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PUBLIC DISCLOSURE COPY

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

# 2009

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

### A For the 2009 calendar year, or tax year beginning and ending

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type.  See Specific Instructions.	<b>C</b> Name of organization <b>LINCOLN COMMUNITY FOUNDATION, INC.</b> Doing Business As		<b>D</b> Employer identification number <b>47-0458128</b>	
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>215 CENTENNIAL MALL SOUTH 100</b>	<b>E</b> Telephone number <b>(402) 474-2345</b>		
		City or town, state or country, and ZIP + 4 <b>LINCOLN, NE 68508</b>		<b>G</b> Gross receipts \$ <b>54,722,270.</b>	
		<b>F</b> Name and address of principal officer: <b>JEFF PEETZ</b> <b>SAME AS C ABOVE</b>		<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c) ( <b>3</b> ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J</b> Website: ▶ <b>WWW.LCF.ORG</b>					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: <b>1956</b>		
<b>M</b> State of legal domicile: <b>NE</b>					

### Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>TO CARRY OUT CHARITABLE ACTIVITIES, PRIMARILY IN AND FOR THE BENEFIT OF THE COMMUNITY OF</b>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>15</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>15</b>
	<b>5</b> Total number of employees (Part V, line 2a) <b>5</b> <b>13</b>
	<b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>5</b>
	<b>7a</b> Total gross unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>0.</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <b>7b</b> <b>0.</b>	

		Prior Year	Current Year
		<b>8</b> Contributions and grants (Part VIII, line 1h)	<b>4,066,846.</b>
<b>9</b> Program service revenue (Part VIII, line 2g)	<b>802,037.</b>	<b>1,123,200.</b>	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<b>&lt;4,254,926.&gt;</b>	<b>&lt;6,227,244.&gt;</b>	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<b>&lt;189,369.&gt;</b>	<b>&lt;154,526.&gt;</b>	
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>424,588.</b>	<b>&lt;3,655,484.&gt;</b>	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<b>2,304,309.</b>	<b>4,320,398.</b>	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)			
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	<b>741,923.</b>	<b>660,711.</b>	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)			
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>367,327.</b>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	<b>585,769.</b>	<b>1,555,400.</b>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<b>3,632,001.</b>	<b>6,536,509.</b>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	<b>&lt;3,207,413.&gt;</b>	<b>&lt;10,191,993.&gt;</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	<b>Beginning of Current Year</b> <b>54,471,383.</b>	<b>End of Year</b> <b>57,386,938.</b>
	<b>21</b> Total liabilities (Part X, line 26)	<b>2,906,355.</b>	<b>1,490,043.</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	<b>51,565,028.</b>	<b>55,896,895.</b>

### Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date		
	<b>SCOTT LAWSON, CFO</b> Type or print name and title			
<b>Paid Preparer's Use Only</b>	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN ▶	Phone no. ▶ <b>402-344-6100</b>

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission: TO CARRY OUT CHARITABLE ACTIVITIES, PRIMARILY IN AND FOR THE BENEFIT OF THE COMMUNITY OF LINCOLN, NEBRASKA AND LANCASTER COUNTY, NEBRASKA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 4,668,720. including grants of \$ 4,320,398. ) (Revenue \$ 0. ) GRANTS & ALLOCATIONS TO NON-PROFIT CHARITABLE ORGANIZATIONS.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses \$ 4,668,720.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....		X
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> .....	X	
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. ....	X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
	<b>1a</b> 10		
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	<b>1b</b> 0		
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
	<b>1c</b>		
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	<b>2a</b> 13		
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
	<b>2b</b>		
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
	<b>3a</b>		
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
	<b>3b</b>		
<b>4a</b>	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)?	X	
	<b>4a</b>		
<b>b</b>	If "Yes," enter the name of the foreign country: <b>CAYMAN ISLANDS</b> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
	<b>4b</b>		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
	<b>5a</b>		
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
	<b>5b</b>		
<b>c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
	<b>5c</b>		
<b>6a</b>	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?		X
	<b>6a</b>		
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
	<b>7a</b>		
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	<b>7b</b>		
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
	<b>7c</b>		
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
	<b>7d</b>		
<b>e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
	<b>7e</b>		
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
	<b>7f</b>		
<b>g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
	<b>7g</b>		
<b>h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b>	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	X	
	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b>	Did the organization make any taxable distributions under section 4966?		X
	<b>9a</b>		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		X
	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b>	Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	N/A	
	<b>10a</b>		
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b>	Enter:		
<b>a</b>	Gross income from members or shareholders	N/A	
	<b>11a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b>	Is the organization filing Form 990 in lieu of Form 1041?		
	<b>12a</b>		
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
	<b>12b</b>		

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body		
<b>1b</b>	Enter the number of voting members that are independent		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b>	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
<b>5</b>	Did the organization become aware during the year of a material diversion of the organization's assets?		X
<b>6</b>	Does the organization have members or stockholders?		X
<b>7a</b>	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b>	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	The governing body?	X	
<b>8b</b>	Each committee with authority to act on behalf of the governing body?	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Does the organization have local chapters, branches, or affiliates?		X
<b>10b</b>	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11</b>	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11A</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
<b>12b</b>	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>12c</b>	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
<b>13</b>	Does the organization have a written whistleblower policy?	X	
<b>14</b>	Does the organization have a written document retention and destruction policy?	X	
<b>15</b>	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?		
<b>15a</b>	The organization's CEO, Executive Director, or top management official	X	
<b>15b</b>	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b>	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **▶ NE**

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.  
 Own website     Another's website     Upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶** \_\_\_\_\_  
**SCOTT LAWSON - (402) 474-2345**  
**215 CENTENNIAL MALL SOUTH #100, LINCOLN, NE 68508**

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors****Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee."
- 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.

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PATRICK BEANS TREASURER	2.00	X		X				0.	0.	0.
LOEL BROOKS (JAN-FEB) DIRECTOR	1.00	X						0.	0.	0.
RICH CLAUSSEN (JAN-FEB) DIRECTOR	1.00	X						0.	0.	0.
RON ECKLUND DIRECTOR	1.00	X						0.	0.	0.
DALE E. GRUNTORAD (JAN-F) TREASURER	1.00	X		X				0.	0.	0.
NANCY HAESSLER (JAN-FEB) DIRECTOR	1.00	X						0.	0.	0.
ORVILLE JONES DIRECTOR	1.00	X						0.	0.	0.
KATHY LEBARON (JAN-FEB) DIRECTOR	1.00	X						0.	0.	0.
DAVE LIVINGSTON DIRECTOR	1.00	X						0.	0.	0.
LORI MCCLURG SECRETARY	2.00	X		X				0.	0.	0.
JEFF PEETZ CHAIRMAN	2.00	X		X				0.	0.	0.
VANN PRICE DIRECTOR	1.00	X						0.	0.	0.
SUE QUAMBUSCH VICE CHAIR	2.00	X		X				0.	0.	0.
WILL SCOTT DIRECTOR	1.00	X						0.	0.	0.
LARRY SMALL DIRECTOR	1.00	X						0.	0.	0.
CORI SAMPSON VOKOUN DIRECTOR	1.00	X						0.	0.	0.
RICH BAILEY (MAY-DEC) DIRECTOR	1.00	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
CANDY HENNING (MAY-DEC) DIRECTOR	1.00	X						0.	0.	0.
PATTY MCMANUS (MAY-JULY) DIRECTOR	1.00	X						0.	0.	0.
CARL SJULIN (MAY-DEC) DIRECTOR	1.00	X						0.	0.	0.
HANK WOODS (MAY-DEC) DIRECTOR	1.00	X						0.	0.	0.
GRETCHEN THORNBURG CHIEF FINANCIAL OFFICER	40.00			X				81,121.	0.	0.
BOB HARRIS INTERIM PRESIDENT	20.00			X				67,521.	0.	0.
TIMOTHY KEMPER (<1 MONTH) PRESIDENT	20.00			X				29,700.	0.	0.
CYNTHIA DEVOE VP OF COMM. ADVANCEMENT	40.00					X		117,798.	0.	0.
<b>1b Total</b>								296,140.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,603,086.			
	g Noncash contributions included in lines 1a-1f: \$		10,296.			
	<b>h Total.</b> Add lines 1a-1f		<b>1,603,086.</b>			
Program Service Revenue	2 a <b>ADMINISTRATIVE FEES</b>	Business Code 900099	1,123,200.	1,123,200.		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total.</b> Add lines 2a-2f		<b>1,123,200.</b>			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,038,382.		1038382.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross Rents	(i) Real	277,596.			
		(ii) Personal				
		b Less: rental expenses	443,371.			
		c Rental income or (loss)	<165775.>			
	d Net rental income or (loss)		<165,775.>		<165,775.>	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	50668757			
		(ii) Other				
		b Less: cost or other basis and sales expenses	57934383			
		c Gain or (loss)	<7265626>			
	d Net gain or (loss)		<7265626.>		<7265626.>	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
c Net income or (loss) from fundraising events						
9 a Gross income from gaming activities. See Part IV, line 19	a					
b Less: direct expenses	b					
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a					
b Less: cost of goods sold	b					
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11 a <b>MISCELLANEOUS REVENUE</b>	900099	11,249.	11,249.			
b						
c						
d All other revenue						
e <b>Total.</b> Add lines 11a-11d		<b>11,249.</b>				
<b>12 Total revenue.</b> See instructions.		<b>&lt;3655484.&gt;</b>	<b>1,134,449.</b>	<b>0.</b>	<b>&lt;6393019.&gt;</b>	

