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Form **990**

Department of the Treasury
Internal Revenue Service

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)

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

OMB No 1545-0047

2008

Open to Public Inspection

For the 2008 calendar year, or tax year beginning 6/01 **, 2008, and ending** 5/31 **, 2009**

B Check if applicable.
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See specific instructions.

MID-NEBRASKA COMMUNITY FOUNDATION, INC.
P O BOX 1321
NORTH PLATTE, NE 69103-1321

D Employer Identification Number: 47-0604965

E Telephone number: 308 534-3315

G Gross receipts $ 2,762,952.

F Name and address of principal officer: ERIC SEACREST
SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If 'No,' attach a list (see instructions)

I Tax-exempt status: ☒ 501(c) (3) ◄ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ► MIDNEBRASKAFOUNDATION.ORG

H(c) Group exemption number ►

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ► **L** Year of Formation: 1978 **M** State of legal domicile: NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities: TO SERVE CHARITABLE PEOPLE AND WORTHY CAUSES IN THIS REGION, NOT BY RUNNING SPECIFIC PROGRAMS OURSELVES, BUT BY SUPPORTING OTHER NON-PROFIT ORGANIZATIONS THAT DO. ALSO TO PROVIDE SCHOLARSHIPS TO STUDENTS.

2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its assets.

3	Number of voting members of the governing body (Part VI, line 1a)	3	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
5	Total number of employees (Part V, line 2a)	5	3
6	Total number of volunteers (estimate if necessary)	6	200
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,085,041.	509,333.
9	Program service revenue (Part VIII, line 2g)		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	970,435.	-465,107.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	17,059.	15,594.
12	Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,072,535.	59,820.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,305,193.	640,074.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	116,574.	128,693.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ► 41,814.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	99,603.	95,102.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,521,370.	863,869.
19	Revenue less expenses Subtract line 18 from line 12	551,165.	-804,049.

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	18,736,386.	14,721,358.
21	Total liabilities (Part X, line 26)	6,350,091.	5,167,582.
22	Net assets or fund balances Subtract line 21 from line 20	12,386,295.	9,553,776.

SCANNED JAN 27 2010

RECEIVED
JAN 22 REC'D
OGDEN, UT
921 OSC

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

Sign Here

► Signature of officer — Date: 1/14/2010

► ERIC SEACREST — EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ► Patricia A Berg CPA — Date: 1/12/10

Check if self-employed ► ☐

Preparer's identifying number (see instructions): P00023099

Firm's name (or yours if self-employed), address, and ZIP + 4 ► MCPHERRON, SKILES, & LOOP, CPAS, P.C.
121 S. JEFFERS ST.
NORTH PLATTE, NE 69103-1387

EIN ► 47-0617517

Phone no ► (308) 532-7525

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

9/16 14

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission

TO SERVE CHARITABLE PEOPLE AND WORTHY CAUSES IN THIS REGION, NOT BY RUNNING SPECIFIC PROGRAMS OURSELVES, BUT BY SUPPORTING OTHER NON-PROFIT ORGANIZATIONS THAT DO. ALSO TO PROVIDE SCHOLARSHIPS TO STUDENTS.

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 ☒ No

If 'Yes,' describe these new services on Schedule O

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

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and501(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 $ 518,823. including grants of $ 440,819.) (Revenue $)

GRANTS FOR COMMUNITY IMPROVEMENTS, EDUCATION, ARTS AND CULTURE, ENVIRONMENT, HEALTH AND HUMAN SERVICE PROJECTS.

4b (Code) (Expenses $ 245,518. including grants of $ 199,255.) (Revenue $)

SCHOLARSHIPS FOR AREA STUDENTS

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 ► $ 764,341. *(Must equal Part IX, Line 25, column (B))*

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)? *If 'Yes,' complete Schedule A*	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations** Did the organization engage in lobbying activities? *If 'Yes,' complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If 'Yes,' complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I*	6	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? *If 'Yes,' complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III*	8		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? *If 'Yes,' complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If 'Yes,' complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII*	12	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If 'Yes,' complete Schedule F, Part I*	14b		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? *If 'Yes,' complete Schedule F, Part II*	15		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? *If 'Yes,' complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If 'Yes,' complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If 'Yes,' complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If 'Yes,' complete Schedule H*	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If 'Yes,' complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If 'Yes,' complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer 'Yes' to Part VII, Section A, questions 3, 4, or 5? *If 'Yes,' complete Schedule J*	23		X
24a	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, and that was issued after December 31, 2002? *If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,' go to question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I*	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If 'Yes,' complete Schedule L, Part I*	25b		X
26	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? *If 'Yes,' complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If 'Yes,' complete Schedule L, Part III*	27	X	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
	a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If 'Yes,' complete Schedule L, Part IV*	28a	X	
	b Have a family member who had a direct or indirect business relationship with the organization? *If 'Yes,' complete Schedule L, Part IV*	28b	X	
	c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *If 'Yes,' complete Schedule L, Part IV*	28c	X	
29	Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If 'Yes,' complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2*	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2*	36		X
37	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? *If 'Yes,' complete Schedule R, Part VI*	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Part VI **Governance, Management and Disclosure** *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	1a 24		
b	Enter the number of voting members that are independent	1b 24		
2	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? SEE SCHEDULE O	2	X	
3	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?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
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?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 SEE SCHEDULE O	10	X	
11	Is there any officer, director or 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*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If 'No,' go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If 'Yes,' describe in Schedule O how this is done* SEE SCHEDULE O	12c	X	
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers of key employees of the organization? SEE SCHEDULE O	15b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
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?	16b		

Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► NONE

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 SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

► ERIC SEACREST 120 N DEWEY NORTH PLATTE NE 69101 308 534-3315

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 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- 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) or 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 officer, director, trustee, or key employee

(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			
ERIC SEACREST EXECUTIVE DIREC	40			X	X	X		59,539.	0.	0.
MARGENE PHARES SECRETARY	0	X		X				0.	0.	0.
ALAN ERICKSON PRESIDENT	0	X		X				0.	0.	0.
BRENDA ROBINSON VICE PRESIDENT	0	X		X				0.	0.	0.
TODD MCWHA TREASURER	0	X		X				0.	0.	0.
JOHN CHILDEARS DIRECTOR	0	X						0.	0.	0.
DR. JANET EVANS DIRECTOR	0	X						0.	0.	0.
DR TODD HLAVATY DIRECTOR	0	X						0.	0.	0.
DON KILGORE DIRECTOR	0	X						0.	0.	0.
NANCY MACK DIRECTOR	0	X						0.	0.	0.
IRENE MATTOX DIRECTOR	0	X						0.	0.	0.
ELLA OCHOA DIRECTOR	0	X						0.	0.	0.
LYNDA PERRY MS DIRECTOR	0	X						0.	0.	0.
CHARLENE SCHNEIDER DIRECTOR	0	X						0.	0.	0.
BOB SPADY DIRECTOR	0	X						0.	0.	0.
JEAN STATES DIRECTOR	0	X						0.	0.	0.
ROB STEFKA DIRECTOR	0	X						0.	0.	0.

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

(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			
KIMBERLY STEGER DIRECTOR	0	X						0.	0.	0.
DARLENE STEWART DIRECTOR	0	X						0.	0.	0.
LARRY STOBBS DIRECTOR	0	X						0.	0.	0.
TERRY TREGO DIRECTOR	0	X						0.	0.	0.
GLENN VAN VELSON DIRECTOR	0	X						0.	0.	0.
JOB VIGIL DIRECTOR	0	X						0.	0.	0.
GLEN WALTEMATH DIRECTOR	0	X						0.	0.	0.
JOANNE GRADY DIRECTOR	0	X						0.	0.	0.
1b Total ►								59,539.	0.	0.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ► 0

		Yes	No
3	Did the organization list any former 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

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

2 Total number of independent contractors (including those in 1) 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	1a 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 509,333.				
	g Noncash contribns included in lns 1a-1f	$				
	h **Total.** Add lines 1a-1f	►	509,333.			
PROGRAM SERVICE REVENUE		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	►				
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)	►	208,049.			208,049.
	4 Income from investment of tax-exempt bond proceeds	►				
	5 Royalties	►				
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	►				
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	2,026,677.				
	b Less cost or other basis and sales expenses	2,699,833.				
	c Gain or (loss)	-673,156.				
	d Net gain or (loss)	►	-673,156.	-673,156.		
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a 2,945.				
	b Less direct expenses	b 3,299.				
	c Net income or (loss) from fundraising events	►	-354.	-354.		
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less. direct expenses	b				
	c Net income or (loss) from gaming activities	►				
	10a 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				
	11a MANAGEMENT FEES		15,948.	15,948.		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	►	15,948.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	►	59,820.	-657,562.	0.	208,049.

