Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public

Open to Public

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information

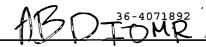
Inspection

	or the 20	18 calendar year, or tax year beginning , 2018, and endin	g		, 20	
_		C Name of organization		D Employer Iden	tification numbe	r
□ Ch	eck if applica	LORI & DAVID SCOTT FOUNDATION	l	36-4071	.892	
	Address change	Doing business as				
	Name char	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone nun	nber	
	Initial retur	10340 NORTH 84TH STREET	1	(402) 502	2-1122	
	Final retur	City or town, state or province, country, and ZIP or foreign postal code	1			
	terminated Amended	OMAHA, NE 68122-2216	اہا	G Gross receipts	\$ 9.	924,8
	return Application			'H(a) is this a grou	<u> </u>	Yes X
	pending	10340 NORTH 84TH STREET, OMAHA, NE 68122-2216		subordinates?	'	Yes 1
1 7	Tax-exemp	1 1		H(b) Are all subordin	ach a list (see instru	
		t status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 5 N/A	ر 27			Clions)
				H(c) Group exemp		_
			of formati	ion 1995 M s	itate of legal dom	licile
Pa		Summary	013 (111)	T FOIRIDATE	TON TO MO	
- 1		efly describe the organization's mission or most significant activities THE MISSION			LON IS TO	
Activities & Governance		STRIBUTE FUNDS FOR CHARITABLE PURPOSES IN THE AREAS O	F CIV	IC,		
la.	CI	JLTURAL, HEALTH, EDUCATION AND SOCIAL SERVICES				
ě	2 Ch	eck this box 🕨 🔛 if the organization discontinued its operations or disposed of more the	han 25%	of its net assets		
ဖြ	3 Nu	mber of voting members of the governing body (Part VI, line 1a)			3	
ళ	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)		[4	
Ē	5 To	al number of individuals employed in calendar year 2018 (Part V, line 2a)		[5	
1		al number of volunteers (estimate if necessary)			6	
¥		al unrelated business revenue from Part VIII, column (C), line 12		T I	7a	
		unrelated business taxable income from Form 990-T, line 38			7b	
\dashv			· · · · ·	Prior Year		nt Year
	8 Co	ntributions and grants (Part VIII, line 1h)				25,0
Revenue		gram service revenue (Part VIII, line 2g)			0.	,
ě		estment income (Part VIII, column (A), lines 3, 4, and 7d).		1,144,01	4 1 1	89,8
				21,70		5,4
- i		ner revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		1,165,72		20,2
		al revenue - add lines 8 through 11 (myst equal Part VIII. column (A), line 12)	<u></u>	1,150,85		
- 1		ants and similar amounts paid (Part IX, column REGEIVED	•		·	762,6
	14 Be	nefits paid to or for members (Part IX, column (A), line 42	•		0.	
es	1 5 Sa	aries, other compensation, employee benefits (Part X, Column (A), line (A), line (A), line (B)	•		0	**
Expenses	16a Pro	The state of the s			0.	·
×		al fundraising expenses (Part IX, column (D), line 25) 0				
"	17 Oti	ner expenses (Part IX, column (A), lines 11a-10,696N, U.T	. L	151,53	7.	195,8
	18 To	al expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		1,302,38	7.	958,5
İ	1 9 Re	venue less expenses Subtract line 18 from line 12	. 🗀	-136,66	5. 3,4	61,7
e o				ning of Current Y	ear End (of Year
auc	20 To	al assets (Part X, line 16)		24,323,95	6. 25,5	963,2
Ba		al liabilities (Part X, line 26)	•	1,685,25	1. 1,7	.47,3
# Z l		assets or fund balances Subtract line 21 from line 20	·	22,638,70	5. 24,8	315,8
Par		Signature Block	•			
Linda	er nenaltu	es of nerview I declare that I have examined this return, including accompanying schedules and state	ements a	nd to the best of	mv knowledge a	ind belie
true,	correct, a	ind complete. Declaration of preparer (other than officer) is based on all information of which preparer h	nas any kn	nowledge		
		(Colling)		5/19	5/2019	
Sigr	ո ∣ I	Signature of officer		Date	,,	
Her	1 7					
		Type or print name and title				
	D.	int/Type preparer's name Preparer's signature Date			, PTIN	
aıd		5/14	/2019	Check	"	0244
	arer 🖳	NALD NEAD UK.		self-employe		8244
rep	1 -	m's name ►KPMG LLP		Firm's EIN ▶ 1		-
	Offiny					
	F	m's address ▶1212 NORTH 96TH STREET, SUITE 300 OMAHA, NE 68114 discuss this return with the preparer shown above? (see instructions)		Phone no 4	02-348-14 X Yes	50,

LORI & DAVID SCOTT FOUNDATION

For	Form 990 (2018)	Page Z
P	Part III Statement of Program Service Accomplishments	
		o any line in this Part III
1	Briefly describe the organization's mission	
	THE MISSION OF THE FOUNDATION IS TO DISTR	
	PURPOSES IN THE AREAS OF CIVIC, CULTURAL,	HEALTH, EDUCATION AND
	SOCIAL SERVICES.	
_		
2	2 Did the organization undertake any significant program ser	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	3 Did the organization cease conducting, or make signifi	
	services?	Yes X No
	If "Yes," describe these changes on Schedule O	contains and of its three largest program conjugg, or massured by
4	4 Describe the organization's program service accomplishing	nents for each of its three largest program services, as measured by are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program set	
	the total expenses, and revenue, if any, for each program ser	vice reported
_		\(\(\)
4a	4a (Code) (Expenses \$	
	THE FOUNDATION WAS ORGANIZED AND IS OPERA	
	BENEFIT OF, OR TO CARRY OUT THE PURPOSES	
	FOUNDATION. THE OMAHA COMMUNITY FOUNDATION	
	THE QUALITY OF LIFE OF THE CITIZENS OF TH	
	IDENTIFYING AND ADDRESSING CURRENT ANTICI	
	RAISING, MANAGING, AND DISTRIBUTING FUNDS	
	FOUNDATION DISTRIBUTES FUNDS TO OTHER CHA	RITABLE ORGANIZATIONS.
4b	4b (Code) (Expenses \$including	grants of \$) (Revenue \$)
4c	4c (Code) (Expenses \$ including	grants of \$) (Revenue \$)
	· · · · · · · · · · · · · · · · · · ·	
_	1100	
4d	4d Other program services (Describe in Schedule O)) (Davis and f)
_	(Expenses \$ including grants of \$) (Revenue \$)
_	4e Total program service expenses ▶ 829,932.	000
JSA 8E10	8E1020 1 000	Form 990 (2018)
	OD9430 1508	629167