**Part IX Statement of Functional Expenses**

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 .....	4,320,398.	4,320,398.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 .....				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 .....				
4 Benefits paid to or for members .....				
5 Compensation of current officers, directors, trustees, and key employees .....	296,140.	32,407.	113,528.	150,205.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
7 Other salaries and wages .....	273,043.	70,415.	94,618.	108,010.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) .....	12,051.	3,133.	3,495.	5,423.
9 Other employee benefits .....	39,999.	8,675.	16,311.	15,013.
10 Payroll taxes .....	39,478.	10,264.	11,449.	17,765.
11 Fees for services (non-employees):				
a Management .....	50,188.		50,188.	
b Legal .....	13,392.		13,392.	
c Accounting .....	29,604.		29,604.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....				
f Investment management fees .....	103,331.		103,331.	
g Other .....				
12 Advertising and promotion .....	28,983.			28,983.
13 Office expenses .....	82,548.	15,222.	40,938.	26,388.
14 Information technology .....				
15 Royalties .....				
16 Occupancy .....				
17 Travel .....	2,026.	1,660.		366.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .....				
19 Conferences, conventions, and meetings .....	4,518.	1,850.	1,334.	1,334.
20 Interest .....				
21 Payments to affiliates .....				
22 Depreciation, depletion, and amortization .....	19,939.		19,939.	
23 Insurance .....	99,254.	97,502.	1,752.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>ADMINISTRATIVE FEE EXPE</b> .....	990,898.	0.	990,898.	0.
b <b>ANNUITY DISTRIBUTION</b> .....	101,240.	101,240.	0.	0.
c <b>MEMBERSHIP DUES AND SUB</b> .....	13,406.	3,014.	3,778.	6,614.
d <b>EMPLOYEE EXPENSE</b> .....	7,465.	1,099.	4,285.	2,081.
e <b>PARK MAINTENANCE</b> .....	993.	0.	993.	0.
f All other expenses .....	7,615.	1,841.	629.	5,145.
25 <b>Total functional expenses.</b> Add lines 1 through 24f	6,536,509.	4,668,720.	1,500,462.	367,327.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year		
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....		<b>1</b>			
	<b>2</b> Savings and temporary cash investments .....	446,227.	<b>2</b>	<666,770.>		
	<b>3</b> Pledges and grants receivable, net .....	125,417.	<b>3</b>	121,489.		
	<b>4</b> Accounts receivable, net .....		<b>4</b>			
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>			
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L .....		<b>6</b>			
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>			
	<b>8</b> Inventories for sale or use .....		<b>8</b>			
	<b>9</b> Prepaid expenses and deferred charges .....	2,870.	<b>9</b>			
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,528,308.				
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 1,903,862.	4,744,316.	<b>10c</b>	4,624,446.	
	<b>11</b> Investments - publicly traded securities .....	43,213,524.	<b>11</b>	48,452,423.		
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	2,090,739.	<b>12</b>	2,240,979.		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	3,848,290.	<b>13</b>	2,614,371.		
	<b>14</b> Intangible assets .....		<b>14</b>			
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>			
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	54,471,383.	<b>16</b>	57,386,938.			
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	569,067.	<b>17</b>	653,989.		
	<b>18</b> Grants payable .....		<b>18</b>			
	<b>19</b> Deferred revenue .....		<b>19</b>			
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>			
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>			
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>			
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>			
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>			
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	2,337,288.	<b>25</b>	836,054.		
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,906,355.	<b>26</b>	1,490,043.		
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b> Unrestricted net assets .....	48,812,263.	<b>27</b>	52,949,331.		
	<b>28</b> Temporarily restricted net assets .....	2,752,765.	<b>28</b>	2,947,564.		
	<b>29</b> Permanently restricted net assets .....		<b>29</b>			
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>			
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>			
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>			
	<b>33</b> Total net assets or fund balances .....	51,565,028.	<b>33</b>	55,896,895.		
<b>34</b> Total liabilities and net assets/fund balances .....	54,471,383.	<b>34</b>	57,386,938.			

**Part XI Financial Statements and Reporting**

**1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

**2a** Were the organization's financial statements compiled or reviewed by an independent accountant? .....

**b** Were the organization's financial statements audited by an independent accountant? .....

**c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight 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 Schedule O.

**d** If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

**3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....

**b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. ....

	Yes	No
<b>2a</b>		X
<b>2b</b>	X	
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

Form **990** (2009)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

Name of the organization **LINCOLN COMMUNITY FOUNDATION, INC.** Employer identification number **47-0458128**

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....	<b>11g(i)</b>	
(ii) A family member of a person described in (i) above? .....	<b>11g(ii)</b>	
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....	<b>11g(iii)</b>	
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	7661237.	5706929.	20041839.	4066846.	1603086.	39079937.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	7661237.	5706929.	20041839.	4066846.	1603086.	39079937.
<b>5</b> 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) .....						18754926.
<b>6 Public support.</b> Subtract line 5 from line 4.						20325011.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 .....	7661237.	5706929.	20041839.	4066846.	1603086.	39079937.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1536542.	1696244.	1835975.	1838099.	1038382.	7945242.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....	5,938.	2,617.	64.	161.	11,249.	20,029.
<b>11 Total support.</b> Add lines 7 through 10						47045208.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	1,465,850.
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....	<input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	43.20	%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 .....	<b>15</b>	44.25	%
<b>16a 33 1/3% support test - 2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>		
<b>b 33 1/3% support test - 2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)** (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2008 Schedule A, Part III, line 15 .....	<b>16</b>		%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2009</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from <b>2008</b> Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

**2009**

Name of the organization

Employer identification number

LINCOLN COMMUNITY FOUNDATION, INC.

47-0458128

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

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

Name of organization  LINCOLN COMMUNITY FOUNDATION, INC.	Employer identification number  47-0458128
--	--

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 254,431.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 43,728.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 97,814.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 935,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization

LINCOLN COMMUNITY FOUNDATION, INC.

