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L2964 02/23/2011

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2009 Open to Public Inspection

	<u>A</u>	For the 2009 cale	e <u>ndar year, or t</u>	ax year beginning	09/01/09	9 , and ending C	8/31/1	0						
	$\overline{}$	Chèck if applicable Address change	use IRS	3	E FOUNDATIO	N FOR LINCOLN	PUBLIC		D	Emplo	yer identification number			
	\equiv	Name change	print or Don	ng Business As		•				36-	3490560			
	\equiv	_	type. Nur	nber and street (or P O box	rf mail is not delivered to s	treet address)		Room/su	ite E		one number			
	\equiv	Initial return	See P Specific	O. BOX 8288	9					402	-436-1612			
		Termination	Instruc- Cit	y or town, state or coun	try, and ZIP + 4				<u>_</u> <u> </u>	Gross rece	pts \$ 2,504,517			
	Ш	Amended return		INCOLN		NE 68501		_						
		Application pending		ddress of pnncipal office						affiliati I(b) Are all includi	affiliates			
		Tax-exempt status				7(a)(1) or 527				_				
	_		WW . FOUN		H(c) Group exemption number									
	******	Type of organization		Trust Assoc	other D		L	Year of form	ation		M State of legal domicile			
		T	immary	anization's mission o	r most significant s	ictivities			· ·		<u> </u>			
						y student in I	Lincoln	hae t	he opp	ortun	i +			
	2					Together, we								
	rna					th in our con	_			- 5				
	Activities & Governance	1	~~		_	ations or disposed of m	_		et assets					
	<u>ග</u> නේ	3 Number of	of voting memb	ers of the governing	body (Part VI, line	1a)				3	30			
	es	4 Number of	of independent		4	30								
	ĭ.	5 Total nun	Total number of employees (Part V, line 2a) 5 8											
	Act			ers (estimate if nece	• •					6	142			
				usiness revenue fron		• •				7a				
		b Net unrel	ated business	taxable income from	Form 990-T, line	X		ı ·	Prior Year	7b	Current Year			
	_	8 Contribut	ions and grant	s (Part VIII, line 1h)				-	7,053	. 802	1,945,348			
	nge		-	ue (Part VIII, line 2g)	/\$ ³ /					,				
	Revenue	10 Investme	nt income (Pai	t VIII, column (A), lin	nes 3, 4, and 70				-331	, 330	83,512			
	œ		enue (Part VII		,557	80,898								
2 2011				es 8 through 11 (mus	- 100				5,780		2,109,758			
7		13 Grants ar	nd similar amo	5,521	,677	957,659								
64		14 Benefits paid to or for members (Part IX, column (A), line 4)									240.000			
[=]	ses	14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 128,133									342,292			
APR	penses	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 128, 133												
_	ıñ			ses (Fart IX, column K, column (A), lines 1		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	.55		560	,594	505,319			
اليا القا		1		es 13–17 (must equa		(A), line 25)		-	7,408		1,805,270			
2		19 Revenue	less expenses	Subtract line 18 fro	om line 12	, ,			-628		304,488			
GEANNED	Assets or Balances								ng of Curren	t Year	End of Year			
ల్లో	Sset	20 Total ass	ets (Part X, Iin						<u>5,351</u>		6,627,620			
9/	ĘĘ,		ılıties (Part X, I	•				ļ		404	75,711			
			ts or fund bala gnature Blo	nces Subtract line 2	1 from line 20				5,293	, 5 / 0	6,551,909			
		····			ave examined this ret	um, including accompanyi	na schadulas a	nd statem	onto and to	the best s	6 mu languata dan			
		and	belief, it is true.	correct, and complete	Declaration of prepare	er (other than officer) is ba	sed on all infor	nation of v	vhich prepar	er has an	y knowledge			
	Sig		- Krel	Y ffeld	···					13,	//-/-/			
	He	re [Signature of of		ums, T					Date				
			Type or print na		1m3) /	reasurer			·					
				ane and the			Date		Observation of		Preparer's identifying number			
	Pa	171	eparer's nature	XIII	B UU			3/11	Check if self-		(see instructions)			
	Pre	eparer's 	employed		P00765948 47-0350235									
	Us	· · · · · · · · · · · · · · · · · · ·	m's name (or you elf-employed),	Buckle 3901 N		nam CPA'S				EIN	U33U233			
			dress, and ZIP +			3506-5200				Phone	402-484-7676			
	May	the IRS discus	s this return w	ith the preparer show						no	Yes No			
	For	Privacy Act an		Reduction Act Not							Form 990 (2009)			
	DAA	١								1	'I — ' '			

Form 990 (2009) THE FOUNDATION FOR LINCOLN PUBLIC 36-3490560	Page 2
Part III Statement of Program Service Accomplishments	
1 Briefly describe the organization's mission: "To support public schools so every student in Lincoln has the offor an excellent public education. Together, we will provide a excellence for the children and youth in our community."	pportunity margin of
2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O	Yes X No
Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported	
4a (Code:)(Expenses \$ 1,063,205 including grants of \$ 860,927) (Revenue \$ Memorial Scholarships to provide further education to school sen education programs within Lincoln, NE schools, and monetary awar outstanding teachers	
4b (Code:)(Expenses \$ 208,894 including grants of \$) (Revenue \$ Implementation and development of community learning center progvarious schools in Lincoln, NE	rams at
4c (Code:)(Expenses \$ 133,615 including grants of \$) (Revenue \$ Development and implementation of a program to support more low-first generation students to graduate from high school and atten post-secondary school	income and d
4d Other program services. (Describe in Schedule O.) (Expenses \$ 97,231 including grants of \$ 33,703) (Revenue \$ 4e Total program service expenses ► 1,502,945)

				Yes	No
1	, Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A		1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				
	candidates for public office? If "Yes," complete Schedule C, Part I		3		_ <u>X</u> _
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				
	Schedule C, Part II		4		<u>X</u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)				
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III		5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				
	complete Schedule D, Part I		6		<u>X</u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II		7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"				
	complete Schedule D, Part III		8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part				
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"				
	complete Schedule D, Part IV		9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or] ,		
	quasi-endowments? If "Yes," complete Schedule D, Part V		10	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			3,5	
_	VII, VIII, IX, or X as applicable		11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI				
_	·				
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII				
_	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more				
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII				
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets				
Ť	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.				
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII.		12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				_
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services				
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		-17		-X-
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		<u>X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		[
20	If "Yes," complete Schedule G, Part III		19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20	000	X
			Fom	กษษป	(2009)

	n 990 (2009) THE FOUNDATION FOR DINCOUN FOBLIC 36-3490360		P	age 4
P	art IV Checklist of Required Schedules (continued)	1		
14	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
2	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	- 		
	organization's current and former officers, directors, trustees, key employees, and highest compensated	ĺ		
	employees? If "Yes," complete Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	<u> </u>		
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25	24a.		x
ь		24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ī	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		-
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b				
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or		į	
	990-EZ? If "Yes," complete Schedule L, Part I	25b	:	х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	-		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		х
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	}		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u></u>	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
_	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,			Ì
	Part VI	37	l	X

