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2019

OMB No. 1545-0052

Form 990-PF Department of the Treasury

Internal Revenue Service

### **Return of Private Foundation**

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

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2019, or tax year	beginning 01-01-20	019	, an	ıd er	nding 12-31-	2019			
		undation ott Family Foundation					A Employer ide	entification numbe	r		
		ott ranning roundation					47-1116371				
		d street (or P.O. box number if mail is no orth 84th Street	t delivered to street address)	Room/sı	uite		<b>B</b> Telephone nur	mber (see instructior	ns)		
							(402) 341-6000				
		n, state or province, country, and ZIP or 681222216	foreign postal code				C If exemption application is pending, check here				
<b>G</b> Cł	neck al	ll that apply: $\ \square$ Initial return	$\square$ Initial return of a	former p	ublic charity		<b>D 1.</b> Foreign org	anizations, check he	re		
		☐ Final return	Amended return	l				ganizations meeting chere and attach cor			
		☐ Address chang					·	ndation status was t	· -		
_	,	·	01(c)(3) exempt private					507(b)(1)(A), chec			
		n 4947(a)(1) nonexempt charitable ket value of all assets at end		Cash		 al	F If the founda	tion is in a 60-month	termination —		
of	year (f	from Part II, col. (c), ▶\$ 1.371.975.401	Other (specify) (Part I, column (d) must			41		507(b)(1)(B), chec			
Pa	rt I	Analysis of Revenue and I	Expenses (The total	(a) Re	evenue and				(d) Disbursements		
		of amounts in columns (b), (c), and (c) equal the amounts in column (a) (see			penses per books	(ь)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)		
	1	Contributions, gifts, grants, etc., schedule)	received (attach		87,612,000						
	2	Check ▶ ☐ if the foundation is n	ot required to attach		. , ,						
	3	Sch. B	v cash investments								
	4	Dividends and interest from secur	•		11,823,148		11,823,148				
	5a	Gross rents									
	ь	Net rental income or (loss)		-							
Revenue	6a	Net gain or (loss) from sale of ass	sets not on line 10	*3	214,266,128						
	b	Gross sales price for all assets on	line 6a 225,000,360								
2	7	Capital gain net income (from Par	t IV, line 2)				214,266,128				
	8	Net short-term capital gain									
	9 10a	Income modifications									
	b	Gross sales less returns and allow Less: Cost of goods sold	/ances	<u></u>							
	c	Gross profit or (loss) (attach sche	edule)								
	11	Other income (attach schedule)		<b>%</b> J	-250,622		-1,725,116				
	12	<b>Total.</b> Add lines 1 through 11 .			313,450,654		224,364,160				
	13	Compensation of officers, director	•		0						
_	14	Other employee salaries and wag									
ses	15 16a	Pension plans, employee benefits  Legal fees (attach schedule)		<b>9</b>	36,147		18,074	0	18,073		
Expenses	ь	Accounting fees (attach schedule)		<b>9</b>	10,600	_	5,300	0			
Ë	C	Other professional fees (attach so		<b>9</b>	438,268		363,268		75,000		
tive	17	Interest									
and Administrative	18	Taxes (attach schedule) (see inst	ructions)	<b>%</b> J	3,450,000	L					
Ē	19	Depreciation (attach schedule) ar	nd depletion								
₹dı	20	Occupancy									
þ.	21	Travel, conferences, and meeting									
ਰ ਰ	22	Printing and publications Other expenses (attach schedule)									
Operating	24	Total operating and administra									
per		Add lines 13 through 23	<u>-</u>		3,935,015		386,642	0	98,373		
ō	25	Contributions, gifts, grants paid			65,115,960				65,115,960		
	26	<b>Total expenses and disbursem</b> 25	ents. Add lines 24 and		69,050,975		386,642	0	65,214,333		
	27	Subtract line 26 from line 12:									
	а	Excess of revenue over expendisbursements	ses and		244,399,679						
	b	Net investment income (if nega	ative, enter -0-)				223,977,518				
	С	Adjusted net income (if negative	<u> </u>				-	<u> </u>			
For	Paper	work Reduction Act Notice, see	instructions.			(	Cat. No. 11289X	For	m <b>990-PF</b> (2019)		

Cash-non-interest-bearing

Less: allowance for doubtful accounts ▶

Less: allowance for doubtful accounts ▶

Accounts receivable ▶

Pledges receivable

Savings and temporary cash investments . . . . .

