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## Form 990-PF

### **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service Treated as a Private Foundation

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

OMB No 1545-0052

2010

For	<u>caler</u>	ndar year 2010, or tax year beginning			, and er	nding				
G (	heck	all that apply Initial return		Initial return of a fo	ormer public c	harity	Final return			
		Amended return		Address change			Name change			
Na	ne of	foundation			· <del></del> ·		A Employer identification	number		
		AMERICA FIRST FOUN					01-0658759			
Nur	nber a	and street (or P O box number if mail is not delivered		•		Room/suite	<b>B</b> Telephone number			
		1004 FARNAM STREET	<u>,</u> SUI'	TE 400			402-444-16	30		
Cit	or t	own, state, and ZIP code OMAHA, NE 68102					C If exemption application is portion of the companies of			
H (	heck	type of organization X Section 501(c	)(3) exempt	private foundation			2 Foreign organizations me check here and attach co	eting the 85% test,		
	] Se	ection 4947(a)(1) nonexempt charitable trust		r taxable private found:	ation		E If private foundation stat			
l Fa	ır ma	arket value of all assets at end of year   J   Ad	counting m	ethod X Cash	Accr	ual	under section 507(b)(1)			
(f	om i	Part II, col. (c), line 16)	Other (	specify)			F If the foundation is in a 6	60-month termination		
	\$	1,736,586. (Part	l, column (	d) must be on cash	basis.)		under section 507(b)(1)			
Pa	<u>irt l</u>	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) manecessanly equal the amounts in column (a))	y not	(a) Revenue and expenses per books	(b) Net in		(c) Adjusted net income	(d) Disbursements for chantable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., received								
	2	Check X if the foundation is not required to attach Se	h B							
	3	Interest on savings and temporary cash investments		711.		711.	711.	STATEMENT 1		
	4	Dividends and interest from securities		36,732.	3	6,732.	36,732.	STATEMENT 2		
	5a	Gross rents								
	b	Net rental income or (loss)								
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	L	2,345.						
	b	Gross sales price for all assets on line 6a 112,42	4.							
ě	7	Capital gain net income (from Part IV, line 2)		·····		2,345.				
<b>—</b>	8	Net short-term capital gain					0.			
	9 10a	Income modifications Gross sales less returns and allowances		······		·····				
	b	Less Cost of goods sold								
	C	Gross profit or (loss)								
	11	Other income								
	12	Total. Add lines 1 through 11		<u>39,788.</u>	3	9,788.	37,443.			
	13	Compensation of officers, directors, trustees, etc		0.		0.	0.	0.		
	14	Other employee salaries and wages								
S	15	Pension plans, employee benefits	_!							
enses	16a	Legal fees Accounting fees IAI 3 5 25 25 11	3	190.		0.	0.	0.		
ē	b	Accounting fees	<b>↓!</b>	1 000						
ũ	I	Other professional fees STMT	4\	1,282.		0.	0.	0.		
Ě	17	Interest -	<sup>1</sup> ,				<u> </u>			
stra	18	Taxes	-							
Ē	Fig.	Depreciation and depletion								
둳	20	Occupancy		-						
	21	Travel, conferences, and meetings								
and	22	Printing and publications Other expenses STMT	5 -	17,388.		0.	0.	0.		
ij	23 24 25	Other expenses STMT  Total operating and administrative	´	177500.				<u> </u>		
era		expenses. Add lines 13 through 23		18,860.		0.	0.	0.		
Ö	26	Contributions, gifts, grants paid	<del> </del>	316,658.		<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>		316,658.		
	26	Total expenses and disbursements.		,				320,000.		
	2	Add lines 24 and 25		_335,518.		0.	0.	316,658.		
_	27									
		Excess of revenue over expenses and disbursement	,	<295,730.	>					
	1	Net investment income (if negative, enter -0-)		····		9,788.	.,			
_		Adjusted net income (if negative, enter -0-)					37,443.			
0235										

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023501 12-07-10 LHA For Paperwork Reduction Act Notice, see the instructions.

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		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	E	nd of ye	ear
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing	1,126.	12,95		12,956.
	2	Savings and temporary cash investments	663,061.	385,76	2.	385,762.
	3	Accounts receivable ►				
		Less allowance for doubtful accounts				· · · · · · · · · · · · · · · · · · ·
	4	Pledges receivable -				
		Less allowance for doubtful accounts	_		_	
	5	Grants receivable		<del>.</del>		
	6	Receivables due from officers, directors, trustees, and other			1	
	_	disqualified persons				······································
	7	Other notes and loans receivable				
		Less allowance for doubtful accounts ▶				<del></del>
Assets	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	ı	Investments - U S and state government obligations Investments - corporate stock STMT 7	703,913.	683,92	-	060 600
	i		703,913.	003,92	<del>-  </del> -	969,690.
	١.	Investments - corporate bonds	-	-91	-	
	11	Investments - land buildings, and equipment basis				
	12	Less accumulated depreciation			-	
	13	Investments - mortgage loans Investments - other STMT 8	373,531.	373,26	2	368,178.
	14	Land, buildings, and equipment basis	373,331.	3/3,20	2.	300,170.
	'"	Less accumulated depreciation	1		1	
	15	Other assets (describe )			_	
	'"	Other assets (describes				· · · · · · · · · · · · · · · · · · ·
	16	Total assets (to be completed by all filers)	1,741,631.	1,455,90	1.	1,736,586.
	17	Accounts payable and accrued expenses				
	18	Grants payable				
S	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
jabi	21	Mortgages and other notes payable				
_	22	Other liabilities (describe )		_		
	23	Total liabilities (add lines 17 through 22)	0.		0.	
		Foundations that follow SFAS 117, check here				
Ś		and complete lines 24 through 26 and lines 30 and 31.				
	24	Unrestricted	1,741,631.	1,455,90	1.	
ala	25	Temporarily restricted				
a B	26	,		_		
Net Assets or Fund Balance		Foundations that do not follow SFAS 117, check here				
<u>_</u>		and complete lines 27 through 31.	İ			
ets	27	Capital stock, trust principal, or current funds			_	
<b>ASS</b>	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
et/	29	Retained earnings, accumulated income, endowment, or other funds  Total net assets or fund balances	1,741,631.	1,455,90	1	
Z	30	I OTAT HEL 922612 OF INTIO DATABLES	1,741,031.	1,433,30		
	31	Total liabilities and net assets/fund balances	1,741,631.	1,455,90	1.1	
				1,433,50	<u> </u>	
P	art	Analysis of Changes in Net Assets or Fund B	alances			
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30			
		st agree with end-of-year figure reported on prior year's return)			1	1,741,631.
2	•	r amount from Part I, line 27a			2	<295,730.>
		r increases not included in line 2 (itemize)	SEE STA	TEMENT 6	3	10,000.
		lines 1, 2, and 3			4	1,455,901.
		eases not included in line 2 (itemize)			5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		6	1,455,901.
					-	Form 900-DE (2010)