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O

Form **990** (2009)

38

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance					
		_			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	ı ı				
	U.S. Information Returns. Enter -0- if not applicable	1a	39			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report		· ·			
	gaming (gambling) winnings to prize winners?			1c		x
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	[
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	8			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			2b	х	Ī
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	/				
	this return?			3a		x
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal				
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ban	k				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng				
	Prohibited Tax Shelter Transaction?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
_	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or]		
7	gifts were not tax deductible? Organizations that may receive deductible contributions under coeffice 470(a)			6b		
a	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	4				
a	and services provided to the payor?	18		-		ŀ
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			 ''		-
_	required to file Form 8282?			7c	'	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		"		-
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person		· · · · · · · · · · · · · · · · · · ·			
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
	required?			7h	<u></u>	<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					•
_	organization, have excess business holdings at any time during the year?			8		ļ
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the organization make any taxable distributions under section 4966?			9a		├
b 1∩	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>
10 a	Section 501(c)(7) organizationsEnter: ————————————————————————————————————	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b				
11	Section 501(c)(12) organizations. Enter	100				
 a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		-	12a	[']	Ī
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X _
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	x	
ь	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	Ì	x
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		Ī
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: ► SHARON WHERRY P.O. BOX 82889			
L	INCOLN NE 68501 4	02-43	6-1	611

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average			((;)	hat ap		(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Sharon Wherry										
President	40.00	X		X				53,177	0	0
Jennifer Absalon										
Director	1.00	X						0	0	0
Joe Adams										
Treasurer	1.00	X		X				0	0	0
Robert C. Barth										
Director	1.00	X						0	0	0
Mayor Chris Beutl	er									
Director	1.00	X						0	0	0
Wendy Birdsall										
Director	1.00	X						0	0	0
Bob Caldwell										
Director	1.00	X	_			<u> </u>		0	0	0
Richard J. Clauss	en									
Director	1.00	X						0	0	0
Nicholas J. Cusio										
Director	1.00	X			<u> </u>			0	0	0
John C. Geist					1	1				
Director	1.00	X			L			0	0	0
Robert B. Harris		1		1						
Director	1.00	X			L.			0	0	0
Richard Herink		. 					_			
Director	1.00	X		_				0	0	<u>0</u>
Mark Hesser									_	
Director	1.00	X	L	<u> </u>				0	0	0
Paul J. Huebner		1								
Director	1.00	X	L	<u> </u>		Ш		0	0	0
Stephen C. Joel		İ		ļ						
Director	1.00	X		<u> </u>		$oxed{oxed}$		0	0	0
Susan Keisler-Mur										
Director	1.00	X		<u> </u>	<u> </u>	\sqcup		0	0	0
Patricia A. Koch	1			{				1		
Director_	1.00	X	L	<u></u>	<u> </u>	Ш	L.,	0	0	0
DAA										Form 990 (2009)

Part VII Section A. Officers,	Directors, Trus	tees	, Ke	y En	plo	yees	, and	d Highest Compensated E	mployees (continued)				ige o
. (A)	(B)				C)			(D)	(E)		(F)		
Name and Title	Average hours per	<u> </u>	_			hat ap		Reportable compensation	Reportable compensation		Estimate amount		
•	week	호	nstiti	Officer	(ey e	ight Tgh	Former	from the	from related organizations		other ompensa	ation	
		ecto	tion	4	Key employee	st c	=	organization (W-2/1099-MISC)	(W-2/1099-MISC)		from th	е	
		Individual trustee or director	Institutional trustee		уее	duc		(VV-2/1099-WIGC)			organizat and relat		
		ee	stee			Highest compensated employee				0.	rganızatı	ons	
						ě		·					
Janet Labenz	4 00								_	ĺ			_
Director Lillie Larsen	1.00	X	<u> </u>					0	0	<u> </u>			0
Director	1.00	x						o	0	Í			0
John F. Maher	1.00	-			\vdash	_	_			<u> </u>			
Chair	1.00	x		x				0	o				0
Stan Maly													
Director	1.00	X						0	0				0
Richard W. Meginn								_ :					
Director	1.00	X	_			<u> </u>	_	0	0				0
Stephen J. Navin	1 00												_
Director Jeffery T. Peetz	1.00	X	_			_	_	0	0				0
Director	1.00	x						o	О				0
Laurie Boyd Petty				_	-								
Director	1.00	x						О	o				0
Linda Robinson Ru	tz												
Director	1.00	X	L					0	0				0
Jill G. Schroeder	1	l							_				
Director	1.00	X					ļ	0	0				0
Jan Sheridan Director	1.00	x						o	^				^
Michelle R. Suare		^	-		_			<u> </u>	0				0
Secretary	1.00	x		x	}			o	0				0
Lisa Smith													
Director	1.00	X						0	0				0
1b_ Total							<u> </u>	110,841	<u></u>				
2 Total number of individuals (inc				ose	listed	d abo	ve) v	who received more than \$10	00,000 in				
reportable compensation from t	ne organization i	<u> </u>	<u> </u>									· · · ·	
3 Did the organization list any for	mer officer direc	ctor o	or tru	stee	kev	emr	alove	e or highest compensated		E	-+	Yes	No
employee on line 1a? If "Yes," of								e, or highest compensated		[3		X
4 For any individual listed on line													
the organization and related org	ganizations great	er in	an \$	150,	000 !	' IT ⁻ Y	es,	complete Schedule J for su	icn	ŀ	4	ŧ	X
5 Did any person listed on line 1a											$\overline{}$		 -
services rendered to the organi		com	plete	Sch	edul	e J fo	o <u>r</u> su	ch person			5	1	<u> </u>
Section B. Independent Contractor Complete this table for your five			d in	1000	ndor			toro that reasoned more than	- 6100 000 -5				
compensation from the organiz	ation.	isate	o inc	epe	naer	il COr	nuac	ctors that received more that	n \$100,000 of				
Name and	(A) business address				_			Descript	(B) tion of services		Corr	(C) pensatio	
												репосы	
	- u												
							\vdash	···· -					
							\vdash						
									······································				
	_								<u> </u>				
2 Total number of independent of						to th	ose	listed above) who received					
more than \$100,000 in compen	sation from the o	orgar	ııza <u>ti</u>	on ▶	•						0	000	
DOM.											Form	990	(2009)

