VILLAGE DR STE 100 INCOLN, NE 68516 COANNE BETTENHAUSEN 041 VILLAGE DR STE 100 INCOLN, NE 68516 CATHERINE I HEDSTROM 406 RIDGE RD INCOLN, NE 68512 IATTHEW V BETTENHAUSEN 041 VILLAGE DR STE 100 INCOLN, NE 68516 COMPENSATION OF TWO HIGHEST-PAID EMPLOYEES (other than those inc	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) O. O. enter "NONE."	employee benefit plans and deferred compensation O . O . (d) Contributions to employee benefit plans and deferred	(e) Expenaceount, of	O. O.
(a) Name and address ROBERT N BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 FOANNE BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 CATHERINE I HEDSTROM 406 RIDGE RD LINCOLN, NE 68512 LATTHEW V BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 COMPENSATION OF THE NEW OF THE	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) O. O. enter "NONE."	employee benefit plans and deferred compensation O . O . (d) Contributions to employee benefit plans and deferred	(e) Expenaceount, of	O. O.
(a) Name and address ROBERT N BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 FOANNE BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 CATHERINE I HEDSTROM 406 RIDGE RD LINCOLN, NE 68512 LATTHEW V BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 COMPENSATION OF THE NEW OF THE	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) O. O. enter "NONE."	employee benefit plans and deferred compensation O . O . (d) Contributions to employee benefit plans and deferred	(e) Expenaceount, of	O. O.
(a) Name and address ROBERT N BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 FOANNE BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 CATHERINE I HEDSTROM 406 RIDGE RD LINCOLN, NE 68512 LATTHEW V BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 COMPENSATION OF THE NEW OF THE	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) O. O. enter "NONE."	employee benefit plans and deferred compensation O . O . (d) Contributions to employee benefit plans and deferred	(e) Expenaceount, of	O. O.
(a) Name and address ROBERT N BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 FOANNE BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 CATHERINE I HEDSTROM 406 RIDGE RD LINCOLN, NE 68512 LATTHEW V BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 COMPENSATION OF THE NEW OF THE	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) O. O. enter "NONE."	employee benefit plans and deferred compensation O . O . (d) Contributions to employee benefit plans and deferred	(e) Expenaceount, of	O. O.
(a) Name and address ROBERT N BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 FOANNE BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 CATHERINE I HEDSTROM 406 RIDGE RD LINCOLN, NE 68512 LATTHEW V BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 COMPENSATION OF THE NEW OF THE	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) O. O. enter "NONE."	employee benefit plans and deferred compensation O . O . (d) Contributions to employee benefit plans and deferred	(e) Expenaceount, of	O. O.
(a) Name and address ROBERT N BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 FOANNE BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 CATHERINE I HEDSTROM 406 RIDGE RD LINCOLN, NE 68512 LATTHEW V BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 COMPENSATION OF THE NEW OF THE	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) O. O. enter "NONE."	employee benefit plans and deferred compensation O . O . (d) Contributions to employee benefit plans and deferred	(e) Expenaceount, of	O. O.
(a) Name and address ROBERT N BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 FOANNE BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 CATHERINE I HEDSTROM 406 RIDGE RD LINCOLN, NE 68512 LATTHEW V BETTENHAUSEN SO41 VILLAGE DR STE 100 LINCOLN, NE 68516 COMPENSATION OF THE NEW OF THE	(b) Title, and average hours per week devoted to position DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR 0.00 DIRECTOR	(If not paid, enter -0-) O. O. enter "NONE."	employee benefit plans and deferred compensation O . O . (d) Contributions to employee benefit plans and deferred	(e) Expenaceount, of	O. O.

