

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



SCANNED AUG 2 5 201

Form 990-PF

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

For c	alenda	ir year 2009, or tax year beginning $10/01/09$, a	and ending $09/3$	<u>0/10</u>			
G C	heck al	I that apply Initial return Initial ret	um of a former public o	hanty	Į.	Final return	
		Amended return Add	ress change	Name	change		
Use	the IRS	Name of foundation				loyer identification num	ber
la	abel.					-0815827	
	erwise,					hone number (see page 10	of the instructions)
•	rint	Number and street (or P O box number if mail is not delivered		Room/suite		2-489-8858	- ъ П
	type. Specific	3701 UNION DRIVE		.00	1	mption application is pendi	
	uctions	ony or town, state, and an even	68516		D 1. Fo	oreign organizations, check	here
		121100211			1	oreign organizations meeting 6% test, check here and att	-
$\overline{}$	-	pe of organization X Section 501(c)(3) exempt private					
			E private foundation X Cash Acci		1 '	rate foundation status was t on 507(b)(1)(A), check here	.
		et value of all assets at end J Accounting method om Part II, col. (c), Other (specify)	X Cash Acc	uai			
	year (17 e 16) ▶		se on cach hacie \			foundation is in a 60-month r section 507(b)(1)(B), chec	_ []
	rt 1	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
	11 % 3	total of amounts in columns (b), (c), and (d) may not necessarily equal	expenses per	(b) Net in	vestment	(c) Adjusted net	for charitable
		the amounts in column (a) (see page 11 of the instructions))	books	inco	ome	ıncome	purposes (cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					(cash basis only)
		Check ► X if the foundation is not required to attach Sch B					
	l	Interest on savings and temporary cash investments	***************************************				
		Dividends and interest from securities	2,851		2,851	2,851	
	1	Gross rents			··········		
•	Į.	Net rental income or (loss)					
Revenue	į.	Net gain or (loss) from sale of assets not on line 10	-18,636				
	ь	Gross sales price for all assets on line 6a 70,798					
	7	Capital gain net income (from Part IV, line 2)			0		
	l	Net short-term capital gain				4	
	9	Income modifications					
	10a	Gross sales less returns & allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)				<u> </u>	
	12	Total. Add lines 1 through 11	-15,785		2,851	2,855	
S	13	Compensation of officers, directors, trustees, etc.					
Se	14	Other employee salaries and wages					
sesued	15	Pension plans, employee benefits					
		Legal fees (attach schedule)	•				
ē	l	Accounting fees (attach schedule)	DEOEN		1		
ı⋛	С	Other professional fees (attach schedule)	RECEIV	EU	. 		
ij	17	Interest		2011	₹1		
nis		Taxes (attach schedule) (see page 14 of the instructions)	3 AUG 2.2	2011	 		
Έ	19	Depreciation (attach schedule) and depletion					
and Administrative Ex	20	Occupancy Travel, conferences, and meetings	OGDEN		+		
Þ	21	Printing and publications	H OGDEL				
a	23	Other expenses (att sch) Stmt 1	40				
ing	24	Total operating and administrative expenses.					
rat		Add lines 13 through 23	40		0		o
Operating	25	Contributions, gifts, grants paid	6,750		<u>_</u>		6,750
0	26	Total expenses and disbursements. Add lines 24 and 25	6,790		0	0	6,750
	27	Subtract line 26 from line 12					
	a	Excess of revenue over expenses and disbursements	-22,575			,	
	b	Net investment income (if negative, enter -0-)			2,851		
	С	Adjusted net income (if negative, enter -0-)				2,855	

See Statement 4

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Form 990-PF (2009)

187,435

1,244 186,191

3

4

5

6

3 Other increases not included in line 2 (itemize) ▶

5 Decreases not included in line 2 (itemize)

Add lines 1, 2, and 3

Part IV Capital Gains a	nd Losses for Tax on Investme	nt Incom	е				
	be the kind(s) of property sold (e g , real estate, ehouse, or common stock, 200 shs MLC Co)			(b) How acquired P—Purchase D—Donation		ite acquired , day, yr)	(d) Date sold (mo , day, yr)
1a See Worksheet							
b							
_с							
<u>d</u>	· · · · · · · · · · · · · · · · · · ·						
_ е	(5 Description allowed	1 ,	m) Coot or	ather bear		(h) Gara	or (loss)
(e) Gross sales price	(f) Depreciation allowed (or allowable)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-,	other basis nse of sale			or (loss) minus (g)
a		-					
_ b				 			
d d							
е				-		- -	
	gain in column (h) and owned by the four	ndation on 1	2/31/69			(I) Gains (Col	(h) gain minus
(i) F M ∨ as of 12/31/69	(j) Adjusted basis as of 12/31/69			s of col (ı) (ı), ıf any		ol (k), but not	less than -0-) or om col (h))
a							
b							
С							
_ d							
θ		D					
2 Capital gain net income or (net ca	apital loss) If gain, also enter in lift (loss), enter -0- in lift (loss), enter -0- in lift (loss).	•	•		2		-18,636
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and (6)		_				•
If gain, also enter in Part I, line 8,	column (c) (see pages 13 and 17 of the in	nstructions)	7				
If (loss), enter -0- in Part I, line 8					3		4
	nder Section 4940(e) for Reduc				ne		· .i.
`	foundations subject to the section 4940(a) tax on net	nvestme	nt income)			
If section 4940(d)(2) applies, leave th	is part blank			_	_		
	ion 4942 tax on the distributable amount o		the base	e period? Ye	es X	No	
	ify under section 4940(e) Do not complete						
	each column for each year, see page 18 o	f the instruct	ions befo	re making any entries	s		
(a) Base penod years Calendar year (or tax year beginning			Net value	(c) of nonchantable-use ass			(d) hibution ratio livided by col (c))
2008		,956		138,			0.078957
2007		,375		222,			0.069061
2006		,050		309,			0.045377
2005		,800		310,			0.054154
2004	10	,315		299,	003		0.034419
2 Total of line 1, column (d)						2	0.281968
	5-year base period—divide the total on line	e 2 bv 5. or t	v the				
~	has been in existence if less than 5 years	•	•		Ĺ	3	0.056394
A. Established and color of a contract and a	his are seed for 2000 from Bort V. has 5						144 324
4 Enter the net value of noncharita	ble-use assets for 2009 from Part X, line 5)			-	4	144,324
5 Multiply line 4 by line 3						5	8,139
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)				ļ.	6	29
7 Add lines 5 and 6						,	8,168
7 Add lines 5 and 6					<u> </u>	7	0,100
8 Enter qualifying distributions from			. Al 4	4	_	8	6,750
ii iirie o is equal to or greater thai	n line 7, check the box in Part VI, line 1b, a	and complete	s mat par	t using a 1% tax rate	see the	;	