Pa	rt V	III Statement of Reve	nue					
	÷				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
SS	1a	Federated campaigns	1a			Tevenue	-	512, 513, or 514
Program Service Revenue Contributions, gifts, grants	la b	. •						
gen	D	Membership dues	1b					
fts, rar		• • • • • • •	1c		1			
igi	d	Related organizations	1d		1			
Sir	е	Government grants (contributions)	1e		"			
iğ e	f	All other contributions, gifts, grants,			1			
흔함		and similar amounts not included above	1f	1,945,348 165,115				
po	g	Noncash contributions included in lines 1a-	lf \$	165,115	1			
C	h	Total. Add lines 1a-1f		•	1,945,348			
īe				Busn. Code				
ven	2a							
æ	b							
ice.	С							
Še	d							
Ē	е					_		
g	f	All other program service reven	ue					
P	a	Total. Add lines 2a-2f		•				· · · · · · · · · · · · · · · · · · ·
_	3	Investment income (including d	ıvıdends	<u>-</u>				
		other similar amounts)		, intoroot, and	82,104	82,104		
	4	Income from investment of tax-	ovomnt	bond proceeds	- 02,202	02,104		
	5	Royalties	exempt	boria proceeds				-1."
		(i) Real	I	(ii) Personal				······································
	٥-			(II) Fersonal	1			
	6a	Gross Rents			1			
	b	Less rental exps			1			
	С	Rental inc or (loss)			1		Ī	
	d 7a	Net rental income or (loss) Gross amount from (1) Securities	1	•				
	٠	sales of assets (1) Securities		(II) Other	1			
		other than inventory 394	,773	1,394	1			
	b	Less cost or other			1			
		basis & sales exps 394	,759		1			
	С	Gain or (loss)	14	1,394	‡		+	
	d	Net gain or (loss)	_	•	1,408	1,408		
Φ.	8a	Gross income from fundraising ever	ıts		1			
nue		(not including \$			1		ł	
946		of contributions reported on line 1c)			1			
Ψ.		See Part IV, line 18	a					
Other Reve	b	Less: direct expenses	ь[
0			aising e	vents	1		Ì	
		Gross income from gaming activities					-	
		See Part IV, line 19	а		1		1	
	ь	Less: direct expenses	ь					
	С	Net income or (loss) from gami	ng activ	ities				
		Gross sales of inventory, less	Γ	NIGO P				
	104	returns and allowances	اہ		I			
	_		a b		1			
		-			· · · · · · · · · · · · · · · · · · ·			,
	C	Net income or (loss) from sales						· · · · · · · · · · · · · · · · · · ·
	4.5	Miscellaneous Revenue		Busn. Code				
	11a	ADMINISTRATIVE REVENU	E		80,898	80,898		
	b							
	С							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶	80,898			
	12	Total Revenue. See instruction	าร	>	2,109,758	164,410	0	0

Form 990 (2009)

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must o		e not required to complet	te columns (B), (C), and (D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		<u> </u>	goriciai experioco	Схрепаеа
•	organizations in the U.S. See Part IV, line 21	774,755	774,755		
2	Grants and other assistance to individuals in				······································
-	the U.S. See Part IV, line 22	182,904	182,904		
3	Grants and other assistance to governments,				
-	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16			1	
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	110,841	60,963	27,710	22,168
6	Compensation not included above, to disqualified	'			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	192,092	66,075	59,447	66,570
8	Pension plan contributions (include section 401(k)	<u> </u>			,
-	and section 403(b) employer contributions)	8,977	4,826	1,089	3,062
9	Other employee benefits	8,225	4,524	2,056	1,645
10	Payroll taxes	22,157	9,275	6,445	6,437
11	Fees for services (non-employees)	•			
а	Management				
b	Legal				
С	Accounting	14,697		14,697	
d	Lobbying		_		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				-
12	Advertising and promotion	2,921	1,450		1,471
13	Office expenses	27,895		21,005	1,471 6,890
14	Information technology				
15	Royalties				
16	Occupancy	1,866		1,866	
17	Travel	962	962		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials			· · · · · · · · · · · · · · · · · · ·	
19	Conferences, conventions, and meetings	1,149		1,149	
20	Interest	492		492	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,645		1,645	
23	Insurance	3,415		3,415	
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed			#	
	5% of total expenses shown on line 25 below.)	200 655	300 CEE		
a	CONTRACTUAL SERVICES	322,655	322,655		
b	OTHER PROGRAM ACTIVITIES	58,357	58,357	10 000	450
C	TECHNOLOGY	15,606	3,074	12,082	450
d	DUES AND SUBSCRIPTIONS	7,789	3,115	4,674	7 400
e	ALUMNI MAILING		10 010	16 400	7,498
f 25	All other expenses	38,372 1,805,270	10,010 1,502,945	16,420	11,942
25		1,805,270	1,302,945	174,192	128,133
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
DAA	iditaraising solicitation				Fo- 990 (2000)

Part.	X Balance Sheet				
			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing		2,533,277	1	1,809,413
2	Savings and temporary cash investments			2	
3	Pledges and grants receivable, net		830,009	3	1,036,02
4	Accounts receivable, net			4	
5	Receivables from current and former officers, directors, t	rustees, key			
	employees, and highest compensated employees Comp	lete Part II of		1	
	Schedule L			5	
6	Receivables from other disqualified persons (as defined in	under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		1	
	Part II of Schedule L			6	
7	Notes and loans receivable, net			7	
7 8	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10:	Land, buildings, and equipment: cost or				
	other basis. Complete Part VI of Schedule D	10a 119,71	3	I	
t	Less accumulated depreciation	10b 115,819		10c	3,89
11	Investments—publicly traded securities		2,355,267	11	3,285,46
12	Investments—other securities. See Part IV, line 11		602,308	12	463,67
13	Investments—program-related. See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11		28,274	15	29,15
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,351,974	16	6,627,62
17	Accounts payable and accrued expenses		25,865	17	30,75
18	Grants payable			18	
19	Deferred revenue		18,698	19	28,49
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability. Complete Part IV of	Schedule D		21	
21	Payables to current and former officers, directors, trustee	es, key			
	employees, highest compensated employees, and disqua	alified			
i	persons. Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated third	parties		23	
24	Unsecured notes and loans payable to unrelated third pa	rties		24	
25	Other liabilities Complete Part X of Schedule D		13,841	25	16,46
26	Total liabilities. Add lines 17 through 25		58,404	26	75,71
: [Organizations that follow SFAS 117, check here ▶	X and			
	complete lines 27 through 29, and lines 33 and 34.			I	
27	Unrestricted net assets		823,193	27	689,08
28	Temporarily restricted net assets		3,844,713	28	4,120,96
29	Permanently restricted net assets		1,625,664	29	1,741,85
:	Organizations that do not follow SFAS 117, check he	re ▶ 🗌		-	
;	and complete lines 30 through 34.			1	
30	Capital stock or trust principal, or current funds			30	
31	Paid-ın or capital surplus, or land, building, or equipment	fund		31	
32	Retained earnings, endowment, accumulated income, or	other funds		32	
27 28 29 30 31 32 33	Total net assets or fund balances		6,293,570	33	6,551,90
34	Total liabilities and net assets/fund balances		6,351,974	34	6,627,620