Receivables due from officers, directors, trustees, and other

disqualified persons (attach schedule) (see instructions) . . . . .

i	ı	3	
_	_	_	_
			ı
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Part III

2

3

5

Liabilities

Net Assets or Fund Balances

- 5

Assets 9

	disqualified persons (attach schedule) (see filstractions):	
7	Other notes and loans receivable (attach schedule)   108,510,450	
	Less: allowance for doubtful accounts ▶	100,000,45
8	Inventories for sale or use	
9	Prepaid expenses and deferred charges	
.0a	Investments—U.S. and state government obligations (attach schedule)	
b	Investments—corporate stock (attach schedule)	81,585,64
c	Investments—corporate bonds (attach schedule)	49,717,22
11	Investments—land, buildings, and equipment: basis ▶	
	Less: accumulated depreciation (attach schedule) ▶	
12	Investments—mortgage loans	
13	Investments—other (attach schedule)	9,848,02
14	Land, buildings, and equipment: basis ▶	
	Less: accumulated depreciation (attach schedule) ▶	
15	Other assets (describe )	
16	Total assets (to be completed by all filers—see the	
	instructions. Also, see page 1, item I)	290,062,62
17	Accounts payable and accrued expenses	
18	Grants payable	
19	Deferred revenue	
20	Loans from officers, directors, trustees, and other disqualified persons	
21	Mortgages and other notes payable (attach schedule)	
22	Other liabilities (describe )	
23	Total liabilities(add lines 17 through 22)	
	Foundations that follow FASB ASC 958, check here ▶	
	and complete lines 24, 25, 29 and 30.	
24	Net assets without donor restrictions	
25	Net assets with donor restrictions	
	Foundations that do not follow FASB ASC 958, check here	
	and complete lines 26 through 30.	
26	Capital stock, trust principal, or current funds	
27	Paid-in or capital surplus, or land, bldg., and equipment fund	
28	Retained earnings, accumulated income, endowment, or other funds	290,062,62
29	Total net assets or fund balances (see instructions)	290,062,62
30	Total liabilities and net assets/fund balances (see instructions) .	290,062,62
t III	Analysis of Changes in Net Assets or Fund Balances	
	al net assets or fund balances at beginning of year—Part II, column (a), line ear figure reported on prior year's return)	29 (must agree wi
	er amount from Part I, line 27a	
Othe	er increases not included in line 2 (itemize)	
Add	lines 1, 2, and 3 $$	
Dec	reases not included in line 2 (itemize) -	<b></b>
Tota	al net assets or fund balances at end of year (line 4 minus line 5)—Part II, o	column (b), line 29

Page 2

166,150,103

108,510,450

961,621,500

106,602,745

29,090,603

1,371,975,401

(c) Fair Market Value

End of year

(b) Book Value

166,150,103

108,510,450

119,926,605

103,626,802

26,792,356

525,006,316

525,006,316

525,006,316

525,006,316

290,062,623

244,399,679

55,956,014

590,418,316

65,412,000

525,006,316 Form **990-PF** (2019)

1

2

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4

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6

Beginning of year

(a) Book Value

48,911,281

100,000,450

81,585,645

49,717,220

9,848,027

290,062,623

290,062,623

290,062,623

290,062,623

rt II, column (a), line 29 (must agree with end-

Attached schedules and amounts in the description column

should be for end-of-year amounts only. (See instructions.)

	e the kind(s) of property sold (e.g., rehouse; or common stock, 200 shs		hase	Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)
1aSee Additional Data Table	e				
b					
c					
d					
e				<del> </del>	
	(f)	(g)		-	h)
(e)	Depreciation allowed	Cost or other basis			r (loss)
Gross sales price	(or allowable)	plus expense of sale			) minus (g)
a See Additional Data Tabl	e				
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation on 12/31/6	9		I)
	(i)	(k)	-		h) gain minus
(i) F.M.V. as of 12/31/69	Adjusted basis	Excess of col. (i)			less than -0-) <b>or</b>
	as of 12/31/69	over col. (j), if any		Losses (fro	om col.(h))
a See Additional Data Table	e				
b					
c					
d					
e					
	or (net capital loss)  gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi	ons). If (loss), enter -0-	. }	3	214,266,128
Part V Qualification U	Jnder Section 4940(e) for Re	educed Tax on Net Investm	ent In	come	
(For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on net investme	nt incom	ne.)	
If section 4940(d)(2) applies, le	eave this part blank.				
	e section 4942 tax on the distributant of qualify under section 4940(e). Do	• •	period	? \ \ \ \ \ \ \ \	es 🗹 No
1 Enter the appropriate am	nount in each column for each year;	see instructions before making an	y entrie	S.	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		<b>(d)</b> Distribution rati (col. (b) divided by c	
2018	53,951,090	1,039,820,26	0		0.051885
2017	28,052,566	521,153,20	3		0.053828
2016	18,271,233	374,834,09	_		0.048745
2015	2,341,193	101,514,04	7		0.023063
2014	341,302	14,898,57			0.022908
2 Total of line 1, column (c	d)		2		0.200429
, ,	for the 5-year base period—divide	the total on line 2 by 5.0. or by th	_		_
number of years the four	dation has been in existence if less	than 5 years . ´ ´´.	3	<u> </u>	0.040086
<b>4</b> Enter the net value of no	ncharitable-use assets for 2019 fron	n Part X, line 5	4	1	1,231,736,360
<b>5</b> Multiply line 4 by line 3			5		49,375,384
<b>6</b> Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		2,239,775
<b>7</b> Add lines 5 and 6			7		51,615,159
	ons from Part XII, line 4 ,		8		65,214,333
	eater than line 7, check the box in Pa		art usir	ig a 1% tax rate. Se	e the Part VI