Part IV	Capital Gains a	and Los	sses for Tax on In	vestment	Income						<del></del>
	2-story brick wa	rehouse, o	d(s) of property sold (e g r common stock, 200 shs			(b) l D	low acc - Purch - Donai	tion  _	(c) Date a (mo , da	ıy, yr)	(d) Date sold (mo , day, yr )
	HARES KIMB						J		08/05		08/25/10
			-CLARK CORP		_				08/10		08/25/10
	BANK NV N						1	₽ _	07/0	7/10	12/15/10
d CAPI	TAL GAINS	DIVID	ENDS								
<u>e</u>			<del></del>			L.,					
(e) G	ross sales price		epreciation allowed (or allowable)		t or other basis xpense of sale		(h) Gain or (loss) (e) plus (f) minus (g)				(g)
<u>a</u>	4,833.				4,41						418.
b	17,398.				15,57						1,821.
<u> </u>	90,000.		<u></u>		90,08	7.					<87.
<u>d</u>	193.							_			193.
е					·						
Complet	e only for assets showin	g gain in c	olumn (h) and owned by	the foundation	on 12/31/69					ol (h) gain	
(i) F M	V as of 12/31/69		) Adjusted basis as of 12/31/69		cess of col (ı) col (ı), ıf any		col (k), but not less than -0-) or Losses (from col (h))				
a											418.
b											1,821.
<u>c</u>											<87.
<u>d</u>			<u> </u>								193.
е											
2 Capital ga	ain net income or (net ca	pital loss)	If gain, also enter	r in Part I, line - in Part I, line	7 7	}	2				2,345.
_			ied in sections 1222(5) an								
	so enter in Part I, line 8,	•	, ,	iu (0)		)					
-	enter -0- in Part I, line 8					J.	3				<87.
Part V	Qualification U	nder S	ection 4940(e) for	Reduced	Tax on Net	Inv	estm	ent Inc	ome		
(For optional	l use by domestic private	foundatio	ns subject to the section 4	4940(a) tax on	net investment in	come	e)				
if a salvana 40	40/d\/0\ annicae   lacco #6		<b>-1.</b>								
it section 494	40(d)(2) applies, leave th	iis part bia	пк								
Was the four	ndation liable for the sect	tion 4942 t	ax on the distributable am	nount of any ye	ear in the base pei	rıod?					Yes X No
			ection 4940(e). Do not co								
1 Enter the	appropriate amount in o	each colun	nn for each year, see instr	uctions before	making any entri	es					<del></del>
	(a) Base period years	- 1	(b)			(c)				Distri	(d) bution ratio
Calendar y	year (or tax year beginnii	ng in)	Adjusted qualifying dis	I	Net value of no					col (b) dr	vided by col (c))
	2009			9,600.				3 <b>,</b> 578			.045136
	2008	.,		5 <u>,</u> 153.		1		1,375			.057418
	2007			9,293.				0 <b>,</b> 708			.114960
	2006			2,459.				3,02 <u>9</u>			.751522
	2005		17	4,523.	l		26	1,073	•		.668484
2 Total of I	ine 1, column (d)								2	·	1.637520
3 Average of	distribution ratio for the	5-year bas	e period - divide the total (	on line 2 by 5,	or by the number	of ye	ars				
the found	lation has been in existe	nce if less t	than 5 years						3		.327504
4 Enterthe	net value of noncharitat	le-use ass	ets for 2010 from Part X,	line 5					4		<u>1,693,029.</u>
5 Multiply l	ine 4 by line 3								5		554 <b>,</b> 474.
6 Enter 1%	of net investment incon	ne (1% of l	Part I, line 27b)						6		<u>398.</u>
7 Add lines	5 and 6								7		554,872.
•	alifying distributions fron								8		316,658.
	s equal to or greater thar Part VI instructions	i line 7, ch	eck the box in Part VI line	t 1b, and comp	olete that part usin	ig a 1	% tax r	ate			

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Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e	), or 4	948 -	see i	nstru	ction	าร)
1a	Exempt operating foundations described in section 4940(d)(2), check here   and enter "N/A" on line 1	)					
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)						
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	<b>þ</b>	1			7	<u>96.</u>
	of Part I, line 27b						
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)	)					_
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2				0.
3	Add lines 1 and 2		3			7	96.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5				<u>96.</u>
6	Credits/Payments	E 4 O					
	——————————————————————————————————————	540 <u>.</u>					
	Exempt foreign organizations - tax withheld at source  Transport with an electric foreign organization - tax withheld at source						
	Tax paid with application for extension of time to file (Form 8868)  Beautiful with bodger arrangement with add						
	Backup withholding erroneously withheld  Total credits and payments. Add lines for through 6d.		_			_	40
_	Total credits and payments Add lines 6a through 6d  Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached		7				$\frac{40.}{2}$
8 9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		8			2	<del>59.</del>
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		9				<u> </u>
	Enter the amount of line 10 to be Credited to 2011 estimated tax	104	10 11				
	irt VII-A Statements Regarding Activities	ucu 🚩					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or i	ntervene	ın			Yes	No
	any political campaign?				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for defin	ution)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials p		d or				
	distributed by the foundation in connection with the activities.						
C	Did the foundation file Form 1120-POL for this year?				10		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation ▶ \$ 0 . (2) On foundation managers ▶ \$	0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	on					
	managers ► \$O.						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
	If "Yes," attach a detailed description of the activities						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporate to the IRS, in its governing instrument, articles of incorporate to the IRS, in its governing instrument, articles of incorporate to the IRS, in its governing instrument, articles of incorporate to the IRS, in its governing instrument, articles of incorporate to the IRS, in its governing instrument, articles of incorporate to the IRS, in its governing instrument, articles of incorporate to the IRS, in its governing instrument, articles of incorporate to the IRS, in its governing instrument, articles of incorporate to the IRS, in its governing instrument, articles of incorporate to the IRS, in its governing instrument, articles of incorporate to the IRS, in its governing instrument, articles of incorporate to the IRS, in its governing instrument, articles of incorporate to the IRS, in its governing instrument, articles of incorporate to the IRS, in its governing instrument, articles of the IRS, in its govern	oration, o	г				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3_		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			,_	4a		Х
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
c	If "Yes," attach the statement required by General Instruction T						
D	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or      By state legislation that effectively amende the governing materials and the control of the state of the st	41					
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with remain in the governing instrument?	tne state	iaw				v
7	remain in the governing instrument?  Did the foundation have at least \$5,000 in assets at any time during the year?				7	Х	<u> </u>
•	If "Yes," complete Part II, col. (c), and Part XV.				<b>'</b>	Λ	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
va	NE						
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate	<u> </u>					
	of each state as required by General Instruction G? If "No," attach explanation	''			8b	X	1
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5)	) for cale	ndar		- 50		
-	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV	,			9	X	1
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and address	es			10		X

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had not been removed from jeopardy before the first day of the tax year beginning in 2010?