Form	990 (2009)	THE	FO	UNDAI	HOI	FOR	LINCOLN	PUBLIC	36-3490560		Pa	ge 12
Pa	rt.XI., F	inanci	ial S	tateme	nts an	d Rep	orting				-	
	•										Yes	No
1	.Accounting	method	used	to prepare	e the Fo	rm 990:	Cash	X Accrual	Other			
•	If the organ	ization c	hange	ed its metl	nod of a	ccountin	g from a prior ye	ar or checked "Ot	her," explain in			
	Schedule C) .										
2a	Were the o	rganızatı	on's fi	nancial st	atemen	ts compi	led or reviewed b	y an independent	t accountant?	2a		X
b	Were the o	rganızatı	on's fi	nancial st	atemen	ts audite	d by an independ	dent accountant?		2b	X	
С	If "Yes" to I	ne 2a or	2b, de	oes the o	rganızat	ion have	a committee tha	it assumes respor	nsibility for oversight of			
	the audit, r	eview, o	r com	pilation of	ıts finar	ncial stat	ements and sele	ction of an indepe	ndent accountant?	2c	X	
	If the organ	ization c	hange	ed either if	s overs	ight proc	ess or selection	process during th	e tax year, explain in			
	Schedule C).										
d	If "Yes" to I	ine 2a or	r 2b, cl	heck a bo	x below	to indica	ate whether the fi	inancial statemen	ts for the year were			
	issued on a	consolic	dated	basis, seļ	oarate b	asis, or l	both					
	Separa	ite basis		Consoli	dated b	asıs [Both consolid	lated and separate	e basis			
3a	As a result	of a fede	eral aw	vard, was	the org	anızatıon	required to unde	ergo an audit or a	udits as set forth in		ŀ	
	the Single A	Audit Act	and C	OMB Circi	ılar A-1	33?				3a		
b	If "Yes," did	I the orga	anızatı	on under	go the r	equired a	audit or audits? If	f the organization	did not undergo the			
	required au	dit or au	dits, e	xplain wh	y in Sch	nedule O	and describe an	y steps taken to u	indergo such audits.	3b		

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE FOUNDATION FOR LINCOLN PUBLIC SCHOOLS

Employer identification number 36-3490560

Pi	rt I	Reas	on for Public Charity S	Status (All organizations	must c	omplete	this p	art.) S	ee ins	tructio	ons.		
he (orgai	nization is not	a private foundation because	it is. (For lines 1 through 11, che	ck only o	ne box)							
1		A church, cor	vention of churches, or asso	ciation of churches described in	section 1	70(b)(1)(<i>i</i>	A)(i).						
2		A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3		A hospital or	a cooperative hospital service	e organization described in section	on 170(b)	(1)(A)(iii)							
4	\sqcap	A medical res	search organization operated	in conjunction with a hospital des	scribed in	section 1	170(b)(1)	(A)(iii).	Enter th	e hospi	ital's name.		
		city, and state						. ,. ,			,		
5		-		a college or university owned or	operated	by a gove	ernmenta	al unit de	scribed	ın			
			b)(1)(A)(iv). (Complete Part I			-, - 3							
6	\Box	-		· , vernmental unit described in sec	tion 170/	h)(1)/Δ)(v	Λ						
7	X		-	ubstantial part of its support from	•		•	n the ce	neral nu	blic			
•			section 170(b)(1)(A)(vi). (Co		u govern	incritar un		i the gen	iciai pu	DIIC			
8	\Box		, ,, ,, ,, ,	'0(b)(1)(A)(vi). (Complete Part II	١								
9	H	•		more than 33 1/3 % of its suppo	•	ntribution	e mamh	orchin fa	oc and	larocc			
·	ш			ot functions—subject to certain ex						-			
				I unrelated business taxable inco						113			
				, 1975 See section 509(a)(2). ((1 1 tax) 11	om busii	103303				
10		•	-	clusively to test for public safety	•	,	a)///)						
11	H	-	• ,	clusively for the benefit of, to pe		•	,, ,	carn, on	t the				
•	ш	_		d organizations described in sect				•		tion			
				e type of supporting organization									
		a Type		c Type III–Functiona		•	d	—ĭ	e III–Otl	ner			
e	\Box			nization is not controlled directly	-		or more						
	L			nd other than one or more public				-		tion			
			ection 509(a)(2).	,	,	3							
f			• • • •	mination from the IRS that it is a	Type I. Ty	ne II. or T	vpe III s	upportin	α				
			check this box		3 11 - 1 - 3		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		3				
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from a	nv of the							اـــا
3		following per		, 5		.,							
				ntrols, either alone or together wit	th persons	s describe	ed in (n)					Yes	No
			pelow, the governing body of	-	•		,				11g(1	
			member of a person describe	· · · · · ·							11g(\vdash
		•	ontrolled entity of a person de	• •							11g(
h			ollowing information about the	., , ,							(****		
(i)	Name	of supported	(ii) EIN	(iii) Type of organization	(iv) is the c	rganization	(v) Did y	ou notify	(vi)	s the	(vii) A	mount of	<u> </u>
	org	anızatıon		(described on lines 1-9		sted in your	the organ	ization in	organizat	on in col		pport	
				above or IRC section (see instructions))	governing	document?	supp	of your ort?	(i) organı U :	zea in ine S ?			
				(555 11150 250 1115)	Yes	No	Yes	No	Yes	No			
						ì							
			-		 	-				<u> </u>			
						1							
		<u> </u>			 		-		-				
			i		ŧ	1	l	1	1	1	l		

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

Sec	tion A. Public Support	sched the box t	on mie s oi Fa	111.)				
	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")			,				()
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		_					
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							·
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received							
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the							
С	amount on line 13 for the year Add lines 7a and 7b							
8	Public support (Subtract line 7c from		<u> </u>			<u> </u>		
•	line 6)							
Sec	tion B. Total Support	<u></u>	t	<u> </u>	1	L	1_	
Ca	lendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b							
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12.)	L	L					
14	First five years. If the Form 990 is for the o		second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)		<u></u>
-	organization, check this box and stop here							<u> </u>
	tion C. Computation of Public Su							
15 16	Public support percentage for 2009 (line 8, Public support percentage from 2008 Sche		-	(1))			15	
	tion D. Computation of Investmen					_	16	%
17	Investment income percentage for 2009 (lir			rolumn (fl)			17	<u></u> %
18	Investment income percentage for 2009 (iii		·				18	%
19a	33 1/3 % support tests—2009. If the organ	·	·="	14, and line 15 is m	nore than 33 1/3 %	and line		
	17 is not more than 33 1/3 %, check this bo							▶ [
b	33 1/3 % support tests—2008. If the organ						j	
	line 18 is not more than 33 1/3 %, check the	is box and stop he	re. The organizatio	n qualifies as a pul	blicly supported org	anization		▶ [
20	Private foundation, if the organization did	not check a box or	line 14 19a or 10	h check this hov s	and see instructions			▶ [