****	990-PF (2009) THE HAMPTON FAMILY FOUNDATION 47-0815827			Pa	<u>ige 4</u>
Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruction	is)			
1a					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				<u>57</u>
	here ▶				
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				,
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				_0
3	Add lines 1 and 2				57
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-				57
6	Credits/Payments				
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 81				
b	Exempt foreign organizations—tax withheld at source				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d				81
8	Enter any penalty for underpayment of estimated tax. Check here				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				24
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 24 Refunded ▶ 11				
<u>Pa</u>	nt VII-A Statements Regarding Activities	F			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	\vdash		Yes	No_
	participate or intervene in any political campaign?	<u> </u>	1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	of the instructions for definition)?	_1	1b	1	<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			1	
	published or distributed by the foundation in connection with the activities		- 1	ŧ	
С	Did the foundation file Form 1120-POL for this year?	1	1c		<u> </u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			1	
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			ı	
θ	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			I	
	on foundation managers \$			ŧ	 ,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	-	2		<u> </u>
	If "Yes," attach a detailed description of the activities			ı	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			ł	
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		ta	\rightarrow	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	A 4	4b	-	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		<u> </u>
	If "Yes," attach the statement required by General Instruction T			I	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			Ī	
	By language in the governing instrument, or			ŧ	
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 		- 1		
	conflict with the state law remain in the governing instrument?	<u> </u>	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	<u> </u>	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			1	
	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	ŀ		.,	
	(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			ŧ	
	4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page				
	27)? If "Yes," complete Part XIV	\vdash	9		<u> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		_		77
	names and addresses		10	<u> </u>	<u> </u>
		Form	33((2009)

orm	990-PF (2009) THE HAMPTON FAMILY FOUNDATION 47-08158	327			P	age 5
Pa	rt VII-A Statements Regarding Activities (continued)				_	
1	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the				1	
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)			11		_X_
2	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before					
	August 17, 2008?			12		<u> X</u>
3	Did the foundation comply with the public inspection requirements for its annual returns and exemption applica	ition?		13	X	
	Website address ► N/A					
4		elephone no 🕨	402-4	89-	885	8
	3701 UNION DRIVE, SUITE 100					
	Located at ► LINCOLN, NE	ZIP+4 ▶	68516	5		
5	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here					▶ ∐
	and enter the amount of tax-exempt interest received or accrued during the year	<u> </u>	15			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Require	d				
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.				Yes	No'
1a	During the year did the foundation (either directly or indirectly)		=			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		=			
	disqualified person?	Yes	X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	☐ Yes				
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	∐ Yes	X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		F-0			
	the benefit or use of a disqualified person)?	∐ Yes	X No			,
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the					Í
	foundation agreed to make a grant to or to employ the official for a period after	П.,	₹			
	termination of government service, if terminating within 90 days.)	Yes	X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulat	ions	NT / N			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		▶ [_]			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		N/A			
_	were not corrected before the first day of the tax year beginning in 2009?		N/A	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private					,
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))					
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and	Yes	X No			
	6e, Part XIII) for tax year(s) beginning before 2009? If "Yes," list the years ▶ 20 , 20 , 20 , 20	162	A NO			
h	If "Yes," list the years ▶ 20 , 20 , 20 , 20 Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)					
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to					
	all years listed, answer "No" and attach statement—see page 20 of the instructions)		N/A	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		,	-		
Ŭ	► 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					,
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or					
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the					
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of					
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the					
	foundation had excess business holdings in 2009)		N/A	3b	•	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpose	s?	•	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its					
	chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2			4b		X