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	440,819.	440,819.		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	199,255.	199,255.		
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	59,539.	29,770.	17,861.	11,908.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	41,074.	20,537.	12,322.	8,215.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits	20,974.	10,487.	6,292.	4,195.
10 Payroll taxes	7,106.	3,553.	2,132.	1,421.
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	14,100.	7,050.	4,230.	2,820.
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other	2,650.	1,325.	1,590.	-265.
12 Advertising and promotion				
13 Office expenses	2,188.	1,094.	656.	438.
14 Information technology				
15 Royalties				
16 Occupancy	13,453.	6,727.	4,036.	2,690.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,496.	1,248.	749.	499.
23 Insurance				
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 ANNUITY PAYMENTS	29,028.	29,028.		
b COMPUTER & DATABASE SERVICES	5,250.	2,625.	1,575.	1,050.
c INSURANCE	5,206.	2,603.	1,562.	1,041.
d PUBLICITY & PROMOTION	4,677.			4,677.
e PRINTING AND PUBLICATIONS	3,785.	1,893.	1,135.	757.
f All other expenses	12,269.	6,327.	3,574.	2,368.
25 Total functional expenses Add lines 1 through 24f	863,869.	764,341.	57,714.	41,814.
26 **Joint Costs.** Check here ► ☐ 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
ASSETS	1	Cash – non-interest-bearing		100.	1	100.
	2	Savings and temporary cash investments		299,389.	2	337,307.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			5	
	6	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			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment cost basis	10a 18,597.			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 8,983.	8,314.	10c	9,614.
	11	Investments – publicly-traded securities		18,406,479.	11	14,351,193.
	12	Investments – other securities See Part IV, line 11		22,104.	12	23,144.
	13	Investments – program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	**Total assets** Add lines 1 through 15 (must equal line 34)		18,736,386.	16	14,721,358.
LIABILITIES	17	Accounts payable and accrued expenses		254.	17	1,540.
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		6,349,837.	25	5,166,042.
	26	**Total liabilities.** Add lines 17 through 25		6,350,091.	26	5,167,582.
NET ASSETS OR FUND BALANCES		**Organizations that follow SFAS 117, check here ► [X] and complete lines 27 through 29 and lines 33 and 34.**				
	27	Unrestricted net assets		1,689,522.	27	1,247,711.
	28	Temporarily restricted net assets		2,441,956.	28	489,005.
	29	Permanently restricted net assets		8,254,817.	29	7,817,060.
		Organizations that do not follow SFAS 117, check here ► [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, and equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	**Total net assets or fund balances.**		12,386,295.	33	9,553,776.
	34	Total liabilities and net assets/fund balances		18,736,386.	34	14,721,358.

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990 [X] Cash [ ] Accrual [ ] Other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b	Were the organization's financial statements audited by an independent accountant?	X	
c	If 'Yes' to 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?	X	
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?		X
b	If 'Yes,' did the organization undergo the required audit or audits?		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization: MID-NEBRASKA COMMUNITY FOUNDATION, INC.

Employer identification number: 47-0604965

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 (Please check only **one** organization)

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 cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

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).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or 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 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?	11g (i)	
(ii)	a family member of a person described in (i) above?	11g (ii)	
(iii)	a 35% controlled entity of a person described in (i) or (ii) above?	11g (iii)	

h Provide the following information about the organizations the organization supports

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of Support
Total									

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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants ')	464,070.	590,134.	686,493.	1,085,041.	509,333.	3,335,071.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge.						0.
4 **Total.** Add lines 1-3	464,070.	590,134.	686,493.	1,085,041.	509,333.	3,335,071.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						491,014.
6 **Public support.** Subtract line 5 from line 4						2,844,057.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	464,070.	590,134.	686,493.	1,085,041.	509,333.	3,335,071.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources	316,262.	696,998.	694,340.	970,435.	-465,107.	2,212,928.
9 Net income form unrelated business activities, whether or not the business is regularly carried on						0.
10 Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV) SEE PART IV	14,253.	15,683.	15,840.	17,345.	15,594.	78,715.
11 **Total support.** Add lines 7 through 10						5,626,714.

12 Gross receipts from related activities, etc (see instructions)	12	0.

13 **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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)	14	50.6 %
15 Public support percentage for 2007 Schedule A, Part IV-A, line 26f	15	47.7 %

16a **33-1/3 support test – 2008.** If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

b **33-1/3 support test – 2007.** 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 **stop here.** The organization qualifies as a publicly supported organization ► ☐

17a **10%-facts-and-circumstances test – 2008.** 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 **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization. ► ☐

b **10%-facts-and-circumstances test – 2007.** 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 **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization. ► ☐

18 **Private foundation.** If the organization did not check a box on line, 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

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 yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include unusual grants)						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1-5						
7a Amounts included on lines 1, 2, 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal yr beginning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (add lns 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

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33-1/3 support tests – 2008.** 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 – 2007.** If the organization did not check a box on line 14 or 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 ► ☐

PART II, LINE 10 - OTHER INCOME

NATURE AND SOURCE	2008	2007	2006	2005	2004
ADMINISTRATIVE FEES	15,948.	18,934.	17,121.	13,945.	13,032.
SPECIAL EVENTS	-354.	-1,589.	-1,281.	1,738.	1,221.
TOTAL	$ 15,594.	$ 17,345.	$ 15,840.	$ 15,683.	$ 14,253.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Attach to Form 990. To be completed by organizations that answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

MID-NEBRASKA COMMUNITY FOUNDATION, INC.

Employer Identification number

47-0604965

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.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	18	
2	Aggregate contributions to (during year)	196,546.	
3	Aggregate grants from (during year)	54,292.	
4	Aggregate value at end of year	759,019.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? [X] Yes [ ] No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

- [ ] Preservation of land for public use (e g , recreation or pleasure)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of certified historic structure

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? [ ] Yes [ ] No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► $ _____

(ii) Assets included in Form 990, Part X ► $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► $ _____

b Assets included in Form 990, Part X ► $ _____

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

3 Using the organization's 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 Trust, 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	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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 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	11,580,433.				
b Contributions	276,957.				
c Investment earnings or losses	-2,341,197.				
d Grants or scholarships	615,360.				
e Other expenditures for facilities and programs	29,028.				
f Administrative expenses	98,898.				
g End of year balance	8,772,907.				