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)		
5a During the year did the foundation pay or incur any amount to					
(1) Carry on propaganda, or otherwise attempt to influence legislation (sect	ion 4945(e))?	Y6	s X No		
(2) Influence the outcome of any specific public election (see section 4955)	, or to carry on directly or indire	ectly,			
any voter registration drive?		Y6	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purpos	es?	Y£	s X No		
(4) Provide a grant to an organization other than a charitable, etc., organizal	tion described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?	509(a)(1), (2), or (3), or section 4940(d)(2)?				
(5) Provide for any purpose other than religious, charitable, scientific, literal	or				
the prevention of cruelty to children or animals?		Y6	es X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify it	inder the exceptions described i	n Regulations			
section 53 4945 or in a current notice regarding disaster assistance (see ins	tructions)?	-	N/A	5b	
Organizations relying on a current notice regarding disaster assistance check	k here				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	n from the tax because it mainta	ined	ŀ		
expenditure responsibility for the grant?		/A 🔲 Ye	es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.49	945-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly,			1		1
a personal benefit contract?		Ye	es X No		1
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	a personal benefit contract?			6b	x
If "Yes" to 6b, file Form 8870					
7a At any time during the tax year, was the foundation a party to a prohibited ta.	x shelter transaction?	Ye	es X No		
b If "Yes," did the foundation receive any proceeds or have any net income attr	ibutable to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trus	stees, Foundation Ma	nagers, Highly	<b>y</b>		
1 List all officers, directors, trustees, foundation managers and the	ir compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e	Expense ount, other
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acc	ount, other lowances
LISA Y ROSKENS	PRESIDENT		,		
1004 FARNAM STREET, SUITE 400					
OMAHA, NE 68102	0.00	0.	0.		0.
MICHAEL J DRAPER	SECRETARY/TRE	ASURER			
1004 FARNAM STREET, SUITE 400					
OMAHA, NE 68102	0.00	0.	0.		0.
MICHAEL B YANNEY	DIRECTOR				
WOODMAN TOWER 2850					
OMAHA, NE 68102	0.00	0.	0.		0.
MARK A HIATT	DIRECTOR				
1004 FARNAM STREET, SUITE 400					
OMAHA, NE 68102	0.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those i	ncluded on line 1). If none,	enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	acc al	Expense ount, other llowances
NONE			Companies	† <u> </u>	
		<del>                                     </del>		<u> </u>	
			<del></del>		
	7				
			<del></del>		
Total number of other employees paid over \$50,000	<u></u>	<del>-</del>		1	0

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Part VIII Information About Officers, Directors, Trustees, Foundati Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2) 1) po el cel·lice	(-)
HONE		
	-, -	
<u> </u>		
<del></del>		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities	. <del>-</del>	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic	al information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produc	ced, etc	Expenses
THE AMERICA FIRST FOUNDATION'S SOLE ACTIVITY	IS PROVIDING	
FUNDING TO OTHER QUALIFIED 501(C)(3) ORGANIZA	TIONS TO AID	
THEIR OPERATIONS AND CHARITABLE PURPOSES.		0.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	nes 1 and 2	Amount
1N/A		
·		
2		
- <u></u>		
All other program-related investments. See instructions		
3		

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign fou	ndations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1 1a	1,228,941.
	Average of monthly cash balances	1b	1,228,941. 489,870.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	1,718,811.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) le 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,718,811.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	25,782.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	1,693,029.
6	Minimum investment return. Enter 5% of line 5	6	84,651.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here X and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2010 from Part VI, line 5		
b	Income tax for 2010 (This does not include the tax from Part VI)  2b		
C	Add lines 2a and 2b	20	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	
P	art XII Qualifying Distributions (see Instructions)		-
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	316,658.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	<u> </u>
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	316,658.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	1 1	
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	316,658.
	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

Form **990-PF** (2010)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see	III STRUCTIONS)	N/A		
	(a) Corpus	(b)	(c) 2009	(d) 2010
Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
line 7				
Undistributed income, if any, as of the end of 2010				
a Enter amount for 2009 only				
b Total for prior years	<del></del>		1,	
n rotal for prior years				
Excess distributions carryover, if any, to 2010	······································			. , . , . ,
a From 2005				
b From 2006				
c From 2007				
1 From 2008				
e From 2009				
<del></del>				
f Total of lines 3a through e				
Qualifying distributions for 2010 from Part XII, line 4 > \$				
· · · · · · · · · · · · · · · · · · ·				
a Applied to 2009, but not more than line 2a	<del></del>			
b Applied to undistributed income of prior				
years (Election required - see instructions)		<del></del>		
c Treated as distributions out of corpus				
(Election required - see instructions)	· · · -	-		
d Applied to 2010 distributable amount				
e Remaining amount distributed out of corpus				<del></del>
Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount				
must be shown in column (a) )				
Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b Prior years' undistributed income Subtract	······································			
line 4b from line 2b				
Enter the amount of prior years'	······	<del></del>		
undistributed income for which a notice of				
deficiency has been issued, or on which				
the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b Taxable	·····			<b></b>
amount - see instructions				
e Undistributed income for 2009 Subtract line	·····	-		
4a from line 2a Taxable amount - see instr				
f Undistributed income for 2010 Subtract	······		-	
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				
Amounts treated as distributions out of		1		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	<del></del>			
Excess distributions carryover from 2005				
not applied on line 5 or line 7				
Excess distributions carryover to 2011.				
Subtract lines 7 and 8 from line 6a				
Analysis of line 9				
a Excess from 2006				
b Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010		1	1	

ì

(			-,		
1 a If the foundation has received a ruling o			0.5 /	00/00	
foundation, and the ruling is effective fo		•		08/02	
b Check box to indicate whether the found		g foundation described in		4942(J)(3) or 49	42( <u>J)(</u> 5)
2 a Enter the lesser of the adjusted net	Tax year	(h) 0000	Prior 3 years	(4) 0007	(a) Tatal
income from Part I or the minimum	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for	27 442	26 207		47 535	111 205
each year listed	37,443. 31,827.	26,307.	0.	47,535.	111,285.
<b>b</b> 85% of line 2a	31,827.	22,361.	0.	40,405.	94,592.
c Qualifying distributions from Part XII,	216 650	70 600	105 150	100 202	610 704
line 4 for each year listed	316,658.	79,600.	105,153.	109,293.	610,704.
d Amounts included in line 2c not					
used directly for active conduct of	0.	0.	0.	0.	0
exempt activities	·	<u> </u>	0.	0.	0.
e Qualifying distributions made directly					
for active conduct of exempt activities	316,658.	79,600.	105 152	100 202	610 704
Subtract line 2d from line 2c Complete 3a, b, or c for the	310,030.	19,000.	105,153.	109,293.	610,704.
alternative test relied upon					
<ul> <li>a "Assets" alternative test - enter</li> <li>(1) Value of all assets</li> </ul>	1 730 072	1 908 780	1,761,012.	1 010 142	7 318 006
• •	1,730,072.	1,000,700.	1,701,012.	1,910,142.	7,310,000.
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0.
b "Endowment" alternative test - enter 2/3 of minimum investment return					
shown in Part X, line 6 for each year	56.404	50 706	61.046	01.600	00= 0=6
listed	56,434.	58,786.	61,046.	31,690.	207,956.
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					0.
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					0.
(3) Largest amount of support from					
an exempt organization					0.
(4) Gross investment income					0.
Part XV Supplementary Info			if the foundation	had \$5,000 or mo	ore in assets
at any time during t	the year-see the i	nstructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh year (but only if they have contributed n	o have contributed more nore than \$5,000) (See s	than 2% of the total conti ection 507(d)(2) )	ributions received by the f	foundation before the clos	se of any tax
NONE					
b List any managers of the foundation who ther entity) of which the foundation ha			or an equally large portio	n of the ownership of a pa	artnership or
NONE	ou 1070 of grouter interes	,			
2 Information Regarding Contribut	ion Grant Gift Loon	Sabalambia eta Dr			<del> </del>
Check here 🕨 🔲 if the foundation of	only makes contributions t	to preselected charitable	organizations and does n		
the foundation makes gifts, grants, etc				mplete items 2a, b, c, and	l d
a The name, address, and telephone num	ber of the person to whor	n applications should be	addressed		
SEE STATEMENT 9					
<b>b</b> The form in which applications should t	be submitted and information	tion and materials they sh	nould include		
c Any submission deadlines			<u> </u>		
d Any restrictions or limitations on award	s, such as by geographica	ai areas, charitable fields,	kinds of institutions, or o	ther factors	