orm		MILY FOUNDATION		815827			Pag	ge 6
Pa	ert VII-B Statements Regarding A	Activities for Which Form	4720 May Be Re	equired (conti	nued)			
5a	During the year did the foundation pay or incur	any amount to						
	(1) Carry on propaganda, or otherwise attemp	t to influence legislation (section 49	945(e))?	∐ ,	Yes X No		I	
	(2) Influence the outcome of any specific publi	ic election (see section 4955), or to	carry on,		_		1	,
	directly or indirectly, any voter registration	dnve?		Ц,	Yes X No		I	
	(3) Provide a grant to an individual for travel, s	study, or other similar purposes?		□ ,	Yes X No		ı	
	(4) Provide a grant to an organization other that	an a chantable, etc , organization d	escribed in				I	
	section 509(a)(1), (2), or (3), or section 49-	40(d)(2)? (see page 22 of the instru	uctions)	Ŭ,	Yes X No		I	
	(5) Provide for any purpose other than religiou	is, charitable, scientific, literary, or o	educational				ŧ	
	purposes, or for the prevention of cruelty to	o children or animals?		□ ,	Yes X No		I	
b	If any answer is "Yes" to 5a(1)-(5), did any of the				/-		1	
	Regulations section 53 4945 or in a current not		· -	nstructions)?	N/A	5b		
	Organizations relying on a current notice regard	-			▶ 📙		I	•
С	If the answer is "Yes" to question 5a(4), does to	•	n the tax	/- □	_		I	
	because it maintained expenditure responsibilit	•		N/A 📙	Yes No		1	
	If "Yes," attach the statement required by Regu	` ,					1	
6a	Did the foundation, during the year, receive any	y funds, directly or indirectly, to pay	premiums	П.			1	
	on a personal benefit contract?			_	Yes X No		#	v
b	Did the foundation, during the year, pay premiu	ims, directly or indirectly, on a pers	onal benefit contract	7		6b		X
_	If "Yes" to 6b, file Form 8870		144	П,	Yes X No		Ī	
7a	At any time during the tax year, was the foundation				Yes X No N/A	7b		.
b D=	If yes, did the foundation receive any proceeds Information About Office	rs, Directors, Trustees, Fo						—
F4	and Contractors	is, Directors, Trustees, I c	diidation mana	gers, mgmy i	raid Employe	53,		
1 1	ist all officers, directors, trustees, foundatio	n managers and their compensa	tion (see page 22 o	f the instructions	<u> </u>			—
		goro una usu componer			(d) Contributions to			—
	(a) Name and addres	ss	(b) Title, and average hours per week	(c) Compensation (if not paid, enter	employee benefit		ense acco	
	(4, 112.112.11.11.11.11.11.11.11.11.11.11.11	-	devoted to position	-0-)	plans and deferred compensation	othe	allowance	es
JO	SEPH R. HAMPTON	LINCOLN	PRESIDENT		 -			
	01 UNION DRIVE, SUITE 100	NE 68516	1.00					0
	CHAEL LINDBERG	LINCOLN	SECY/TREAS					-
	01 UNION DRIVE, SUITE 100	NE 68516	1.00	۰ ا	ه ا			0
	RI HAMPTON	LINCOLN	DIRECTOR					
37	01 UNION DRIVE, SUITE 100	NE 68516	1.00	l o	0	ļ		0
BR	UCE A. HOCKING	LINCOLN	DIRECTOR					_
57	57 SO. 34TH ST. SUITE 100	NE 68516	1.00	o	0			0
2	Compensation of five highest-paid employe	ees (other than those included o	n line 1—see page 2	23 of the instruct	ions).			
	If none, enter "NONE."							
			(b) Title, and average		(d) Contributions to	(a) 5	10000 000	ount -
	(a) Name and address of each employee p	aid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred		ense acci r allowano	
			devotes to position		compensation	 		
NC	NE							
						ļ		
			-			-		—
			+	-	 	 		—
			1					
			+		 	 		—
Tota	I number of other employees paid over \$50,000		1	I .	<u>.</u>	▶	1	—
· ota	Thumber of other employees paid over \$50,000)-PF (2000
					ro		- 1 1 (4	といいづり

Form 990-PF (20	09) THE HAMPTON FAMILY FOUNDATION	47-0815827	Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundaring and Contractors (continued)	ition Managers, Highly Paid Emp	
3 Five highe	st-paid independent contractors for professional services (see page 23	of the instructions). If none, enter "NONE	."
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			·
Total number of	others receiving over \$50,000 for professional services		•
Part IX-A	Summary of Direct Charitable Activities		
	n's four largest direct chantable activities during the tax year. Include relevant statistical in their beneficiaries served, conferences convened, research papers produced, etc.	nformation such as the number of	Expenses
1 N/A			
2			
3			
4			
Part IX-B	Summary of Program-Related Investments (see page 2	24 of the instructions)	
***************************************	largest program-related investments made by the foundation during the tax year on lines		Amount
1 N/A			
2			
. •	-related investments See page 24 of the instructions		•
3			
Total. Add lines	1 through 3	•	

3 Amounts set aside for specific charitable projects that satisfy the

a Suitability test (prior IRS approval required)

b Cash distribution test (attach the required schedule)

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see page 26 of the instructions)

6 Adjusted qualifying distributions. Subtract line 5 from line 4

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)