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	3a(i)	X
(ii) related organizations	3a(ii)	X
b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?	3b	X

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

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) Depreciation	(d) Book Value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		11,592.	4,065.	7,527.
e Other		7,005.	4,918.	2,087.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c))*			►	9,614.

Part VII Investments—Other Securities See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely held equity interests		
Other Life Insurance	23,144	Market Value
Total *(Column (b) should equal Form 990 Part X, col (B) line 12)* ►		

Part VIII Investments—Program Related (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *Column (b)(should equal Form 990, Part X, Col (B) line 13)* ►		

Part IX Other Assets (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
Total. *Column (b) Total (should equal Form 990, Part X, col (B), line 15)* ►	

Part X Other Liabilities (See Form 990, Part X, line 25)

(a) Description of Liability	(b) Amount
Federal Income Taxes	
PAYABLE HUEBNER ANNUITY	35,748.
PAYABLE MATTERHORN ANNUITY	58,295.
PAYABLE TO GREAT PLAINS HEALTH CARE FDN	4,773,190.
PAYABLE TO NORTH PLATE COMM COLLEGE FDN	298,809.
Total *Column (b) Total (should equal Form 990, Part X, col (B) line 25)* ►	5,166,042.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	59,820.
2	Total expenses (Form 990, Part IX, column (A), line 25)	863,869.
3	Excess or (deficit) for the year Subtract line 2 from line 1	-804,049.
4	Net unrealized gains (losses) on investments	-2,028,470.
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	
9	Total adjustments (net) Add lines 4-8	-2,028,470.
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	-2,832,519.

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	-1,853,449.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-2,028,470.		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV) SEE PART XIV	2d	115,201.		
e	Add lines 2a through 2d			2e	-1,913,269.
3	Subtract line 2e from line 1			3	59,820.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investments 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	
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)			5	59,820.

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

1	Total expenses and losses per audited financial statements			1	979,070.
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	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV) SEE PART XIV	2d	115,201.		
e	Add lines 2a through 2d			2e	115,201.
3	Subtract line 2e from line 1			3	863,869.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investments 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	
5	Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line 18)			5	863,869.

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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUND

SEE ATTACHMENT 1

SCHEDULE D, PART XII, LINE 2D
OTHER REVENUE INCLUDED IN F/S BUT NOT INCLUDED ON FORM 990

MANAGEMENT FEES CHARGED TO FUNDS	$	106,902.
SPECIAL EVENTS EXPENSES		3,299.
TRANSFER TO MNCF FROM DA FUND		5,000.
TOTAL	$	115,201.

SCHEDULE D, PART XIII, LINE 2D
OTHER EXPENSES AND LOSSES PER AUDITED F/S

MANAGEMENT FEES CHARGED TO FUNDS	$	106,902.
SPECIAL EVENTS EXPENSES		3,299.
TRANSFER TO MNCF FROM DA FUND		5,000.
TOTAL	$	115,201.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

► Complete if the organization answered 'Yes,' on Form 990, Part IV, lines 21 or 22.
► Attatch to Form 990.

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization

MID-NEBRASKA COMMUNITY FOUNDATION, INC.

Employer identification number

47-0604965

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? [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered 'Yes' on 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 ► [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non cash assistance	(h) Purpose of grant or assistance
BRADY PUBLIC SCHOOLS P O BOX 68 BRADY, NE 69123	47-6004051		11,750.	0.			EDUCATIONAL TECHNOLOGY
CAMPUS CRUSADE FOR CHRIST 100 HART DR ORLANDO, FL 32832	95-2814920		14,000.	0.			MISSIONS
CITY OF NORTH PLATTE BARK PARK 211 W 3RD ST NORTH PLATTE, NE 69101	47-6006297		9,791	0			PET AND ANIMAL PARK CONSTRUCTION
COMMUNITY ACTION PARTNERSHIP OF MID-NE 900 E 10TH ST NORTH PLATTE, NE 69101	47-6029628		10,856.	0.			FOOD AND UTILITIES ASSISTANCE
CONNECTION HOMELESS SHELTER 511 N JEFFERS NORTH PLATTE, NE 69101	36-3957293		8,419.	0.			NEW SHELTER PROJECT
EDUCATIONAL SERVICE UNIT #16 314 W 1ST ST OGALLALA, NE 69153	47-0496080		14,187	0.			EDUCATIONAL TECHNOLOGY
GREAT PLAINS HEALTH CARE FOUNDATION 601 W LEOTA NORTH PLATTE, NE 69101	36-3954197		12,820.	0			EQUIPMENT
HERSHEY PUBLIC SCHOOLS P O BOX 369 HERSHEY, NE 69143	47-6004084		29,694	0.			EDUCATIONAL TECHNOLOGY

2 Enter total number of section 501(c)(3) and government organizations ► 86

3 Enter total number of other organizations ► 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 22. Use 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
SCHOLARSHIPS PAID DIRECTLY TO COLLEGES & UNIVERSITIES					
	133	199,255.			