Form 990 (2018)



			Yes	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1_	}	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	_ >	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III .	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			
·	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	⊢		
3	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	-		
10		10		
44	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11				
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		-
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more	۱ ا		
	, , , , , , , , , , , , , , , , , , , ,	11b		
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more	١ ا		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	•	11d		
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional.	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		,
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		
20 -	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	-00	-	
21		21	Х	
SA	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
1 1 000	OD9430 1508 629167	Form	990)

Page	4

Part	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
25	organization's current and former officers, directors, trustees, key employees, and highest compensated			
		23		х
	employees? If "Yes," complete Schedule J	23		
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			1.7
	through 24d and complete Schedule K If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	20		
27				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			х
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			٦,
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u>x</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
••	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
- -	or IV, and Part V, line 1	34	х	
25.0	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	y y a		
D		256	}	
20		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			v
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	_		v
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		. l	
	19? Note. All Form 990 filers are required to complete Schedule O.	38	<u> </u>	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			Ш.
]	Yes	No
1 a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c	x	
			990	(2018)

Dage !	

Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			1
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			J
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	_ ;		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		├──
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	<u>-</u> -	-	x
	and services provided to the payor?	7a 7b		
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.5		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7c		x
	required to file Form 8282?	10		\vdash
	If "Yes," indicate the number of Forms 8282 filed during the year	7e		$\tilde{\mathbf{x}}$
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		х
f	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			Γ.
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			;
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b]			
11	Section 501(c)(12) organizations. Enter			*
	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources			:
	against amounts due or received from them)	40-	٠ ~	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a_		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	1		
	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	134		
	Note. See the instructions for additional information the organization must report on Schedule O			;
þ	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			;
_	Enter the amount of reserves on hand	1		1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N			:
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O			
		E	aan	(2018)

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

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or			
	If the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			i
b	Enter the number of voting members included in line 1a, above, who are independent	1		!
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		х	
	any other officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		x
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	l _		x
	one or more members of the governing body?	7a		
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,			x
	stockholders, or persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		X	
а	The governing body?	8a		x
b	Each committee with authority to act on behalf of the governing body?	8b		<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	9		x
Conti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		1	
Secu	on B. Policies (This Section B requests information about policies not required by the internal Nevende	Code	·/ Yes	No
	D. Lib	10a		X
	Did the organization have local chapters, branches, or affiliates?	100		<u> </u>
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10b		
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	11a	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?.	1		<u> </u>
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	Х	'
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	1		
b	rise to conflicts?	12b	Х	ļ
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		v	
	describe in Schedule O how this was done	12c	Х	-
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		x ·
а	The organization's CEO, Executive Director, or top management official	15a		x
þ	Other officers or key employees of the organization	15b		 -
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			Ι,
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	16a	-	Ι <u>ν</u> ,
	with a taxable entity during the year?	100		_
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		·
Secti	on C. Disclosure	,		
	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-1	(Sec	tion 5	01(c)
. •	(3)s only) available for public inspection Indicate how you made these available Check all that apply	,		\ - <i>/</i>
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record CHRISTI ANNIN 10340 NORTH 84TH STREET OMAHA, NE 68122-2216 402-502-1122	s 🕨		
	THE TOTAL STATE OF THE PARTY OF		990	(2018)

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons.

 $oxed{LX}$ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

					_	-				
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle: er and	Pos heck ss pe	erson	e than coth so this employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)W. DAVID SCOTT	1.00				-					
DIRECTOR (CHAIRMAN)	0.	х		x				0.	0.	О
(2)JOHN K. BOYER	1.00			-						
DIRECTOR (SECRETARY)	0.	х		x				0.	0.	0
(3)JAMES E. LANDEN	1.00						-	-		
DIRECTOR	0.	х						0.	0.	0
(4)LORI SCOTT	1.00		-			_				
DIRECTOR	0.	х				i		0.	0.	0
(5) JACK R. MCDONNELL	1.00								-	
DIRECTOR	0.	х						0.	0.	0
(6)ELLEN WRIGHT	1.00									
DIRECTOR	0.	х						0.	0.	0
(7)										
(8)										
(9)									. <u>.</u>	
(10)		_								
(11)										-
(12)					-				<u> </u>	
(13)										
(14)							\vdash			
								<u> </u>		

Form	990	(201	R١

Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(do i	not ci unles	Pos neck ss pe	c) sition more erson	both steephoth sortenase both steephoth sortenase both sortenase b	ore than on on is both a ector/truste	ne an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportatio compensatio related organizati	table Esti tion from amo ted o ations comp 9-MISC) froi orga and		(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) imated ount of other oensation im the inization related	f ion on d
		stee	ustee			ensated										
												-				
	-	 			-								-			
	-							,								
												-				
									_							
b Sub-total c Total from continuation sheets to Part VII, So d Total (add lines 1b and 1c) Total number of individuals (including but not lines)	ection A	 hose	 Iiste	 	· ·		► • • re	0. 0. ceived more than	\$100,000 o	0. 0. 0.			0			
reportable compensation from the organization	<u> </u>	0 .	•									Yes	No			
B Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		Х			
For any individual listed on line 1a, is the sorganization and related organizations greater	sum of repeater than	ortab \$15	le c	00?	per	satior "Yes	n ai	nd other compens complete Schedu	sation from le J for s	the ' uch						
individual											4		Х			
for services rendered to the organization? If "Yesection B. Independent Contractors											5		Х			
Complete this table for your five highest com compensation from the organization Report c year	pensated ii ompensatio	ndepe	ende the	ent o	con	tracto lar ye	rs t ar e	hat received more ending with or with	than \$100, nin the organ	000 of	f n's tax					
(A) Name and business add	ress							(B) Description of se	rvices	С	(C) ompens	ation				
NONE																
2 Total number of independent contractors (in more than \$100,000 in compensation from the				nited	d to		e lı	sted above) who	received			-				
OD9430 1508	o organizat	HOH P				•		629167			Form	990	(201			