6,750

6,750

3a

3b

4

5

6

10

C

Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a

Analysis of line 9

Excess from 2008 Excess from 2009

a Excess from 2005 Excess from 2006 Excess from 2007

Pa	rt XIV Private Operating Fou	indations (see pa	ge 27 of the instru	uctions and Part \	/II-A, guestion 9)	
1a	If the foundation has received a ruling or d	letermination letter that	it is a private operating	<u> </u>		
	foundation, and the ruling is effective for 2	009, enter the date of t	he ruling	_	L	
b	Check box to indicate whether the foundation	tion is a private operatii	ng foundation described	d in section 49	942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	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					
0	Qualifying distributions made directly					
	for active conduct of exempt activities					:
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"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 "Support" alternative test—enter.				 	
С	(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					
Pa	rt XV Supplementary Inform				d \$5,000 or more	in assets at
	any time during the y		of the instruction	ns.)		<u>.</u>
1	Information Regarding Foundation Ma	-				
а	List any managers of the foundation who				the foundation	
	before the close of any tax year (but only	if they have contributed	more than \$5,000) (S	ee section 507(d)(2))		
	N/A			, , ,	4	
b	List any managers of the foundation who				ortion of the	
	ownership of a partnership or other entity \mathbf{N}/\mathbf{A}) of which the foundatio	n has a 10% or greater	interest		
2	Information Regarding Contribution, G	Frant Gift Loan Scho	larshin etc Program			
-		makes contributions to			s not accept	
	unsolicited requests for funds. If the found		•	=		
	organizations under other conditions, con			, are men denone, to me		
	The name, address, and telephone numb			be addressed		· · · · · · · · · · · · · · · · · · ·
4	JOSEPH R. HAMPTON	or and porodit to will	Sppsolios onodia			
	3701 UNION DRIVE, SU	JITE 100 LIN	ICOLN NE 685	516		
ь	The form in which applications should be		·-·		1	
	LETTER					
С	Any submission deadlines					
	NONE					
d	Any restrictions or limitations on awards,	such as by geographica	al areas, chantable field	ls, kinds of institutions,	or other factors	
	See Statement 5					
						50m 990-DF (2000

Part XV Supplementary Information (continued)

Grants and Contributions Paid During the		ruture Payment		····
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year GATEWAY SERTOMA CLUB 5540 SOUTH 74TH ST. LINCOLN NE 68516	NONE	501(c)3) MEALS C	N WHEELS	500
CAPITAL HUMANE SOCIETY 2320 PARK BLVD. LINCOLN NE 68502	NONE	501(c)(3) GENERAI	SUPPORT	2,000
GIRL SCOUTS 1701 SOUTH 17 ST. LINCOLN NE 68502	NONE	501(c)(3) GENERAI	SUPPORT	2,000
TEAMMATES MENTORING PROGR 6801 "O" ST. LINCOLN NE 68510	NONE	501(c)(3) GENERAL	SUPPORT	500
PEOPLES CITY MISSION 110 'Q' STREET LINCOLN NE 68508	NONE	501(c)(3) GENERAI	SUPPORT	500
CRISIS PREGANCY CTR 4247 'O' ST. LINCOLN NE 68510	NONE	501(c)(3) GENERAI	SUPPORT	500
SECC FOUNDATION 8800 'O' STREET LINCOLN NE 68510	NONE	501(c)(3) GENERAI	SUPPORT	750
	1			
Total			▶ 3a	6,750
b Approved for future paymentN/A				
Total	<u> </u>		▶ 3b	

Part XVI-A	Analysis of Income-Producing Act	ivities				
nter gross amo	unts unless otherwise indicated	Unrelate	d business income	Exclude	d by section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1 Program ser	vice revenue			-		the instructions)
a						<u>-</u>
b						
		ļ				
d				<u> </u>		
θ						
f						
g Fees and	d contracts from government agencies					
2 Membership	dues and assessments					
	avings and temporary cash investments			_		
4 Dividends ar	nd interest from securities			14	2,851	•
	come or (loss) from real estate					
a Debt-fina	anced property			-		
	financed property			+		
	come or (loss) from personal property					-
7 Other investi				1.0		
	s) from sales of assets other than inventory			18	-18,636	
	or (loss) from special events			+		
•	or (loss) from sales of inventory			+		
	ue a					
ь				+		
				-		
d		·		-		
θ					15 705	
	d columns (b), (d), and (e)		<u> </u>	0	-15,785	· ·
	ne 12, columns (b), (d), and (e)				13	-15,/85
	n line 13 instructions on page 28 to verify calculation Relationship of Activities to the Activities		ent of Everent D	urnoso		
Part XVI-B	<u> </u>					
Line No. ▼	Explain below how each activity for which income is accomplishment of the foundation's exempt purpos instructions.)	•	* *			he
N/A						· · · · · · · · · · · · · · · · · · ·
21/ 22						
						·····
	-					
			* ***			
						
