	Form	990-T	Ex	empt Organiza			siness Inc			rn	OMB N	o 1545-0047
			For caler	dar year 2019 or other tax y	•					2012	න(10
	Depar	tment of the Treasury		► Go to www.irs gov/l	-							913
	-	al Revenue Service	▶ Do	not enter SSN numbers on t						(c)(3).	Open to Pu 501(c)(3) O	blic Inspection for rganizations Only
	A	Check box if address changed		Name of organization (Check bo	ox if na	me changed and see	e instruction	ns)		loyer identific loyees' trust, see	ation number
	B Eve	empt under section	1	WALTER SCOTT F	AMTT.Y	FOU	NDATTON					
		501()()	Print	Number, street, and room or				ns	· -	47-1	116371	
		408(e) 220(e)	or									s activity code
		408A 530(a)	i Abe l	10340 NORTH 84	тн ѕті	REET	•			(See I	nstructions)	
		529(a)		City or town, state or provin	ce, country	, and 2	ZIP or foreign postal	code		1		
		ok value of all assets		OMAHA, NE 6812	2-2216	5				5200	00	
	at e	end of year	F Grou	up exemption number (Se	e instructi	ons)	>			•		
_	52	25,006,316.	G Che	ck organization type 🕨	501	(c) co	rporation	501(c) trust	401(a)	trust	Other trust
13				nization's unrelated trades		sses					y (or first) un	
_				ESTMENT ACTIVIT				•	complete Parts		-	describe the
Ψ		·		end of the previous sente	ence, con	nplete	Parts I and II, cor	nplete a S	ichedule M for ea	ich additio	nal	
<i>)</i> \		ide or business, th	,			-44				<u> </u>		Yes X No
				corporation a subsidiary in identifying number of the p		_		ubsidiary	controlled group	••••	🟲 🗀	Yes X No
				RISTI ANNIN	parent cor	porati	Un 🚩	Telephor	ne number ▶ (4	102)50	2-1122	
	_			or Business Income			(A) Incon	neitema	Reve B Expe	nses	1	C) Net
							(/	Receive	d US Bank -	nvice	`	
	ь	Less returns and allowa			alance >	1c			333	USB		
	2			ule A, line 7)		2						
	3	Gross profit Sub	tract line 2	2 from line 1c		3		NC	V 16 20.			
	4a	Capital gain net ii	ncome (at	ttach Schedule D)	[4a			10 202	•		
	b	Net gain (loss) (Fo	orm 4797, I	Part II, line 17) (attach Form 4	797)	4b	`					
	C	Capital loss dedu	ction for tr	rusts		4c		O	iden, UT	/		
	5			an S corporation (attach statement		5	-153	,478.	ATCH 1	_/_		-153,478.
	6					6						
	7			come (Schedule E)		7					+	
	8	•		nts from a controlled organization (S	1	8						
	9 10			(c)(7), (9), or (17) organization (Sincome (Schedule I)		9 10			/			
	11		•	ule J)		11		_/				
	12			tions, attach schedule)	Г	12		/				
	13	Total Combine lin	nes 3 thro	ough 12			-153	,478.				-153,478.
	Par	til Deduction	ns Not 1	Taken Elsewhere (Se	e instr	uctio	ns for-limitation	ons on c	leductions.) (Deducti	ons must	be directly
				e unrelated business								
	14	Compensation of	officers, o	directors, and trustees (Sch	edule K)	/	,			14		
	15	Salaries and wage	s		<i>./</i> .	.				15		
,	16											
	17											
	18			see instructions)								
	19			4500)						· · 19		
	20			4562)					-			
	21 22	·		on Schedule A and elsewh						21 b)	
i	23			ompensation plans						_		
,	24			·····								
	25	Excess exempt ex	penses (S	chedule I).	 	• •				25		
	26			hedule J)								
	27			chedule)								1,050.
	28			14 through 27						28		1,050.
	29			e income before net op								-154,528.
	30			loss arising in tax years							ļ	
	31			income Subtract line 30	from line	29 .		<u></u>	<u> </u>	<u>:[[]]3</u>		-154,528.
		•	on Act No	otice, see instructions.						_ ,	Form	1 990-T (2019)
9X27	JSA 740 1 00	0 E224TV 150	0			77 7	Q_7 1E		3112332		7.	PAGE 4
		5234IX 150	o			νТ	9-7.1F	•	114334	6	-٣	→PAGE 4