Page **6** 

5a	During the year did the foundation p	oay o	r incur any amount to:							Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?  (2) Influence the outcome of any specific public election (see section 4955); or to carry										
	• • • • • • • • • • • • • • • • • • • •		•								
	on, directly or indirectly, any vo		-			Yes	✓	No			
	(3) Provide a grant to an individual		, ,,			☐ Yes	<b>✓</b>	No			
	(4) Provide a grant to an organizati						_				
	in section 4945(d)(4)(A)? See in					☐ Yes	✓	No			
	(5) Provide for any purpose other the		- ·	* **			_				
h	educational purposes, or for the If any answer is "Yes" to $5a(1)-(5)$ ,	•	•		· · centions des	Yes	✓	No			
b	Regulations section 53.4945 or in a		•	· ·		cribed iii			5b		
	Organizations relying on a current n								36		
С	If the answer is "Yes" to question 5a										
_	tax because it maintained expenditu					П.,					
	If "Yes," attach the statement requir					☐ Yes	Ш	No			
6a	Did the foundation, during the year,		-		ıms on						
	a personal benefit contract?					п.,	. 🗷				
b	Did the foundation, during the year,					Yes	. <b>Y</b>	No	6b		No
	If "Yes" to 6b, file Form 8870.		,	,,							
7a	At any time during the tax year, was	s the	foundation a party to a p	orohibited tax shelter tran	saction?	☐ Yes		N.			
b	If "Yes", did the foundation receive a	any p	roceeds or have any net	income attributable to th	e transaction	1?		NO	7b		
8	Is the foundation subject to the sect	tion 4	960 tax on payment(s) o	of more than \$1,000,000	in remunerat	tion or					
	excess parachute payment during th	ne ye	ar?			☐ Yes	<b>✓</b>	No			
	Information About C	Offic	ers, Directors, Trust	tees, Foundation Ma	nagers, H				yees,		
Pal	and Contractors			•				-	•		
1	List all officers, directors, trustee	es, fo	undation managers ar	nd their compensation.	See instru	tions					
		(	<b>b)</b> Title, and average	(c) Compensation (If		tributions t		(e)	Expen	se acc	ount
	(a) Name and address		hours per week devoted to position	not paid, enter -0-)	employee be	enefit plans compensati				lowand	
See	Additional Data Table		devoted to position	-0-7	deletted	.ompensac	1011	1			
,	tuditional Bata Table	1									
		1									
		1									
		1									
2	Compensation of five highest-pai	id en	ployees (other than t	hose included on line 1	.—see instri	ıctions). I	[f no	ne, e	nter "	NONE.	"
			(b) Title, and average		(d) Con	tributions t	:0				
(a)	Name and address of each employee	paid	hours per week	(c) Compensation		ee benefit				se acco	
	more than \$50,000		devoted to position			nd deferred sensation	1	ot	ner all	owance	25
					'						
Tota	I number of other employees paid over	er \$5	0,000	<del>.</del>		. ▶					
								For	m <b>99</b> 0	D-PF (	2019)

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

Form 990-PF (2019)		Page <b>7</b>
Part VIII Information About Officers, Directors, True and Contractors (continued)	ıstees, Foundation Managers, Highly Paid I	Employees,
3 Five highest-paid independent contractors for professiona	al services (see instructions). If none, enter "NO	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Dolan McEniry	Investment	240,821
120 N LaSalle St 1510		
CHICAGO, IL 60602		
Suzanne & Walter Scott Foundation	Shared Services	150,000
10340 N 84th St OMAHA, NE 68122		
Total number of others receiving over \$50,000 for professional service	es	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. In organizations and other beneficiaries served, conferences convened, research pages of the conferences convened and other beneficiaries served.		Expenses
1	,	
<u>-</u>		
2		
<b>-</b>		
2		
<u> </u>		
4		
<u> </u>		
-		
Part IX-B Summary of Program-Related Investment	to (see instructions)	
Describe the two largest program-related investments made by the foundation		Amount
1	if during the tax year of files I and 2.	Amount
<u>*</u>		-
		-
2		
		-
		1
All other program-related investments. See instructions.		
3		
-		1
		1
Total. Add lines 1 through 3		<b>•</b>
		Form <b>990-PF</b> (2019)

2a |

2b

2.239,775

2c

3

4

5

6

7

1a

1b

2

За 3h

4

5

61,586,818

2,239,775

59,347,043

59.347.043

59.347.043

65,214,333

65,214,333

2,239,775

62.974.558

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Distributable amount before adjustments. Subtract line 2c from line 1. . . . . . . . . . . . . . . .

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

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

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Tax on investment income for 2019 from Part VI, line 5. . . . . .

Income tax for 2019. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

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1

2a

3

4 5

6

1

2

3

4

5

Part XII

59,347,043

Form **990-PF** (2019)

d)

Page 9

1330 11 (20	556 11 (2015)									
art XIII	Undistributed Income (see instruc	ctions)								
		(a) Corpus	(b) Years prior to 2018	(c) 2018	2					

1	Distributable amount for 2019 from Part XI, line 7			59,347,043
2	Undistributed income, if any, as of the end of 2019:			
а	Enter amount for 2018 only		0	
b	Total for prior years: 2017 , 2016 , 2015	0		
_ ~	Francis distributions community if and to 2010.			