			· · ·			
-						· · · · · · · · · · · · · · · · · · ·
			•			
			_			<u>-</u>
<u></u>		<u>-</u>				
	<u>-</u>		· · · ·			
			-			
			·•			
	**					
-						
			-			•
					-	
_						

r	art VAH	Exempt Organiza	_	nsiers to and the	ansactions (anu Relationsii	ips With No	Jiiciiaii	labie		
1	Did the ora	anization directly or indire		in any of the following	with any other or	rganization describe	d			Yes	No
	-	01(c) of the Code (other				=					
	organizatio	• •		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,	, · · · · · · · · · · · · · · · · · ·					·
а	_	rom the reporting founda	tion to a non	chantable exempt orga	nızation of						Ė
	(1) Cash			. •					1a(1)		X
	(2) Other a	issets							1a(2)		X
b	Other trans	actions									
	(1) Sales of	of assets to a nonchantal	ole exempt o	rganization					1b(1)		X
	(2) Purcha	ses of assets from a nor	nchantable e	kempt organization					1b(2)		X
	(3) Rental	of facilities, equipment, o	or other asse	ts					1b(3)		X
	(4) Reimbi	ursement arrangements							1b(4)		X
	(5) Loans	or loan guarantees							1b(5)		X
	(6) Perform	nance of services or mei	mbership or	fundraising solicitations					1b(6)		_X_
¢	Shanng of t	facilities, equipment, mai	ling lists, oth	er assets, or paid empl	oyees				1c		X
d		er to any of the above is									
	value of the	goods, other assets, or	services giv	en by the reporting four	ndation If the for	undation received les	ss than fair mai	rket			
	value in any	y transaction or sharing a									
	(a) Line no	(b) Amount involved	(c) Name	of noncharitable exempt or	ganization	(d) Description of t	ransfers, transact	tions, and s	sharing arrange	ments	
1\	<u> </u>							 .			
			*** *				-				
											
	-										
				15.77				-			
			· · · · · · · · · · · · · · · · · · ·						······································		
						·					
	_										
						 					
			<u> </u>								
2 a		dation directly or indirect	=						\Box .	77	ì
		n section 501(c) of the C	,	nan section 501(c)(3)) o	or in section 527	7			Y€	es X	j No
b	'	mplete the following sch	edule	(h) Type of organ	ization I	··- <u>·</u> .	(c) Description o	f relationsh	ND.		
_	N/A	a) Name of organization		(b) Type of organ	ization	 	(c) Description o	Telationsi	пр		
	M/A	••									
_											
		<u> </u>	-								
	Under penalt	ties of perjury, I declare that	l have examın	ed this return, including acc	companying sched	lules and statements, ar	nd to the best of n	ny knowled	ge and		
	belief, it is th	ue, correct, and complete	eclaration of p	eparer (other than taxpaye	er or fiduciary) is ba	ased on all information of	of which preparer	has any kr	owledge		
		nichael 2	Rudl	ميره	8/15/	<u>// </u>	1 reagu	nes			
ē	Signatu	re of officer or trustee	<u>`</u>	<u> </u>	Date		Title				
Ë			$\sim \omega$	· () ·		Date	Check if	ŀ	Preparer's identifi number (see Sig		on
Sign Here	\ જુ≥	Preparer's	AL XYA			00/50/5	self-employed		page 30 of the in	struction	s)
゙	Paid Preparer's Use Only	signature	HOOMET	70 6 75 -	TO	08/12/1	<u> </u>		P00295	233	<u>; </u>
	P P P P	Firm's name (or yours if	HOCKIN			100		FIN N	47_000	600	2
		self-employed), address, and ZIP code	5757 S Linco			<u> </u>		EIN D	47-080 402-44		
	<u> </u>	· · · · · · · · · · · · · · · · · · ·	111111111111111111111111111111111111111	AII, RE UOS	, 10			Phone no	Form 99		

(15)

Capital Gains and Losses for Tax on Investment Income 990-PF 2009 Form 09/30/10 10/01/09 , and ending For calendar year 2009, or tax year beginning Name **Employer Identification Number** 47-0815827 THE HAMPTON FAMILY FOUNDATION (b) How acquired P-Purchase D-Donation (d) Date sold (mo, day, yr) (a) List and describe the kind(s) of property sold, e.g., real estate 2-story brick warehouse, or common stock, 200 shs MLC Co (c) Date acquired (mo , day, yr) 11/11/05 04/05/10 LEGG MASON P (1) 02/06/01 04/05/10 P LEGG MASON (2) P 11/14/05 04/05/10 LEGG MASON (3) CAPITAL INCOME BLDR P Various 04/06/10 (4) INCOME FD OF AMER INC P 11/11/05 04/06/10 (5) P 10/22/04 04/06/10 INVESTMENT CO AMER (6)P 06/30/78 04/06/10 (7) ZIONS BANCORP P 03/23/10 04/06/10 CAPITAL INCOME BLDR (8) 03/23/10 INCOME FD OF AMER INC P 04/06/10 (9) INVESTMENT CO AMER P 03/09/10 04/06/10 (10)(11)(12)(13)(14)(15)(f) Depreciation allowed (or allowable) (g) Cost or other basis plus expense of sale (h) Gain or (loss) (e) plus (f) minus (g) (e) Gross sales price 6,718 8,072 -1,354 (1) 12,138 14,061 -1,923 (2) 7,333 8,485 -1,152 (3) 23,100 26,630 -3,530 (4) 7,972 9,425 -1,453(5) 7,088 7,913 -825 (6)6,127 14,530 -8,403 <u>(7)</u> 203 201 2 <u>(8)</u> 84 83 1 <u>(9)</u> 34 1 35 (10)(11)(12)(13)(14)<u>(15)</u> Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h)) (j) Adjusted basis as of 12/31/69 (k) Excess of col (i) over col (j), if any (i) FMV as of 12/31/69 -1,354(1) -1,923 (2) -1,152 <u>(3</u>) -3,530 (4) -1,453 <u>(5)</u> -825 (6)-8,403 (7) 2 (8) 1 (9) (10)(11)(12)(13)(14)