Employer identification number

47-0458128

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and two yes/no questions regarding donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number and acreage, and monitoring requirements. Includes a small table for 'Held at the End of the Tax Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements for art and historical treasures, with fields for revenues and assets.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
c Beginning balance	<b>1c</b>
d Additions during the year	<b>1d</b>
e Distributions during the year	<b>1e</b>
f Ending balance	<b>1f</b>

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

**Part V Endowment Funds.** Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  \_\_\_\_\_ %
- c Term endowment  \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	<b>3a(i)</b>	
(ii) related organizations	<b>3a(ii)</b>	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	<b>3b</b>	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

**Part VI Investments - Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	641,294.			641,294.
b Buildings	3,956,216.		1,172,545.	2,783,671.
c Leasehold improvements	1,593,009.		595,903.	997,106.
d Equipment	337,789.		135,414.	202,375.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				<b>4,624,446.</b>



**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	<3,655,484.>
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	6,536,509.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	<10,191,993.>
4	Net unrealized gains (losses) on investments	4	12,794,914.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	1,728,946.
9	Total adjustments (net). Add lines 4 through 8	9	14,523,860.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	4,331,867.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	9,748,623.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	12,794,914.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	609,193.
e	Add lines 2a through 2d	2e	13,404,107.
3	Subtract line 2e from line 1	3	<3,655,484.>
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 XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	<3,655,484.>

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	6,979,880.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	443,371.
e	Add lines 2a through 2d	2e	443,371.
3	Subtract line 2e from line 1	3	6,536,509.
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	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	6,536,509.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2 - UNCERTAIN TAX POSITIONS**

IN DECEMBER 2008, THE FASB PROVIDED FOR A DEFERRAL OF THE EFFECTIVE DATE OF THIS TOPIC FOR CERTAIN NONPUBLIC ENTERPRISES TO ANNUAL FINANCIAL STATEMENTS FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008. THE FOUNDATION ELECTED THIS DEFERRAL AND ADOPTED THIS TOPIC IN ITS 2009 ANNUAL FINANCIAL STATEMENTS. THE ADOPTION OF THIS TOPIC DID NOT HAVE ANY IMPACT ON THE FOUNDATION'S COMBINED FINANCIAL POSITION OR STATEMENT OF ACTIVITIES. UNCERTAIN TAX POSITIONS, IF ANY, ARE RECORDED AS A LIABILITY

**Part XIV** Supplemental Information (continued)

IF A TAX POSITION TAKEN DOES NOT MEET THE MORE-LIKELY-THAN-NOT STANDARD THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAXING AUTHORITIES. THERE IS NO LIABILITY FOR UNCERTAIN TAX POSITIONS RECORDED AT DECEMBER 31, 2009, NOR WAS THERE A LIABILITY AS OF THE DATE OF IMPLEMENTATION OF JANUARY 1, 2009.

PART XI, LINE 8:

\$211,000 - SPLIT INTEREST AGREEMENTS

-\$45,178 - ADJUSTMENT FOR AN INTERFUND TRANSFER BETWEEN THE LINCOLN COMMUNITY FOUNDATION AND THE LINCOLN FOUNDATION DONOR DIRECTED

\$1,563,124 - AGENCY FUNDS WERE RECLASSIFIED FROM A LIABILITY TO NET ASSETS

PART XII, LINE 2D:

\$211,000 - SPLIT INTEREST AGREEMENTS

-\$45,178 - ADJUSTMENT FOR AN INTERFUND TRANSFER BETWEEN THE LINCOLN COMMUNITY FOUNDATION AND THE LINCOLN FOUNDATION DONOR DIRECTED DEPOSITORY.

\$443,371 - RENTAL EXPENSES

PART XIII, LINE 2D:

\$443,371 - RENTAL EXPENSES

**Schedule F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

**Name of the organization** LINCOLN COMMUNITY FOUNDATION, INC. **Employer identification number** 47-0458128

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

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

**3 Activities per Region.** (Use Schedule F-1 (Form 990) if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENTS		0.
<b>Totals</b> .....	0	0			0.





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization **LINCOLN COMMUNITY FOUNDATION, INC.** Employer identification number **47-0458128**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ...

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AGING SERVICES, LINCOLN AREA AGENCY ON AGING - 1005 O STREET - LINCOLN, NE 68508	47-6006256	501(C)3	8,086.	0.			GRANT TO SUPPORT THE FRIENDS OF LIFE OFFICE
AMERICAN RED CROSS-CORNHUSKER REGIONAL CHAPTER - P.O. BOX 83267 - LINCOLN, NE 68501	53-0196605	501(C)3	5,686.	0.			GENERAL SUPPORT GRANT TO SUPPORT THE LINCOLN/LANCASTER COUNTY PROGRAMS
ASIAN COMMUNITY & CULTURAL CENTER 2615 O STREET LINCOLN, NE 68510	47-0807501	501(C)3	20,000.	0.			GRANT TO SUPPORT THE FAMILY RESOURCES PROGRAM
CEDARS YOUTH SERVICES 6601 PIONEERS BLVD LINCOLN, NE 68506	47-0551975	501(C)3	21,701.	0.			1ST, 2ND AND 3RD QUARTER DISTRIBUTION OF QUARTERLY PAYOUT; GENERAL SUPPORT
CENTENNIAL SCHOOL FOUNDATION 1301 CENTENNIAL AVENUE P.O. BOX 18 UTICA, NE 68456	47-0498240	501(C)3	10,232.	0.			SCHOLARSHIP FOR GRADUATES OF CENTENNIAL HIGH SCHOOL
CENTER FOR PEOPLE IN NEED 3901 NORTH 27TH STREET UNIT 1 LINCOLN, NE 68521	06-1669552	501(C)3	15,200.	0.			GENERAL SUPPORT GRANT; TO PURCHASE FOOD FOR THE NEIGHBORHOOD F.O.O.D. PROGRAM

**2** Enter total number of section 501(c)(3) and government organizations ..... ▶ **99.**

**3** Enter total number of other organizations ..... ▶ **0.**

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

Schedule I (Form 990) 2009

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**Part III** Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(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

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THE LINCOLN COMMUNITY FOUNDATION STAFF WILL RESEARCH ALL CHARITIES THAT THEIR DONORS RECOMMEND FOR GRANTS. TO QUALIFY FOR A GRANT DISTRIBUTION FROM THE FOUNDATION, A PROSPECTIVE GRANTEE MUST BE ABLE TO SATISFY THE FOUNDATIONS DUE DILIGENCE REQUIREMENTS BEFORE A GRANT IS MADE. A PROSPECTIVE GRANTEE MAY BE EXPECTED TO PROVIDE INFORMATION AND EVIDENCE OF QUALIFICATION TO SERVE AS A BASIS FOR THE FOUNDATION STAFF DUE DILIGENCE REVIEW PRIOR TO A GRANT FROM ANY FUND OF THE FOUNDATION. ONCE THE ORGANIZATION IS REVIEWED AND THE FOUNDATION STAFF IS CONFIDENT THAT THE ORGANIZATION MEETS THE DUE DILIGENCE REQUIREMENTS, THE FOUNDATION MAY ISSUE

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▶ Attach to Form 990 to list additional information for  
 Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**LINCOLN COMMUNITY FOUNDATION, INC.**

Employer identification number

**47-0458128**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
CENTERPOINTE 2633 P STREET LINCOLN, NE 68503	47-0550702	501(C)3	19,857.	0.			GENERAL PURPOSE FUND
CHILDREN'S HEART FOUNDATION P.O. BOX 5325 LINCOLN, NE 68505	36-3386212	501(C)3	20,000.	0.			GENERAL SUPPORT GRANT
CHILDREN'S HOSPITAL AND MEDICAL CENTER FOUNDATION - 8401 WEST DODGE ROAD SUITE 160 - OMAHA, NE 68114	47-6105603	501(C)3	8,388.	0.			GENERAL SUPPORT GRANT
FIRST PRESBYTERIAN CHURCH 840 SOUTH 17TH STREET LINCOLN, NE 68508	47-0391514	501(C)3	12,000.	0.			GENERAL SUPPORT GRANT
FOOD BANK OF LINCOLN 4840 DORIS BAIR CIRCLE SUITE A LINCOLN, NE 68504	47-0640293	501(C)3	9,071.	0.			GENERAL SUPPORT GRANT; GRANT TO SUPPORT THE BACK PACK PROGRAM
FOUNDATION FOR LINCOLN PUBLIC SCHOOLS - 5901 "O" STREET - LINCOLN, NE 68510	36-3490560	501(C)3	8,303.	0.			GENERAL SUPPORT GRANT; CHAMPIONS CIRCLE GRANT; GRANT TO SUPPORT THE FUND-A-NEED "OFF TO THE
FRIENDS OF ARTS ARE BASIC 102 WAB LAB, P.O. BOX 880144 LINCOLN, NE 68588	47-0842606	501(C)3	6,234.	0.			GENERAL SUPPORT GRANT
FRIENDS OF NEBRASKA DYSLEXIA ASSOCIATION (FONDA) - P.O. BOX 6102 - LINCOLN, NE 68506	61-1562682	501(C)3	12,512.	0.			GENERAL SUPPORT GRANT; DISTRIBUTION TO CLOSE ACCOUNT