Schedule A (Form 990 or 990-EZ) 2009 THE FOUNDATION FOR LINCOLN PUBLIC

36-3490560

Page 4

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

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public inspection

	e of the organization		Employ	er identification number
	HE FOUNDATION FOR LINCOLN PUBLIC CHOOLS		36-1	3490560
	organizations Maintaining Donor Advised Functions the organization answered "Yes" to Form 990, P			
	the organization and the terrain see ((a) Donor advised funds	(1) Funds and other accounts
1	Total number at end of year	(-/		Transaction concerns
2				
_	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year	<u> </u>		
5	Did the organization inform all donors and donor advisors in writing that the			Г., Г.,
_	funds are the organization's property, subject to the organization's exclus	<u>-</u>		U Yes U No
6	Did the organization inform all grantees, donors, and donor advisors in wi	- ·		
	used only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other		
D.	purpose conferring impermissible private benefit? Ext II Conservation Easements. Complete if the organization	nization anawared "Vee" to Form	000 5	Yes No
1		· · · · · · · · · · · · · · · · · · ·	990, 1	Part IV, line 7.
•	Purpose(s) of conservation easements held by the organization (check al			
	Preservation of land for public use (e.g., recreation or pleasure) Protection of natural habitat	Preservation of an historically impo		id area
		Preservation of certified historic st	ucture	
_	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified conserva	ation contribution in the form of a conservat	on	
	easement on the last day of the tax year			1
_	Tatal and the state of the stat			Held at the End of the Tax Year
a	Total number of conservation easements		2a	
	Total acreage restricted by conservation easements		2b	
С.	Number of conservation easements on a certified historic structure includ	, ,	2c	
	Number of conservation easements included in (c) acquired after 8/17/06		2d	<u> </u>
3	Number of conservation easements modified, transferred, released, extin	guished, or terminated by the organization	during	
	the taxable year			
4	Number of states where property subject to conservation easement is loc			
5	Does the organization have a written policy regarding the periodic monito	ring, inspection, handling of		[]
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year		
_				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	servation easements during the year		
	\$_			
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section		
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?			∐ Yes ∐ No
9	In Part XIV, describe how the organization reports conservation easemen	•		
	balance sheet, and include, if applicable, the text of the footnote to the organization's accounting for consequents	ganization's financial statements that descr	bes	
D.	the organization's accounting for conservation easements art III Organizations Maintaining Collections of Art, F	listerical Traceruses on Other Ci		
r¢	Complete if the organization answered "Yes" to		miar <i>P</i>	assets.
10	If the organization elected, as permitted under SFAS 116, not to report in		orko of	
Ia	art, historical treasures, or other similar assets held for public exhibition,			20
	provide, in Part XIV, the text of the footnote to its financial statements tha	·	AIC SCI VI	ce,
b	If the organization elected, as permitted under SFAS 116, to report in its r		e of art	
_	historical treasures, or other similar assets held for public exhibition, educ			
	provide the following amounts relating to these items:	or recession in familiarities of public s	, VIUE,	
	(i) Revenues included in Form 990, Part VIII, line 1		1	> \$
	(ii) Assets included in Form 990, Part X		,	`
2	If the organization received or held works of art, historical treasures, or of	ther similar assets for financial dain, provid-	the	´ *
_	following amounts required to be reported under SFAS 116 relating to the		, uiC	
9	Description and I I I is 5 and 5 and 5 and 5	ooc nema.		•
a h			,	
U	Assets included in Form 990, Part X		ļ	*

		TION FOR LING			3490560	Page 2
Part	······					(continued)
	sing the organization's acquisition, accession, illection items (check all that apply)	and other records, check a	any of the following t	hat are a signific	ant use of its	
a 🗌	Public exhibition	d 🔲 Loan or	exchange program	s		
ь 🗀	Scholarly research	e Other		_		
c 🗍	Preservation for future generations					•
	ovide a description of the organization's collect art XIV.	ctions and explain how they	further the organiz	ation's exempt p	urpose in	
5 Du	uring the year, did the organization solicit or re sets to be sold to raise funds rather than to be					Yes No
Part					d "Yes" to Form	
	IV, line 9, or reported an amo			anom anowere	0 100 101 0111	1000, 1 ait
1a Is	the organization an agent, trustee, custodian			assets not		
	cluded on Form 990, Part X?	or outer intermination of				Yes No
	"Yes," explain the arrangement in Part XIV and	d complete the following tai	ble			1es 140
	too, enplantate and agent and activity and	a complete and lenothing ten	5.0			Amount
с Ве	eginning balance				1c	- Tanoant
	dditions during the year				1d	
	stributions during the year				1e	
	nding balance				1f	-
	d the organization include an amount on Form	1990 Part X line 212			<u> </u>	
	Yes," explain the arrangement in Part XIV	1 550, 1 art A, iii e 2 1 :				☐ Yes ☐ No
Part '		te if organization and	swered "Yes" to	Form 990 F	Part IV line 10	
1 414	Endowment and Comple	(a) Current year	(b) Pnor year	(c) Two years ba		ack (e) Four years back
1a Be	eginning of year balance	1,744,108	1,388,632	(o) The years be	(u) Three years b	ack (e) roul years back
	ontributions	467,333	432,095			
	et investment earnings, gains,	407,333	432,093			
	nd losses	-48,625	-56,447			
	rants or scholarships	40,025	-30,447			
	ther expenditures for facilities					
	nd programs	77,515	20,172			
	dministrative expenses	77,313	20,172			
	•	2,082,956	1,744,108			
-	nd of year balance		1,744,100			
	ovide the estimated percentage of the year en pard designated or guasi-endowment	16.38 %				
	ermanent endowment 83.62 %	10.30%				
	erm endowment > %					
-		on of the organization that				
	te there endowment funds not in the possession	on or the organization that a	are neio ano aominis	stered for the		[]
	ganization by: unrelated organizations					Yes No
	related organizations					3a(i) X
٠,	Yes" to 3a(ii), are the related organizations lis	stad as required as Cabadia	la Do			3a(ii) X
						3b
Part'	escribe in Part XIV the intended uses of the or			Dort V line	10	
Fail	VI Investments—Land, Buildin Description of investment	(a) Cost or other basis				40.5
	Description of investment	(investment)	(b) Cost or oth basis (other)	,) Accumulated depreciation	(d) Book value
1a La	and					
b Bu	uildıngs					
-c Le	easehold improvements———————					= =
	quipment	119,713			115,819	 3 , 894
- 04	ther					
e Ot	uici					