Part XV Supplementary Information (continued)

Page 11

3 Grants and Contributions Paid During the Y	ear or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
			i	
		1		
SEE STATEMENT 10				
Total Total			<b>▶</b> 3a	316,658.
b Approved for future payment				
NONE				
Total			<b>▶</b> 3b	0.

r gross amounts unless otherwise indicated	Unrelated	business income		section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu-	(d)	Related or exemp
rogram service revenue	code	Amount	sion code	Amount	function income
	_				
	4 (				
Fees and contracts from government agencies					
Membership dues and assessments		<del>.</del>	<del></del>		<del></del>
nterest on savings and temporary cash			1.4	711	
nvestments			14	711.	
ividends and interest from securities	<u> </u>		14	36,732.	
let rental income or (loss) from real estate		·····			
Debt-financed property			<del></del>		
Not debt-financed property			<del>                                     </del>		<del></del>
let rental income or (loss) from personal					
roperty Other investment income					
Gain or (loss) from sales of assets other					
han inventory			18	2,345.	
Net income or (loss) from special events			<del>-  </del>	2/313.	
Gross profit or (loss) from sales of inventory			_		
Other revenue					
l					
			_ + +		
	i I			<del></del>	
}					
Subtotal Add columns (b), (d), and (e)		(	).	39,788.	
Total Add line 12, columns (b), (d), and (e)				13	39,7
worksheet in line 13 instructions to verify calculation	ons )				•
rt XVI-B Relationship of Activit		nnlichment of	Evomet D	Irpococ	
· ·					
e No. Explain below how each activity for which				importantly to the accomp	olishment of
the foundation's exempt purposes (other	r than by providing fund	s for such purposes)			
	<del></del>	<del> </del>			
		·			
I					
					<del></del>

Form 990-	PF (2010) AMER I	CA FIRST	FOUND	ATION		01-0	658759	Pa	age 1 <b>3</b>
Part X	VII Information R Exempt Organ		nsfers To	and Transactions a	nd Relations	hips With None	charitable		
the C a Tran	he organization directly or ind Code (other than section 501(o sfers from the reporting found Cash	lirectly engage in an c)(3) organizations)	or in section 5	27, relating to political organ		on 501(c) of	1a(1)		No X
(2)	Other assets						1a(2)	ļ	X
	r transactions						Ì		.,
	Sales of assets to a noncharita						1b(1)	-	X
	Purchases of assets from a no Rental of facilities, equipment,	· · · · · · · · · · · · · · · · · · ·	t organization				1b(2) 1b(3)	_	X
	Reimbursement arrangements						1b(3)	1	X
	Loans or loan guarantees	•					1b(5)		X
	Performance of services or m	embership or fundr	aising solicitati	ons			1b(6)		X
c Shar	ing of facilities, equipment, m	ailing lists, other as	sets, or paid en	nployees			10		Х
d If the	answer to any of the above is	s "Yes," complete th	e following sch	edule Column (b) should alv	ways show the fair n	narket value of the go	ods, other as	sets,	
	ervices given by the reporting				ie in any transaction	or sharing arrangem	ent, show in		
	mn (d) the value of the goods,							<del></del>	
(a) Line no	(b) Amount involved	(c) Name	N/A	le exempt organization	(0) Description	of transfers, transactions	s, and shanng a	rrangem	ents
			IN/A						
	<del> </del>								
		<u> </u>		•	<del>                                     </del>				
				<u> </u>					
							-		
				····					
						*			
			<del></del>		-				
						<del></del>			
		-				<u>.</u>	•		
ın se	e foundation directly or indirect ction 501(c) of the Code (others," complete the following sch (a) Name of or	er than section 501) hedule				(a) Description of rela	Yes	X	No.
	N/A	yumzativii		(b) Type of organization		(c) Description of rela	uonsiiip		
								_	
			<del></del>						
Sign Here	Under penalties of perjury, I declar and complete Departation of preposition of preposition of preposition of the second of the	wher (other than taxpay	this return, includer or fiduciary) is t	pased on all information of which	preparer has any knowle	edge	and belief, it is t	rue, com	act,
	Print/Type preparer's n		Preparer's	Daté Signature	Date		PTIN		
Paid Prepa			i ichaici s	ວາຜູາາຜເບາະ	Date	self- employed	· 11¥		····

Firm's EIN Phone no

Use Only | Firm's name ▶ | Firm's address ▶

FORM 990-PF INTEREST ON SAV	INGS A	ND TEM	PORARY CA	ASH II	NVESTMENTS	STATEMENT	1
SOURCE						AMOUNT	1
CHARLES SCHWAB							711.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN A				711.
FORM 990-PF DIVIDEN	DS AND	INTER	EST FROM	SECUI	RITIES	STATEMENT	2
SOURCE		GROSS	AMOUNT		ITAL GAINS IVIDENDS	COLUMN ( AMOUNT	
CHARLES SCHWAB			36,925.		193.	36,	732.
TOTAL TO FM 990-PF, PART I,	LN 4		36,925.		193.	36,	732.
FORM 990-PF		LEGAL	FEES			STATEMENT	. 3
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT IN		(C) ADJUSTED NET INCOM		ABLE
LEGAL FEES		190.		0.		0.	0.
TO FM 990-PF, PG 1, LN 16A		190.		0.		0.	0.
FORM 990-PF	OTHER	PROFES	SIONAL F	EES		STATEMENT	· 4
DESCRIPTION	EXPE	A) NSES BOOKS	(B) NET INVI MENT IN		(C) ADJUSTED NET INCOM		ABLE
TAX EXPENSE	<del></del>	1,282.		0.		0.	0.
TO FORM 990-PF, PG 1, LN 16C		1,282.		0.		0.	0.

FORM 990-PF	OTHER E	XPENSES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCOM		
MANAGEMENT FEES WEB CHARGES MISCELLANEOUS	17,079. 40. 269.	0 0	•	0. 0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	17,388.	0	•	0. 0.	
FORM 990-PF OTHER INCREASES	IN NET ASS	ETS OR FUND	BALANCES	STATEMENT 6	
DESCRIPTION				AMOUNT	
DISTRIBUTIONS RECEIVED FROM T	'AX EXEMPT I	NVESTMENT		10,000.	
TOTAL TO FORM 990-PF, PART II	I, LINE 3			10,000.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 7	
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE	
ABBOTT LABORATORIES - 715 SHABECTON DICKINSON & CO - 550 SAUTO DATA PROCESSING - 935 SHOWAGRA FOODS INC - 1,240 SHABEDIAGEO PLC NEW ADR - 760 SHAREDIAGEO PLC NEW ADR - 1,230 SHAREDIAGEO PLC NEW PLOTE SHAREDIAGEO PLC NEW PLOTE PL	HARES LARES LES LES LARES		38,330. 36,476. 35,257. 17,752. 42,566. 60,633. 36,599. 48,007. 38,218. 25,680. 42,327. 47,268. 36,980. 39,985. 39,876. 37,309. 25,334.	34,256. 46,486. 43,272. 27,999. 62,918. 62,918. 65,387. 57,913. 42,066. 40,782. 68,557. 102,483. 51,038. 70,034. 53,381. 40,219. 38,608.	
KIMBERLY-CLARK CORP - 345 SHARES	RES		0. 35,324.	0. 61,373.	