orm 9	990 (2	2018) LORI & 3	DAVID SCOTT FO	UNDATION		36-4071	892 Page
art	t, VII	Statement of Revenue			· <u></u>		
		Check if Schedule O contains a re	sponse or note to an	y line in this Part \	/81	<u></u>	<u> </u>
			,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from ta under sections 512-514
된	1a	Federated campaigns	1a				
and Other Similar Amounts	b	Membership dues	1b				
4	С	Fundraising events	1c				
Ē	d	Related organizations	1d				
Sim	е	Government grants (contributions)	1e		į		
ē	f	All other contributions, gifts, grants,					
5		and similar amounts not included above	1f 3,025,000				
2	g	Noncash contributions included in lines 1a-1f	•				
	<u>h</u>	Total. Add lines 1a-1f		3,025,000			
ğ			Business Code				
Š	2a			-		 	
e l	b		_				
<u>׆</u> ี	С		_				
Š	d	·					
<u>ī</u>	е						-
Program Service Revenue	f	All other program service revenue Total. Add lines 2a-2f		0		<u>. </u>	
╫	9	Investment income (including di					
	3	and other similar amounts)		1,056,375			1,056,375
	4	Income from investment of tax-exempt		0			
	5	Royalties		0			
		(i) Real			· -		
	6a	Gross rents					1
	b	Less rental expenses					İ
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0	•		
	7a	Gross amount from sales of (i) Securit					
		assets other than inventory 5,838,	120				
	b	Less cost or other basis					
		and sales expenses 5,504,	654				
	С	Gain or (loss)	466				<u> </u>
	d	Net gain or (loss)	<u> </u>	333,466		ļ	333,466
e	8a	Gross income from fundraising		Ì			
ē		events (not including \$					
&		of contributions reported on line 1c)					1
Other Revenue		See Part IV, line 18					
ŏ		Less direct expenses	. D				-
		Net income or (loss) from fundraising ev	ents			 	
	9a	Gross income from gaming activities	0.				
		See Part IV, line 19	• •				
ľ		Less direct expenses		0		-	
			illes.				
יו	ıva	Gross sales of inventory, less returns and allowances	ا ا				
	_	Less cost of goods sold	1 1	İ			
		Net income or (loss) from sales of inventor		0			
		Miscellaneous Revenue	Business Code		· · · · · · · · · · · · · · · · · · ·		
1	I1a	OTHER INCOME	900099	5,400			5,400
'	b						
	C						
	d	All other revenue					
	e	Total. Add lines 11a-11d		5,400			
1	12	Total revenue. See instructions		4,420,241]	1,395,241

Part IX	Statement of Functional Expenses
1 9 1 1 1 1	Otatement of Lanctional Expenses

360	tion 501(c)(3) and 501(c)(4) organizations mus Check if Schedule O contains a resp				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21	762,671.	762,671.		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
•	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.		•	
5	Compensation of current officers, directors,	0.			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	0.			
_	persons described in section 4958(c)(3)(B)	0.1			
	Other salaries and wages				
8	Pension plan accruals and contributions (include	0.			
_	section 401(k) and 403(b) employer contributions)	0.			
	Other employee benefits	0.			
	Payroll taxes				
	Fees for services (non-employees)	50,000.	25,000.	25,000.	
	Management	1,034.	517.	517.	·
	Accounting	12,900.	6,450.	6,450.	
	Lobbying	0.			
	Professional fundraising services See Part IV, line 17.	0.	•		
	Investment management fees	86,618.		86,618.	<u> </u>
	Other (If line 11g amount exceeds 10% of line 25, column				
·	(A) amount, list line 11g expenses on Schedule O)	0.		_	
12	Advertising and promotion	0.		. <u>.</u> _	
13	Office expenses	0.			
14	Information technology	0.			
15	Royalties	0.			
16	Occupancy	0.			
17	Travel	0.			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
	Interest	0.			
	Payments to affiliates	0.		-	
	Depreciation, depletion, and amortization	0.		··· ·	
	Insurance				
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column			į	
	(A) amount, list line 24e expenses on Schedule O)				
	CONSULTING FEES	20,000.	10,000.	10,000.	
-	PRESENT VALUE DISCOUNT	15,559.	15,559.		
_	MISCELLANEOUS	9,735.	9,735.		
d		•		-	
	All other expenses				
	Total functional expenses Add lines 1 through 24e	958,517.	829,932.	128,585.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here if following SOP 98-2 (ASC 958-720)	0.			
	10110 Willing 301 30-2 (A00 300-720)				

Pari	Y	Balance	Sheet

Pa	rιλ	Dailance Sheet			
		Check if Schedule O contains a response or note to any line in this F	Part X	<u> </u>	<u> </u>
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	0.	1	0.
	2	Savings and temporary cash investments	80,688.		469,551.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.		0.
	5	Loans and other receivables from current and former officers, directors,		<u> </u>	
	,	trustees, key employees, and highest compensated employees.			
			0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0.	_ _ 6	0.
ats	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
٩		Prepaid expenses and deferred charges	0.	<u> </u>	0.
	9	· · · ·		-	
	iva	Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D. 10a		,	
			- · - · o	- 10c	0.
		Less accumulated depreciation		111	25,208,797.
- 1	11	Investments - publicly traded securities		12	0.
- 1	12	Investments - other securities See Part IV, line 11	0.	_	0.
ĺ	13	Investments - program-related See Part IV, line 11	0.	٠.٠	0.
	14	Intangible assets	287,409.	17	284,915.
	15	Other assets See Part IV, line 11	24,323,956.		25,963,263.
\rightarrow	16	Total assets. Add lines 1 through 15 (must equal line 34)			0.
	17	Accounts payable and accrued expenses	1,685,251.	17	1,147,393.
	18	Grants payable			0.
	19	Deferred revenue		19	0.
1	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D	0.	21	0.
es	22	Loans and other payables to current and former officers, directors,			
≣		trustees, key employees, highest compensated employees, and		-	
Liabilities		disqualified persons Complete Part II of Schedule L		22	0.
7	23	Secured mortgages and notes payable to unrelated third parties	0.		0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
- 1		parties, and other liabilities not included on lines 17-24) Complete Part X			_
- 1		of Schedule D		25	0.
\perp	26	Total liabilities. Add lines 17 through 25	1,685,251.	26	1,147,393.
Fund Balances		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
au	27	Unrestricted net assets	22,638,705.	27	24,815,870.
Bal	28	Temporarily restricted net assets	0.	28	0.
힏	29	Permanently restricted net assets	0.	29	0.
or Fu		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			لم ينست ـــ
ts	30	Capital stock or trust principal, or current funds		30	
See	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ĕ	32	Retained earnings, endowment, accumulated income, or other funds		32	
=		Total net assets or fund balances	22,638,705.	33	24,815,870.
- 1	34	Total liabilities and net assets/fund balances	24,323,956.	34	25,963,263.