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

Schedule I-1 (Form 990) 2009

**SCHEDULE I-1  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Continuation Sheet for Schedule I (Form 990)**  
**▶ Attach to Form 990 to list additional information for  
Schedule I (Form 990), Part II or Part III.**

OMB No. 1545-0047

**2009**

**Open to Public  
Inspection**

Name of the organization

**LINCOLN COMMUNITY FOUNDATION, INC.**

Employer identification number

**47-0458128**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP HOME OF LINCOLN P.O. BOX 85358 LINCOLN, NE 68501	47-0619855	501(C)3	194,761.	0.			GENERAL SUPPORT GRANT; GRANT TO CLOSE THE FUND
GREATER LINCOLN CHAMBER FOUNDATION P.O. BOX 830006 LINCOLN, NE 68501	31-1597948	501(C)3	5,000.	0.			GRANT TO SUPPORT THE ANNUAL MEETING SPEAKER FEES
JUNIOR ACHIEVEMENT OF LINCOLN 285 SOUTH 68TH STREET PLACE SUITE 5 LINCOLN, NE 68510	47-0535692	501(C)3	9,854.	0.			GRANT TO SUPPORT THE 2009-2010 ECONOMICS PROGRAM; GRANT TO CLOSE THE FUND
LEADERSHIP LINCOLN 920 "O" STREET SUITE 300 LINCOLN, NE 68508	47-0685407	501(C)3	13,439.	0.			GRANT FOR YOUTH LEADERSHIP LINCOLN; GENERAL SUPPORT GRANT; GRANT TO SUPPORT 2009
LIGHTHOUSE 2601 "N" STREET LINCOLN, NE 68510	36-3566310	501(C)3	21,285.	0.			GENERAL SUPPORT GRANT; GRANT TO ADD TRUANCY INTERVENTION COMPONENTS TO THE PROGRAMMING FOR
LINCOLN CHILDREN'S MUSEUM 1420 "P" STREET LINCOLN, NE 68508	47-0716636	501(C)3	5,500.	0.			GENERAL SUPPORT GRANT
LINCOLN CHILDREN'S ZOO 1222 SOUTH 27TH STREET LINCOLN, NE 68502	47-0482255	501(C)3	38,486.	0.			MEMORIAL GRANT; GRANT FOR EQUIPMENT TO SEDATE ANIMALS FOR ANNUAL EXAMS; GENERAL SUPPORT GRANT;
LINCOLN COMMUNITY PLAYHOUSE 2500 SOUTH 56TH STREET LINCOLN, NE 68506	47-0355388	501(C)3	22,737.	0.			GENERAL PURPOSE GRANT; GRANT TO SUPPORT THE THEATER ARTS ACADEMY; MAINTENANCE AND REPAIRS

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OMB No. 1545-0047

**2009**

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Employer identification number

**47-0458128**

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LINCOLN PARKS AND RECREATION FOUNDATION - 2740 "A" STREET - LINCOLN, NE 68502	36-3853746	501(C)3	347,913.	0.			GRANT FOR "ONE FLOWER FOREVER" IN HONOR OF ROSE BINGHAM; GRANT FOR A STANDARD FOUNTAIN BRICK
LINCOLN ORCHESTRA ASSOCIATION 233 SOUTH 13TH STREET SUITE B102 LINCOLN, NE 68508	47-0773445	501(C)3	6,613.	0.			GENERAL SUPPORT GRANT; ONGOING OPERATIONS OF THE LINCOLN SYMPHONY ORCHESTRA
LUX CENTER FOR THE ARTS 2601 NORTH 48TH STREET LINCOLN, NE 68502	47-0629528	501(C)3	24,306.	0.			GENERAL PUPOSE GRANT; QUARTERLY DISTRIBUTIONS; TO CARE FOR, CONSERVE, RESTORE THE GLADYS M. LUX
MATT TALBOT KITCHEN 2121 N. 27TH STREET, P.O. BOX 80935 LINCOLN, NE 68501	36-3945814	501(C)3	32,309.	0.			GRANT TO CLOSE THE FUND
MILFORD PUBLIC SCHOOLS FOUNDATION 1200 WEST FIRST MILFORD, NE 68405	47-0830054	501(C)3	10,232.	0.			SCHOLARSHIP GRANT FOR GRADUATES OF MILFORD HIGH SCHOOL
MOSAIC 4980 SOUTH 118TH STREET OMAHA, NE 68137	11-3669999	501(C)3	12,716.	0.			GENERAL SUPPORT GRANT FOR AXTELL FACILITY
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DRIVE RESTON, VA 20190	53-0204616	501(C)3	8,086.	0.			GENERAL SUPPORT GRANT
NEBRASKA PRESS ASSOCIATION FOUNDATION - 845 "S" STREET - LINCOLN, NE 68508	36-3801219	501(C)3	264,662.	0.			GENERAL PURPOSE GRANT; GRANT TO CLOSE THE FUND

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NEBRASKA WESLEYAN UNIVERSITY FINANCIAL AID OFFICE, 5000 ST. PAUL LINCOLN, NE 68504	47-0376524	501(C)3	32,030.	0.			GENERAL SUPPORT GRANT; GRANTS FOR GENERAL SCHOLARSHIP; GREAT TEACHING PROGRAM; NATHAN
OPTIMIST CLUB FOUNDATION OF DOWNTOWN LINCOLN - 1248 "O" STREET, TRUST DEPT. - 4TH FLOOR - LINCOLN, NE 68508	36-3690657	501(C)3	5,828.	0.			GRANT TO CLOSE FUND
ORAL ROBERTS UNIVERSITY ATTN: JOHN CHERRY P.O. BOX 2187 TULSA, OK 74102	73-0739626	501(C)3	9,247.	0.			GRANT FOR SCHOLARSHIPS AND OTHER PROGRAMS
PEOPLE'S CITY MISSION 110 Q STREET, P.O. BOX 80636 LINCOLN, NE 68501	47-0376897	501(C)3	82,113.	0.			GENERAL SUPPORT GRANT; TO CARE FOR THE HOMELESS IN LINCOLN; GRANT TO CLOSE FUND
PLANNED PARENTHOOD OF THE HEARTLAND - P.O. BOX 4557 - DES MOINES, IA 50305	47-0529756	501(C)3	11,298.	0.			GENERAL SUPPORT GRANT; GENERAL PURPOSES IN NEBRASKA AND COUNCIL BLUFFS, IA; GRANT TO
ROPER ELEMENTARY SCHOOL 2323 S. CODDINGTON AVENUE LINCOLN, NE 68522		501(C)3	7,000.	0.			GRANT TO SUPPORT HOLIDAY FOOD BASKETS, DECEMBER SHOPPING FOR UNDERPRIVILEGED CHILDREN
SEWARD COMMUNITY SCHOLARSHIP ATTN: LYNN SCHLUCKEBIER P.O. BOX 1 SEWARD, NE 68434	47-0620453	501(C)3	51,159.	0.			SCHOLARSHIP GRANT FOR GRADUATES OF SEWARD HIGH SCHOOL.
SPECIAL OLYMPICS NEBRASKA 11011 Q STREET, SUITE 104C OMAHA, NE 68137	47-0546346	501(C)3	29,821.	0.			GENERAL SUPPORT GRANT; GRANT RESTRICTED TO THE 2010 USA NATIONAL GAMES TO BE HELD IN LINCOLN OR