Par	990-T (2019) WALTER SCOTT FAMILY FOUNDATION	47-1	1116371	Pag
	rt 兆 \ Total Unrelated Business Taxable Income			
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see			
	instructions)	32		
33	Amounts paid for disallowed fringes	33		
34	Charitable contributions (see instructions for limitation rules)	34		
35	Charitable contributions (see instructions for limitation rules)	34		
33				
	34 from the sum of lines 32 and 33	35		
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			
	Instructions)	36		
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37		
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	-	
39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line 37,			
	enter the smaller of zero or line 37	39		
Par	t IV \\Tax Computation		•	
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	40		
41	Trusts Taxable at Trust Rates. See instructions for tax computation income tax on	1		
71	the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)			
42		41		
42	Proxy tax. See instructions	42		
43	Alternative minimum tax (trusts only).	43		
44	rax on woncompliant racinty income. See instructions	44		
	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45		
_	Tax and Payments			
	Foreigh tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a] [
b	Other credits (see instructions)			
С	General business credit Attach Form 3800 (see instructions)]		
	Credit for prior year minimum tax (attach Form 8801 or 8827)	1 1		
е	Total credits. Add lines 46a through 46d	46e		
47	Subtract line 46e from line 45	47		-
48	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) .	48		
49	Total tax Add lines 47 and 48 (see instructions)	49		
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50		
	[0] 11. 1 222 222	30		
	2019 estimated tax payments			
	Tax deposited with Form 8868			
	Foreign organizations Tax paid or withheld at source (see instructions)			
	Backup withholding (see instructions)			
f	Credit for small employer health insurance premiums (attach Form 8941)			
g	Other credits, adjustments, and payments Form 2439			
	Form 4136 Other Total ▶ 51g			
52	Total payments. Add lines 51a through 51g	\$ 2	33	0,00
53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	\$3		
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	\$4		
	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	\$5	33	0,00
_	Enter the amount of line 55 you want Credited to 2020 estimated tax ▶ 330,000. Refunded ▶	56		
Part				
	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		authority N	res N
	·		· · -	100 11
57	over a financial account (bank excurities or other) in a foreign countril? If "Voc." the economication me	iv nave		İ
57	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma	•		
57	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the f	•	country	•
57	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the f	foreign		х
57 58	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the f here	foreign		
57 58	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file	foreign		
57 58	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the f here ▶ During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	foreign gn trust?	·	х
57 58 59	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the f here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penulty. I declare that I have examined this return, including accompanying schedules and statements, and to the best top or organization of consider of the penalties of penulty.	foreign gn trust?	·	Х
57 58 59 Sign	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year \$\Begin{array}{c}\$ Under penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the between true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Application of the preparer of the preparer (other than taxpayer) is based on all information of which preparer has any knowledge Application of the preparer (other than taxpayer) is based on all information of which preparer has any knowledge Application of the preparer has any knowledge Appl	foreign gn trust?	knowledge and	X belief,
57 58 59 Sign	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file Enter the amount of tax-exempt interest received or accrued during the tax year \$\Begin{array}{c}\$ Under penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the between true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Application of the preparer of the preparer (other than taxpayer) is based on all information of which preparer has any knowledge Application of the preparer (other than taxpayer) is based on all information of which preparer has any knowledge Application of the preparer has any knowledge Appl	foreign gn trust? est of my	·	X belief,
57 58 59 Sign	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of pegiury. I declare that I have examined this return, including accompanying schedules and statements, and to the best true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May with	foreign gn trust? est of my	knowledge and	X belief,
57 58 59 Sign Here	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. May Signature of officer Date Prieparer's signature Date D	gn trust? est of my the IF the p	knowledge and	X belief, in the second of the
57 58 59 Sign Here	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finer During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name Preparer's signature Donald NEAL JR Check self-em	foreign gn trust? est of my the IF the p instruction	knowledge and RS discuss the preparer show the preparer s	X belief, in the second of the
57 58 Sign Here Paid Prepa	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name DONALD NEAL JR Firm's name KPMG LLP Firm's name KPMG LLP	foreign gn trust? est of my the IF the prostruction if unployed	knowledge and RS discuss the preparer showns) X Yes PTIN P00798	X belief, in the second of the
68 69 Gign Here Paid Prepa	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finere During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign of the second of the forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year. Under penalties of penjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Print/Type preparer's name DONALD NEAL JR Firm's name KPMG LLP Firm's name KPMG LLP Firm's name Firm's ENDERLY OFFICE CHAPTER AND THE SECOND OF THE PRINT OF THE SECOND OF THE S	gn trust? est of my the IF the purposition if inployed	knowledge and RS discuss the preparer showns) X Yes PTIN P00798	X belief, in belief, i
57 58 59 Sign Here Paid Prepa	Fince Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the finer During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign if "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of penjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name DONALD NEAL JR Primt's name KPMG LLP Firm's name KPMG LLP Firm's address 1212 NORTH 96TH STREET, SUITE 300, OMAHA, NE 68114 Phone in the print of the	gn trust? est of my the IF the purposition if inployed	knowledge and RS discuss the preparer showns) X Yes PTIN P00798	X d belief, in below below N

%

% %

%

Form	99	0-T	(2019)

Enter here and on page 1,

Part I, line 7, column (B)

(1)

(2)

(3) (4)

Total dividends-received deductions included in column 8.