of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Form 990 (2018)

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2c X

Schedule O

SCHEDULE'A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust ▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection Employer identification number

Nam	e of t	he organization					Employer identifi	ication number
LOI	RI	& DAVID SCOTT FOUND	ATION				36-40718	92
Pa	rt I	Reason for Public Cha	arity Status (All o	organizations must o	complete	e this pa	art.) See instructions	j. ,
The	org	anization is not a private fou	indation because it	t is: (For lines 1 through	gh 12, ch	eck only	one box)	1()
1		A church, convention of ch						
2		A school described in sect						
3		A hospital or a cooperative	hospital service o	rganization described	ın sectio	n 170(b)	(1)(A)(iii).	
4		A medical research organi	zation operated in	conjunction with a hos	spital de	scribed ii	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s						
5		An organization operated	for the benefit of	a college or universit	y owner	d or ope	erated by a governme	ental unit described ii
		section 170(b)(1)(A)(iv). (0	Complete Part II)					
6		A federal, state, or local go	overnment or gove	rnmental unit describe	d in sect	ion 170(b)(1)(A)(v).	
7		An organization that norm	ally receives a sub	ostantial part of its su	ipport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)(1)(A)(vi). (Compl	ete Part II)				
8		A community trust describe	•	,, ,, ,, ,				'
9		An agricultural research or						
		or university or a non-land-	grant college of ag	griculture (see instruct	tions). E	nter the	name, city, and state o	f the college or
	_	university						
10	Ш	An organization that norma receipts from activities rela support from gross investing	ated to its exempt finent income and u	functions - subject to on nrelated business tax	certain e able inco	xception me (les	is, and (2) no more tha s section 511 tax) from	n 331/3 %of its
	$\overline{}$	acquired by the organization						
11	<u>.</u>	An organization organized						ara, aut the nurnees
12	Х	An organization organized						
		of one or more publicly su						
	_	Check the box in lines 12a	-					
а	نا	X Type I. A supporting org						
		the supported organization				ajority of	r the directors or truste	es of the
	Г	supporting organization						anda) har harrina
~b	L	Type II. A supporting org						
		control or management of			tne sam	e persor	is that control or man	lage the supported
	Г	organization(s) You mus	•				athe and functional	lly intograted with
С	<u>_</u>	Type III functionally inte						ily ilitegrated with,
_		its supported organization						ted organization(s)
d	ᆫ	Type III non-functionally that is not functionally int						
		•	-					an altentiveness
_	Г	requirement (see instruct Check this box if the orga						I Type III
е	_	functionally integrated, or						ii, Type iii
•	En	ter the number of supported						
'n		ovide the following informati						
		ame of supported organization	(ii) EIN	(iii) Type of organization	(IV) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(,, .,	ame of supported organization	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
Α	тти	ACHMENT 1		above (see instructions))	Yes	nent?	instructions)	instructions)
					/	140		
(A) (でし	tha Community		%			762611	
	ŦU	Ottoriori						,
(B)								
(C)								
(D)								
(E)	-							
Tota	1			-			762.671.	

Sche	dule A (Form 990 or 990-EZ) 2018						Page 2
Pa	(Complete only if you checked Part III. If the organization fail	d the box on	line 5, 7, or 8	of Part I or if t	he organizatior	n failed to qua)(vi) alify under
Sec	tion A. Public Support					/	
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017 /	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						_
4	Total. Add lines 1 through 3		<i></i>	<u></u>		··	<u> </u>
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4					•	
_	tion B. Total Support		r	<u> </u>			
	ndar year (or fiscal year beginning in)	(a) 2014/	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	(3) 23.7	(,	(-,			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10 L		<u></u>				<u> </u>
12	Gross receipts from related activities, etc. (se					12	
13	First five years. If the Form 990 is for	r the organiza	tion's first, seco	nd, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
500	organization, check this box and stop here. tion C. Computation of Public Supp			<u> </u>	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
14	Public support percentage for 2018 (lin		·	11 column (f)		14	%
15	Public support percentage from 2017 S						%
	331/3% support test - 2018. If the org	anization did r	not check the b	ox on line 13. a	nd line 14 is 331	1/3 % or more. o	
	box and stop here. The organization qu						
b	331/3% support test - 2017. If the org	anization did n	ot check a box	on line 13 or 16	Sa, and line 15 is	331/3 % or mo	re, check
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2 10% or more, and if the organization Part VI how the organization meets the	018. If the org	ganization did r cts-and-circums	ot check a box stances" test, ch	on line 13, 16a neck this box an	i, or 16b, and id stop here. I	line 14 is Explain in
b	organization	017. If the org	ganization did r s the "facts-an	not check a box d-circumstances	con line 13, 16a " test, check th	a, 16b, or 17a his box and st	top here.
18	Explain in Part VI how the organization supported organization Private foundation. If the organization	n meets the '	facts-and-circui	mstances" test	The organization	n qualifies as a	a publicly ▶ □
. •							_