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

PART I, LINE 2 - GRANTMAKER'S DESCRIPTION OF HOW GRANTS ARE USED

SEE ATTACHMENT 2

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 Part II and Part III, Schedule I (Form 990).

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

MID-NEBRASKA COMMUNITY FOUNDATION, INC.

Employer identification number

47-0604965

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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
LINCOLN CNTY HISTORICAL SOCIETY 2403 N BUFFALO NORTH PLATTE, NE 69101	23-7147860		18,000				MUSEUM OPERATIONS
NORTH PLATTE COMMUNITY PLAYHOUSE 301 E 5TH ST NORTH PLATTE, NE 69101	47-6032789		23,500.				FACILITY UPGRADES
NORTH PLATTE PUBLIC SCHOOLS 301 WEST F ST NORTH PLATTE, NE 69101	47-6004045		45,742				EDUCATIONAL TECHNOLOGY
NORTH PLATTE UNITED METHODIST CH 1600 WEST E ST NORTH PLATTE, NE 69101	47-0384574		22,514.				DONOR ADVISED GRANT FOR OPERATIONS
OGALLALA PUBLIC SCHOOLS 205 E. 6TH ST OGALLALA, NE 69153	47-6003739		7,261.				EDUCATIONAL TECHNOLOGY
SALVATION ARMY CORPS OF NORTH PL 1300 W 10TH ST NORTH PLATTE, NE 69101	36-2167910		9,278.				FOOD AND UTILITIES ASSISTANCE
SUTHERLAND PUBLIC SCHOOLS P O BOX 217 SUTHERLAND, NE 69165	47-6004084		11,658.				EDUCATIONAL TECHNOLOGY
TWENTIETH CENTURY VETERANS MEMOR 221 E 5TH ST NORTH PLATTE, NE 69101	47-0813172		86,494				VETERAN'S MEMORIAL CONSTRUCTION

2 Enter total number of Section 501(c)(3) and government organizations ►

3 Enter total number of other organizations ►

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

► Attach to Form 990 or Form 990-EZ.
► To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
MID-NEBRASKA COMMUNITY FOUNDATION, INC.	47-0604965

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only)

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 ► $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ► $

Part II Loans to and/or From Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 26 or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) Loan to or from the organization? From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) In default? No	(f) Approved by board or committee? Yes	(f) Approved by board or committee? No	(g) Written agreement? Yes	(g) Written agreement? No
Total			► $							

Part III Grants or Assistance Benefitting Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 27

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance
SEE ATTACHMENT 3		

Part IV Business Transactions Involving Interested Persons.

To be completed by organizations that answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction $	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) Sharing of organization's revenues? No
SEE ATTACHMENT 4					X

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

► To be completed by organizations that answered 'Yes' on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MID-NEBRASKA COMMUNITY FOUNDATION, INC.

Employer identification number
47-0604965

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	50,677.	FMV
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 ► (_____)				

			Yes	No
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 Acknowledgement	29		
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?	30a		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?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		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			

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization

MID-NEBRASKA COMMUNITY FOUNDATION, INC.

Employer identification number

47-0604965

FORM 990, PART VI, LINE 2 - BUSINESS OR FAMILY RELATIONSHIP OF OFFICERS, DIRECTORS

SEE ATTACHMENT 5

FORM 990, PART VI, LINE 10 - FORM 990 REVIEW PROCESS

SEE ATTACHMENT 6

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICT OF INTEREST

SEE ATTACHMENT 7

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEES

SEE ATTACHMENT 8

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

SEE ATTACHMENT 9

Attachment 1 - Schedule D Part V Line 4

Intended uses of endowment funds

Agency endowment funds: Each year a portion of each agency endowment fund, currently around 5%, is paid to the particular qualified organization.

Designated endowment funds: Each year a portion of each designated endowment fund, currently around 5%, is paid to the designated qualified organization or to a qualified organization for a designated qualified purpose.

Field-of-interest endowment funds: Each year a portion of each field-of-interest endowment fund, currently around 5%, is paid or is available to be paid, to a qualified organization for a purpose in a designated field-of-interest (such as: health, education, etc.).

Operations endowment funds: Each year a portion of each operations endowment fund, currently around 5%, is transferred to the administrative fund to help pay for the costs of operating Mid-Nebraska Community Foundation.

Scholarship endowment funds: Each year a portion of each scholarship fund, currently around 5%, is paid in the form of a scholarship award to a U.S. postsecondary educational institution for the benefit of a qualified recipient.

Attachment 2 - Schedule I Part I Line 2

Procedures for monitoring the use of grant funds in the United States

Procedures used by Mid-Nebraska Community Foundation to monitor the use of grant funds include the following:

- Ascertaining that recipients of grant funds are qualified to receive grant funds
- In cases of grants made for a particular purpose or project, verifying that recipients intend to spend grant funds on such particular purpose or project and further requesting final report information from recipients regarding actual use of grant funds for such purpose or project.
- Advising recipients that grants are made for the charitable purposes without any expectation of goods or services in return.
- Seeking information from public sources regarding the intended recipients of grants funds for any indication that an intended recipient may no longer need or warrant charitable grants, such as if the need has been fulfilled or if irregularities have been disclosed.