0

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

BETTENHAUSEN FAMILY FOUNDATION

Form 990-PF (2009) C/O ROBERT N BETTENHAUSEN 47-0836745 Page 7

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	ation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	er "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		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant stati number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year of	n lines 1 and 2	Amount
1 N/A		
2		
All other program-related investments. See instructions		
3		
Total Add lines 1 through 2	▶	Λ

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 672,463. 16,793. a Average monthly fair market value of securities 1a b Average of monthly cash balances 16 10 c Fair market value of all other assets 689,256. Total (add lines 1a, b, and c) 10 Reduction claimed for blockage or other factors reported on lines 1a and 0. 1c (attach detailed explanation) 1 e Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 10,339. Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 678,917. Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V. line 4. 5 33,946. Minimum investment return Enter 5% of line 5 6 Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain Part XI foreign organizations check here and do not complete this part) 33,946. 1 Minimum investment return from Part X, line 6 1 98. 2a Tax on investment income for 2009 from Part VI, line 5 2a Income tax for 2009 (This does not include the tax from Part VI) 2b 98 c Add lines 2a and 2b 20 33,848. Distributable amount before adjustments. Subtract line 2c from line 1 3 4 Recoveries of amounts treated as qualifying distributions 4 33,848 5 Add lines 3 and 4 5 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII line 1 33,848 7 Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 30,351. 1a 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 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 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 30,351 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

Form **990-PF** (2009)

5

6

income Enter 1% of Part I, line 27b

Adjusted qualifying distributions Subtract line 5 from line 4

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				33,848.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			29,462.	
h Total for prior years		0.		
3 Excess distributions carryover, if any, to 2009	,	0.		
a From 2004				
b From 2005				,
c From 2006				
d From 2007				
e From 2008				
1 Total of lines 3a through e	0.			i i
4 Qualifying distributions for 2009 from				
Part XII, line 4 ►\$30,351.				
a Applied to 2008, but not more than line 2a			29,462.	
b Applied to undistributed income of prior	minthbuttering of the mine		1 - 	······································
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		· · · · · · · · · · · · · · · · · · ·		., ., ., ., ., ., ., ., ., ., ., ., ., .
(Election required - see instructions)	0.		1	
d Applied to 2009 distributable amount	, , , ,			889.
e Remaining amount distributed out of corpus	0.			007.
5 Excess distributions carryover applied to 2009	0.			0.
(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				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c 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.		
d Subtract line 6c from line 6b Taxable				······································
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2009 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				32,959.
7 Amounts treated as distributions out of				•
corpus to satisfy requirements imposed by	_		.	
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2010				
Subtract lines 7 and 8 from line 6a	0.			***************************************
10 Analysis of line 9				
a Excess from 2005				
b Excess from 2006	`			
c Excess from 2007				
d Excess from 2008		į		•
e Excess from 2009				· ·

BETTENHAUSEN FAMILY FOUNDATION

Form 990-PF (2009) C/O ROBERT N BETTENHAUSEN Part XIV | Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling 4942(1)(5) 4942(j)(3) or b Check box to indicate whether the foundation is a private operating foundation described in section Prior 3 years Tax year 2 a Enter the lesser of the adjusted net (d) 2006 (e) Total (a) 2009 (b) 2008 (c) 2007 income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII. line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter (1) Value of all assets (2) Value of assets qualifying under section 4942(j)(3)(B)(i) b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed 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) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV | Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) See Statement 8 b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest None Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🔲 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number of the person to whom applications should be addressed ROBERT N BETTENHAUSEN, BETTENHAUSEN FAMILY FOUNDATION, 6041 VILLAGE DR b The form in which applications should be submitted and information and materials they should include Currently none c Any submission deadlines Currently none d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors Currently none

47-0836745

Page 10

BETTENHAUSEN FAMILY FOUNDATION

Form 990-PF (2009) C/O ROBERT N BETTENHAUSEN

47-0836745 Page 11 Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Y	ear or Approved for Future I	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year	or substantial contributor	recipient		
See Statement 9				
Total			▶ 3a	30,351.
None				
Total			▶ 3h	0.

Part XVI-A Analysis of Income-Producing Activ	/ities
---	--------

Enter gross amounts unless otherwise indicated	Unrelated	business income		dea by section 512, 513, or 514	(e)
	(a) Business	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	code	·- ·-····	COGE		
a			<u> </u>	:	
b					
C		·····		-	
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	. 9.	
4 Dividends and interest from securities			14	10,646.	. ***
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	211110	<1,873.			··
7 Other investment income	211110	<u> </u>		· — · · - · -	
8 Gain or (loss) from sales of assets other	1		1.0	-460	
than inventory			18	<468.	<u> </u>
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue	1 1				
a					
b					
C					
d					
e					
12 Subtotal Add columns (b), (d), and (e)		<1,873.	Δ	10,187.	0.
13 Total. Add line 12, columns (b), (d), and (e)					8,314.
(See worksheet in line 13 instructions to verify calculations.)					
	41. 4				
Part XVI-B Relationship of Activities t	o the Accor	nplishment of Ex	emp	t Purposes	
Line No Explain below how each activity for which inco	me is reported in	column (e) of Part XVI-A	contrib	uted importantly to the accom	nlichment of
the foundation's exempt purposes (other than	by providing fund	is for such purposes)	0011(110	ated importantly to the accom	phoninent of
	3	,	-	 -	
					