Schedule D (Form 990) 2009 THE FOUNDATION FOR LIF		36-3490360	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	-
. (including name of security)		Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests		<u> </u>	
Other Real Estate Investment	463,674	Market	
	·		
		· · · · · · · · · · · · · · · · · · ·	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	463,674		
Part VIII Investments—Program Related. See Form 990), Part X, line 13.		······
(a) Description of investment type	(b) Book value	(c) Method of valuation	
	''	Cost or end-of-year market value	
- W-			
		·	
			-
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 15.	<u> </u>		
(a) Description		(b) Boo	k value
		(0) 500	K Value
			· · · · · · · · · · · · · · · · · · ·
	<u> </u>		
			
<u> </u>			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15)		•	
Part X Other Liabilities. See Form 990, Part X, line 25			
1 (a) Description of liability	(b) Amount		<u></u>
Federal income taxes	· · · · · · · · · · · · · · · · · · ·		
GIFT ANNUITY PAYABLE	9,898		
ACCRUED REAL ESTATE TAXES	4,600		
LEASE PAYABLE	1,963		
TEROE INTROLE	1,303		
			··········· .
<u> </u>			
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	16,461		
2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization		that reports the	
organization's liability for uncertain tay positions under FIN 48	andri o midriolar statements	macroporta inc	

Sche	dule D (Form 990) 2009 THE FOUNDATION FOR LINCOLN PUBLIC 36-349056		Page 4
Pa	rt XI. Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	2,109,758
2	•Total expenses (Form 990, Part IX, column (A), line 25)	2	1,805,270
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	304,488
4	Net unrealized gains (losses) on investments	4	-46,149
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	-46,149
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	258,339
₽a	rt XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retui	'n	
1	Total revenue, gains, and other support per audited financial statements	1	2,136,512
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments 2a -46, 149		
b	Donated services and use of facilities 2b 139,158		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV.)		
	Add lines 2a through 2d	2e	93,009
3	Subtract line 2e from line 1	3	2,043,503
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		····
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV.) 4b 66,255		
	Add lines 4a and 4b	4c	66,255
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,109,758
	rt XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	urn	
1	Total expenses and losses per audited financial statements	1	1,878,173
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		
а	Donated services and use of facilities 2a 139,158		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIV)		
e	Add lines 2a through 2d	2e	139,158
3	Subtract line 2e from line 1	3	1,739,015
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV) 4b 66,255		
	Add lines 4a and 4b	4c	66,255
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	1,805,270
	rt XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b		
	b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete		
	art to provide any additional information		
	art XI, Line 8 - Reconciliation of Changes - Other		
_AI	OMINISTRATIVE REVENUE NETTED TO ADMINISTRATIVE EXPENSE \$		<u>-66,255</u>
Al	DMINISTRATIVE EXPENSE NETTED TO ADMINISTRATIVE REVENUE \$		66,255
_ =			== /===
P	art XII, Line 4b - Revenue Amounts Included on Return - Othe	r	
_A	DMINISTRATIVE REVENUE METTED TO ADMINISTRATIVE EXPENSE \$		66,255
			-

Schedule												Х Т	<u> </u>	COI	м.	POF	<u> </u>	<u>.C</u>		36.	-34	190	26	<u>U</u> _					<u> Pa</u>	age 5
Part X	IV S	uppl	<u>lemer</u>	<u>ıtal l</u>	nfo	rma	<u>atio</u>	<u>n (c</u>	ontir	nue	<u>1)</u>																			
Part	<u>xı</u>	īι	<u>Lin</u>	ie	4 <u>b</u>	<u>-</u>	<u>Е</u> ж	pe	nse	<u>A</u> 1	m <u>o</u> ı	<u>ın</u> t	<u>.s</u>	Inc	:1 <u>u</u>	dec	i _c	n .	<u>Ret</u>	ur	n	c	<u>t</u> h	er					. 	
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SCHEDULEI (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

THE FOUNDATION FOR LINCOLN PUBLIC

General Information on Grants and Assistance

SCHOOLS

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

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

► Attach to Form 990.

Employer identification number

36-3490560

Open to Public Inspection 2009

OMB No 1545-0047

Does the organization maintain records to substantiate the amount of the grants or assistance, the granteer the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	records to substantiate tward the grants or assista	the amount of the grance?	ants or ass	sistance, the grantees' in the United States	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	s, and	X Yes No
art II	Grants and Other Assistance to Governments and Organizations Form 990, Part IV, line 21, for any recipient that received more tha Part IV and Schedule I-1 (Form 990) if additional space is needed	overnments and recipient that re 0) if additional s	d Organi ceived n pace is	izations in the Un nore than \$5,000. needed	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	organization ans cipient received	swered "Yes" to more than \$5,000. Use
1 (a) Name and address of organization or government	of organization	(a)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash (f) Method of valuation assistance other other)	stion (g) Description of Isal, non-cash assistance	(h) Purpose of grant or assistance
BEATTIE ELEMENTARY SCHOOL 1901 CALVERT STREET	HOOL						GEN'L SUPPORT GRANT
LINCOLN	NE 68502		3	10,180			
BRIGHT LIGHTS							maca macaalis linas
LINCOLN SOLLE 220	NE 68516	47-0708499	ю	21,942			GEN L SOFFONI GRANI
CLINTON ELEMENTARY SCH	SCHOOL						
1520 N 29TH STREET		-					GEN'L SUPPORT GRANT
LINCOLN	NE 68503		က	101,182			
ELLIOTT ELEMENTARY SCP	SCHOOL						
225 S 25TH STREET							GEN'L SUPPORT GRANT
LINCOLN	NE 68510		3	9,002			
FOOD BANK OF LINCOLN							
4840 DORIS BAIR CIRCLE STE A	E STE A						GEN'L SUPPORT GRANT
LINCOLN	NE 68504	47-0640293	e	12,372			
LINCOLN HIGH SCHOOL							
2229 J STREET							GEN'L SUPPORT GRANT
LINCOLN	NE 68510		က	22,814			
LINCOLN HIGH SCHOOL			_				
2229 J STREET							GEN'L SUPPORT GRANT
LINCOLN	NE 68510		m	14,121			
LINCOLN NORTHEAST HIGH	H SCHOOL						
2635 N 63RD STREET							GEN'L SUPPORT GRANT
LINCOLN	NE 68507		3	95,318			
LINCOLN PUBLIC SCHOOLS	S						
5901 O STREET							GEN'L SUPPORT GRANT
LINCOLN	NE 68510	47-6003955	3	8,696			