4,124,437

5,867,290

9,991,727

9,991,727

Excess distributions carryover, if any, to 2019: 532.796

a From 2014. . . . .

**b** From 2015. . . . c From 2016. . **d** From 2017. . 3,591,641 e From 2018. . . . .

f Total of lines 3a through e. . . . . . .

XII, line 4: ▶ \$ 65,214,333

same amount must be shown in column (a).)

6 Enter the net total of each column as

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract line 4b from line 2b . . . . . . . . c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. . . . . . **d** Subtract line 6c from line 6b. Taxable amount —see instructions . . . . . . . . . . e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see

8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. **b** Excess from 2016. .

c Excess from 2017. .

d Excess from 2018. . e Excess from 2019. .

Subtract lines 7 and 8 from line 6a . . .

indicated below:

4 Qualifying distributions for 2019 from Part a Applied to 2018, but not more than line 2a **b** Applied to undistributed income of prior years

(Election required—see instructions). . . . .

c Treated as distributions out of corpus (Election

required—see instructions). . . . . . . . . **d** Applied to 2019 distributable amount. . . .

e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019.

(If an amount appears in column (d), the

instructions . . . . . . f Undistributed income for 2019. Subtract

section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) . . . . . . . . .

532.796

3,591,641

5,867,290

lines 4d and 5 from line 1. This amount must be distributed in 2020 . . . . . . 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by

a Paid during the year			
See Additional Data Table			
Total	 	▶ 3a	65,115,960
<b>b</b> Approved for future payment			_
NERDACIZA MULTI COORT COMPLEY	IDC	CADITAL CAMPAICN	2 000 000

b Approved for future payment
NEBRASKA MULTI-SPORT COMPLEX
1004 FARNAM ST NO 400
Omaha, NE 68102
OMAHA ZOO FOUNDATION
3701 S 10th St

CAPITAL CAMPAIGN
2,000,000

SO I

OPERATING SUPPORT

3b

575,000

14,575,000

Form **990-PF** (2019)

Omaha, NE 68107

10340 N 84th St Omaha, NE 681222216

SUZANNE & WALTER SCOTT FOUNDATION

nter gross ar	nounts unless otherwise indicated.	Unrelated bus	siness income	Excluded by section	512, 513, or 514	(e) Related or exemp	
Program se	ervice revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions	
	<u> </u>						
	d contracts from government agencies						
_	nip dues and assessments						
Interest or investmen	n savings and temporary cash						
Dividends	and interest from securities			14	11,823,148		
Net rental	income or (loss) from real estate:						
	anced property						
	t-financed property						
	income or (loss) from personal property						
	estment income						
inventory	•			10	214 266 120		
	e or (loss) from special events:			18	214,266,128		
	fit or (loss) from sales of inventory						
Other rev	,						
a PARTNERS	SHIP INVESTMENTS	523000	-724,136	18	473,514		
b							
•							
·							
d							
d							
<b>d e</b> Subtotal.	Add columns (b), (d), and (e).		-724,136		226,562,790		
d e Subtotal. Total. Add	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e)		-724,136	13	226,562,790	225,838,65	
d e ! Subtotal. ! Total. Add (See work	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu	lations.)		13			
d e Subtotal. Total. Add (See work: art XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu	lations.) ne Accomplishi	ment of Exemp	ot Purposes	<b>3</b>		
d e Subtotal. Total. Add (See work: art XVI—E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
eSubtotal. Total. Add (See work: art XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to the Explain below how each activity for which	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
eSubtotal. Total. Add (See work: art XVI-E	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
eSubtotal. Total. Add (See work: art XVI-:	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
d e Subtotal. Total. Add (See work: art XVI-:	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
d e Subtotal. Total. Add (See work: art XVI-:	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
d e Subtotal. Total. Add (See work: art XVI-:	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
Subtotal.  Total. Add (See work	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
Subtotal.  Total. Add (See work	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
Subtotal. Total. Add (See work	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
Subtotal.  Total. Add (See work	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
Subtotal. Total. Add (See work	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
Subtotal.  Total. Add (See work	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
Subtotal.  Total. Add (See work	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
Subtotal.  Total. Add (See work	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
Subtotal.  Total. Add (See work	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
Subtotal.  Total. Add (See work	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
subtotal. Total. Add (See work	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
Subtotal.  Total. Add (See work	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
Subtotal.  Total. Add (See work	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
d e Subtotal. Total. Add (See work: art XVI-:	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
Subtotal.  Total. Add (See work	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		
Subtotal.  Total. Add (See work	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calcu  Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations.) ne Accomplishi income is reporte	ment of Exempted in column (e) of	<b>Part XVI-A contribut</b>	ted importantly to		