Enter here and on page 1,

Part I, line 7, column (A)

Schedule F – Interest, Ann	iditioo, itoyditiot			ontrolled Org			410110 (00	10 111011 001	101107		
Name of controlled organization	2 Employer identification number	er		t unrelated income () (see instructions)		,	of specified included organiza		rolling	6 Deductions directly connected with income in column 5	
(1)											
(2)					T					<u> </u>	
(3)											
(4)											
Nonexempt Controlled Organi		— т				40.5	and of a shame	0.45-4-5	44	Deductions directly	
7 Taxable Income	8 Net unrelated in (loss) (see instruct			Total of specific payments made		ınclı	Part of columnided in the constants	ontrolling		nected with income in column 10	
(1)						_					
(2)									<u> </u>		
(3)											
(4)							d columns 5 a			Id columns 6 and 11	
Totals	ncome of a Sec	tion 501(c)(7),	(9), or (17		Par	r here and on t I, line 8, colu on (see ins	ımn (A)		er here and on page 1, rt I, line 8, column (B)	
1 Description of income	2 Amount of	ıncome		directly con (attach sch	nected			et-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)	
(1)			1				·				
(2)			+						-		
(3)			+								
(4)	Enter here and o									Enter here and on page 1	
Totals ▶ Schedule I-Exploited Exe	Part I, line 9, co	olumn (A)	er Th	an Adverti	sing In	come	(see instru	ictions)		Part I, line 9, column (B)	
1 Description of exploited activity	2. Gross unrelated business income from trade or business	3 Expension directly connected production unrelate business in	y with n of ed	4 Net incomfrom unrelation business 2 minus coll If a gain, cc cols 5 thro	ed trade (column umn 3) ompute	from a	oss income activity that unrelated ess income	income of Expenses attributable to related of Expenses attributable to related of Expenses		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(2)											
(3)	i					_					
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	arti,							Enter here and on page 1, Part II, line 25	
Totals ▶ Schedule J- Advertising In	come (see instru	ictions)		1						<u> </u>	
Part I Income From Peri			neol	idated Ras	ie						
Parti income From Fer	Toulcais Reporte	on a C	011301	luateu Das	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					T	
1 Name of periodical	2 Gross advertising income	3. Direct advertising		4 Adverting gain or (lossing 2 minus con a gain, con cols 5 thro	s) (col I 3) If npute		rculation come	6 Read		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)									-		
(2)											
(3)											
(4)											
	 										
Totals (carry to Part II, line (5))										Form 990-T (2019)	

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

	 _		T 4 4 4 - 4			7 Everes medesship
1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)		_				
(2)						
(3)						
(4)						
Totals from Part I ▶				II.		
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)						
Schedule K - Compensatio	n of Officers, D	irectors, and Tr	ustees (see instr	ructions)		
1 Name	•	Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business		
		 				

1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total, Enter here and on page 1, Part II, line 14			

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB	Nο	1545-	0047

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning _ , 2019, and ending

▶ Go to www.irs.gov/Form990T for instructions and the latest information. ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Name of the organization

WALTER SCOTT FAMILY FOUNDATION

Employer identification number

47-1116371

Unrelated Business Activity Code (see instructions) ▶ 520000 Describe the unrelated trade or business ► INVESTMENT ACTIVITIES

Pai	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1 c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement)	5	-570,658.		-570,658
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9			,
10	Exploited exempt activity income (Schedule I)				
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	-570,658.		-570,658.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Deductions must be directly connected with the unrelated business income)

	·		
14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance		
17	Bad debts	1	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562),		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)		
27	Other deductions (attach schedule)	27	1,050.
28	Total deductions. Add lines 14 through 27	28	1,050.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-571,708.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions),	30	
31	Unrelated business taxable income Subtract line 30 from line 29	31	-571,708.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2019

JSA

3112332

ATTACHMENT 1

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

GOLDENROD CAPITAL PARTNERS, LP **-***0802

-153,478.

INCOME (LOSS) FROM PARTNERSHIPS

-153,478.

ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

TAX PREP FEES

1,050.

PART II - LINE 27 - OTHER DEDUCTIONS

1,050.

ATTACHMENT 3

PARTNERSHIP INTEREST

SCHEDULE M - INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

GOLDENROD CAPITAL PARTERS II, LP **-***7291

-570,658.

INCOME (LOSS) FROM PARTNERSHIPS AND/OR S CORPORATIONS

-570,658.

2019 FORM 990-PF

ATTACHMENT 4

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

TAX PREP FEES

1,050.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 28 - OTHER DEDUCTIONS

1,050.