Attachment 3 - Schedule L Part III

Grant or assistance to officer, director, key employee or substantial contributor

During the fiscal year ending May 31, 2009, MNCF paid the following scholarships totaling $1,850 to the University of Nebraska at Omaha for the benefit of Corinne Ochoa: $300 from the John Martinez Memorial Scholarship Fund, $1,000 from the Langford Family Scholarship Fund; and $550 from the Kahabi Scholarship Fund. Corinne Ochoa was recommended for each scholarship by a unique and independent scholarship selection committee. The membership of the scholarship selection committees and the scholarships awarded to Corrine Ochoa were approved by the MNCF Board of Directors. Corinne Ochoa was the granddaughter of Ella Ochoa who was a MNCF director. Director Ella Ochoa did not participate in any discussion or vote on scholarship selection or award of any scholarship to Corinne Ochoa.

Attachment 4 - Schedule L Part IV

Business relationships of officers, directors, key employees and organization

MNCF president and director Alan Erickson also was a director of Nebraskaland National Bank with whom MNCF had an account. Erickson did not participate in any committee or board discussion or vote regarding MNCF's banking relationship with Nebraskaland National Bank.

MNCF director Dr. Todd Hlavaty also was a director of Nebraskaland National Bank with whom MNCF had a bank account. Hlavaty did not participate in any committee or board discussion or vote regarding MNCF's banking relationship with Nebraskaland National Bank.

MNCF director Kimberly Steger also was an employee of First National Bank with whom MNCF had banking account and investment accounts. Steger did not participate in any committee or board discussion or vote regarding MNCF's banking and investment relationship with First National Bank.

MNCF director Job Vigil also was an employee of the North Platte Telegraph with whom MNCF placed advertising from time to time. Vigil did not participate in any committee or board discussion or vote regarding MNCF's placing advertising with the North Platte Telegraph.

Relatives of MNCF director Margene Phares, Robert Phares and Brian Phares, were principals and employees of Phares Financial Services, a firm that arranged group health insurance for MNCF. Margene Phares did not participate in any committee or board discussion or vote regarding MNCF's group health insurance.

Attachment 5 - Schedule O - 990 Part VI Line 2

Business & family relationships between officers, directors and key employees

MNCF president and director Alan Erickson was a director of Nebraskaland National Bank along with MNCF director Dr. Todd Hlavaty. Erickson also as was a director of a bank holding company along with MNCF director Rob Stefka.

MNCF treasurer and director Todd McWha was a practicing attorney and in the normal course of his profession might have dealings with individuals who also were MNCF officers, directors and key employees

MNCF director John Childears was a principal of Ag-Affiliates, a farm management firm, and in the normal course of business might have dealings with individuals who also were MNCF officers, directors and key employees.

MNCF director Dr. Janet Evans was a practicing physician and in the normal course of her profession might have dealings with individuals who also were MNCF officers, directors and key employees.

MNCF director Dr. Todd Hlavaty was a director of Nebraskaland National Bank along with MNCF president and director Alan Erickson. Hlavaty also was a practicing physician and in the normal course of his profession might have dealings with individuals who also were MNCF officers, directors and key employees.

MNCF director Lynda Perry was a practicing mental health practitioner and in the normal course of her profession might have dealings with individuals who also were MNCF officers, directors and key employees.

MNCF director Charlene Schneider was an employee of U.S. Bank and in the normal course of business might have business dealings with individuals who also were MNCF officers, directors and key employees.

MNCF director Bob Spady was a principal of Bob Spady Buick-Pontiac-GMC and in the normal course of business might have dealings with individuals who also were MNCF officers, directors and key employees.

MNCF director Rob Stefka was a director in a bank holding company along with MNCF president and director Alan Erickson. Stefka also was a principal of Commercial Investment Services, a commercial real estate firm, and in the normal course of business might have dealings with individuals who also were MNCF officers, directors and key employees.

MNCF director Kimberley Steger was an employee of First National Bank and in the normal course of business might have dealings with individuals who also were MNCF officers, directors and key employees

MNCF director Darlene Stewart was a principal of Platte Construction Company and in the normal course of business might have dealings with individuals who also were MNCF officers, directors and key employees.

MNCF director Larry Stobbs was a principal of Rosenberg Insurance Co. and in the normal course of business might have dealings with individuals who also were MNCF officers, directors and key employees.

MNCF director Glenn Van Velson was a practicing attorney and in the normal course of his profession might have dealings with individuals who also were MNCF officers, directors and key employees

MNCF director Job Vigil was an employee of the North Platte Telegraph and a principal in a coffee shop and in the normal course of business might have dealings with individuals who also were MNCF officers, directors and key employees.

MNCF director Glen Waltemath was a practicing certified public accountant and in the normal course of his profession might have dealings with individuals who also were MNCF officers, directors and key employees.

Attachment 6 - Schedule O - 990 Part VI Line 10

Procedures for reviewing Form 990

Mid-Nebraska Community Foundation assigned primarily responsibility for preparing the Form 990 to its independent accounting firm, McPherron, Skiles and Loop CPAs, PC of North Platte, Nebraska, who prepared regular financial statements for management purposes. MNCF staff members provided additional information.