				<u> </u>	
		<u> </u>			
		.			
				······································	
	 -				
· · · · · · · · · · · · · · · · · · ·					·
					
		-			
		 -			

Form QQ(ROBERT N		IAUSEN		47-0	836745	Pa	ge 13
Part)				and Transactions a	nd Relati	onships With Nor	charitable		
	Exempt Organ								
1 Did	the organization directly or indi		any of the following	ng with any other organization	on described in	section 501(c) of		Yes	No
	Code (other than section 501(c								
	nsfers from the reporting found								
	Cash						1a(1)		<u>X</u>
	Other assets						1a(2)		X
` '	er transactions								
(1)	Sales of assets to a noncharita	able exempt orgai	nization				16(1)		_X_
(2)	Purchases of assets from a no	oncharitable exem	pt organization				16(2)	<u> </u>	X
	Rental of facilities, equipment,						1b(3)		X
(4)	Reimbursement arrangements	;					1b(4)	<u> </u>	X
(5)	Loans or loan guarantees						1b(5)		X
	Performance of services or me	embership or fun-	draising solicitation	ons			16(6)	<u></u>	X
c Sha	ring of facilities, equipment, ma	ailing lists, other a	assets, or paid en	nployees			10		X
d If th	e answer to any of the above is	"Yes," complete	the following sch	edule Column (b) should alv	ways show the	fair market value of the g	oods, other as:	sets,	
ors	ervices given by the reporting f	ioundation. If the	foundation receiv	red less than fair market valu	ue in any transa	action or sharing arranger	ment, show in		
colu	ımn (d) the value of the goods,	other assets, or s	services received						
(a) Line no	(t) Amount involved	(c) Nam	e of noncharitabl	e exempt organization	(d) Desc	enption of transfers, transaction	ns, and shanng a	rangeme	nts
			N/A						
			•						
		ļ							
-									
2a Isti	ne foundation directly or indirec	ctly affiliated with,	or related to, one	e or more tax-exempt organi	zations describ	ped			
ın s	ection 501(c) of the Code (othe	er than section 50	11(c)(3)) or in sec	tion 527?			Yes	X	No
b If "Y	es," complete the following sch	iedule							
	(a) Name of org	ganization		(b) Type of organization		(c) Description of re	lationship		
	N/A								
				<u> </u>					
	r penalties of perjury, i declare that I is omplete. Declaration of preparer (oth				•	,	lef, it is true, com	ect,	
a	Omplete Declaration of preparer (offi	er than taxpayer or t	luuciary, is based of	rail information of writch preparer	las any knowner	.ye	, -		
	Lower I hetel.	<i></i>		11/12/200	1 Real	essely / line	<u>`~~</u>		
Sign Here	Signature of officer or trustee			Date	Title				
ا ا ا	Preparer's	C. 11		[Date	Check if self-	Preparer's identif		noer
Sign Paid Preparer's	signature DANA	1 9 Del	m 41	/	1-11-10	employed 🕨 🛄	1002 49	ントゥ	<i>-</i>
S Paid	Firm's name (or yours DANA			PANY, LLP		EIN ►			
_ P =	if self-employed), 1248	O STRE	ET, SUIT	TE 500					
	address, and ZIP code LINC	COLN, NE	68508			Phone no (4	402)479		
							Farm 001	DE	'AAAA

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

Employer identification number

2009

BETTENHAUSEN FAMILY FOUNDATION 47-0836745 C/O ROBERT N BETTENHAUSEN 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 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 X 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 33 1/3% 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 II 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 during the year.