8/12/2011 9:38 AM Charitable Purpose ťλ Adjusted Net Statement 1 - Form 990-PF, Part I, Line 23 - Other Expenses £Q. Net Investment Federal Statements S 40 Total Ω. 355 THE HAMPTON FAMILY FOUNDATION Description Expenses BANK CHARGES FYE: 9/30/2010 Total 47-0815827

8/12/2011 9:38 AM

355 THE HAMPTON FAMILY FOUNDATION 47-0815827 Federal

FYE: 9/30/2010

Federal Statements

Statement 2 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description							
	_	Beginning of Year	_	End of Year	Basis of Valuation	_	Fair Market Value
	\$_	175,951	\$_	87,453	Cost	\$_	47,661
Total	\$	175,951	\$_	87,453		\$_	47,661

Statement 3 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	B	eginning of Year	 End of Year
OUTSTANDING CHECKS	\$	8,500	\$ 6,250
Total	\$	8,500	\$ 6,250

Statement 4 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	Amount
PRIOR YEAR FUND BALANCE ADJUST	\$1,244
Total	\$ 1,244

355 THE HAMPTON FAMILY FOUNDATION
47-0815827 Federal Statements

8/12/2011 9:38 AM

FYE: 9/30/2010

Form 990-PF, F	Part XV, Line 2b -	Application Form	nat and Required Contents
----------------	--------------------	-------------------------	---------------------------

	Description	
LETTER		
	Form 990-PF, Part XV, Line 2c - Submission Deadlines	
	Description	

NONE

Statement 5 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description

THERE ARE NO RESTRICTIONS OR LIMITATIONS. GRANTS ARE MORE LIKELY TO BE MADE TO THOSE NEBRASKA AND/OR LINCOLN COMMUNITY ORGANIZATIONS WHICH PROMOTE EDUCATION, INDIVIDUAL SELF WORTH AND INDEPENDENCE.

Form **8868** (Rev January 2011)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury

File a separate application for each return.

Internal Revenu	e Service	a sopulate t	pphoation tor caon rotarm			
-	filing for an Automatic 3-Month Extension, comple					► X
•	filing for an Additional (Not Automatic) 3-Month Ex					
Do not comp	lete Part II unless you have already been granted a	n automátic	3-month extension on a previously filed	Form 88	68.	
Electronic fil	ing (e-file). You can electronically file Form 8868 if y	ou need a 3-	month automatic extension of time to f	ile (6 mon	iths for	
	required to file Form 990-T), or an additional (not au					
8868 to reque	est an extension of time to file any of the forms listed	in Part I or P	art II with the exception of Form 8870,	Informatio	on	
	ansfers Associated With Certain Personal Benefit Co					
instructions)	For more details on the electronic filing of this form, v	risit www irs	gov/efile and click on e-file for Charitie	s & Nonpr	ofits	
Part I	Automatic 3-Month Extension of Time	e. Only su	bmit original (no copies neede	ed)		
A corporation	required to file Form 990-T and requesting an autom	natic 6-month	extension-check this box and comple	te		_
Part I only						▶ [_]
All other corpo	orations (including 1120-C filers), partnerships, REM	ICs, and trus	its must use Form 7004 to request an e	extension	of time	
to file income	tax returns.					
Type or	Name of exempt organization			Employ	er identification	number
print				. ۔ ۔		
File by the	THE HAMPTON FAMILY FOUND	ATION		47-0	815827	
due date for	Number, street, and room or suite no. If a P O. box		ctions			
filing your return See	1660 SOUTH 70TH ST, SUIT	E 203				
instructions	City, town or post office, state, and ZIP code. For a LINCOLN NE	a foreign add 68506				
Enter the Reti	urn code for the return that this application is for (file	a separate a	pplication for each return)			04
Application	<u> </u>	Return	Application			Return
ls For		Code	Is For			Code
Form 990		01	Form 990-T (corporation)			07
Form 990-B	L	02	Form 1041-A			08
Form 990-E	Z	03	Form 4720			09
Form 990-P	F	04	Form 5227			10
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T	(trust other than above)	06	Form 8870			12
Telephone If the orga If this is for the whole to a list with the	are in the care of ► MICHAEL LINDBERGE No. ► 402-489-8858 Iniziation does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box ► If it is for part of the names and EINs of all members the extension is for	FAX No s in the Unite Group Exem f the group, o	ed States, check this box ption Number (GEN) check this box and atta	this is		▶ □
until 0 for the c ▶ □ ▶ X	at an automatic 3-month (6 months for a corporation $5/15/11$, to file the exempt organization return for calendar year or tax year beginning $10/01/09$, and ending	09/3 ₀ /	ganization named above The extensio	n is		
	x year entered in line 1 is for less than 12 months, cl hange in accounting period	neck reason:	Initial return Final return		·	
	oplication is for Form 990-BL, 990-PF, 990-T, 4720, on able credits. See instructions	or 6069, ente	er the tentative tax, less any	3a	\$	0
	oplication is for Form 990-PF, 990-T, 4720, or 6069,					
	ed tax payments made Include any prior year overpa			3b	\$	81
c Balance	e due. Subtract line 3b from line 3a. Include your pay	ment with th	is form, or, if required, deposit			
with FTI	O coupon or, if required, by using EFTPS (Electronic	Federal Tax	Payment System) See	<u> </u>		-
ınstructı		 		3c	<u> </u>	0
Caution. If yo	u are going to make an electronic fund withdrawal w	ıth this Form	8868, see Form 8453-EO and Form 8	879-EO fo	Г	
payment instr	uctions					