FORM 990-PF OTHER	RINVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
AMER 1ST TAX EX INVTRS LP - 20000	COST		
BUCS		123,495.	104,800.
ISHARES TR BARCLAYS FUND	COST	74,923.	77,726.
ISHARES TR BARCLASY TIPS	COST	74,718.	80,102.
MFA FINANCIAL INC	COST	100,126.	105,550.
TOTAL TO FORM 990-PF, PART II, LINE	13	373,262.	368,178.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LISA Y ROSKENS 1004 FARNAM STREET, SUITE 400 OMAHA, NE 68102

TELEPHONE NUMBER

402-444-1630

FORM AND CONTENT OF APPLICATIONS

APPLICATIONS SHOULD BE SUBMITTED IN LETTER FORM AND INCLUDE GENERAL INFORMATION ABOUT THE ORGANIZATION, ITS ACTIVITIES AND THE AMOUNT OF FUNDING REQUESTED. THEY SHOULD ALSO CONFIRM THEIR STATUS AS A 501(C)(3).

ANY SUBMISSION DEADLINES

N/A

RESTRICTIONS AND LIMITATIONS ON AWARDS

RESTRICTIONS ARE SET UP AT THE DISCRETION OF THE BOARD MEMBERS. FACTORS AFFECTING THEIR DECISION INCLUDE AVAILABLE FUNDING AND THE MISSION OF THE ORGANIZATION RECEIVING THE GRANT.

8401 WEST DODGE ROAD, STE 100

6001 DODGE STREET OMAHA, NE

1301 HARNEY STREET OMAHA, NE

OMAHA, NE 68114

FOUNDATION

68182

68102

UNIVERSITY OF NEBRASKA

GREATER OMAHA ECONOMIC

DEVELOPMENT PARTNERSHIP

	AND CONTRIBUTIONS DURING THE YEAR	STATEMENT 10		
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT		AMOUNT	
CHRIST COMMUNITY CHURCH 404 SOUTH 108 AVENUE OMAHA, NE 68154	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	250.	
APARTMENT ASSOCIATION OF SOUTHERN INDIANA 101 PLAZA EAST BLVD. #110 EVANSVILLE, IN 47715	NONE SUPPORT FOR OPERATIONS		300.	
WOUNDED WARRIER PROJECT 920 SOUTH 107 AVE, STE 250 OMAHA, NE 68114		PUBLIC CHARITY	460.	
STANFORD HOSPITAL AND CLINICS 326 GALVEZ STREET STANFORD, CA 94305	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	500.	
STRATEGIC AIR AND SPACE MUSEUM 28210 WEST PARK HIGHWAY ASHLAND, NE 68003		PUBLIC CHARITY	500.	
OMAHA ZOO FOUNDATION	NONE	PUBLIC	1,000.	

NONE

NONE

SUPPORT FOR OPERATIONS CHARITY

SUPPORT FOR OPERATIONS CHARITY

SUPPORT FOR OPERATIONS

PUBLIC

CHARITY

PUBLIC

STATEMENT(S) 10

1,000.

2,500.

AMERICA FIRST FOUNDATION			01-0658759
ALL OUR KIDS/VINNEBRASKA 1004 FARNAM STREET, STE 400 OMAHA, NE 68102	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	5,000.
CREIGHTON UNIVERSITY 2500 CALIFORNIA STREET OMAHA, NE 68178	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	10,000.
DURHAM WESTERN HERITAGE MUSEUM 801 S 10TH STREET OMAHA, NE 68102	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	20,000.
EDUCATE UGANDA 2256 SOUTH 186TH STREET OMAHA, NE 68130	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	250.
FONTENELLE NATURE ASSOCIATION 1111 N BELLEVUE BLVD BELLEVUE, NE 68005	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	2,500.
BACK TO THE RIVER PO BOX 3802 OMAHA, NE 68103	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	202,648.
NEBRASKA HUMANE SOCIETY 8929 FORT STREET OMAHA, NE 68134	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	10,000.
OMAHA SUMMER ARTS FESTIVAL PO BOX 31036 OMAHA, NE 68131	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	1,250.
FOUNDATION FOR INTERNATIONAL ARTS 4630 MONTGOMERY AVENUE BETHESDA, MD 20814	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	10,000.
OMAHA SYMPHONY 1605 HOWARD STREET OMAHA, NE 68102	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	5,000.

' AMERICA FIRST FOUNDATION			01-0658759
METHODIST HOSPITAL FOUNDATION 8401 WEST DODGE RD, STE 225 OMAHA, NE 68114	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	10,000.
WOMEN'S FUND OF OMAHA 7642 PIERCE STREET OMAHA, NE 68124	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	1,500.
YANNEY HERITAGE PARK C/O KEARNEY COMMMUNITY FOUNDATION 1007 SECOND AVENUE KEARNEY, NE 66847	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	20,000.
YFC, INC 1124 N HAPPY HOLLOW BLVD OMAHA, NE 68132	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	1,000.
YMCA OF GREATER OMAHA 430 SOUTH 20TH STREET OMAHA, NE 68102	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	1,000.
OMAHA SPORTS COMMISSION 500 ENERGY PLAZA, 409 S 17 ST OMAHA, NE 68102	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	5,000.
UNMC FOUNDATION 42 & EMILE OMAHA, NE 68198	NONE SUPPORT FOR OPERATIONS	PUBLIC CHARITY	5,000.
TOTAL TO FORM 990-PF, PART XV, L	INE 3A		316,658.

#### Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only  All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.  Type or print  AMERICA FIRST FOUNDATION  Number, street, and room or suite no if a PO box, see instructions 1004 FARNAM STREET, SUITE 400  City, town or post office, state, and ZIP code For a foreign address, see instructions OMAHA, NE 68102  Enter the Return code for the return that this application is for (file a separate application for each return)  Application SFORM  Application SFORM  Application SFORM  Code Form 990-BL  O2 Form 1041-A  O8 Form 990-EZ  O3 Form 4720  O9 Form 990-T (see 401(a) or 408(a) trust)  Form 990-T (trust other than above)  O4 FARNAM STREET, SUITE 400  Code Form 990-T (trust other than above)  O5 Form 8870  TISA Y ROSKENS  The books are in the care of  104 FARNAM STREET, SUITE 400 — OMAHA, NE 68102  Telephone No  402-444-1630  FAX No.   If this is for the whole group, check this  If this is for the whole group, check this	● If you a	re filing for an Automatic 3-Month Extension, comple	te only Pa	irt I and check this box		<b>•</b>	X
Rectronic filing (e-file). You can electronically file Form 9868 if you need a 3-month automatic extension of time to file (if Form 990-T), or an additional (not automatics) 3-month extension of time. You can electronically file Form 8868 to requize an extension of time to file any of the forms betted in Part I with the exception of Form 870, information Fletum for Transfers Associated With Certain Part I with the exception of Form 870, information Fletum for Transfers Associated With Certain Part I with the exception of Form 870, information Fletum for Transfers Associated With Certain Part I with the exception of Form 870, information Fletum for Transfers Associated With Certain Part I with the exception of Form 870. Information Fletum for Transfers Associated With Certain Part I with the Composition of the file of Chartes's Abnophositis Part I with the Composition of Form 990. The file of Chartes's Abnophositis Part I with the Compositions (including 1120-C fileral), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of including 1120-C fileral), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of including 1120-C fileral), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of including 1120-C fileral), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of including 1120-C fileral), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of including 1120-C fileral), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of including 1120-C fileral), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of including 1120-C fileral), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of including 1120-C fileral), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of including 1120-C fileral), partnerships, REMICs, and trusts m	• If you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form)		
equired to file Form 990-Th, or an additional (not automatic) 3-month extension of time. You can electronically file Form 980-Bit or required an extension of time to file any of the forms 1840 in Part of Part II with the exception of Form 9870. (Internation 3-Month Extension) of Franchise 3-Month Extension of Time. Only submit original (no copies needed).    Part I   Automatic 3-Month Extension of Time. Only submit original (no copies needed).	Do not co	omplete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fil	ed For	m 8868.	
Amplication to file any of the forms listed in Part I for Part II with the exception of Form 870, Information Return for Transfers Associated With Centar Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, part www.irs.gavietifie and click on e-file for Contracts.  Part I automatic 3-Month Extension of Time. Only submit original (inc copies needed).  Acopporation regived to file Form 990-1 and requesting an automatic 6-month extension -check this box and complete Part I only with the corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time on the income tax returns.  Name of exempt origination  MERICA FIRST FOUNDATION  Name of exempt origination  MERICA FIRST FOUNDATION  Number, street, and come or suite no If a P O box, see instructions  1004 FARNAM STREET, SUITE 400  Enter the Return code for the return that this application is for (file a separate application for each return)  O 14  Application  S For Code Is Form 900-1 (corporation)  Form 990-1 (corpora	Electroni	c filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of time to	o file (6	months for a corpo	oration
Parsonal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, year twww.us.gov/efile and click on e-file for Charbas & Nonprofits.  Part 1   Automatic 3-Month Extension of Time. Only submit original (no copies needed).  A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete rart conly.  Will other corporations (including 1/120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to do le nacrome tax returns.  Type or Infinity in the part original formation of the complete formation of the nacrome tax returns.  Type or Infinity in the part original formation of the complete formation of the nacrome tax returns.  Type or Infinity in the part original formation of the nacrome tax returns.  Type or Infinity in the part original formation of the nacrome tax returns.  Type or Infinity in the part original formation of the nacrome tax returns.  Type or Infinity in the part original formation of the nacrome tax returns.  Type or Infinity in the part original formation or the nacrome or suite no if a P O box, see instructions  MARRICA FIRST FOUNDATION  Number, street, and room or suite no if a P O box, see instructions  OMAHA, NE 6810.2  Enter the Return code for the return that this application is for (file a separate application for each return)  O	required t	o file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 88	368 to request an e	xtension
Part   Automatic 3-Month Extension of Time. Only submit organal (no copies needed).	of time to	file any of the forms listed in Part I or Part II with the ex-	ception of	Form 8870, Information Return for Tran	sfers A	Associated With Ce	rtaın
Part I	Personal	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on the	ne elec	tronic filing of this f	orm,
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Dart I only 201 of their corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time on the income tax returns.  AMERICA FIRST FOUNDATION  Number, street, and room or suite no if a PO box, see instructions 1004 FARNAM STREET, SUITE 400  Number, street, and room or suite no if a PO box, see instructions 1004 FARNAM STREET, SUITE 400  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Application  Form 990-T code  Form 990-T corporation)  Form 990-T code 4016g) or 408(a) trust)  Form 990-T (see 1016g)  Form 990	visit www	irs.gov/efile and click on e-file for Charities & Nonprofits	3				
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of hie income fax refulms.    Type of hie income fax refulms	Part I	Automatic 3-Month Extension of Time	e. Only su	bmit original (no copies needed).			