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)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Employer identification number

47-0836745

C/O R	OBERT N BETTENHAUSEN		-0030743
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	ROBERT AND JOANNE BETTENHAUSEN 6041 VILLAGE DR STE 100 LINCOLN, NE 68516	\$\$.	Person X 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 Omnicash 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 Oncash 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 Oncash 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)

				· · · · · · · · · · · · · · · · · · ·		_
Form 990-PF Interest on Savi	ngs and Te	mporary Ca	ash In	vestments	Statement	1
Source					Amount	
PASSTHROUGH FROM ENBRIDGE ENE TIER ONE BANK WELLS FARGO ADVISORS	RGY PARTNE	RS L.P.		-		2. 5. 2.
Total to Form 990-PF, Part I,	line 3, C	olumn A		=		9.
Form 990-PF Dividend	s and Inte	rest from	Secur	rities	Statement	2
Source	Gros	s Amount		tal Gains vidends	Column (A Amount	.)
WELLS FARGO ADVISORS	 <u></u>	10,646.		0.	10,6	46.
Total to Fm 990-PF, Part I, 1	n 4	10,646.		0.	10,6	46.
Form 990-PF	Other	Income			Statement	3
Description		(a) Revenue Per Books		(b) Net Invest- nent Income	(c) Adjuste Net Inco	
PASSTHROUGH FROM ENBRIDGE PAR L.P.	TNERS	<1,8	373.>	0	•	
Total to Form 990-PF, Part I,	line 11	<1,8	373.>	0	•	
Form 990-PF	Account	ing Fees			Statement	4
Description	(a) Expenses Per Books	(b) Net Inve		(c) Adjusted Net Income	(d) Charita e Purpos	
ACCOUNTING FEES	850	•	850.			0.
To Form 990-PF, Pg 1, ln 16b	850	-	850.			0.
					_	

Form 990-PF	Тах	es ————			Statement	5
Description	(a) Expenses Per Books	(b) Net Inve ment Inc		(c) Adjusted Net Incom		
EXCISE TAX	170.		0.			0.
To Form 990-PF, Pg 1, ln 18	170.		0.			0.
Form 990-PF	Other E	xpenses	-		Statement	6
Description	(a) Expenses Per Books	(b) Net Inve ment Inc		(c) Adjusted Net Incom		
PASSTHROUGH FROM ENBRIDGE ENERGY PARTNERS LP BANK CHARGES	17. 30.		0.			0.
To Form 990-PF, Pg 1, ln 23	47.		30.			0.
Form 9.90-PF	Corporat	e Stock			Statement	7
Description			Вос	ok Value	Fair Mark Value	et
WALGREENS COMPANY INTEL CORP TIER ONE HOME DEPOT FISERV CO APACHE NAVIOS MARITIME HOLDINGS INC WINDSTREAM CORP MICROSOFT CORP DIANA SHIPPING INC SEASPAN CORPORATION CAPITALSOURCE INC ENBRIDGE ENERGY PRINS LP FEDEX CORPORATION HCC INSURANCE HLDGES INC HCP INC WELLS FARGO & CO NEW				118,936. 32,809. 30,706. 11,210. 164,316. 34,215. 16,623. 32,361. 29,990. 50,022. 59,910. 18,755. 18,766. 45,141. 31,247. 32,646. 32,082.	19, 14, 205, 42, 9, 31, 23, 22, 20, 4, 26, 35, 24, 32,	100. 450. 207. 035. 470. 095. 340. 680. 010. 520. 055. 760. 250.
Total to Form 990-PF, Part II	, line 10b			759,735.	616,	542.

68154

			
	t XV - Line la Foundation Managers	State	ement 8
Name of Manager			
ROBERT N BETTENHAUSEN JOANNE BETTENHAUSEN			
	and Contributions During the Year	State	ement 9
Recipient Name and Address	Recipient Relationship and Purpose of Grant		Amount
BRIGHT LIGHTS 5561 SOUTH 48TH STREET, SUITE 220 LINCOLN, NE 68516	GENERAL PURPOSE	501(c)(3)	750.
MOURNING HOPE GRIEF CENTER 4919 BALDWIN AVENUE LINCOLN, NE 68504	GENERAL PURPOSE	501(c)(3)	250.
LINCOLN COMMUNITY FOUNDATION 215 CENTENNIAL MALL SOUTH, SUITE 100 LINCOLN, NE 68508	GENERAL PURPOSE	501(c)(3)	200.
ANOINTED HANDS 1701 N WEDGEWOOD CT MULVANE, KS 67110	GENERAL PURPOSE	501(c)(3)	250.
BEREAN CHURCH 6400 SOUTH 70TH LINCOLN, NE 68516	GENERAL PURPOSE	501(c)(3)	6,800.
CBMC INTERNATIONAL 1065 NORTH 115TH OMAHA, NE 68154	GENERAL PURPOSE	501(c)(3)	500.