Form 9	90-PF	<u> </u>							Pa	ge <b>13</b>
Par	: XVII	Information Re Exempt Organiz		ransfers To a	and Transactio	ns and Relatio	nships With Noncha	ritable		
		rganization directly or in- than section 501(c)(3)					on described in section 50 is?	1	Yes	No
a Tra	nsfers	from the reporting foun	dation to a n	oncharitable exe	empt organization	of:				
(1	) Cash							1a(1)		No
(2	) Othe	er assets						1a(2)		No
<b>b</b> Ot	ner trai	nsactions:								
-	-	s of assets to a nonchari		-				1b(1)		No
(2	) Purc	hases of assets from a n	oncharitable	exempt organiz	ation			1b(2)	_	No
•	•	al of facilities, equipmer	•					1b(3)	_	No
-		nbursement arrangemen						1b(4)	_	No
•	•	s or loan guarantees.						1b(5)		No
•		rmance of services or m f facilities, equipment, n		-				1b(6)		No No
	-			•			· · · · · · · · · · · · · · · · · · ·			NO
of in	the god any tra	ods, other assets, or serving arra	vices given b ngement, sho	y the reporting ow in column <b>(c</b>	foundation. If the  i) the value of the .	foundation receive goods, other asse	ed less than fair market versets, or services received.	alue		
(a) Lin	e No.	(b) Amount involved	(c) Name or	noncharitable exe	mpt organization	(a) Description of	transfers, transactions, and s	naring arra	ingemen	its
		1.12 12 11 12 12		1 21 1 1	1.					
de	scribed	ndation directly or indire in section 501(c) (other complete the following so (a) Name of organization	than section chedule.	n 501(c)(3)) or i	•			☑ No ationship		
Sign	of n whi		, it is true, co				ing schedules and statem than taxpayer) is based (	on all info	rmatior	n of
Here		*****			2020-11-03	*****	ret	n the prepa		
	<u></u>	Signature of officer or to	rustee		Date	, Title	(se	e instr.) 🔽	Yes [	□No
		Print/Type preparer's	name	Preparer's Sigr	nature	Date	Check if self- employed ▶ □	P0079	8244	
Paid		DONALD NEAL JR				2020-10-30	employed F 🗀			
	oarer Only		G LLP				Firm's	EIN ▶		
JJE	Jilly		12 North 96t	:h Street Suite 3	300					
			maha, NE 68				Phone	no. (402	:) 348-	1450
		i .					l l			

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation BERKSHIRE HATHAWAY ENERGY CO 1,859,000 CDW LLC 5.00% 2,807,000 CENTURYLINK INC 7.50% 2,892,000 DISCOVERY COMM 4.90% 1,200,000 DUN BRADSTREET CO 4.00% 253,000 DUN BRADSTREET CO 4.625% 936,000 KLA TENCOR CO 4.65% 1,023,000 L BRANDS INC 5.625% 1,916,000 LIMITED BRANDS INC 5.625% MASCO CO 7.125% Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 225,000,360 11,557,746 213,442,614 1,906,776 1,887,399 19,377 3,162,905 2,885,484 277,421 3,218,507 3,019,474 199,033 1,213,500 1,203,063 10,437 253,736 2,426 256,162 1,012,059 984,857 27,202 1,050,060 -1,050,060 1,054,389 1,969,103 -914,714 1,361,160 1,357,477 3,683 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 213,442,614 19,377 277,421 199,033 10,437 2,426 27,202 -1,050,060 -914,714 3,683

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d								
	kind(s) of property sold (e.g., real e use; or common stock, 200 shs. ML0		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)			
MOTOROLA SOLUTIONS INC	MOTOROLA SOLUTIONS INC 3.75%							
OUTFRONT MEDIA CAP LLC 5								
1,485,000 PENSKE AUTO GRO	OUP 5.50%							
902,000 SALLY HOLDINGS 5.	50%							
SIGNET UK FINANCE PLC 4.7	0%							
1,457,000 STEEL DYNAMICS	5.25%							
TRANSDIGN INC 6.00%								
1,031,000 INDUSTRIES INC	4.55%							
UNITED RENTALS NORTH AM	5.75%							
DAVITA HEALTHCARE PARTN	ERS INC							
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns e - h				
(e) Gross sales price	Depreciation allowed (f) (or allowable)		or other basis opense of sale	Gain or (loss) (h) (e) plus (f) minus (g)				
734,983		722,619		12,364				
1,112,417			1,104,220	8,197				
1,464,174			1,477,575		-13,401			
918,823		912,149		6,674				
3,325,950			3,036,445	289,505				
1,477,034			1,480,328	-3,294				
1,555,995			1,554,706	1,289				
984,605			1,030,113	-45,508				
1,332,231			1,331,988	243				
501,761			501,761					
Form 990PF Part IV - Capital	Gains and Losses for Tax on	Investment I	ncome - Colum	ns i - I				
Complete only for assets show	ving gain in column (h) and owned b	y the foundation	on 12/31/69		(h) gain minus t less than -0-) <b>or</b>			
(i) F.M.V. as of 12/31/69	Adjusted basis <b>(j)</b> as of 12/31/69		ss of col. (i)		rom col.(h))			
					12,364			
					8,197			
					-13,401			
					6,674			
					289,505			
					-3,294			
				1,289				
					-45,508			
					243			
J								

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (c) (d) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) How acquired Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D—Donation MASCO CO 3.50% Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Contract the second C-!-- --- (1---) December 1 and 1 and 1 and 1

	(e) Gross sales price	(f) (or allowable)	(g) plus expense of sale	Gain or (loss) (h) (e) plus (f) minus (g)				
	1,992,640			1,992,640				
Ē	Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I							
	Complete only for assets show	Gains (Col. (h) gain minus						
1	(i) F.M.V. as of 12/31/69	Adjusted basis	Excess of col. (i)	col. (k), but not less than -0-) or				