 If you are 						
	e filing for an Additional (Not Automatic) 3-Month E					▶ X
-	omplete Part II if you have already been granted an a		•	3868		
***************************************	filing for an Automatic 3-Month Extension, compl					
Part II	Additional (Not Automatic) 3-Month I	<u>Extension (</u>	of Time. Only file the original (n	<u>o copie</u>	<u>s needed)</u>	·
Type or	Name of exempt organization			Employ	er identifica/	tion number
print						
File by the	THE HAMPTON FAMILY FOUND	DATION		47-0	815827	
extended due date for	Number, street, and room or suite no. If a P.O. bo		ons			
filing your	1660 SOUTH 70TH ST, SUIT	re 203		-		
return See	City, town or post office, state, and ZIP code. For	a foreign addre	ess, see instructions			
nstructions	LINCOLN	IE 6850	5			
Enter the Ret	urn code for the return that this application is for (file	a separate app	lication for each return)			04
Application	1	Return	Application			Return
Is For		Code	is For			Code
Form 990		01				
Form 990-B	BL	02	Form 1041-A			08
Form 990-E	Z	03	Form 4720			09
Form 990-P	PF	04	Form 5227			10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069	•		11
Form 990-T	(trust other than above)	06	Form 8870			12
	t complete Part II if you were not already granted	an automatio	- month extension on a providedly in			
 If the orga 	e No • 402-489-8858 inization does not have an office or place of business		States, check this box			▶ 🗌
If the orga If this is for the whole ost with the na I reques	inization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box If it is for pairings and EINs of all members the extension is for set an additional 3-month extension of time until	in the United Group Exempti art of the group 8/15/11	States, check this box on Number (GEN) , check this box If this is and a	attach a		▶ 🗆
If the orga If this is for the whole got with the na I reques For cale If the tax	anization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box If it is for parameters and EINs of all members the extension is for set an additional 3-month extension of time until 0 endar year The organization of the organization of the parameter of the organization of the	in the United Group Exempti art of the group 8/15/11 g 10/0	States, check this box on Number (GEN)	attach a	-	▶ []
If the orga If this is for the whole of the	enization does not have an office or place of business or a Group Return, enter the organization's four digit (group, check this box If it is for parameters and EINs of all members the extension is for extensional 3-month extension of time until Output Output Dendar year Output O	in the United Group Exempti art of the group 8/15/11 g 10/0 eck reason.	States, check this box on Number (GEN) o, check this box	attach a	e a co	► []
If the orga If this is for the whole of the	anization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box If it is for paymes and EINs of all members the extension is for an additional 3-month extension of time until andar year or other tax year beginning x year entered in line 5 is for less than 12 months, che hange in accounting period detail why you need the extension tional time is requested	in the United Group Exempti art of the group 8/15/11 g 10/0 eck reason.	States, check this box on Number (GEN) o, check this box	attach a	e a co	► []
If the orga If this is for the whole on the whole of the	anization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box If it is for pairines and EINs of all members the extension is for stan additional 3-month extension of time until endar year or other tax year beginning a year entered in line 5 is for less than 12 months, che hange in accounting period detail why you need the extension tional time is requested accurate return.	in the United Group Exempti art of the group 8/15/11 g 10/0 eck reason.	States, check this box on Number (GEN) o, check this box	attach a	e a co	-
If the orga If this is for the whole of the whole of the whole of the thin	anization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box If it is for pairings and EINs of all members the extension is for stan additional 3-month extension of time until endar year or other tax year beginning a year entered in line 5 is for less than 12 months, check thange in accounting period detail why you need the extension tional time is requested accurate return.	in the United Group Exempticant of the group 8/15/11 g 10/0 eck reason. to gather to food on the group for 6069, enter th	States, check this box on Number (GEN) of check this box If this is and a O1/09, and ending 09/30/16 Initial return There information to positive the tentative tax, less any	repar		-
If the orga If this is for the whole of the	anization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box If it is for paymes and EINs of all members the extension is for stan additional 3-month extension of time until endar year or other tax year beginning a year entered in line 5 is for less than 12 months, che hange in accounting period detail why you need the extension tional time is requested accurate return. oplication is for Form 990-BL, 990-PF, 990-T, 4720, on adable credits.	an the United Group Exempticant of the group 8/15/11 g 10/0 eck reason. to gather to gather the group or 6069, enter the group refure any refurements.	States, check this box on Number (GEN) If this is on, check this box O1/09, and ending 09/30/10 Initial return There information to possible the tentative tax, less any indable credits and	repar		-
If the orgal If this is for the whole of the	anization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box If it is for paymes and EINs of all members the extension is for stan additional 3-month extension of time until andar year or other tax year beginning a year entered in line 5 is for less than 12 months, che hange in accounting period detail why you need the extension accurate return. Oplication is for Form 990-BL, 990-PF, 990-T, 4720, or andable credits See instructions. Oplication is for Form 990-PF, 990-T, 4720, or 6069, or oplication is for Form 990-PF, 990-T, 4720, or oplication is for Form 990	an the United Group Exempticant of the group 8/15/11 g 10/0 eck reason. to gather to gather the group or 6069, enter the group refure any refurements.	States, check this box on Number (GEN) If this is on, check this box O1/09, and ending 09/30/10 Initial return There information to possible the tentative tax, less any indable credits and	repar		131