 BETTENHAUSEN FAMILY FOUNDATION	C/O ROBEI	3		47-0836745
CHARLIE BROWN'S KIDS P.O. BOX 67106 LINCOLN, NE 68506	GENERAL	PURPOSE	501(c)(3)	100.
CHILD EVANGELISM FELLOWSHIP PO BOX 488 BURWELL, NE 68823	GENERAL	PURPOSE	501(c)(3)	250.
CITY IMPACT 400 N 27TH LINCOLN, NE 68503	GENERAL	PURPOSE	501(c)(3)	1,000.
FAMILY SERVICE 501 S 7TH STREET LINCOLN, NE 68508	GENERAL	PURPOSE	501(c)(3)	1,000.
SOUTHWEST CHURCH OF CHRIST 2600 SOUTH 124TH STREET OMAHA, NE 68144	GENERAL	PURPOSE	501(c)(3)	100.
HOOKER COUNTY FOUNDATION PO BOX 66 MULLEN, NE 69152	GENERAL	PURPOSE	501(c)(3)	1,000.
JUNEAU CHRISTIAN CENTER BOX 32000 JUNEAU, AK 99803	GENERAL	PURPOSE	501(c)(3)	200.
LINCOLN CHRISTIAN SCHOOL FOUNDATION 5801 SOUTH 84TH LINCOLN, NE 68516	GENERAL	PURPOSE	501(c)(3)	10,000.
NEBRASKA FAMILY COUNCIL 1106 E ST LINCOLN, NE 68508	GENERAL	PURPOSE	501(c)(3)	250.
NEBRASKA COMMUNITY FOUNDATION 650 J STREET SUITE 305 LINCOLN, NE 68501	GENERAL	PURPOSE	501(c)(3)	2,500.

BETTENHAUSEN FAMILY FOUNDATION	C/O ROBE	R		47-0836745
PASSTHROUGH FROM ENBRIDGE ENERGY PARTNERS LP 1100 LOUISIANA SUITE 3300 HOUSTON, TX 77002	GENERAL	PURPOSE	501(c)(3)	1.
PATHFINDERS 450 S SUNRISE AVE PALM SPRINGS, CA 92262	GENERAL	PURPOSE	501(c)(3)	650.
PEOPLE LINK PO BOX 803359 KANSAS CITY, MO 64180	GENERAL	PURPOSE	501(c)(3)	1,000.
PEOPLES CITY MISSION 110 Q STREET LINCOLN, NE 68501	GENERAL	PURPOSE	501(c)(3)	300.
STONECROFT MINISTRIES PO BOX 9609 KANSAS CITY, MO 641340609	GENERAL	PURPOSE	501(c)(3)	200.
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL LINCOLN, NE 68508	GENERAL	PURPOSE	501(c)(3)	100.
DESERT COMMUNITY FOUNDATION 75-105 MERLE DR, STE 300 PALM DESERT, CA 92211	GENERAL	PURPOSE	501(c)(3)	1,000.
CHRIST FOR THE CITY PO BOX 390395 OMAHA, NE 68139	GENERAL	PURPOSE	501(c)(3)	100.
CENTER FOR PEOPLE IN NEED 3901 N. 27TH STREET UNIT 1 LINCOLN, NE 68521	GENERAL	PURPOSE	501(c)(3)	150.
HAINES CHRISTIAN SCHOOL PO BOX 238 HAINES, AK 99827	GENERAL	PURPOSE	501(c)(3)	1,200.

BETTENHAUSEN FAMILY FOUNDATION C/O ROBER		47-0836745
GOOD SAMARITAN MISSION COUNCIL 800-126 MAIN STREET HOLDEN, MA GENERAL PURI 01520	501(c)(3) POSE	250.
WORLD CHALLENGE PO BOX 260 LINDALE , TX 75771 GENERAL PURI	501(c)(3)	250.
Total to Form 990-PF, Part XV, line 3a		30,351.