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The bodies are returns.  Name of exempt organization  AMERICA FIRST FOUNDATION  Number, street, and room or suite no if a P O box, see instructions  1004 FARNAM STREET, SUITE 400  City, town or post office, state, and ZIP code For a foreign address, see instructions  OMAHA, NE 68102  Enter the Return code for the return that this application is for (file a separate application for each return)  O 4  Application  SFOT  Code  Form 990  O1 Form 990-T (corporation)  O2 Form 990-EZ  O3 Form 990-EZ  O3 Form 990-F  O4 Form 990-T (see 401(a) or 498(a) trust)  O5 Form 990-T (see 401(a) or 498(a) trust)  O5 Form 990-T (trust other than above)  O6 Form 990-T (trust other than above)  O7 Form 990-T (trust other than above)  O8 Form 8870  The books are in the care of \$\bigcup \) 104 FARNAM STREET, SUITE 400 — OMAHA, NE 68102  Telephone No \$\bigcup 402 - 444 - 1630  Telephone No \$\bigcup	Part I only	1				<b>•</b>	
Americal First Foundation   American First Foundation	All other o	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request an	exten	sion of time	
AMERICA FIRST FOUNDATION  Number, street, and room or suite no. If a P O box, see instructions  100.4 FARNAM STREET, SUITE 400  City, town or post office, state, and ZIP code. For a foreign address, see instructions  OMAHA, NE 6810.2  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  SFOT  Code Is For  Co	to file inco	ome tax returns.			,		
AMERICA FIRST FOUNDATION  Number, street, and room or suft en of if a PO box, see instructions  Number, street, and room or suft en of if a PO box, see instructions  1004 FARNAM STREET, SUITE 400  City, town or post office, state, and ZIP code For a foreign address, see instructions  OMAHA, NE 68102  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  S For  Code Is For H220  SPORT 990-BL  O2 Form 990-BL  O3 Form 990-FC  O3 Form 990-FC  O3 Form 990-FC  O5 Form 990-FC  O5 Form 990-T (see 401(a) or 408(a) trust)  O5 Form 990-T (see 401(a) or 408(a) trust)  O6 Form 990-T (see 401(a) or 408(a) trust)  Telephone No ▶ 402-444-1630  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the organization's return for  AUGUST 15, 2011  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2011  August 15, 2011  I the the exemption sharp or the organization named above. The extension is for the organization for form 990-B, 990-F, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-B, 990-F, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.  Blance due. Subtract line 3 b form line 3 include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  O .	Type or	Name of exempt organization			Empl	loyer identification	number
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Form 990 Bobble	Applicati	on	Return	Application			Return
Form 990-BL Form 990-EZ Form 990-FF Form 990-FT Form 9	ls For		Code	is For			Code
Form 990-EZ Form 990-PF	Form 990		01	Form 990-T (corporation)			07
Form 990-PF Form 990-T (sec 401(a) or 408(a) trust)  05 Form 6069 11  Europe 990-T (trust other than above)  06 Form 8870  12  LISA Y ROSKENS  The books are in the care of ▶ 1004 FARNAM STREET, SUITE 400 - OMAHA, NE 68102  Telephone No ▶ 402-444-1630 FARNAM STREET, SUITE 400 - OMAHA, NE 68102  Telephone No ▶ 402-49-1630 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for part of the group, check this box  □ If it is for part of the group, check this box □ If it is for part of the group, check this box □ AUGUST 15, 2011 It is for the organization's return for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2011 It is for the organization's return for □ X calendar year 2010  If the axy year entered in line 1 is for less than 12 months, check reason: □ Initial return □ Final return □ Change in accounting period  3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 0.  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.  3b \$ 540.  C Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c \$ 0.	Form 990	·BL	02	Form 1041-A			08
Form 990-T (sec 401(a) or 408(a) trust)  D15 Form 990-T (trust other than above)  LISA Y ROSKENS  The books are in the care of  1004 FARNAM STREET, SUITE 400 - OMAHA, NE 68102  Telephone No  402-444-1630  FAX No.  1  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this for part of the group, check this box  1 and attach a list with the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2011  To file the exempt organization return for the organization's return for  X calendar year 2010 or  Tax year entered in line 1 is for less than 12 months, check reason:  The change in accounting period  3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  3a \$ 0.  bif 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.  c Balance due. Subtract line 35 from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c \$ 0.	Form 990	·EZ	03	Form 4720			09
LISA Y ROSKENS  The books are in the care of ▶ 1004 FARNAM STREET, SUITE 400 - OMAHA, NE 68102  Telephone No ▶ 402-444-1630 FARNAM STREET, SUITE 400 - OMAHA, NE 68102  Telephone No ▶ 402-444-1630 FARNAM STREET, SUITE 400 - OMAHA, NE 68102  If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for part of the group, check this box If this is for part of the group, check this box If the cames and ElNs of all members the extension is for.  1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 August 15, 2011 August 15, 2011 August 15, and ending August 1	Form 990	-PF	04	Form 5227			10
LISA Y ROSKENS  The books are in the care of ▶ 1004 FARNAM STREET, SUITE 400 - OMAHA, NE 68102  Telephone No ▶ 402-444-1630 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2011 to file the exempt organization return for the organization named above. The extension is for the organization's return for  ▶ X calendar year 2010 or  ▶ and ending  2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period  3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any norrefundable credits. See instructions.  3a \$ 0.  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.  3b \$ 540.  Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c \$ 0.	Form 990	-T (sec 401(a) or 408(a) trust)	05	Form 6069			11
The books are in the care of ▶ 1004 FARNAM STREET, SUITE 400 - OMAHA, NE 68102  Telephone No ▶ 402-444-1630 FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box  If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.  If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  X calendar year 2010 or  X calendar year 2010 or  August 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  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.  Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.  3c \$ 0.	Form 990		06	Form 8870			12
Telephone No ► 402-444-1630 FAX No. ►  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for  Is for the organization's return for  X calendar year 2010 or  Lax year beginning , and ending , and ending							
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For Paperwork Reduction Act Notice, see Instructions.

#### Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete    Variable	• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box		i	X
Electronic filling (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time. You can electronically file Form 8868 to require a composition required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to require a composition required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to require an attention of time to file any of the form and the file of Part 1 with the exception of Form 8870, information Feltum for Transfers Associated With Certain Part 1 or Part	<ul><li>If you</li></ul>	are filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of this	form).		
equired to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8888 to request an extension of time to fite any of the forms listed in Part I or Part I with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper formal (see instructions). For more details on the electronic fliing of this form, instruments were applicable and click on e-file for Charities & Nonprofits    Acceptance of Part I   Automatic 3-Month Extension of Time. Only submit original (no copies needed).	Do not o	complete Part II unless you have already been granted a	an automa	tic 3-month extension on a previously fi	led Fo	m 8868.	
thing to file any of the forms listed in Part I for Part II with the exception of Form 8870, Information Return for Transfers Associated With Cortain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, part www.ins.goverlife and click on e-file for Charless & Nonprofits.    Part I	Electron	nic filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	months for a cor	poration
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, insist www.rs.gov/delia and cike to an el-fee of Chantes & Nonprofits Part 1	required	to file Form 990-T), or an additional (not automatic) 3-more	nth extens	sion of time. You can electronically file F	orm 88	368 to request an	extension
Part     Automatic 3-Month Extension of Time. Only submit original (no copies needed).	of time t	o file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Trans	sfers A	Associated With C	Certain
Automatic 3-Month Extension of Time. Only submit original (no copies needed).	Persona	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on ti	he elec	tronic filing of this	s form,
Accorporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only Part I o	visit www	w.irs.gov/efile and click on e-file for Charities & Nonprofits	}				
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time of the income tax returns.    Type or   Name of exempt organization	Part I	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).			
AMERICA FIRST FOUNDATION    Name of exempt organization   AMERICA FIRST FOUNDATION   D1-0658759	A corpoi	ation required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and com	plete		
Figure or print and the proper of the protection of the protectio	Part I on	ly				l	▶ □
Americal First   Figure   Name of exempt organization   Americal First   FOUNDATION   Number, street, and room or suite no. If a P.O. box, see instructions.   1004 FARNAM STREET, SUITE 400			IICs, and t	rusts must use Form 7004 to request ar	exten	sion of time	
MERICA FIRST FOUNDATION   Number, street, and room or suite no. If a P.O. box, see instructions.   100.4 FARNAM STREET, SUITE 400	to file ind	come tax returns.		· · · · · · · · · · · · · · · · · · ·			
AMERICA FIRST FOUNDATION  Number, street, and room or suite no. If a P.O. box, see instructions.  1004 FARNAM STREET, SUITE 400  City, town or post office, state, and ZIP code. For a foreign address, see instructions.  OMAHA, NE 68102  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  SFOr  Code  Form 990  O1 Form 990-T (corporation)  O7  Form 990-B  O2 Form 1041-A  O8  Form 990-F  O3 Form 4720  O9  Form 990-F  O4 Form 990-T (fues doll(a) or 408(a) trust)  Form 990-T (fues doll(a) or 408(a) trust)  Form 990-T (trust other than above)  It ISA Y ROSKENS  The books are in the care of ► 1004 FARNAM STREET, SUITE 400 − OMAHA, NE 68102  Telephone No. ► 402-444-1630  FAX No. ►  If this is for a Group Return, enter the organization of business in the United States, check this box  If this is for a Group Return, enter the organization of or or dept or de	Type or	Name of exempt organization			Emp	loyer identification	on number
Number, street, and room or suite no. If a P.O. box, see instructions.  10.04 FARNAM STREET, SUITE 40.0  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  Return  Application  Return  S For  Code  Code  Code  Form 990-BL  Compose Code	print						
Number, street, and room or suite not. It a P.D. box, see instructions.  1004 FARNAM STREET, SUITE 400  City, town or post office, state, and ZIP code For a foreign address, see instructions.  OMAHA, NE 68102  Enter the Return code for the return that this application is for (file a separate application for each return)  Application  SFOr  Application  SFOr  Code  Form 990-B.  01 Form 990-T (corporation)  07  Form 990-E  09  Form 990-E  09  Form 990-F  04 Form 5227  10  Form 990-T (rust other than above)  15 Form 609  11  Form 990-T (rust other than above)  16 The books are in the care of ▶ 1004 FARNAM STREET, SUITE 400 − OMAHA, NE 68102  Telephone No. ▶ 402-444-1630  FAXNo. ▶  If this organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the organization does not have an office or place of business in the United States, check this box  If this is for part of the group, check this box ▶  If the organization does not have an office or place of business in the United States, check this box  If the organization does not have an office or place of business in the United States, check this box  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the organization does not have an office or place of business in the United States, check this box  If this is for part of the group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If the tax year entered in line 1 is for less than 12 months, check reason: Initial return  ACUSUST 15, 2011  To file the exempt organization return for the organization named above. The extension is for the organization's return for:  ACUST 15, 2011  To file the exempt organization return for the organization named above. The extension is for	<b>5</b>	AMERICA FIRST FOUNDATION			0	1-0658759	)
Enter the Return code for the return that this application is for (file a separate application for each return)    City, town or post office, state, and ZIP code For a foreign address, see instructions.   City, town or post office, state, and ZIP code For a foreign address, see instructions.   City, town or post office, state, and ZIP code For a foreign address, see instructions.   City, town or post office, state, and ZIP code For a foreign address, see instructions.   City, town or post office, state, and ZIP code For a foreign address, see instructions.   City, town or post office, state, and ZIP code For a foreign address, see instructions.   City, town or post office, state, and ZIP code For a foreign address, see instructions.   Return		Number, street, and room or suite no. If a P.O. box, s	ee instruc	tions.			
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  OMAHA, NE 68102  Enter the Return code for the return that this application is for (file a separate application for each return)  Application Is For Code  Code  Code  Comp 990-B. Comp 990-B. Comp 990-B. Comp 990-E. Comp 990-E. Comp 990-E. Comp 990-F. C	filing your	1004 FARNAM STREET, SUITE	400				
Application   Return   Application   S For   Code   Is For   C		City, town or post office, state, and ZIP code For a fo	oreign add	lress, see instructions.			
Application Is For Code Series Code Serie		OMAHA, NE 68102					
Application Is For Code Series Code Serie							
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Ser   Code   Is For   Code   Is For   Code   Is For   Code   Is For   Code   Is Forn 990							
Form 990	Applicat	tion	Return	Application			Return
Form 990-BL Form 990-EZ Form 8870 For	ls For	The second secon	Code	ls For			Code
Form 990-EZ  Form 990-PF  O4 Form 5227  10  Form 990-T (sec 401(a) or 408(a) trust)  O5 Form 6069  LISA Y ROSKENS  ITSA Y ROSKENS  ITSA Y ROSKENS  ITSA Y ROSKENS  ITSE The books are in the care of ► 1004 FARNAM STREET, SUITE 400 - OMAHA, NE 68102  Telephone No. ► 402-444-1630  FAX No. ►  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for the whole group, check this box  If it is for part of the group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If this is for a Group Return, enter the whole group, check this box  If this is for a Group Return, enter the organization of time until  AUGUST 15, 2011  It fit is for part of the group, check this box  If the exempt organization return for the organization named above. The extension is for the organization's return for:  If the organization's return for:  If the exempt organization is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any pnor year overpayment with this form, if required,	Form 99	0	01	Form 990-T (corporation)			07
Form 990-PF  O4 Form 5227  10  Form 990-T (sec 401(a) or 408(a) trust)  O5 Form 6069  11  LISA Y ROSKENS  The books are in the care of ▶ 1004 FARNAM STREET, SUITE 400 - OMAHA, NE 68102  Telephone No. ▶ 402-444 - 1630  FAX No. ▶  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)  If it is for part of the group, check this box ▶ and attach a list with the names and EliNs of all members the extension is for.  If request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011  Is for the organization's return for:  ▶ X calendar year 2010 or  ▶ tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return  Change in accounting period  3a if this application is for Form 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  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 pnor year overpayment allowed as a credit.  b Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,	Form 99	0-BL	02	Form 1041-A			08
Form 990-T (sec 401(a) or 408(a) trust)  D5 Form 6069  11  LISA Y ROSKENS  The books are in the care of  1004 FARNAM STREET, SUITE 400 - OMAHA, NE 68102  Telephone No.  402-444-1630  FAX No. FAX No. FAX No. If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If the spiral return of the group, check this box and attach a list with the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 to file the exempt organization return for the organization named above. The extension is for the organization's return for:  X calendar year 2010 or  Lax year beginning , and ending and ending intitude return for the organization named above. The extension is for the axy year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period  If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.  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.  B alance due. Subtract line 3b from line 3a Include your payment with this form, if required,	Form 99	0-EZ	03	Form 4720			09
TISA Y ROSKENS  The books are in the care of ► 1004 FARNAM STREET, SUITE 400 - OMAHA, NE 68102  Telephone No. ► 402-444 - 1630 FAX No. ►  If the organization does not have an office or place of business in the United States, check this box  If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If it is for part of the group, check this box ► and attach a list with the names and EINs of all members the extension is for.  I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until  AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:    X   Calendar year 2010   or	Form 99	0-PF	04	Form 5227			10
The books are in the care of ▶ 1004 FARNAM STREET, SUITE 400 - OMAHA, NE 68102  Telephone No. ▶ 402-444-1630 FARNAM STREET, SUITE 400 - OMAHA, NE 68102  Telephone No. ▶ 402-444-1630 FARNAM STREET, SUITE 400 - OMAHA, NE 68102  If the organization does not have an office or place of business in the United States, check this box  If it is is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box  If it is for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension is for.  Tequest an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2011 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:  ▶ X calendar year 2010 or  ▶ 1 tax year entered in line 1 is for less than 12 months, check reason: Initial return  Change in accounting period  Telephone No. ▶ 402-444-1630  Telephone No. ▶ 402-444-1630  FAX No. ▶  □ 1 this is for form 990-The extension is for the whole group, check this box  ■ 1 If this application is for Form 990-The extension is for the whole group. And attach a list with the names and EINs of all members the extension is for the whole group. And attach a list with the names and EINs of all members the extension is for the extension is for the whole group. And attach a list with the names and EINs of all members the extension is for the whole group. And attach a list with the names and EINs of all members the extension is for the whole group. And attach a list with the names and EINs of all members the extension is for the whole group. And attach a list with the names and EINs of all members the extension is for the whole group. And attach a list with the names and EINs of all members the extension is for the whole group. And attach a list with the names and EINs of all members the extension is for the whole group. And attach a list with the names a	Form 99	0-T (sec_401(a) or 408(a) trust)	05	Form 6069			11
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▶ X calendar year 2010 or , and ending   Lax year beginning , and ending   2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return   Change in accounting period    If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a \$ 0.   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. 3b \$ 540.   c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required,		AUGUST 15, 2011 , to file the exemp	t organiza	tion return for the organization named a	above.	The extension	
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					100		0.100
		using EFTPS (Electronic Federal Tax Payment System).			3c	s	0.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.		<del></del>					