Page 3

Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

	tion A. Public Support ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(е) 2018	(f) Total	
1	Gifts, grants, contributions, and membership fees								
	received (Do not include any "unusual grants ")								
2	Gross receipts from admissions, merchandise								
	sold or services performed, or facilities				/				
	furnished in any activity that is related to the								
	organization's tax-exempt purpose								
3	Gross receipts from activities that are not an								
	unrelated trade or business under section 513								
4	Tax revenues levied for the								
	organization's benefit and either paid to							,	
	or expended on its behalf								
5	The value of services or facilities								
	furnished by a governmental unit to the								
	organization without charge			1					
6	Total. Add lines 1 through 5								_
	Amounts included on lines 1, 2, and 3	-							
	received from disqualified persons								
b	Amounts included on lines 2 and 3								_
	received from other than disqualified								
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year								
_	Add lines 7a and 7b					· ·			_
	Public support. (Subtract line 7c from								
•	line 6)								
Sect	tion B. Total Support	1		•	*************************************				Τ
	idar year (or fiscal year beginning in)	/(a) 2014	(b) 2015	(c) 2016	(d) 2017	(е	2018	(f) Total	
9	Amounts from line 6	/							_
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar								
	sources		<u> </u>				_		
b	Unrelated business taxable income (less								
	section 511 taxes) from businesses							:	
	acquired after June 30, 1975								
С	Add lines 10a and 10b								
	Net income from unrelated business								_
	activities not included in line 10b, whether or not the business is regularly carried on					!			
12	Other income Do not include gain or								
	loss from the sale of capital assets		İ						
	(Explain in Part VI)								
13	Total support. (Add lines 9, 10c, 11,								
	and 12)								
14	First five years. If the Form 990 is for	or the organization	ation's first, seco	nd, third, fourth	, or fifth tax y	ear as	a section	501(c)(3)	
	organization, check this box and stop here.								_
Sect	tion C. Computation of Public Supp				<u>.</u>				Т
	Public support percentage for 2018 (line 8,			mn (f))		. 15	_		%
16	Public support percentage from 2017 Sche					16			%
	ion D. Computation of Investment								_
	Investment income percentage for 2018 (lin			13, column (f)).		17			%
	Investment income percentage from 2017		• •			18	-		%
	331/8% support tests - 2018. If the org					$\overline{}$	331/3 %	and line	
	17 is not more than 331/3%, check the								
	331/3% support tests - 2017. If the orga								_
U	line 18 is not more than 331/3%, check							[_
	mie to is not more than 331/376, Check		•	•			-	г	—
20	Private foundation. If the organization of	did not check	a box on line	14, 19a or 19h	o, check this ho	x and	see instr	uctions 🗩 i	

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

ecti	on A. All Supporting Organizations		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated If designated by class or purpose, describe the designation If historic and continuing relationship, explain	1	-x	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		x
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		x
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination	- 3b	-	_
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c	-	•
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	4a		х
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document)	- 5a		x
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	-	x
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	7	-	x
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8	-	х
9 a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	-	X
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		х
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	 9c		х
10 a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below	10a	<u></u>	x
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	10h		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	<u>nization</u>	<u>s</u>	
1 Check here if the organization satisfied the Integral Part Test as a qualifyin instructions. All other Type III non-functionally integrated supporting organic			
			(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	_	
5 Depreciation and depletion	5	_	
6 Portion of operating expenses paid or incurred for production or			1
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)	•		
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		•	
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		_
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6	. <u></u>	
7 Check here if the current year is the organization's first as a non-functional	y integra	ited Type III supporting	g organization (see
instructions)	=		

Schedule A (Form 990 or 990-EZ) 2018

Page 7

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)	
Sect	ion D - Distributions			Current Year
_ 1	Amounts paid to supported organizations to accomplish e	xempt purposes		
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	<u> </u>		
	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI) See instructions.		- 	
9	Distributable amount for 2018 from Section C, line 6		·	
_10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI) See			
	ınstructions			<u></u> .
_3	Excess distributions carryover, if any, to 2018			
a	From 2013	_		
b	From 2014	<u></u> .		-
<u>c</u>	From 2015		· 	
<u>d</u>	From 2016			
<u>e</u>	From 2017			
f	Total of lines 3a through e			
_ <u>g</u>	Applied to underdistributions of prior years			
_ <u>h</u>	Applied to 2018 distributable amount			
_ - -	Carryover from 2013 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			` <u> </u>
4	Distributions for 2018 from			
	Section D, line 7. \$ Applied to underdistributions of prior years			
_ <u>a</u> b	Applied to 2018 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4.	<u> </u>		
-5	Remaining underdistributions for years prior to 2018, if	 -		 ,
9	any Subtract lines 3g and 4a from line 2 For result			į
	greater than zero, explain in Part VI. See instructions			
_ 	Remaining underdistributions for 2018 Subtract lines 3h			
•	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
_ 	Excess distributions carryover to 2019. Add lines 3			
-	and 4c			
8	Breakdown of line 7		- <u>-</u>	
a a	Excess from 2014			-
b	Excess from 2015		·	
	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III. line 12: Part IV. Section A. lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART I, LINE 12G

OMAHA COMMUNITY FOUNDATION (OCF), LORI & DAVID SCOTT FOUNDATION'S SUPPORTED ORGANIZATION, CONTROLS THE BOARD OF LORI & DAVID SCOTT FOUNDATION THROUGH ITS APPOINTMENT OF A MAJORITY OF THE MEMBERS OF LORI & DAVID SCOTT FOUNDATION'S BOARD. OCF'S PRIMARY PURPOSE IS TO FUND CHARITABLE PROGRAMS AND ORGANIZATIONS PRIMARILY SERVING THE OMAHA/METRO AREA, SOUTHEAST NEBRASKA AND SOUTHWEST IOWA. THEREFORE, THE DISTRIBUTIONS MADE BY LORI & DAVID SCOTT FOUNDATION TO VARIOUS NONPROFITS AS DETERMINED BY ITS BOARD, WHICH IS CONTROLLED BY OCF APPOINTEES, CONSTITUTES DISTRIBUTIONS TO MEMBERS OF THE CHARITABLE CLASS BENEFITED BY OCF. CONSEQUENTLY, ALL OF THE DISTRIBUTIONS MADE, WHETHER DIRECTLY TO OCF, OR TO ORGANIZATIONS CHOSEN BY LORI & DAVID SCOTT FOUNDATION'S OCF CONTROLLED BOARD, CONSTITUTE SUPPORT TO OCF, ITS SUPPORTED ORGANIZATION.

				ATTACHMENT :	1
SCHEDULE A, PART I - INFORMATION ABOUT	SUPPORTED C	RGANIZATIO	NS		
		(III) TYPE OF	(IV)	(V) AMOUNT OF	(VI) OTHER
(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	ORGANIZATION	YES NO	SUPPORT	SUPPORT AMOUNT
OMAHA COMMUNITY FOUNDATION	47-0645958	8	x	762,671	0
TOTAL AMOUNT OF SUPPORT				762,671.	0.