Independent accountant Patricia Brunz CPA of McPherron, Skiles and Loop CPAs, PC and MNCF executive director Eric Seacrest reviewed Form 990 preparation and content. Finally, the Form 990 was shared with each member of the MNCF Board of Directors and feedback was invited.

Copies of the filed Form 990 will be available for review by the public at the Mid-Nebraska Community Foundation office, 120 North Dewey Street, North Platte, NE 69101. Also, copies typically have been made available on the web sites of organizations that monitor non-profit organizations in the U.S. such as GuideStar.

Attachment 7 - Schedule O - 990 Part VI Line 12c

Conflict of interest policy and procedures

Conflict of interest policies are described in Section 9 of MNCF By-Laws.

(a) *Significant Involvement.* In considering Foundation matters, Directors and other committee members will announce and disclose significant involvement with institutions or grantees under discussion "Significant involvement" is defined as: (i) serving as an elected or appointed member of a governing board or major committee, (ii) receiving compensation as an employee or consultant, or (iii) being related to an individual grantee or to a staff member of a grantee institution.

(b) *Indirect Interest.* A Director has an indirect interest in a transaction if another entity in which the Director has a material interest or in which the Director is a general partner is a party to the transaction, or another entity of which the Director is a director, officer, or trustee is a party to the transaction.

(c) *Conflict of Interest.* A conflict of interest exists when a Director has a direct or indirect interest in a transaction. A conflict of interest transaction is not voidable or the basis for imposing liability on the Director if the transaction was fair at the time it was entered into or is approved as set forth herein. A transaction in which a director has a conflict of interest may be approved in advance by the vote of the Board of Directors or a committee if the material facts of the transaction and the Director's interests are disclosed or known to the Board or committee, and the Directors approving the transaction in good faith reasonably believe that the transaction is fair to the Foundation

(d) *Ratification.* A conflict of interest transaction is authorized, approved, or ratified if it receives the affirmative vote of a majority of the Directors or committee members who have no direct or indirect interest in the transaction. A conflict of interest transaction may not be authorized, approved, or ratified by a single Director. If a majority of the Directors who have no direct or indirect interest in the transaction vote to authorize, approve, or ratify the transaction, a quorum is present for the purpose of taking action on the conflict of interests transaction. The presence of, or a vote cast by, a Director with a direct or indirect interest in the transaction does not affect the validity of any action taken by the Directors if the conflict of interest transaction is otherwise approved as set forth herein.

Reminder about conflicts or duality at meetings:
At virtually all MNCF Board of Director and Committee meetings, the agenda of the meeting includes a notice to participants that if the Board or Committee considers a matter that might constitute a conflict of interest or duality of interest involving a participant, it is the participant's obligation to disclose the facts of the situation as well as to abstain from voting and to refrain from attempting to influence the matter in those situations where a conflict of interest or duality of interest exists

Abstentions are recorded in the minutes of the committee or Board of Directors.

Attachment 8 - Schedule O - 990 Part VI Line 15B

Procedures used in determining compensation of organizations Executive Director

The president of Mid-Nebraska Community Foundation appoints an executive evaluation committee made up of officers and directors, all of whom are independent.

The executive evaluation committee makes recommendations to the Board of Directors after considering:

- Position description
- Survey data about compensation of comparable positions at other community foundations in the U.S. and in the Midwest region
- Performance information
- Salary history
- Budget situation of the organization

The Board of Director discusses recommendations and relevant information (typically in executive session) and then takes action on compensation of Executive Director. Recommendations of executive evaluation committee along with actions of Board of Directors are recorded in the minutes of the Board of Directors.

Attachment 9 - Schedule O - 990 Part VI Line 19

Governing documents, conflict of interest policy and financial statements

Mid-Nebraska Community Foundation makes copies of its Articles of Incorporation, By-laws, Conflict of Interest policy and audited financial statements available to the public at its office at 120 North Dewey Street, North Platte, NE 69101.

BALANCE SHEET
OTHER SECURITIES (FORM 990) [O]

NEW YORK LIFE INSURANCE	$ 23,144.
TOTAL	$ 23,144.

FORM 990, PART IX, LINE 24
OTHER EXPENSES

	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT & GENERAL	(D) FUNDRAISING
ANNUITY PAYMENTS	29,028.	29,028.		
AWARDS & RECOGNITION	472.	236.	142.	94.
BANK CHARGES	502.	251.	151.	100.
COMPUTER & DATABASE SERVICES	5,250.	2,625.	1,575.	1,050.
CORPORATE TAX	20.		20.	
DUES & MEMBERSHIPS	1,135.	568.	340.	227.
EQUIPMENT REPAIRS	773.	387.	232.	154.
INSURANCE	5,206.	2,603.	1,562.	1,041.
MAINTENANCE & SUPPLIES	2,708.	1,354.	812.	542.
MEALS	1,499.	750.	449.	300.
MISCELLANEOUS	63.	32.	19.	12.
NEW YORK LIFE PREMIUM	400.	400.		
POSTAGE AND SHIPPING	2,488.	1,244.	746.	498.
PRINTING AND PUBLICATIONS	3,785.	1,893.	1,135.	757.
PUBLICITY & PROMOTION	4,677.			4,677.
SUBSCRIPTIONS	143.	72.	43.	28.
TELEPHONE & INTERNET	2,066.	1,033.	620.	413.
TOTAL	$ 60,215.	$ 42,476.	$ 7,846.	$ 9,893.