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

3 Enter total number of other organizations

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

Schedule I (Form 990) 2009

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. 36-3490560 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. Schedule I (Form 990) 2009 THE FOUNDATION FOR LINCOLN PUBLIC

Page 2

OSC (OSC I OSC OSC		יייייייייייייייייייייייייייייייייייייי			
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(e) Method of valuation (book, (f) Description of non-cash assistance
	recipients	cash grant	non-cash assistance	FMV, appraisal, other)	
POST-SECONDARI SCHOLAR-					
SHIPS FOR LPS STUDENTS					
FOR VARIOUS OPPORTUNITIES	180	152,604			
ELIZABETH GRONE SCHOLAR-					
SHIPS FOR LINCOLN HIGH					
SCHOOL STUDENTS	8	14,300			
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	Complete this part to p	provide the information	on required in Part I,	line 2, and any other addi	itional information.

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

Grants are awarded based on various parameters set by each individual

program and grant agreement and are monitored by committees and managment

personnel charged with the governance of these activities.

Schedule I (Form 990) 2009

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SCHEDULE 1-1

(Form 990)

Department of the Treasury internal Revenue Service

Name of the organization

Continuation Sheet for Schedule I (Form 990)

▶ Attach to Form 990 to list additional information for

Open to Public Inspection

OMB No 1545-0047

2009

Employer Identification number 36–3490560 Schedule I (Form 990), Part II or Part III.
SCHOOLS

Part i Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990).	Assistance to	o Governments	and Organization	ons in the United	States (Sche	dule I (Form 990),	Part II.)
1	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN PUBLIC SCHOOLS							
$59\underline{0}1$ \underline{o} $\underline{\text{SIREET}}_{-}$ $ -$	47-6003955	3	10,940				GEN'L SUPPORT GRANT
LINCOLN PUBLIC SCHOOLS							
	47-6003955	m 	9,483				GEN'L SUPPORT GRANT
PUBLIC SCHOOLS							
STREET			,				makas masaansa rimms
	47-6003955	3	14,145				GEN'L SUPPORT GRANT
LINCOLN PUBLIC SCHOOLS							
5901 O STREET	47-6003955	3	12,115				GEN'L SUPPORT GRANT
LINCOLN PUBLIC SCHOOLS							
5901 STREET	47-6003955	m	7,041				GEN'L SUPPORT GRANT
PUBLIC SCHOOLS							
5901 O STREET	47-6003955	"	050 7				GEN'L SUPPORT GRANT
1							
		,	,				
LINCOLN NE 68510	47-6003955	e e	8,077				GEN'L SUPPORT GRANT
LINCOLN SOUTHEAST HIGH SCHOOL							
							1
LINCOLN NE 68506		m	23,861				GEN'L SUPPORT GRANT
LINCOLN SOUTHEAST HIGH SCHOOL							
2930 S 37TH STREET		W	14 714				GEN'L SUPPORT GRANT
l l	i						
5901 O STREET							
NE 68510	23-7317862	3	6,540				GEN'L SUPPORT GRANT

68503

I I

2240 9 STREET

NEIGHBORWORKS LINCOLN

36-3430278

GEN'L SUPPORT GRANT Schedule I-1 (Form 990) 2009

(Form 990)	Ö	ntinuation Sh	Continuation Sheet for Schedule I (Form 990)	lule I (Form 9	(06)		2009
Department of the Treasury Internal Revenue Service		► Attach to Forr Schedule	ch to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.	ial information for or Part III.			Open to Publication
Name of the organization THE FOUNDATION SCHOOLS	FOR LINCOLN	PU				Em 36	Employer Identification number 36-3490560
Part i Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)	her Assistance t	o Governments	and Organization	ons in the Unite	d States (Sche	edule I (Form 990), Part II.)
	(p) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHERIDAN ELEMENTARY SCHOOL							
MOUTH AVENUE							
LINCOLN NE 68502	:	3	15,315				GEN'L SUPPORT GRANT
N ELEMENTARY SCHOOL			,				
LINCOLN NE 68502		3	9,000				GEN'L SUPPORT GRANT
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Schedule 1-1 (Form 990) 2009 THE FOUNDATION FOR LINCOLN PUBLIC 36-3490560 Part II Continuation of Grants and Other Assistance to Individuals in the United States (Schedule I (Form 990), Part III.)	THE FOUNDATION FOR LINCOLN of Grants and Other Assistance to Individual	PUBLIC 36-3490560 iduals in the United States (Sci	0560 es (Schedule I (Form	990), Part III.)	Page 2
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
STATE FARM OUTSTANDING					
EDUCATOR AWARDS	5	5,000			
CARMEL SHEPPARD COMM					
LEARNING CENTER AWARDS	2	5,000			
FLORENCE CLARK MIDDLE					
SCHOOL AWARDS	7	000'9			
					Schedule I-1 (Form 990) 2009

SCHEDULE J-2 (Form 990)

Continuation Sheet for Form 990

eformation for Form 000 Book VIII. Continue A. House

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service ► Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

► See the Instructions for Form 990.

Open to Public Inspection

Name of the Organization

THE FOUNDATION FOR LINCOLN PUBLIC SCHOOLS

Employer Identification number 36-3490560

SCHOO										36-349	0560
	f Officers, Di	rect	ors	, Tr	ust	ees,	, Ke	y Employees, and Hi	ghest Co	mpensated	
Employees (A)	(B) Average hours	Posi	ition (((C)	hat ap	(vla	(D) Reportable		(E)	(F) Estimated
Name and Title	per week	or director			Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	comp from organ	ensation related nizations 099-MISC)	amount of other compensation from the organization and related organizations
Dean Van Loon	1 00	V									
Director Greg Vasek	1.00	X				\vdash		0		0	0
Director	1.00	x						o		o	0
Barb Bartle	1.00		H	-					·		
Past President	40.00	-		х		-		57,664		0	0
		_			_					<u>.</u>	
		 				-					
				\vdash	_	-					
						-	-				

SCHEDULE M (Form 999)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE FOUNDATION FOR LINCOLN PUBLIC