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ST. PAUL UNITED METHODIST CHURCH MEMORIAL FUND, INC - 1144 "M" STREET - LINCOLN, NE 68508	47-6026507	501(C)3	11,000.	0.			GRANT TO SUPPORT THE BENEFACTOR'S FUND
TABITHA INC. 4720 RANDOLPH LINCOLN, NE 68510	47-0377998	501(C)3	12,772.	0.			GRANT RESTRICTED TO THE TABITHA FDN. TO SUPPORT MEALS ON WHEELS; GRANT TO BE RESTRICTED TO THE
THE MADONNA FOUNDATION 5401 SOUTH STREET LINCOLN, NE 68506	23-7159940	501(C)3	5,000.	0.			GENERAL PURPOSE GRANT
THE SALVATION ARMY 2625 POTTER, P.O. BOX 30232 LINCOLN, NE 68503	36-2167910	501(C)3	32,240.	0.			GENERAL SUPPORT GRANT; GRANT FOR THE CAPITAL CAMPAIGN
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL SUITE 300 LINCOLN, NE 68508	47-0379839	501(C)3	41,657.	0.			GRANT TO SUPPORT THE NE REPERTORY ACCOUNT; FINAL PLEDGE PAYMENT FOR THE HILLESTAD GALLERY
VINE CONGREGATIONAL CHURCH FOUNDATION - 1800 TWIN RIDGE ROAD - LINCOLN, NE 68506	47-0718475	501(C)3	235,346.	0.			GRANT TO CLOSE THE FUND
YMCA OF LINCOLN 570 FALLBROOK BLVD SUITE 210 LINCOLN, NE 68521	47-0376578	501(C)3	65,935.	0.			GENERAL SUPPORT GRANT; STRONG KIDS CAMPAIGN; GRANT TO CLOSE FUND
BRYANLGH FOUNDATION 1600 S. 48TH STREET LINCOLN, NE 68506	23-7005720	501(C)3	50,279.	0.			GRANT RESTRICTED FOR PAYING THE RENTAL DEPOSIT FOR A CLIENT; GRANT RESTRICTED FOR PAYING THE

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CENTER FOR RURAL AFFAIRS 145 MAIN STREET, P.O. BOX 136 LYONS, NE 68038	47-0553823	501(C)3	6,749.	0.			SEMI-ANNUAL DISTRIBUTION OF PAYOUT (JANUARY); GRANT TO CLOSE FUND
CITY IMPACT 400 N. 27TH STREET LINCOLN, NE 68503	47-0800906	501(C)3	5,000.	0.			GENERAL SUPPORT GRANT
CLINIC MALONE COMMUNITY CENTER 6040 VILLAGE DR, STE 200, P.O. BOX LINCOLN, NE 68542	47-0376577	501(C)3	9,255.	0.			GRANT TO SUPPORT FOR THE OPERATIONAL PLAN TO MAKE THEIR SERVICES MORE ACCESSIBLE TO THOSE WITH
CLYDE MALONE COMMUNITY CENTER 2032 U STREET LINCOLN, NE 68503	47-0376577	501(C)3	5,750.	0.			GRANT TO CREATE A THREE-YEAR STRATEGIC PLAN INCLUDING A 2009 OPERATIONAL PLAN AND
COLONIAL WILLIAMSBURG FOUNDATION P.O. BOX 1776 WILLIAMSBURG, VA 23187	54-0505888	501(C)3	100,000.	0.			GENERAL SUPPORT; GRANT TO SUPPORT AFRICAN-AMERICAN PROGRAMMING
COMMUNITY CROPS 1551 S. 2ND STREET LINCOLN, NE 68502		501(C)3	7,000.	0.			TO SUPPORT "HEALTH COMMUNITIES," WHICH WILL FOCUS ON PROVIDING EDUCATION AND RESOURCES
CORNHUSKER COUNCIL, BOY SCOUTS OF AMERICA - P.O. BOX 269 - WALTON, NE 68461	47-0378985	501(C)3	11,393.	0.			GENERAL SUPPORT GRANT; GRANT TO CLOSE THE FUND
EAST BUTLER PUBLIC SCHOOLS FOUNDATION - 212 SOUTH MADISON STREEET - BRAINARD, NE 68626	36-3431235	501(C)3	30,695.	0.			SCHOLARSHIP FOR GRADUATES OF EAST BUTLER HIGH SCHOOL

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FAMILY SERVICE 501 SOUTH 7TH STREET LINCOLN, NE 68508	47-0376584	501(C)3	19,431.	0.			GRANT TO EXPAND CURRENT THERAPY SERVICES AT CULLER MIDDLE SCHOOL; GRANT TO CLOSE FUND
FELLOWSHIP OF CHRISTIAN ATHLETES P.O. BOX 83671 LINCOLN, NE 68501	44-0610626	501(C)3	15,376.	0.			GENERAL SUPPORT GRANT; GRANT TO CLOSE FUND
FRIENDS OF THE PIONEERS PARK NATURE CENTER - 2740 "A" STREET - LINCOLN, NE 68502	47-0766929	501(C)3	10,515.	0.			GRANT TO CLOSE THE FUND
GIBBON PUBLIC SCHOOLS, DISTRICT 2 1019 SECOND STREET, P.O. BOX 790 GIBBON, NE 68840		501(C)3	1,264,345.	0.			GRANT TO SUPPORT THE PERFORMING ARTS CENTER AT THE GIBBON K-12 SCHOOL
GIRLS SCOUTS-SPIRIT OF NEBRASKA 1701 SOUTH 17TH STREET LINCOLN, NE 68502	47-0432299	501(C)3	7,387.	0.			GRANT TO SUPPORT THE BROWNIE SCOUT PROGRAM; GRANT TO PROVIDE TRANSPORTATION FOR
GOODWILL INDUSTRIES 2100 JUDSON STREET LINCOLN, NE 68521		501(C)3	15,538.	0.			GRANT TO CLOSE FUND
HEALTH PARTNERS INITIATIVE 3140 N ST., ROOM 244, P.O. BOX 3020 LINCOLN, NE 68503	36-3832796	501(C)3	9,235.	0.			GRANT TO CLOSE FUND
HEARTLAND BIG BROTHERS BIG SISTERS 6201 HAVELOCK AVE. LINCOLN, NE 68507	47-0794732	501(C)3	20,500.	0.			GRANT TO HELP BOOST THE NUMBER OF MALE VOLUNTEER APPLICANTS; GENERAL SUPPORT GRANT

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INTERFAITH HOUSING COALITION 1736 OTOE ST. LINCOLN, NE 68502	36-3793621	501(C)3	5,500.	0.			GRANT TO BE USED TO HELP PURCHASE A REPLACEMENT WATER HEATER IN THE PRESIDENT'S BUILDING
HUMBOLDT COMMUNITY FOUNDATION P.O. BOX 373 HUMBOLDT, NE 68376	47-0760334	501(C)3	51,989.	0.			GRANT TO CLOSE THE FUND
JOHNSON-BROCK PUBLIC SCHOOLS FOUNDATION - P.O. BOX 186 - JOHNSON, NE 68378	36-3802645	501(C)3	7,544.	0.			HUGH & NAINIE STODDARD SCHOLARSHIP FUND
JUNIOR LEAGUE OF LINCOLN 215 CENTENNIAL MALL SOUTH, SUITE 51 LINCOLN, NE 68508	47-0424534	501(C)3	30,091.	0.			GENERAL SUPPORT GRANT; CRANT TO CLOSE THE FUND
LINCOLN ACTION PROGRAM 210 O STREET LINCOLN, NE 68508	47-0491162	501(C)3	10,650.	0.			GRANT TO ASSIST WITH THE COMPLETION OF A STRATEGIC PLAN TO GUIDE CAPACITY BUILDING, CURRENT PROGRAM
LINCOLN ARTS COUNCIL 920 O STREET, SUITE 102 LINCOLN, NE 68508	47-6046691	501(C)3	16,091.	0.			GENERAL SUPPORT GRANT; GRANT TO ASSIST WITH THE COMPLETION OF A STRATEGIC PLAN TO GUIDE CAPACITY
LINCOLN MIDWEST BALLET COMPANY P.O. BOX 30126 LINCOLN, NE 68503	47-0729473	501(C)3	6,546.	0.			GRANT TO CLOSE THE FUND
MOURNING HOPE 4919 BALDWIN AVE LINCOLN, NE 68504	47-0782915	501(C)3	8,000.	0.			GRANT TO PROVIDE SUPPORT FOR MOURNING HOPE'S CORE GRIEF SUPPORT PROGRAMS, WHICH WILL ALLOW THEM TO