If the orga If this is for the whole on the whole of the	anization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box If it is for paymes and EINs of all members the extension is for stan additional 3-month extension of time until andar year or other tax year beginning a year entered in line 5 is for less than 12 months, che hange in accounting period detail why you need the extension accurate return. Application is for Form 990-BL, 990-PF, 990-T, 4720, or andable credits See instructions. Diplication is for Form 990-PF, 990-T, 4720, or 6069, and tax payments made Include any prior year overpayed.	s in the United Group Exemptical art of the group 8/15/11 g 10/0 eck reason. to gather or 6069, enter the enter any refurence allowed	States, check this box on Number (GEN) If this is on, check this box O1/09, and ending 09/30/10 Initial return There information to put the tentative tax, less any idable credits and it as a credit and any	repar	\$	131
If the orga If this is for the whole of the	anization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box If it is for paymes and EINs of all members the extension is for stan additional 3-month extension of time until andar year or other tax year beginning x year entered in line 5 is for less than 12 months, che hange in accounting period detail why you need the extension accurate return. Application is for Form 990-BL, 990-PF, 990-T, 4720, or andable credits See instructions. Application is for Form 990-PF, 990-T, 4720, or 6069, or ed tax payments made include any prior year overpay paid previously with Form 8868	s in the United Group Exempti art of the group 8/15/11 g 10/0 eck reason. to gather or 6069, enter the enter any refundament with this	States, check this box on Number (GEN) o, check this box If this is and a O1/09, and ending 09/30/10 Initial return There information to positive the tentative tax, less any idable credits and as a credit and any form, or, if required, deposit with	repar	\$	131
If the orga If this is for the whole got with the na I reques For cale If the tax C State in Addi and If this ap estimate amount C Balance	anization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box If it is for paymes and EINs of all members the extension is for stan additional 3-month extension of time until and the control of time until and year or other tax year beginning a year entered in line 5 is for less than 12 months, check the hange in accounting period detail why you need the extension accurate return. Application is for Form 990-BL, 990-PF, 990-T, 4720, or andable credits See instructions. Application is for Form 990-PF, 990-T, 4720, or 6069, or and the control of the co	in the United Group Exempti art of the group 8/15/11 g 10/0 eck reason. to gath or 6069, enter the content and refundation the content and refundation the content with this enal Tax Payment.	States, check this box on Number (GEN) o, check this box	repar	\$	mplete 131 131
If the orga If this is for the whole got with the na I reques For cale If the tax C State in Addi and If this ap estimate amount C Balance FTD coulding	anization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box If it is for paymes and EINs of all members the extension is for stan additional 3-month extension of time until and the control of time until and year or other tax year beginning a year entered in line 5 is for less than 12 months, check the hange in accounting period detail why you need the extension accurate return. Application is for Form 990-BL, 990-PF, 990-T, 4720, or andable credits See instructions. Application is for Form 990-PF, 990-T, 4720, or 6069, or and the control of the co	in the United Group Exemptical of the group 8/15/11 g 10/0 eck reason. To gather to gather the group of 6069, enter the group of 6069 enter the group	States, check this box on Number (GEN) If this is on check this box If this is and a O1/09, and ending 09/30/16 Initial return Interior Information to positive to the tentative tax, less any Idable credits and as a credit and any If orm, or, if required, deposit with ent System) See instructions Ind Verification	repar	\$	131
If the orga If this is for the whole got with the na I reques For cale If the tax C State in Addi and If this ap estimate amount C Balance FTD coulding	anization does not have an office or place of business or a Group Return, enter the organization's four digit of group, check this box If it is for paymes and EINs of all members the extension is for stan additional 3-month extension of time until and the control of time until and year or other tax year beginning a year entered in line 5 is for less than 12 months, checking in accounting period detail why you need the extension accurate return. Application is for Form 990-BL, 990-PF, 990-T, 4720, or and able credits See instructions. Application is for Form 990-PF, 990-T, 4720, or 6069, or and able credits See instructions. Application is for Form 990-PF, 990-T, 4720, or 6069, or and the proviously with Form 8868 By Due. Subtract line 8b from line 8a Include your payment or, if required, by using EFTPS (Electronic Federal Section of perjury, I declare that I have examined this form, including	an the United are of the group Exemptical of the group 8/15/11 g 10/0 eck reason. to gather or 6069, enter the enter any refundament allowed when the work with this eral Tax Payment accompanying second accompanying second exemptical transport and the enter and the enter any refundament with this eral Tax Payment accompanying second exemptical transport exemptions accompanying second exemptical transport exemptions accompanying second exemptions accompanying second exemption accompanying second exemptions accompanying second exemption accom	States, check this box on Number (GEN) If this is on check this box If this is and a O1/09, and ending 09/30/16 Initial return Interior Information to positive to the tentative tax, less any Idable credits and as a credit and any If orm, or, if required, deposit with ent System) See instructions Ind Verification	repar	\$ \$ and belief, it is	131