OD9430 1508

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Attach to Form 990

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public Inspection

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization LORI & DAVID SCOTT FOUNDATION 36-4071892 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . . 3 Aggregate value at end of year...... Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part I Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2b b 2c Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register........... Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located ▶ _ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Schedule D (Form 990) 2018

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Sche	dule D (Form 990) 2018											Page 2
Pa	rt III Organizations Maintain	ing Collect	ions of	Art, Histo	rical Tre	easure	s, or	Other	Similar A	Assets (d	continued)	
3	Using the organization's acquisition	on, accession	on, and	other reco	rds, chec	k any c	of the	follov	ving that a	are a sigi	nificant use	of its
	collection items (check all that app	oly)										
а	Public exhibition			d [Loan	or exch	ange	progra	ms			
b	Scholarly research			e	Other							
С	Preservation for future gene	rations			_							
4	Provide a description of the orga		ollections	s and expl	ain how	they fu	rther	the or	ganization	's exemp	t purpose i	n Part
	XIII.			•		•			•	·		
5	During the year, did the organization	on solicit or	receive (donations of	of art, hist	orical tr	easu	res, or	other sımı	lar		
	assets to be sold to raise funds rati										Yes	No
Pa	rt IV Escrow and Custodial A			,								
	Complete if the organiza	ation answe	ered "Ye	es" on For	m 990, F	art IV,	line	9, or r	eported a	an amoui	nt on Form	1
	990, Part X, line 21.								•			
1a	Is the organization an agent, truste	e, custodia	n or othe	er intermed	lary for c	ontribu	tions	or othe	r assets no	ot		_
	included on Form 990, Part X?										Yes	No
b	If "Yes," explain the arrangement i											
	•				•					Amount		
С	Beginning balance						1c		-			
d	Additions during the year						-					
е	Distributions during the year						1e			-		
f	Ending balance						1f					
2a	Did the organization include an am						-	stodial	account lia	ability?	Yes	No
b	If "Yes," explain the arrangement i											7
	rt V Endowment Funds.				•		•					
	Complete if the organiza	ation answe	ered "Ye	es" on For	m 990, F	Part IV,	line	10.				
		(a) Curren		(b) Prid		(c) Tw			(d) Three y	years back	(e) Four yea	rs back
1.	Beginning of year balance											
1a b	Contributions											
_					-					_		_
С	Net investment earnings, gains,											
	and losses											
	Grants or scholarships											
е	Other expenditures for facilities											
	and programs											
f	Administrative expenses									-		
g	End of year balance	-6 Ab			- // 4-		(-1)	hald aa	<u> </u>			
2 a	Provide the estimated percentage Board designated or quasi-endown			%	e (iirie 19,	Coluitii	i (a))	ileiu as				
b	Permanent endowment ▶	.o.k										
_	Temporarily restricted endowment		%									
·	The percentages on lines 2a, 2b, a			100%								
3a	Are there endowment funds not in				ition that	are hel	d and	l admır	nistered for	the		
-	organization by:	россоо	J. J. J. J.								Yes	s No
	(i) unrelated organizations										3a(i)	
	(ii) related organizations										3a(ii)	1
h	If "Yes" on line 3a(ii), are the relate										3b	+
4	Describe in Part XIII the intended i	_		-			• • •					
Pa	rt VI Land, Buildings, and Equ	ipment.										
	Complete if the organize	<u>ation answ</u>										0.
	Description of property	(a) Cost or) Invest)	other basis tment)	(b) Cost o	or other ba ther)	esis		cumulated eciation	(d) Book value	
1a	Land				,,,	,						
b	Buildings						\dashv					
c	Leasehold improvements	_					\neg					
d	Equipment						$\neg \vdash$					
e	Other						$\neg \vdash$					
	I. Add lines 1a through 1e. (Column		gual Forn	n 990. Part	X, columi	(B), lin	ne 100	c.)	▶			
		, -,		,	,	1-7,		<i>/</i> ···		Sched	ule D (Form 9	90) 2018

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Page	,

Part VII	Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990), Part IV, line 11b. See Form 990,	Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financi	al derivatives	1		
	-held equity interests			
(A)				
(B)				
(C)				
(D)				·
(E)				
<u>(F)</u>				
(G)				
(H)	(t)			
	n (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>	l	
Part VIII	Complete if the organization answered	· · ·		
	(a) Description of investment	(b) Book value	(c) Method of valuate Cost or end-of-year marke	on et value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)	······································			
<u>(7)</u>				
(8)				
(9)	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answered	I "Yes" on Form 990 scription), Part IV, line 11d. See Form 990,	Part X, line 15.
(1)	(4) 50	Scription		(b) Doon land
(2)				-
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	umn (b) must equal Form 990, Part X, col (B) In Other Liabilities. Complete if the organization answered line 25			n 990, Part X,
1.	(a) Description of liability	(b) Book valu	ie	
(1) Feder	al income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 25)			
2. Liability for	or uncertain tax positions. In Part XIII, provide the solutions under FIN 48	text of the footnote to th (ASC 740) Check here	e organization's financial statements that rep if the text of the footnote has been provi	oorts the ded in Part XIII

	ı	٦a	a	e
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Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	11.	
1 Total revenue, gains, and other support per audited financial statements	1	3,135,682.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a Net unrealized gains (losses) on investments	<u> </u>	
b Donated services and use of facilities	<u> </u>	
c Recoveries of prior year grants	.	
d Other (Describe in Part XIII)		
e Add lines 2a through 2d	2e	-1,284,559.
3 Subtract line 2e from line 1	3	4,420,241.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
a Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
b Other (Describe in Part XIII)	ا 🗚 ا	
c Add lines 4a and 4b	4c	4,420,241.
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		1,120,211.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	г т	
1 Total expenses and losses per audited financial statements	1	958,517.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.		
a Donated services and use of facilities	-	
b Prior year adjustments	-	
c Other losses		
d Other (Describe in Part XIII)	ا ہے ا	
e Add lines 2a through 2d	2e 3	958,517.
3 Subtract line 2e from line 1	-	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 4a	ŀ	
4b	1	
b Office (Describe III Part Alli)	4c	
c Add lines 4a and 4b	5	958,517.
Part XIII Supplemental Information.		
2, Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional infor	Пацоп	
	-	

Part XIII Supplemental Information (continued)

SCHEDULE D, PART X, LINE 2

THE FOUNDATION HAS BEEN RECOGNIZED BY THE INTERNAL REVENUE SERVICE AS A NOT-FOR-PROFIT ORGANIZATION AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, ACCORDINGLY, IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE. THE FOUNDATION APPLIES THE PROVISIONS OF ACCOUNTING STANDARDS CODIFICATION (ASC) SUBTOPIC 740-10, INCOME TAXES-OVERALL. AT DECEMBER 31, 2018 AND 2017, THE FOUNDATION HAD NO UNCERTAIN TAX POSITIONS.