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NAIFA LINCOLN FOUNDATION P.O. BOX 23085 LINCOLN, NE 68542	20-4193450	501(C)3	11,417.	0.			GRANT TO CLOSE THE FUND
NEBRASKA HUMANITIES COUNCIL 215 CENTENNIAL MALL SOUTH, SUITE 33 LINCOLN, NE 68508	23-7359778	501(C)3	23,111.	0.			GRANT FOR THE BILINGUAL PRIME TIME FAMILY READING TIME PROGRAM; GRANT TO CLOSE THE FUND
NEBRASKA STATE EDUCATION ASSOCIATION SCHOLARSHIP FUND - 605 S. 14TH STREET - LINCOLN, NE 68508	41-2027404	501(C)3	6,519.	0.			GRANT TO DISTRIBUTE THE SPENDABLE PORTION FOR 2009
NORTHEAST FAMILY RESOURCE CENTER 6220 LOGAN AVE LINCOLN, NE 68507	91-1787068	501(C)3	10,000.	0.			GRANT TO PROVIDE ASSISTANCE WITH THE PARENTS AS PARTNERS PROJECT, WHICH COMBINES
PHYSICIAN ASSISTANT FOUNDATION OF THE AMERICAN ACADEMY OF PHYSICIANS - 950 N. WASHINGTON STREET - ALEXANDRIA, VA 22314	54-1071370	501(C)3	98,665.	0.			GRANT TO CLOSE FUND
PRISON FELLOWSHIP MINISTRIES 44180 RIVERSIDE PARKWAY LEESBURG, VA 20176	62-0988294	501(C)3	85,000.	0.			GENERAL SUPPORT GRANT
SAINT ELIZABETH FOUNDATION 6900 L ST, SUITE 100 LINCOLN, NE 68510	47-0625523	501(C)3	12,716.	0.			GENERAL OPERATIONS OF THE HOSPITAL
SENIORS FOUNDATION P.O. BOX 81904 LINCOLN, NE 68501	47-0630837	501(C)3	16,398.	0.			GENERAL SUPPORT GRANT; GRANT TO CLOSE THE FUND

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ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 SAINT JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)3	5,000.	0.			LIFESAVING RESEARCH & FAMILY CENTERED PATIENT CARE
TEAMMATES MENTORING PROGRAM 6801 O STREET LINCOLN, NE 68510	47-0840990	501(C)3	26,500.	0.			GENERAL SUPPORT GRANT; TO SUPPORT ONE ON ONE YOUTH MENTORING PROGRAM
THE ARC OF LINCOLN/LANCASTER COUNTY - 5609 S. 49TH STREET, SUITE 5 - LINCOLN, NE 68516	47-0498629	501(C)3	13,145.	0.			GENERAL SUPPORT GRANT; DISTRIBUTION TO CLOSE THE FUND
THE GATHERING 601 SHELLEY DR., SUITE 201 TYLER, TX 75701	75-2726170	501(C)3	10,000.	0.			GENERAL SUPPORT GRANT
THE WORLD FOOD PRIZE FOUNDATION 1700 RUAN CENTER, 666 GRAND CENTER DES MOINES, IA 50309	42-1356715	501(C)3	50,000.	0.			GENERAL SUPPORT GRANT
UNITED WAY OF LINCOLN AND LANCASTER COUNTY - 238 S. 13TH STREET - LINCOLN, NE 68508	47-0376624	501(C)3	21,892.	0.			GENERAL SUPPORT GRANT; GRANT FOR THE FOOD BANK OF LINCOLN; GRANT TO CLOSE THE FUND
UNIVERSITY OF NEBRASKA-LINCOLN P.O. BOX 880411 LINCOLN, NE 68588	47-0049123	501(C)3	49,796.	0.			GRANT TO SUPPORT SCHOLARSHIPS FOR SPEECH PATHOLOGY STUDENTS (\$3,000) AND THE YOUTH
VILLAGE OF LEIGH P.O. BOX 277 LEIGH, NE 68643	47-6006253	501(C)3	6,038.	0.			LEIGH ARE FOUNDATION DESIGNATED FUND

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VOICES OF HOPE 2545 N STREET LINCOLN, NE 68510	47-0726814	501(C)3	23,032.	0.			GRANT TO FUND ADVOCATES WHO STAFF THE 24 HOUR CRISIS SERVICES. VOH RECEIVED AN INCREASE IN
CEDAR BLUFFS PUBLIC SCHOOLS P.O. BOX 66 CEDAR BLUFFS, NE 68015	47-6005289	501(C)3	6,317.	0.			CEDAR BLUFFS PUBLIC SCHOOLS FOUNDATION EXPENDABLE FUND
CONCORDIA UNIVERSITY FINANCIAL AID OFFICE, 800 NORTH COL SEWARD, NE 68434	47-0378777	501(C)3	5,100.	0.			GRANT FOR SCHOLARSHIPS
DOANE COLLEGE-CRETE FINANCIAL AID OFFICE, 1014 BOSWELL CRETE, NE 68333	47-0377991	501(C)3	9,875.	0.			GRANT FOR SCHOLARSHIPS
NORTHEAST COMMUNITY COLLEGE FINANCIAL AID OFFICE, P.O. BOX 469 NORFOLK, NE 68702	47-0524851	501(C)3	6,694.	0.			GRANT FOR SCHOLARSHIPS
PERU STATE COLLEGE FINANCIAL AID OFFICE, P.O. BOX 10 PERU, NE 68421	47-0620329	501(C)3	6,000.	0.			GRANT FOR SCHOLARSHIPS
SOUTHEAST COMMUNITY COLLEGE-LINCOLN - FINANCIAL AID OFFICE, 8800 O STREET - LINCOLN, NE 68520	47-0549567	501(C)3	5,050.	0.			GRANT FOR SCHOLARSHIPS
UNIVERSITY OF NEBRASKA-KEARNEY SCHOLARSHIP COORDINATOR, OFFICE OF KEARNEY, NE 68849	47-0049123	501(C)3	12,800.	0.			GRANT FOR SCHOLARSHIPS

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

Schedule I-1 (Form 990) 2009

Name of the organization

**LINCOLN COMMUNITY FOUNDATION, INC.**

Employer identification number

**47-0458128**

**Part I** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(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 non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEBRASKA-OMAHA FINANCIAL AID OFFICE, 60TH & DODGE OMAHA, NE 68182	47-0049123	501(C)3	7,825.	0.			GRANT FOR SCHOLARSHIPS
UNIVERSITY OF NEBRASKA MEDICAL CENTER - FINANCIAL AID OFFICE, 984265 NEBRASKA MEDICAL CENTER - OMAHA, NE 68195	47-0049123	501(C)3	7,000.	0.			GRANT FOR SCHOLARSHIPS
WAYNE STATE COLLEGE FINANCIAL AID OFFICE, 1111 MAIN STR WAYNE, NE 68787	47-0491233	501(C)3	7,340.	0.			GRANT FOR SCHOLARSHIPS
HASTINGS COLLEGE FINANCIAL AID OFFICE, SEVENTH & TUR HASTINGS, NE 68901	47-0376525	501(C)3	5,124.	0.			GRANT FOR SCHOLARSHIPS
NEIGHBORWORKS LINCOLN, INC. 2240 Q STREET LINCOLN, NE 68503	36-3430278	501(C)3	20,000.	0.			GRANT TO SUSTAIN AND EXTEND THE INNOVATIVE WORK OF "LINCOLN FREE" TO GROW IN THE TARGET AREAS

**Part IV** Supplemental Information

A CHECK TO THE ORGANIZATION.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: FOUNDATION FOR LINCOLN PUBLIC SCHOOLS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT GRANT; CHAMPIONS

CIRCLE GRANT; GRANT TO SUPPORT THE FUND-A-NEED "OFF TO THE ZOO" FOR

BELMONT ELEMENTARY; GRANT TO SUPPORT NEEDY LSE STUDENTS; JR./SR. HIGH

EYECARE; JR./SR. HIGH SCHOOL TRANSPORTATION FOR ART RELATED TRIPS;