1,992,640			1,992,640			
rm 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I						
Complete only for assets show	Gains (Col. (h) gain minus					
(i) F.M.V. as of 12/31/69	Adjusted basis (j) as of 12/31/69	Excess of col. (i) <b>(k)</b> over col. (j), if any	col. (k), but not less than -0-) <b>or</b> (I) Losses (from col.(h))			
			1,992,640			

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If Expense account, (d) hours per week not paid, enter Contributions to (e) other allowances (b) devoted to position employee benefit plans -0-) and deferred compensation WALTER SCOTT JR TRUSTEE (CHAIRMAN) 10340 North 84th Street Omaha, NE 681222216 KAREN DIXON TRUSTEE 0 1.0 10340 North 84th Street Omaha, NE 681222216 SANDRA PARKER TRUSTEE 1.0 10340 North 84th Street Omaha, NE 681222216 AMY SCOTT TRUSTEE 0 0 1.0 10340 North 84th Street Omaha, NE 681222216 W DAVID SCOTT **TRUSTEE** n 1.0 10340 North 84th Street Omaha, NE 681222216 MOGENS BAY TRUSTEE 1.0 10340 North 84th Street Omaha, NE 681222216 GREG ABEL TRUSTEE 0 0 1.0 10340 North 84th Street Omaha, NE 681222216 MIKE FAUST TRUSTEE 0 O O 1.0 10340 North 84th Street Omaha, NE 681222216 CALVIN SISSON PRESIDENT & CEO 0 0 1.0 10340 North 84th Street Omaha, NE 681222216 JOHN BOYER **SECRETARY** 1.0 10340 North 84th Street Omaha, NE 681222216 RICH EAKIN 0 VICE PRESIDENT 0 1.0 10340 North 84th Street Omaha, NE 681222216 CHRISTI ANNIN DIRECTOR OF FINANCE

1.0

10340 North 84th Street Omaha, NE 681222216 Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

WALTER SCOTT JR

KAREN DIXON SANDRA PARKER AMY SCO

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business)

or substantial contributor

**OMAHA NE 68107** 

Total .

	or substantial contributor			
a Paid during the year				
OMAHA ZOO FOUNDATION 3701 S 10TH ST	NONE	SO I	CAPITAL CAMPAIGN	32,000,025

011741747112 00107				
US CHAMBER OF COMMERCE FOUNDATION	NONE	PC	CAPITAL CAMPAIGN	500,000
1615 H ST				
WASHINGTON, DC 20062				1

1615 H ST WASHINGTON, DC 20062				
SINGER FOUNDATION10340 N 84TH ST OMAHA, NE 68122	NONE	SO I	OPERATING SUPPORT	5,000,270

· ·				
SINGER FOUNDATION10340 N 84TH ST OMAHA, NE 68122	NONE	SO I	OPERATING SUPPORT	5,000,270

Recipient If recipient is an individual, show any relationship to any foundation manager recipient

Recipient If recipient is an individual, show any relationship to any foundation manager recipient

Recipient If recipient is an individual, show any relationship to any foundation manager recipient

or substantial contributor

NONE

OMAHA SYMPHONY ASSOCIATION

1905 HARNEY ST STE 400 OMAHA, NE 68102

a Paid during the year				
BOYS & GIRLS CLUB OF THE MIDLANDS 2610 HAMILTON ST OMAHA, NE 68131	NONE	PC	CAPITAL CAMPAIGN	250,000
HERITAGE SERVICES 10050 REGENCY CIR OMAHA, NE 68114	NONE	PC	CAPITAL CAMPAIGN	4,000,085

PC

OPERATING SUPPORT

▶ 3a

500,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LAKE CUNNINGHAM DEVELOPMENT NONE PC CAPITAL CAMPAIGN 2,500,000 TRUST 17950 BURT ST

OMAHA, NE 68118

OMAHA, NE 68122

Total . .

DIXON FAMILY FOUNDATION 10340 N 84TH ST OMAHA, NE 68122	NONE	SO I	OPERATING SUPPORT	3,930,000
PARKER FAMILY FOUNDATION 10340 N 84TH ST	NONE	SO I	OPERATING SUPPORT	3,930,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient

If recipient is an individual, show any relationship to status of contribution

Purpose of grant or contribution

recipient

▶ 3a

65,115,960

any foundation manager

or substantial contributor

Name and address (home or business)

1000 Raptor Way Sitka, AK 99835

a Paid during the year				
AMY L SCOTT FAMILY FOUNDATION 10340 N 84TH ST OMAHA, NE 68122	NON3	SO I	OPERATING SUPPORT	3,930,000
LORI & DAVID SCOTT FOUNDATION 10340 N 84TH ST OMAHA, NE 68122	NONE	SO I	OPERATING SUPPORT	3,930,000
ALASKA RAPTOR CENTER		PC	OPERATING SUPPORT	430,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
CENTRAL COMMUNITY COLLEGE FOUNDATION 201 Foundation PI No 200 Hastings, NE 68901	PC	Capital Campaign	500,000
COUNTRYSIDE COMMUNITY CHURCH	PC	OPERATING SUPPORT	250 000

COUNTRYSIDE COMMUNITY CHURCH 13130 Faith Plaza Omaha, NE 68144	PC	OPERATING SUPPORT	250,000
FORTRESS OF THE BEAR 4639 SAWMILL CREEK ROAD	PC	CAPITAL CAMPAIGN	115,000

Omana, NE 68144			
FORTRESS OF THE BEAR 4639 SAWMILL CREEK ROAD SITKA, AK 99835	PC	CAPITAL CAMPAIGN	115,000

Total .