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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

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

► Attach to Form 990.

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2018

OMB No 1545-0047

Inspection
Employer identification number

36-4071892

LORI & DAVID SCOTT FOUNDATION

Part | General Information on Grants and Assistance

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2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed. Part II

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) AVENUE SCHOLARS FOUNDATION							
7101 MERCY RD, STE 240 OMAHA, NE 68106	26-1545078	501(C)(3)	15,000				EVENT
(2) BOY SCOUTS OF AMERICA, MID-AMERICA COUNCIL							
12401 W MAPLE RD OMAHA, NE 68164	47-0376545	501(C)(3)	22,000				EVENT & SUPPORT
(3) BROWNELL TALBOT SCHOOL							
400 N HAPPY HOLLOW BLVD OMAHA, NE 68132	47-0376595	501(C)(3)	99 (99				SCHOLARSHIPS
(4) CHILDREN'S SCHOLARSHIP FUND							
7101 MERCY RD, STE 150 OMAHA, NE 68106	47-0822724	501(C)(3)	15,000				SCHOLARSHIPS & EVENT
(5) KNIGHTS OF AK-SAR-BEN FOUNDATION							
7101 MERCY RD, STE 320 OMAHA, NE 68106	47-0447496	501(C)(3)	49,571				EVENT & SUPPORT
(6) LANE THOMAS FOUNDATION							
21463 WALNUT ST ELKHORN, NE 68022-2287	81-4544601	501(C)(3)	10,000				EVENT
(7) MARANATHA BAPTIST UNIVERSITY							
745 W MAIN ST WATERTOWN, WI 53094-7638	39-1097032	501(C)(3)	6,000				SCHOLARSHIPS
(8) METROPOLITAN COMMUNITY COLLEGE FDN							
PO BOX 3777 OMAHA, NE 68103-0777	47-0596504	501(C)(3)	15,000				SCHOLARSHIPS
(9) NORTHSTAR FOUNDATION							
4242 N 49TH AVE OMAHA, NE 68104	26-0494022	501(C)(3)	25,000				EVENT
(10) NORTHWESTERN COLLEGE							
101 7TH ST SW ORANGE CITY, IA 51041	42-0698196	501(C)(3)	11,000				OPERATING SUPPORT
(11) OMAHA COMMUNITY FOUNDATION							
3555 FARNAM ST, STE 222 OMAHA, NE 68131	47-0645958	501(C)(3)	10,000				PROGRAM SUPPORT
(12) OMAHA STREET SCHOOL							
3223 N 45TH ST OMAHA, NE 68104	47-0811597	501(C)(3)	13,000				SUPPORT
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	povernment of	organizations lis	ted in the line 1 tat	e			

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Enter total number of other organizations listed in the line 1 table...

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Schedule I (Form 990) (2018)

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SCHEDULEI (Form 990)

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

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

► Go to www.irs.gov/Form990 for the latest ► Attach to Form 990.

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OMB No 1545-0047

Open to Public 2018

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Denartment of the Treasury	Attach to Form 990.	O lodo
Internal Revenue Service	► Go to www.irs.gov/Form990 for the latest information.	edsul
Name of the organization		Employer identification number
LORI & DAVID SO	LORI & DAVID SCOTT FOUNDATION	36-4071892
Part General	Part General Information on Grants and Assistance	
1 Does the organi	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	or assistance, and
the selection cri	the selection criteria used to award the grants or assistance?	Yes X

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, Ine 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed Part II

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

1 (a) Name and address of organization or government	(p) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) OMAHA ZOO FOUNDATION							
3701 S 10TH ST OMAHA, NE 68107	36-3297716	501(C)(3)	150,000				PROGRAM SUPPORT
(2) PRISON FELLOWSHIP MINISTRIES							
44180 RIVERSIDE PKWY LANSDOWNE, VA 20176	62-0988294	501(C)(3)	150,000				PROGRAM SUPPORT
(3) QUALITY LIVING INC							
6404 N 70TH PLZ OMAHA, NE 68104-1079	47-0665946	501(C)(3)	15,000				EVENT
(4) SHARE OMAHA							
10340 N 84TH ST OMAHA, NE 68122	83-1281491	501(C)(3)	75,000				OPERATING SUPPORT
(5) TAKE FLIGHT FARMS INC							
1004 FARNAM ST, STE 400 OMAHA, NE 68102	40-0001019	501(C)(3)	10,000				EVENT
(6) THE SALVATION ARMY							
10755 BURT ST OMAHA, NE 68114-2065	36-2167910	501(C)(3)	10,000				EVENT
(7) UNIVERSITY OF NEBRASKA FOUNDATION							
1010 LINC MALL, STE 300 LINCOLN, NE 68508	47-0379839	501(C)(3)	6,000				EVENT
(8)							
(6)							
(10)							
(11)							
(12)							
		,					
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	government c	organizations lıs	ted in the line 1 tak	ile	•		19.
3 Enter total number of other organizations listed in the		ine 1 table				•	
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Schedule I (Form 990) (2018)

Part III Grants and Other Assistance to Domestic Individuals. Complete If the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

					i	
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal other)	(f) Description of non-cash assistance
-						
. 2						
3						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information.	nformation rec	quired in Part I, li	ine 2, Part III, c	mation required in Part I, line 2, Part III, column (b); and any other additional	ther additional

SCHEDULE I, PART I, LINE

BEFORE A GRANT IS GIVEN, EVERY GRANTEE SIGNS A WRITTEN CONTRACT THAT

STIPULATES AN ANNUAL REPORTING REQUIREMENT DETAILING HOW THE GRANT WAS

UTILIZED. IF A REPORT IS NOT RECEIVED, THE FOUNDATION WILL FOLLOW-UP WITH

THE GRANTEE. IF A GRANTEE IS DELINQUENT, FUTURE GRANTS MAY BE IN

JEOPARDY. THIS PROCESS IS MONITORED CLOSELY BY THE BOARD.