ASSISTANCE TO HIGH SCHOOL STUDENTS PREVIOUSLY ATTENDING HARTLEY

ELEMENTARY SCHOOL; GRANT TO SUPPORT THE TEAMMATES PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: LEADERSHIP LINCOLN

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR YOUTH LEADERSHIP LINCOLN;

GENERAL SUPPORT GRANT; GRANT TO SUPPORT 2009 SPRING GRANT RECIPIENT;

DISTRIBUTION FOR 2010

NAME OF ORGANIZATION OR GOVERNMENT: LIGHTHOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT GRANT; GRANT TO ADD

TRUANCY INTERVENTION COMPONENTS TO THE PROGRAMMING FOR YOUTH TO ENCOURAGE

ACADEMIC SUCCESS

NAME OF ORGANIZATION OR GOVERNMENT: LINCOLN CHILDREN'S ZOO

(H) PURPOSE OF GRANT OR ASSISTANCE: MEMORIAL GRANT; GRANT FOR EQUIPMENT

TO SEDATE ANIMALS FOR ANNUAL EXAMS; GENERAL SUPPORT GRANT; GRANT TO BE

DETERMINED BY ZOO DIRECTOR; GRANT TO CLOSE THE FUND

NAME OF ORGANIZATION OR GOVERNMENT: LINCOLN COMMUNITY PLAYHOUSE

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PURPOSE GRANT; GRANT TO

**Part IV** Supplemental Information

SUPPORT THE THEATER ARTS ACADEMY; MAINTENANCE AND REPAIRS TO BUILDING(S); ANNUAL DISTRIBUTIONS; GRANT TO CLOSE THE AGENCY FUND

NAME OF ORGANIZATION OR GOVERNMENT:

LINCOLN PARKS AND RECREATION FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT FOR "ONE FLOWER FOREVER" IN HONOR OF ROSE BINGHAM; GRANT FOR A STANDARD FOUNTAIN BRICK IN HONOR OF ROSE BINGHAM; USE AND BENEFIT OF HYDE MEMORIAL OBSERVATORY; TO OBTAIN, IMPROVE, AND MAINTAIN TENNIS COURTS; TO SUPPORT THE SUMMER YOUTH TENNIS PROGRAM ORGANIZED AND ADMINISTERED BY WOODS TENNIS CENTER; LINCOLN TENNIS ASSOCIATION DESIGNATED FUND; GENERAL SUPPORT FUND; DISTRIBUTION TO CLOSE THE FUND

NAME OF ORGANIZATION OR GOVERNMENT: LUX CENTER FOR THE ARTS

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL PUPOSE GRANT; QUARTERLY DISTRIBUTIONS; TO CARE FOR, CONSERVE, RESTORE THE GLADYS M. LUX COLLECTIONS; GRANT TO CLOSE THE FUND

NAME OF ORGANIZATION OR GOVERNMENT: NEBRASKA WESLEYAN UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT GRANT; GRANTS FOR GENERAL SCHOLARSHIP; GREAT TEACHING PROGRAM; NATHAN J GOLD SCHOLARSHIP AWARD, OTHER SCHOLARSHIPS; SUPPORTING THE GROWTH OF LINCOLN IN THE AREAS OF CLINTON, HARTLEY, MALONE, NEAR SOUTH AND EVERTT

NAME OF ORGANIZATION OR GOVERNMENT: PLANNED PARENTHOOD OF THE HEARTLAND

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT GRANT; GENERAL PURPOSES IN NEBRASKA AND COUNCIL BLUFFS, IA; GRANT TO CLOSE THE FUND

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: ROPER ELEMENTARY SCHOOL

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO SUPPORT HOLIDAY FOOD

BASKETS, DECEMBER SHOPPING FOR UNDERPRIVILEGED CHILDREN AND WINTER

CLOTHING; GRANT TO ASSIST NEEDY STUDENTS ATTEND OUTDOOR EDUCATIONAL

ACTIVITIES

NAME OF ORGANIZATION OR GOVERNMENT: SPECIAL OLYMPICS NEBRASKA

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT GRANT; GRANT

RESTRICTED TO THE 2010 USA NATIONAL GAMES TO BE HELD IN LINCOLN OR OMAHA;

GRANT TO SUPPORT THE SPECIAL OLYMPICS SPORTS CLASSIC IN LINCOLN

NAME OF ORGANIZATION OR GOVERNMENT: TABITHA INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT RESTRICTED TO THE TABITHA FDN.

TO SUPPORT MEALS ON WHEELS; GRANT TO BE RESTRICTED TO THE HOSPICE;

GENERAL SUPPORT GRANT; GRANT TO CLOSE FUND

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF NEBRASKA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO SUPPORT THE NE REPERTORY

ACCOUNT; FINAL PLEDGE PAYMENT FOR THE HILLESTAD GALLERY RENOVATION FUND;

ROBERT KNOLL LECTURE SERIES; MEMORIAL GRANT; DELTA GAMMA FRATERNITY HOUSE

HISTORIC PRESERVATION; HOWARD DINSDALE MD LOW VISION ENDOWMENT FUND;

GRANT FOR ARIEL BYBEE FUND; KOOSER COLLECTION FUND; SUPPORT FOR THE

ASHFALL FUND; GRANT TO THE HUSKER ATHLETICS FUND TO BRUCE KENDALL

MEMORIAL FUND; SUPPORT THE DICK SPANGLER GOLF SCHOLARSHIP; BETH & STEVE

CARVETH FUND FOR GERMAN STUDIES; UNL SCHOOL OF JOURNALISM SCHOLARSHIPS;

JOSEPH W. & RUTH K. SEACREST COLLEGE OF JOURNALISM FUND; ARTIST FEE FOR

THE LIED CENTER'S HOLIDAY WITH THE CANADIAN BRASS; GENERAL SCHOLARSHIP

FUND; ONGOING OPERATIONS OF THE LIED CENTER; NU CENTER FOR GREAT PLAINS

**Part IV** Supplemental Information

STUDIES; PAUL AMEN SCHOLAR ATHLETE AWARD.

NAME OF ORGANIZATION OR GOVERNMENT: BRYANLGH FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT RESTRICTED FOR PAYING THE RENTAL DEPOSIT FOR A CLIENT; GRANT RESTRICTED FOR PAYING THE FIRST MONTH'S RENT FOR A CLIENT; GRANT FOR THE JAMES AND SUANNE STANGE SCHOLARSHIP; GRANT TO CLOSE THE FUND

NAME OF ORGANIZATION OR GOVERNMENT: CLINIC MALONE COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO SUPPORT FOR THE OPERATIONAL PLAN TO MAKE THEIR SERVICES MORE ACCESSIBLE TO THOSE WITH GREATEST NEED BY HAVING DIFFERENT LOCATIONS FOR THE CLINIC

NAME OF ORGANIZATION OR GOVERNMENT: CLYDE MALONE COMMUNITY CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO CREATE A THREE-YEAR STRATEGIC PLAN INCLUDING A 2009 OPERATIONAL PLAN AND TRAINING FOR THE COALITION'S BOARD, CONSISTING OF THREE MEMBERS FROM EACH OF THE CULTURAL CENTER'S EXISTING BOARD

NAME OF ORGANIZATION OR GOVERNMENT: COMMUNITY CROPS

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT "HEALTH COMMUNITIES," WHICH WILL FOCUS ON PROVIDING EDUCATION AND RESOURCES TO THE LINCOLN COMMUNITY REGARDING THEIR HEALTH AND THE HEALTH OF THE ENVIRONMENT AROUND THEM

NAME OF ORGANIZATION OR GOVERNMENT: GIRLS SCOUTS-SPIRIT OF NEBRASKA

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO SUPPORT THE BROWNIE SCOUT PROGRAM; GRANT TO PROVIDE TRANSPORTATION FOR LINCOLN GIRLS TO ATTEND