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient

a Paid during the year			
OMAHA SHELTER FOR HOMELESS TRUST	PC	Capital Campaign	2,250,580

10050 Regency Cir Ste 101 LOWEL NE COLLA

or substantial contributor

Name and address (home or business)

Omana, NE 60114			
THE DURHAM MUSEUM801 S 10th St	PC	Capital Campaign	1,100,000
Omaha, NE 68108			

THE DURHAM MUSEUM801 S 10th St	PC	Capital Campaign	1,100,000
Omaha, NE 68108			

Omaha, NE 68108		· · ·
Total	 ▶ 3a	65,115,960

Category		1	et Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
TY 2019 Accounting Fe	Name:		t Family Founda	tion	
<u> </u>			<u>- 1</u>	Di	IN: 93491308010090
efile GRAPHIC print - DO NOT P	POCESS	As Filed Data	_	n.	N: 93491308010690

ACCOUNTING FEES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -DLN: 93491308010690 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. TY 2019 Depreciation Schedule

## Name: Walter Scott Family Foundation EIN: 47-1116371

Note: To capture the full content of this	document, please select landscape mode (11" $\times$ 8.5") when printing.
TY 2019 Gain/Loss from Sale	of Other Assets Schedule
Name:	Walter Scott Family Foundation
EIN:	47-1116371

DLN: 93491308010690

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
OUTFRONT MEDIA CAP LLC					1,549,217	1,549,217				

erile GRAPHIC Print - DO NOT PROCESS	AS Filed Data -	DLN: 93491308010690
TY 2019 Investments Corpora	ate Bonds Schedule	
1013 investments corpore	ate Bonas Genedate	
Name:	Walter Scott Family Foundation	
FTN:	47-1116371	

DI N. 02/01209010600

106,602,745

103,626,802

ofile CRAPHIC print - DO NOT PROCESS As Filed Data -

**BONDS - DOLAN** 

# Investments Corporate Bonds Schedule Name of Bond End of Year Book Value Market Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491308010690			
TY 2019 Investments Corporate Stock Schedule						

261,607,500

86,213,652

	_		
Name:	Walter Scott	Family	Foundation

**EIN:** 47-1116371

BERKSHIRE HATHAWAY - B

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
BERKSHIRE HATHAWAY ENERGY CO.	33,712,953	700,014,000
COM. (CLOSELY HELD)		

effie GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491308010690
TY 2019 Investments - Other	Schedule	
Name:	Walter Scott Family Foundation	on
EIN:	47-1116371	

DIN. 0040400040C00

29,090,603

26,792,356

L		
Listed at Cost or FMV	Book Value	End of Year Fair Market Value
	Listed at Cost or	Listed at Cost or Book Value

PARTNERSHIP INVESTMENT

efile GRAPHIC print - DO NOT PROCE	SS As Filed Data	As Filed Data - DLN: 93491308010690			
TY 2019 Legal Fees Sched	ule				
_					
Name: Walter Scott Family Foundation EIN: 47-1116371					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
LEGAL FEES	36,147	18,074		18,073	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491308010690				
TY 2019 Other Decreases Schedule							
Name:	Walter Scott F	amily Foundation					
EIN:	47-1116371						
Description			Amount				

### 65,412,000 FMV TO CASH ADJ - STOCK CONTRIBUTIONS

As Filed Data -

Name: Walter Scott Family Foundation **FTN:** 47-1116371

Other Income Schedule

efile GRAPHIC print - DO NOT PROCESS

INVESTMENT IN GOLDENROD II CAPITAL PTNRS

		-		
Other Income Schedule				
Desc	ription	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
INVESTMENT IN GOLDENRO	CAPITAL PARTNERS	-250,622	380,717	

-2,105,833

DLN: 93491308010690

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491308010690						
TY 2019 Other Increases Schedule								
Name:	Walter Scott Family Foundat	ion						
EIN:	47-1116371							
De	escription	Amount						
FMV TO CASH ADJ - STOCK DISTRIBUTION	ONS	55,956,014						

efile GRAPHIC p	file GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491308010690										
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.  TY 2019 Other  Notes/Loans Receivable  Long Schedule											
	Name: Walter Scott Family Foundation EIN: 47-1116371										
Borrower's Name	Relationship to Insider	Original Amount of Loan	Balance Due	Date of Note	Maturity Date	Repayment Terms	Interest Rate	Security Provided by Borrower	Purpose of Loan	Description of Lender Consideration	Consideration FMV
BERKSHIRE HATHAWAY ENERGY			100,000,450		2057-06		5 %				
KEARNEY REGIONAL MEDICAL CENTER	Ţ	6,300,000	6,300,000	2019-11	1		750 %	1			