Schedule I (Form 990) (2018)

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

LORI & DAVID SCOTT FOUNDATION

Employer identification number

36-4071892 Part I **Types of Property** (d) (a) (b) Noncash contribution Check if Number of contributions or Method of determining amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles. Boats and planes 8 Intellectual property Securities - Publicly traded 5,000. 3,025,000. **FMV** Х 10 Securities - Closely held stock . . . Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other.... Real estate - Residential 15 16 Real estate - Commercial 17 Real estate - Other 18 19 Food inventory 20 Drugs and medical supplies . . . Taxidermy..... 21 22 Historical artifacts. 23 Scientific specimens Archeological artifacts 24 25 Other ►(_ 26 Other ▶(27 Other ►(28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required Х 30a to be used for exempt purposes for the entire holding period?............ b If "Yes." describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a Х

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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Schedule M (Form 990) 2018

describe in Part II.

b If "Yes," describe in Part II.

Page 2

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE, M, PART I, COLUMN (B)

AMOUNTS LISTED IN COLUMN B REPRESENT THE NUMBER OF SHARES RECEIVED.

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990

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2018

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Employer identification number

36-4071892

FORM 990, PART VI, LINE 2

LORI & DAVID SCOTT FOUNDATION

THE FOLLOWING DIRECTORS HAVE A FAMILY RELATIONSHIP: DAVID SCOTT AND LORI

SCOTT

THE FOLLOWING DIRECTORS HAVE A BUSINESS RELATIONSHIP: DAVID SCOTT AND JOHN BOYER

FORM 990, PART VI, LINE 8B

THE FOUNDATION DOES NOT HAVE ANY COMMITTEES THAT CURRENTLY ACT ON BEHALF OF THE GOVERNING BOARD.

FORM 990, PART VI, LINE 11B

EACH DIRECTOR WILL RECEIVE THE FORM 990 PRIOR TO THE RETURN BEING FILED WITH THE IRS.

FORM 990, PART VI, LINE 15A

THE FOUNDATION DOES NOT HAVE ANY PAID EMPLOYEES OR DIRECTORS, THEREFORE, NO PROCESSES ARE IN PLACE RELATING TO COMPENSATION.

FORM 990, PART VI, LINE 19

THE FOUNDATION DOES NOT MAKE THESE RECORDS AVAILABLE TO THE PUBLIC.

FORM 990, PART VI, LINE 12C

ANNUALLY (OR MORE FREQUENTLY IF NECESSARY), AS REQUIRED UNDER THE

CONFLICT OF INTEREST POLICY, THE DIRECTORS VERBALLY DISCLOSE ANY

CONFLICTS OF INTEREST WITH FAMILY MEMBERS AND/OR BUSINESS TRANSACTIONS.

THE ORGANIZATION MONITORS ALL CONFLICTS, AND IF A TRANSACTION WITH A

CONFLICT EXISTS, IT IS DISCUSSED DURING THE ANNUAL BOARD MEETING AND THE

CONFLICTED DIRECTOR IS PROHIBITED FROM VOTING ON SUCH DECISION.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

LORI & DAVID SCOTT FOUNDATION

OMB No 1545-0047

Open to Public Inspection

> ► Go to www.irs.gov/Form990 for instructions and the latest information. ► Attach to Form 990.

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Employer identification number 36-4071892

Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, Ine 33. Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(9)	,				

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year Part II

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charty status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) siled y?
						Yes	No
(1) OMAHA COMMUNITY FOUNDATION 47-0645958							
3555 FARNAM ST, STE 222 OMAHA, NE 68131	COMM TRUST	NE	501(C)(3)	8	N/A		×
(2)							!
	I						
(3)							
	Ι				_		
(4)							
(5)							
(9)							
(7)							
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LORI & DAVID SCOTT FOUNDATION

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Schedule R (Form 990) 2018

į	(k) Percentage ownership		:					_				
34,	(I) General or managing partner?	ž					L					_
, line	Gen	Yes			_							
ı 990, Part IV	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)											
-orn	(h)	Ŷ										
on	(h) Dispropordorate allocatore?	Yes										
nswered "Yes"	(g) Share of end-of- year assets											
organization a s tax year.	(f) Share of total , income											
iip. Complete if the artnership during the	(e) Predominant Income (related, Unrelated, excluded from tax under sections 512 - 514)											
e as a Partnersh Is treated as a p	(d) Direct controlling entity											
s Taxabl	(c) Legal domicile (state or foreign	//										
ed Organization nore related org	(b) Primary activity											
Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.	(a) Name, address, and EIN of related organization											
Part III	-		3	(2)		(3)	(4)		(2)	(9)	(7)	

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, Inne 34, because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) (h) (i) Share of Percentage Section	(h) Percentage	(i) Section
		(state or foreign country)	entity	(C corp S corp, or trust)	income	end-of-year assets	ownership	12(b)(13) controlled entity?
								es No
(1)								
(2)	:							
(3)								
(4)								
							-	
(5)								
(9)								
(2)	i							

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Schedule R (Form 990) 2018

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Method of determining Yes amount involved If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. 10 4 9 **1** 무 * Ξ = 9 19 ÷ 19 Ξ = Performance of services or membership or fundraising solicitations for related organization(s) Transactions With Related Organizations. Complete of the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Amount involved During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity............ (b) Transaction type (a-s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Other transfer of cash or property from related organization(s). Other transfer of cash or property to related organization(s). (a) Name of related organization Part V ס Ε _ σ ¥ 0 ۵ 7 3 $\widehat{\mathbb{E}}$ € (2) 9 Ξ

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Schedule R (Form 990) 2018

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37 Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(9) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)		(k) Percentage ownership
(1)			sections 512-514)	Yes			Yes		Yes	
(2)										
(3)										
(4)								,		
(5)										
. (9)										
(7)										
(8)								,		
(6)								_		
(10)	L			/	,					
(11)										
(12)										
(13)										
(14)										
(15)										
(16)							_			
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Part VII Supplemental Information
Provide additional information for responses to questions on Schedule R See instructions