**Part IV** Supplemental Information

SUMMER CAMP

NAME OF ORGANIZATION OR GOVERNMENT: LINCOLN ACTION PROGRAM

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO ASSIST WITH THE COMPLETION OF A STRATEGIC PLAN TO GUIDE CAPACITY BUILDING, CURRENT PROGRAM REDESIGN AND AGENCY POSITIONING FOR THE FUTURE

NAME OF ORGANIZATION OR GOVERNMENT: LINCOLN ARTS COUNCIL

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT GRANT; GRANT TO ASSIST WITH THE COMPLETION OF A STRATEGIC PLAN TO GUIDE CAPACITY BUILDING, CURRENT PROGRAM REDESIGN AND AGENCY POSITIONING FOR THE FUTURE; GRANT TO BE USED FOR SMALL GRANT TO OTHER ARTS ORGANIZATIONS

NAME OF ORGANIZATION OR GOVERNMENT: MOURNING HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO PROVIDE SUPPORT FOR MOURNING HOPE'S CORE GRIEF SUPPORT PROGRAMS, WHICH WILL ALLOW THEM TO REACH OUT AND SERVE MORE DIVERSE POPULATIONS AND PERMIT INCREASING NUMBERS OF SESSIONS AND PARTICIPANTS

NAME OF ORGANIZATION OR GOVERNMENT: NORTHEAST FAMILY RESOURCE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO PROVIDE ASSISTANCE WITH THE PARENTS AS PARTNERS PROJECT, WHICH COMBINES THE ACADEMIC-BASED CHILDCARE PROGRAM WITH THE PARENT EDUCATION PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF NEBRASKA-LINCOLN

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO SUPPORT SCHOLARSHIPS FOR SPEECH PATHOLOGY STUDENTS (\$3,000) AND THE YOUTH AND PRESCHOOL PROGRAMS (\$3,000) AT THE BARKLEY MEMORIAL CENTER; GRANT FOR SCHOLARSHIPS

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT: VOICES OF HOPE

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO FUND ADVOCATES WHO STAFF THE 24 HOUR CRISIS SERVICES. VOH RECEIVED AN INCREASE IN REQUESTS FOR EMERGENCY CRISIS INTERVENTION SERVICES AT A TIME WHERE MOST OF THEIR FUNDING FROM REGULAR SOURCES HAS BEEN FLAT, REDUCED OR ELIMINATED; GENERAL SUPPORT-IN MEMORY OF LORENA VAN HEMERT & INGRID KNUTH; GRANT TO CLOSE THE FUND

NAME OF ORGANIZATION OR GOVERNMENT: NEIGHBORWORKS LINCOLN, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: GRANT TO SUSTAIN AND EXTEND THE INNOVATIVE WORK OF "LINCOLN FREE" TO GROW IN THE TARGET AREAS OF THE CLINTON, HARTLEY, MALONE, NEAR SOUTH AND EVERETT NEIGHBORHOODS

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2009**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Name of the organization  
**LINCOLN COMMUNITY FOUNDATION, INC.**

Employer identification number  
**47-0458128**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	1	10,296.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( )				
26 Other ▶ ( )				
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2009

**SCHEDULE O**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990**

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

OMB No. 1545-0047

**2009**

Open to Public  
Inspection

Name of the organization

LINCOLN COMMUNITY FOUNDATION, INC.

Employer identification number

47-0458128

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LINCOLN, NEBRASKA AND LANCASTER COUNTY, NEBRASKA.

FORM 990, PART VI, SECTION B, LINE 11: THE BOARD ASSIGNS THIS DUTY TO THE  
AUDIT COMMITTEE IN THEIR AUDIT COMMITTEE CHARTER. THE COMMITTEE REVIEWS A  
DRAFT OF ALL THREE FORM 990'S ALONG WITH THE AUDIT REPORT. A COPY OF THE  
FORM 990 IS SENT TO ALL BOARD MEMBERS BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS AND DIRECTORS ARE ASKED  
AT THE BEGINNING OF EACH BOARD MEETING IF THERE ARE ANY CHANGES SINCE THEIR  
LAST ANNUAL DISCLOSURE.

FORM 990, PART VI, SECTION B, LINE 15: THE HUMAN RESOURCES COMMITTEE (A  
BOARD COMMITTEE) MEETS ANNUALLY TO SET PAY INCREASES AS WELL AS PAY RANGES  
FOR ALL EMPLOYEES. THESE ARE BASED ON COMPARABILITY DATA. THE DECISIONS  
MADE BY THIS COMMITTEE ARE DOCUMENTED IN MEETING MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: LINCOLN COMMUNITY FOUNDATION PLACES  
ITS AUDIT REPORT AND FORM 990 ON THEIR WEBSITE FOR PUBLIC VIEWING. THEY  
SUPPLY THEIR GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY TO ANYONE  
UPON REQUEST.

**Related Organizations and Unrelated Partnerships**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**  
▶ **Attach to Form 990.** ▶ **See separate instructions.**

**Name of the organization** **LINCOLN COMMUNITY FOUNDATION, INC.** **Employer identification number** **47-0458128**

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
L.L. CORYELL & SON PARK FOUNDATION, INC. - 47-6022595, 215 CENTENNIAL MALL SOUTH, SUITE 100,, LINCOLN, NE 68508	MAINTENANCE OF THE CORYELL PARK FACILITIES	NEBRASKA	501(C)(3)	501(C)(3)	N/A
LINCOLN COMMUNITY FOUNDATION DONOR DIRECTED DEPOSITORY - 36-3766015, 215 CENTENNIAL MALL SOUTH, SUITE 100,, LINCOLN, NE 68508	GRANTS AND ALLOCATIONS TO LOCAL NON-PROFIT ORGANIZATIONS	NEBRASKA	501(C)(3)	501(C)(3)	N/A

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to 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	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	
							Yes	No		Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

**1** 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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for other organization(s) .....		X
<b>e</b> Loans or loan guarantees by other organization(s) .....		X
<b>f</b> Sale of assets to other organization(s) .....		X
<b>g</b> Purchase of assets from other organization(s) .....		X
<b>h</b> Exchange of assets .....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....	X	
<b>n</b> Sharing of paid employees .....	X	
<b>o</b> Reimbursement paid to other organization for expenses .....		X
<b>p</b> Reimbursement paid by other organization for expenses .....		X
<b>q</b> Other transfer of cash or property to other organization(s) .....	X	
<b>r</b> Other transfer of cash or property from other organization(s) .....		X

**2** 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.

(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved
(1) LINCOLN FOUNDATION DONOR DIRECTED DEPOSIT	M	10,815.
(2) LINCOLN FOUNDATION DONOR DIRECTED DEPOSIT	N	34,674.
(3) LINCOLN FOUNDATION DONOR DIRECTED DEPOSIT	Q	45,178.
(4)		
(5)		
(6)		



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).		
<b>Type or print</b> <small>File by the extended due date for filing the return. See instructions.</small>	Name of Exempt Organization <b>LINCOLN COMMUNITY FOUNDATION, INC.</b>	<b>Employer identification number</b> <b>47-0458128</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>215 CENTENNIAL MALL SOUTH, NO. 100</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LINCOLN, NE 68508</b>	

**Check type of return to be filed** (File a separate application for each return):

- Form 990   
  Form 990-EZ   
  Form 990-T (sec. 401(a) or 408(a) trust)   
  Form 1041-A   
  Form 5227   
  Form 8870  
 Form 990-BL   
  Form 990-PF   
  Form 990-T (trust other than above)   
  Form 4720   
  Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**SCOTT LAWSON**

• The books are in the care of **215 CENTENNIAL MALL SOUTH #100 - LINCOLN, NE 68508**

Telephone No. **(402) 474-2345**      FAX No. \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**.

5 For calendar year **2009**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If this tax year is for less than 12 months, check reason:  Initial return     Final return     Change in accounting period

7 State in detail why you need the extension  
**WE NEED TIME TO GATHER ADDITIONAL INFORMATION TO FILL OUT THE FORM 990 COMPLETELY AND ACCURATELY.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$ <b>N/A</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **▶** \_\_\_\_\_ Title **▶ CFO** Date **▶** \_\_\_\_\_