750 %

2,210,000 2019-11

2,210,000

KEARNEY REGIONAL MEDICAL CENTER

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491308010690								
TY 2019 Other Professional Fees Schedule								
Na	Name: Walter Scott Family Foundation							
<b>EIN:</b> 47-1116371								
Category	Amount	Net Investment	Adjusted Net	Disbursements				

				<del> </del>
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes

363,268

75,000

438,268

OTHER PROFESSIONAL FEES

efile GRAPHIC print - DO NOT PROCESS							
Name: Walter Scott Family Foundation EIN: 47-1116371							
Category Amount			Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXCISE TAX		3,450,000					

Schedule B			OMB No. 1545-0047				
(Form 990, 990-EZ, or 990-PF)	Schedule of C						
Department of the Treasury Internal Revenue Service	► Attach to Form 990, t ► Go to <u>www.irs.gov/Form990</u>		2019				
Name of the organization Walter Scott Family Found	ation		loyer identification number				
Organization type (che	k one):	47-1	116371				
Filers of:	Section:						
Form 990 or 990-EZ	☐ 501(c)( ) (enter number) organization	١					
	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	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation						
	cion filing Form 990, 990-EZ, or 990-PF that rece property) from any one contributor. Complete Pa						
Special Rules							
•		000 57 4 4 4 4 00 00 00					
under sections 5 received from an	on described in section 501(c)(3) filing Form 990 9(a)(1) and 170(b)(1)(A)(vi), that checked Scher one contributor, during the year, total contributi 11, or (ii) Form 990-EZ, line 1. Complete Parts	dule A (Form 990 or 990-EZ), Part II, I ions of the greater of <b>(1)</b> \$5,000 or <b>(2)</b>	line 13, 16a, or 16b, and that				
during the year, t	on described in section 501(c)(7), (8), or (10) filir otal contributions of more than \$1,000 <i>exclusivel</i> ne prevention of cruelty to children or animals. C	<i>ly</i> for religious, charitable, scientific, lit					
during the year, of If this box is check purpose. Don't co	on described in section 501(c)(7), (8), or (10) filir contributions exclusively for religious, charitable, ked, enter here the total contributions that were implete any of the parts unless the <b>General Rule</b> le, etc., contributions totaling \$5,000 or more du	etc., purposes, but no such contribution received during the year for an excluse applies to this organization because	ons totaled more than \$1,000. sively religious, charitable, etc. e it received <i>nonexclusively</i>				
990-EZ, or 990-PF), but	that isn't covered by the General Rule and/or the tmust answer "No" on Part IV, line 2, of its Form rt I, line 2, to certify that it doesn't meet the filing	m 990; or check the box on line H of its	s Form 990-EZ				
For Paperwork Reduction A for Form 990, 990-EZ, or 990		No. 30613X Schedule B (F	Form 990, 990-EZ, or 990-PF) (2019)				

Employer identification number 47-1116371

Part I Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional sp	ace is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KAREN A DIXON 2805 WEST 127TH STREET  LEAWOOD, KS 66209	\$ 21,903,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	SANDRA S PARKER 9725 FIELDCREST DRIVE  OMAHA, NE 68114	\$ 21,903,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>3</u>	AMY L SCOTT 3835 PONCA ROAD  OMAHA, NE 681121117	\$ 21,903,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	W DAVID SCOTT 10340 NORTH 84TH STREET  OMAHA, NE 681222216	\$ 21,903,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$ Schedule B (F	Person Payroll Noncash (Complete Part II for noncash contributions.) orm 990, 990-EZ, or 990-PF) (2019)

Schedule E	(Form 990, 990-EZ, or 990-PF) (2019)		Page 3	
Name of org		Employer identification number		
waiter Scoti	: Family Foundation	47-1116371		
Part II	Noncash Property			
(a) No. from Part I	(see instructions). Use duplicate copies of Part II if additional space is needed. (b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
1	BERKSHIRE HATHAWAY INC CL B 100,000 SHARES	\$ 21,903,000	2019-11-20	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
2	BERKSHIRE HATHAWAY INC CL B 100,000 SHARES	\$ 21,903,000	2019-11-20	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
<u>3</u>	BERKSHIRE HATHAWAY INC CL B 100,000 SHARES	\$ 21,903,000	2019-11-20	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
4	BERKSHIRE HATHAWAY INC CL B 100,000 SHARES	\$ 21,903,000	2019-11-20	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
-		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received	
		\$_		
		Schedule B (Forn	n 990, 990-EZ, or 990-PF) (2019)	

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page <b>4</b>
Name of organization Walter Scott Family Foundation				mployer identification number
Part III	Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$  Use duplicate copies of Part III if additional space is needed.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, address, and ZIP 4		nsfer of gift Relatio	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4 Relationsh			nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift		(d) Description of how gift is held
	(e) Transfer of g			ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	c) Use of gift		(d) Description of how gift is held
	(e) Transfer of gift Transferee's name, address, and ZIP 4			nship of transferor to transferee
			Sch	edule B (Form 990, 990-EZ, or 990-PF) (2019)