Employer Identification number

-0-	et I Types of Property				36-349056	0		
- 12	iypes of Property	1						
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determinin revenues	9		
1	Art—Works of art							
2	Art—Historical treasures							
3	Art—Fractional interests							
4	Books and publications				_			
5	Clothing and household		-					
	goods	X		14,626				
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded	X	6	113,139	Market Value			
10	Securities—Closely held stock							
11	Securities—Partnership, LLC,							
	or trust interests							
12	Securities—Miscellaneous	\vdash		-				
13	Qualified conservation							
	contribution—Historic							
	structures		-					
14	Qualified conservation							
45	contribution—Other							
15	Real estate—Residential Real estate—Commercial							
16 17	Real estate—Commercial Real estate—Other	· · · · · · · · · · · · · · · · · · ·						
18	Collectibles		·					
19	Food inventory							
20	Drugs and medical supplies				·			
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		·					
25	Other ▶ (SOFTWARE)	Х	1	2,700	Selling price			
26	Other ► (ED SUPPLIES)	X	1	34,650	Selling price		_	
27	Other ► (
28	Other ► (
29	Number of Forms 8283 received by t	he organiza	ation during the tax year t	or contributions for				-
	which the organization completed Fo	rm 8283, Pa	art IV, Donee Acknowled	gement	29			
							Yes	No
30a	During the year, did the organization	receive by	contribution any property	reported in Part I, lines 1–2	8 that			
	it must hold for at least three years from							
_	used for exempt purposes for the ent	ire holding	period?			30a		X
b	If "Yes," describe the arrangement in					1 ~	-	*****
31	Does the organization have a gift acc	eptance po	olicy that requires the rev	ew of any non-standard				
	contributions?					31		<u> </u>
32a	Does the organization hire or use thir	d parties oi	r related organizations to	solicit, process, or sell nonc	cash			
	contributions?					32a	Х	
b	If "Yes," describe in Part II.			and the second second				
33	If the organization did not report reve	nues in coli	umn (c) for a type of prop	perty for which column (a) is	cnecked,			
	describe in Part II					F 1	1	ŧ

Schedule M (Form 990) 2009 THE FOUNDATION FOR LINCOLN PUBLIC

36-3490560

Page 2

Part II . Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Part I, Line 32b - Third Party Used to Process Noncash Contributions
The Foundation uses the third parties who manage their investment
portfollios to sell donated marketable securities.

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization

THE FOUNDATION FOR LINCOLN PUBLIC SCHOOLS

Employer identification number 36-3490560

Form 990, Part III, Line 4d - All Other Achievements

Implementation and support of program to directly connect donors to classroom need of students \$37,342

To develop and implement a recycling program at schools in the Lincoln,

Nebraska District \$25,266

Support of Lincoln Teammates programs in Lincoln, NE

\$ 920

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

A copy of the tax return is e-mailed to board members and discussed at the board meeting prior to filing the return.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Process for Monitoring Conflict of Interest Policy:

- -Conflict of Interest forms are given to staff and Board of Directors annually
- -Conflict of Interest forms are reviewed by the Director of Finance as part of audit preparation
- -Final review and approval of Conflict of Interest forms by Foundation
 President

Form 990, Part VI, Line 15a - Compensation Process for Top Official -Budget is prepared by the Director of Finance, President, and Treasurer

Name of the organization

THE FOUNDATION FOR LINCOLN PUBLIC

Employer identification number 36-3490560

- -Key employee salaries are determined as part of the budget process
- -Compensation committee gathers daa for key employees salaries fromsimilar organizations
- -Data is compared to key employees budgeted salaries
- -Key employee salaries are reviewed and approved by compensation committee
- -Documentation is kept on file to support process

Form 990, Part VI, Line 15b - Compensation Process for Officers See answer to 15a above.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available upon request.

Form **8868**(Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

g for an Automatic 3-Month Extension, complete grown and Additional (Not Automatic) 3-Month Extension and Additional (Not Automatic) 3-Month Extension and I unless you have already been granted a (e-file). You can electronically file Form 8868 if you wired to file Form 990-T), or an additional (not automated to file Form 990-T), or an additional (not automated to file Form 990-T), or an additional (not automated to file Form 990-T), or an additional (not automated to file Form 990-T), or an additional (not automated to file Form 990-T), or an additional Benefit Commore details on the electronic filing of this form, or Automatic 3-Month Extension of Time unred to file Form 990-T and requesting an automated to file Form 99	ete only Part I xtension, com n automatic 3-i ou need a 3-m comatic) 3-mon in Part I or Part ntracts, which r rist www irs go e. Only sub natic 6-month e. ICs, and trusts DLN PUBI ox, see instruction	nplete only Part II (on page 2 of this form month extension on a previously filed Formonth automatic extension of time to file (the extension of time. You can electronical III with the exception of Form 8870, Informust be sent to the IRS in paper format (exception and click on e-file for Charities & limit original (no copies needed extension-check this box and complete must use Form 7004 to request an extension-check this box and complete consistency.	rm 8868 S months for Illy file Form rmation see Nonprofits	
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P.O. BOX 82889 City, town or post office, state, and ZIP code For LINCOLN	a foreign addre	ess, see instructions		
City, town or post office, state, and ZIP code For LINCOLN				
LINCOLN				
code for the return that this application is for (file				
	a separate app	lication for each return)		01
	Return	Application		Return
	Code	Is For		Code
	01	Form 990-T (corporation)		07
	02	Form 1041-A	·	08
	03	Form 4720		09
	04	Form 5227		10
c. 401(a) or 408(a) trust)	05	Form 6069		11
ist other than above)	06	Form 8870		12
Group Return, enter the organization's four digit ip, check this box	s in the United Group Exempti of the group, c required to file	States, check this box on Number (GEN) heck this box and atta Form 990-T) extension of time	ch	▶ []
in o. ati	the care of SHARON WHERRY • 402-436-1611 on does not have an office or place of business roup Return, enter the organization's four digit of the check this box • If it is for part is and EINs of all members the extension is for automatic 3-month (6 months for a corporation of the corporation of	the care of SHARON WHERRY SHARON WHERRY A02-436-1611 FAX No on does not have an office or place of business in the United roup Return, enter the organization's four digit Group Exempti check this box If it is for part of the group, c s and EINs of all members the extension is for automatic 3-month (6 months for a corporation required to file	the care of SHARON WHERRY SHARON WHERRY A 02-436-1611 FAX No on does not have an office or place of business in the United States, check this box roup Return, enter the organization's four digit Group Exemption Number (GEN) check this box If it is for part of the group, check this box and EINs of all members the extension is for automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 15/11 to file the exempt organization return for the organization named above The extension is	the care of ► SHARON WHERRY ► 402-436-1611 on does not have an office or place of business in the United States, check this box roup Return, enter the organization's four digit Group Exemption Number (GEN) check this box If it is for part of the group, check this box and attach s and EINs of all members the extension is for

with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See
instructions

3c \$

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for

Initial return

Final return

3a

3b

Change in accounting period

nonrefundable credits See instructions.

3a

payment instructions

2 If this tax year entered in line 1 is for less than 12 months, check reason

If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any

c Balance due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.