UNUSUAL GRANTS
SCHEDULE A, PART II OR PART III, LINE 1

NAME OF CONTRIBUTOR:	MARION HOOVER ESTATE	
DESCRIPTION OF GRANT:	DECEDENT'S ESTATE	
DATE OF GRANT:	12/15/2006	
AMOUNT OF GRANT:		$ 750,000.
NAME OF CONTRIBUTOR:	MARION HOOVER ESTATE	
DESCRIPTION OF GRANT:	DECEDENT'S ESTATE	
DATE OF GRANT:	2/02/2007	
AMOUNT OF GRANT:		$ 125,000.
NAME OF CONTRIBUTOR:	ELDON HOOVER FAMILY TRUST	
DESCRIPTION OF GRANT:	DECEDENT'S TRUST DISTRIBUTION	
DATE OF GRANT:	12/29/2006	
AMOUNT OF GRANT:		$ 137,248.
NAME OF CONTRIBUTOR:	JOHN APPLEGATE ESTATE	
DESCRIPTION OF GRANT:	DECEDENT'S ESTATE	
DATE OF GRANT:	12/31/2004	
AMOUNT OF GRANT:		$ 487,662.

EXCESS CONTRIBUTIONS
SCHEDULE A, PART II, LINE 5

NAME	2004	2005	2006	2007	2008	TOTAL	2% AMT	EXCESS
MARION HOOVER	$ 0.	$ 150000.	$ 5,000.	$ 0.	$ 0.	$ 155000.	$ 112534.	$ 42,466.

EXCESS CONTRIBUTIONS (CONTINUED)
SCHEDULE A, PART II, LINE 5

SCOTT MCPHEETERS	$ 0.	$ 0.	$ 88,650.	$ 47,500.	$ 50,000.	$ 186150.	$ 112534.	$ 73,616.
JOHN POEHLING	0.	50,000.	100000.	50,000.	0.	200000.	112534.	87,466.
BETTY KEENAN	0.	0.	0.	400000.	0.	400000.	112534.	287,466.
BURTON MCPHEETERS	0.	0.	42,596.	41,774.	8,000.	92,370.	0.	0.
TOTAL	$ 0.	$ 200000.	$ 236246.	$ 539274.	$ 58,000.	$ 1033520.	$ 450136.	$ 491,014.

SCHEDULE D, PART V
ENDOWNMENT FUNDS

	CURRENT YEAR	PRIOR YEAR	TWO YRS. BACK	THREE YRS. BACK	FOUR YRS. BACK
BEGINNING OF YEAR BALANCE	11580433.	0.	0.	0.	0.
CONTRIBUTIONS	276,957.				
INVESTMENT EARNINGS (LOSSES)	-2341197.				
GRANTS OR SCHOLARSHIPS	615,360.				
EXPEND. FOR FACILITIES & PROGS	29,028.				
ADMINISTRATIVE EXPENSES	98,898.				
END OF YEAR BALANCE	8,772,907.	0.	0.	0.	0.

STMT. OF FUNCTIONAL EXPENSES (990)
OTHER EMPLOYEE BENEFITS

HEALTH INSURANCE		$ 20,974.
	TOTAL	$ 20,974.

STMT. OF FUNCTIONAL EXPENSES (990)
OCCUPANCY

RENT		$ 11,000.
UTILITIES		2,453.
	TOTAL	$ 13,453.

STMT. OF FUNCTIONAL EXPENSES (990)
OTHER

AUDIT FEE		$ 2,650.
	TOTAL	$ 2,650.

Form **8868**
(Rev April 209)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ► [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I **Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ► [ ]

All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns

Electronic Filing ***(e-file).*** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit *www irs gov/efile* and click on *e-file for Charities & Nonprofits*

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return See instructions	MID-NEBRASKA COMMUNITY FOUNDATION, INC.	47-0604965
	Number, street, and room or suite number If a P O box, see instructions P O BOX 1321	
	City, town or post office, state, and ZIP code For a foreign address, see instructions NORTH PLATTE, NE 69101-1321	

Check type of return to be filed (file a separate application for each return)

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (section 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ► ERIC SEACREST

Telephone No ► 308 534-3315 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 will cover

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 1/15, 20 10, to file the exempt organization return for the organization named above The extension is for the organization's return for:

► [ ] calendar year 20___ or

► [X] tax year beginning 6/01, 20 08, and ending 5/31, 20 09

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	**3a**	$ 0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	**3b**	$ 0.
c Balance Due. Subtract line 3b from line 3a 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	**3c**	$ 0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions