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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

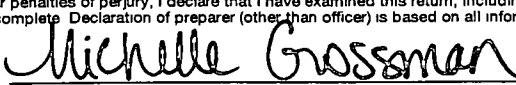
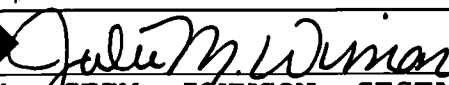
2008Open to Public
Inspection**A For the 2008 calendar year, or tax year beginning JUL 1, 2008 and ending JUN 30, 2009**

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	C Name of organization COMBINED HEALTH AGENCIES DRIVE COMMUNITY HEALTH CHARITIES, NEBRASKA		D Employer identification number 23-7162972
		Doing Business As		E Telephone number 402-614-8500
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 7101 NEWPORT AVENUE 311	G Gross receipts \$ 2,470,887.	
		City or town, state or country, and ZIP + 4 OMAHA, NE 68152		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) H(c) Group exemption number ▶ 3071
F Name and address of principal officer: MICHELLE GROSSMAN SAME AS C ABOVE				
I Tax-exempt status: ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527				
J Website: ▶ WWW.CHCNE.ORG				
K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶				
L Year of formation: 1971 M State of legal domicile: NE				

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: IMPROVING LIVES BY RAISING FUNDS FOR NEBRASKA'S HEALTH CHARITIES		
	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	43
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	43
	5 Total number of employees (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	43
	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	2,280,698.	2,460,234.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	998.	745.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	22,182.	9,908.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,303,878.	2,470,887.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,706,549.	2,014,080.
	14 Benefits paid to officers or directors (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	83,039.	350,028.
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 113,769.		
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	433,212.	214,534.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,222,800.	2,578,642.
	19 Revenue less expenses. Subtract line 18 from line 12	81,078.	<107,755.>
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	1,777,241.	2,034,935.
	22 Net assets or fund balances. Subtract line 21 from line 20	982,308.	1,828,194.
		794,933.	206,741.

Part II Signature Block

Sign Here	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.		
	Signature of officer 	Date March 1 2010	
Paid Preparer's Use Only	MICHELLE GROSSMAN, PRESIDENT/CEO Type or print name and title		
	Preparer's signature 	Date 2-16-10	Check if self-employed ☐
	Firm's name (or yours if self-employed), address, and ZIP + 4 SEIM, JOHNSON, SESTAK & QUIST, LLP 8807 INDIAN HILLS DRIVE, SUITE 300 OMAHA, NE 68114-4123		Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ (402) 330-2660

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No15
G15

SCANNED MAR 30 2010

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission.

IMPROVING LIVES BY RAISING FUNDS FOR NEBRASKA'S HEALTH CHARITIES

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) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,372,740. including grants of \$ 2,014,080.) (Revenue \$ 745.)
**CHC-NE CONNECTS EMPLOYEES AND EMPLOYERS VIA THE WORKPLACE TO CHC'S
 MEMBER CHARITIES AND THEIR PROGRAMS, SERVICES AND VOLUNTEER
 OPPORTUNITIES. IT IS THROUGH THIS RELATIONSHIP THAT EMPLOYEES AND
 EMPLOYERS HAVE THIS OPPORTUNITY TO GIVE BACK TO THE CHC-NE MEMBER
 AGENCIES THROUGH PAYROLL DEDUCTION.**

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

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

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► \$ 2,372,740. (Must equal Part IX, Line 25, column (B).)

**COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES, NEBRASKA**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>	N/A	
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	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? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
13 Is the organization a school as described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		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.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>		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, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
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?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		X

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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)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
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? <i>If "Yes," complete Schedule R, Part VI</i>		X

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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	1		
1b	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	9
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b	X
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 tax 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	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	
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	N/A
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	N/A
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A
10	Section 501(c)(7) organizations. Enter: N/A		
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: N/A		
a	Gross income from 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 N/A	12b	

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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**

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.

	Yes	No
1a Enter the number of voting members of the governing body		
1b Enter the number of voting members that are independent		
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?		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?		X
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a material diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9a Does the organization have local chapters, branches, or affiliates?		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?		
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	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		X

Section B. Policies

	Yes	No
12a Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	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?	X	
b Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
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?		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?		

Section C. Disclosure

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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **WENDY OHL - 402-614-8500**
7101 NEWPORT AVENUE, SUITE 311, OMAHA, NE 68152

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) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

☐ Check this box if the organization did not compensate any 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			
KIRK KELLNER BOARD CHAIR 2009	1.00	X		X				0.	0.	0.
RANDY KATHOL BOARD TREASURER	1.00	X		X				0.	0.	0.
PAT MCPHERSON BOARD SECRETARY	1.00	X		X				0.	0.	0.
JOHN ALLBERY ARTHRITIS FOUNDATION REP	1.00	X						0.	0.	0.
MARTIN BEERMAN DIRECTOR AT LARGE	1.00	X						0.	0.	0.
SHARON BRODKEY DIRECTOR AT LARGE	1.00	X						0.	0.	0.
MARTIE CORDARO ALS REP	1.00	X						0.	0.	0.
MAURICE COX DIRECTOR AT LARGE	1.00	X						0.	0.	0.
MICHAEL DEMMAN DIRECTOR AT LARGE	1.00	X						0.	0.	0.
MARY LEE FITZSIMMONS NE HOSPICE & PALLIATIVE	1.00	X						0.	0.	0.
AMY FRIEDMAN DIRECTOR AT LARGE	1.00	X						0.	0.	0.
DAVID GILINSKY DIRECTOR AT LARGE	1.00	X						0.	0.	0.
MIKE JACOBSON DIRECTOR AT LARGE	1.00	X						0.	0.	0.
LARRY GUENTHER ALZHEIMER'S REP	1.00	X						0.	0.	0.
JENNIE HANSON DIRECTOR AT LARGE	1.00	X						0.	0.	0.
ERIC JOHNSON DIRECTOR AT LARGE	1.00	X						0.	0.	0.
MIKE JONES DIRECTOR AT LARGE	1.00	X						0.	0.	0.

**COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES, NEBRASKA**

Form 990 (2008)

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STANLEY KATHOL DIRECTOR AT LARGE	1.00	X						0.	0.	0.
CINDY KEY AMERICAN LUNG ASSOCIATIO	1.00	X						0.	0.	0.
JIM LANDEN DIRECTOR AT LARGE	1.00	X						0.	0.	0.
JOE LANGEMEIER DIRECTOR AT LARGE	1.00	X						0.	0.	0.
ED MILLER JDRF AGENCY REP	1.00	X						0.	0.	0.
CLARENCE NICHOLS DIRECTOR AT LARGE	1.00	X						0.	0.	0.
STEPHEN PETERS LEUKEMIA & LYMPHOMA REP	1.00	X						0.	0.	0.
DAVID PROUGH UNITED CEREBRAL PALSY OF	1.00	X						0.	0.	0.
JACQUELINE PUEPPKE AMERICAN DIABETES REP	1.00	X						0.	0.	0.
SUSHMA RAI PREVENT BLINDNESS AGENCY	1.00	X						0.	0.	0.
1b Total								113,519.	0.	17,782.

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. **NONE**

(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

SEE SCHEDULE J-2 FOR PART VII, SECTION A CONTINUATION

Form **990** (2008)

**COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES, NEBRASKA**

Form 990 (2008)

23-7162972 Page **9**

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns	1a					
	b Membership dues	1b	4,700.				
	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	2455534.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			2,460,234.			
Program Service Revenue	2 a <u>LEADERSHIP 25 INCOME</u>	Business Code	900099	745.	745.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			745.			
	3 Investment income (including dividends, interest, and other similar amounts)			9,908.			9,908.
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
Other Revenue	6 a Gross Rents	(i) Real	(ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b Less: cost or other basis and sales expenses						
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue		Business Code				
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			2,470,887.	745.	0.	9,908.

**COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES, NEBRASKA**

Form 990 (2008)

23-7162972 Page **10**

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	2,014,080.	2,014,080.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	131,301.	65,651.	59,085.	6,565.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	184,340.	152,228.	11,721.	20,391.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,613.	7,101.	556.	956.
9 Other employee benefits	3,665.	3,125.		540.
10 Payroll taxes	22,109.	16,743.	3,454.	1,912.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	17,000.	13,600.	1,700.	1,700.
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	3,676.	2,721.	627.	328.
12 Advertising and promotion				
13 Office expenses	34,286.	26,753.	4,104.	3,429.
14 Information technology				
15 Royalties				
16 Occupancy	29,484.	23,586.	2,949.	2,949.
17 Travel	9,711.	7,654.	408.	1,649.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	3,828.	2,871.		957.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	4,519.	2,259.	1,130.	1,130.
23 Insurance	3,368.	986.	2,259.	123.
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 <u>BAD DEBT</u>	67,000.			67,000.
b <u>AFFILIATION FEES</u>	34,660.	27,728.	3,466.	3,466.
c <u>MISCELLANEOUS</u>	3,312.	2,662.	325.	325.
d <u>PUBLIC SECTOR FEES</u>	2,872.	2,298.	287.	287.
e <u>MEMBERSHIP DUES</u>	818.	694.	62.	62.
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	2,578,642.	2,372,740.	92,133.	113,769.
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				

**COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES, NEBRASKA**

Form 990 (2008)

23-7162972 Page 11

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	132,269.	1	145.
	2 Savings and temporary cash investments	569,033.	2	631,726.
	3 Pledges and grants receivable, net	1,025,193.	3	1,355,116.
	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	33,468.		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	14,848.		
		22,163.	10c	18,620.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
15 Other assets. See Part IV, line 11	28,583.	15	29,328.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,777,241.	16	2,034,935.	
Liabilities	17 Accounts payable and accrued expenses	8,490.	17	15,661.
	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	973,818.	25	1,812,533.
	26 Total liabilities. Add lines 17 through 25	982,308.	26	1,828,194.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	109,435.	27	<553,895.>
	28 Temporarily restricted net assets	375,021.	28	440,499.
	29 Permanently restricted net assets	310,477.	29	320,137.
	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, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	794,933.	33	206,741.
	34 Total liabilities and net assets/fund balances	1,777,241.	34	2,034,935.

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990. ☐ 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 lines 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?		

Department of the Treasury
Internal Revenue Service

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	COMBINED HEALTH AGENCIES DRIVE COMMUNITY HEALTH CHARITIES, NEBRASKA
--------------------------	--

Employer identification number
23-7162972

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 a 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 the 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 to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f ☐ If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box

g ☐ Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(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?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

h ☐ Provide the following information about the organizations the organization supports.

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

[illegible]

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

Schedule A (Form 990 or 990-EZ) 2008

COMBINED HEALTH AGENCIES DRIVE

Schedule A (Form 990 or 990-EZ) 2008 **COMMUNITY HEALTH CHARITIES, NEBRASKA** 23-7162972 Page 2**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 any "unusual grants.")	681,543.	1969003.	2306350.	2280698.	2460234.	9697828.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 - 3	681,543.	1969003.	2306350.	2280698.	2460234.	9697828.
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)						
6 Public Support. Subtract line 5 from line 4						9697828.

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	681,543.	1969003.	2306350.	2280698.	2460234.	9697828.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,579.	21,205.	23,340.	22,182.	9,908.	87,214.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	11,075.	1,205.	575.	998.	745.	14,598.
11 Total support. Add lines 7 through 10						9799640.
12 Gross receipts from related activities, etc. (see instructions)					12	
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	98.96	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	94.50	%
16a 33 1/3% support test - 2008. If the organization did not check the box on line 13, and 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 ▶ ☐			

Schedule A (Form 990 or 990-EZ) 2008

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

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 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 year 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 from 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 in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ ☐						

Section C. Computation of Public Support Percentage

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 line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ▶ ☐

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

Schedule 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, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization **COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES, NEBRASKA**

Employer identification number
23-7162972

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		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
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?		☐ 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?		☐ 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)	☐ Preservation of an historically important land area
☐ Protection of natural habitat	☐ Preservation of certified historic structure
☐ Preservation of open space	

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 easements 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 section 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, 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:

- c Beginning balance
d Additions during the year
e Distributions during the year
f Ending balance

	Amount
1c	
1d	
1e	
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	339,458.				
b Contributions	8,915.				
c Investment earnings or losses	<66,427.>				
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	281,946.				

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

- a Board designated or quasi-endowment ☐ %
b Permanent endowment ☒ 100.00 %
c Term endowment ☐ %

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

- (i) unrelated organizations
(ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		31,337.	13,565.	17,772.
e Other		2,131.	1,283.	848.
Total. Add lines 1a-1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				18,620.

Schedule D (Form 990) 2008

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		
Total. (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

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

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
Total. (Column (b) 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 TO AGENCIES - DESIGNATED	1,090,862.
PAYABLE TO AGENCIES - UNDESIGNATED	721,671.
Total. (Column (b) should equal Form 990, Part X, col (B) line 25.) ▶	
	1,812,533.

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)	1	2,470,887.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,578,642.
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	<107,755.>
4	Net unrealized gains (losses) on investments	4	<69,160.>
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	<411,277.>
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	<480,437.>
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<588,192.>

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	857,624.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	<69,160.>
b	Donated services and use of facilities	2b	3,843.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	<65,317.>
3	Subtract line 2e from line 1	3	922,941.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,547,946.
c	Add lines 4a and 4b	4c	1,547,946.
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	2,470,887.

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

1	Total expenses and losses per audited financial statements	1	1,034,539.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	3,843.
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	3,843.
3	Subtract line 2e from line 1	3	1,030,696.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	1,547,946.
c	Add lines 4a and 4b	4c	1,547,946.
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	2,578,642.

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: CHC HOLDS ENDOWMENT FUNDS FOR SUPPORT OF ITS PROGRAMS

AND OPERATIONS.

PART X: IN JUNE 2006, THE FINANCIAL ACCOUNTING STANDARDS BOARD

("FASB") ISSUED FASB INTERPRETATION NO. 48 ("FIN 48"), ACCOUNTING FOR

UNCERTAINTY IN INCOME TAXES - AN INTERPRETATION OF FASB STATEMENT 109.

FIN 48 CLARIFIES THE ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES RECOGNIZED

IN AN ENTERPRISE'S FINANCIAL STATEMENTS IN ACCORDANCE WITH FASB STATEMENT

Part XIV Supplemental Information (continued)

NO. 109, ACCOUNTING FOR INCOME TAXES. FIN 48 PRESCRIBES A COMPREHENSIVE MODEL FOR RECOGNIZING, MEASURING, PRESENTING AND DISCLOSING IN THE FINANCIAL STATEMENTS TAX POSITIONS TAKEN, OR EXPECTED TO BE TAKEN, ON A TAX RETURN, INCLUDING POSITIONS THAT COMMUNITY HEALTH CHARITIES OF NEBRASKA IS EXEMPT FROM INCOME TAXES OR NOT SUBJECT TO INCOME TAXES ON UNRELATED BUSINESS INCOME. IF THERE ARE CHANGES IN NET ASSETS AS A RESULT OF THE APPLICATION OF FIN 48 THESE WILL BE ACCOUNTED FOR AS AN ADJUSTMENT TO THE OPENING BALANCE OF UNRESTRICTED NET ASSETS. ADDITIONAL DISCLOSURES ABOUT THE AMOUNTS OF SUCH LIABILITIES WILL ALSO BE REQUIRED.

COMMUNITY HEALTH CHARITIES OF NEBRASKA HAS ELECTED TO DEFER THE APPLICATION OF INTERPRETATION 48 IN ACCORDANCE WITH FASB STAFF POSITION ("FSP") FIN 48-3. THIS FSP DEFERS THE EFFECTIVE DATE OF INTERPRETATION 48 FOR NONPUBLIC ENTERPRISES, SUCH AS COMMUNITY HEALTH CHARITIES OF NEBRASKA, FOR FISCAL YEARS BEGINNING AFTER DECEMBER 15, 2008. COMMUNITY HEALTH CHARITIES OF NEBRASKA WILL BE REQUIRED TO ADOPT FIN 48 IN ITS 2010 ANNUAL FINANCIAL STATEMENTS. MANAGEMENT HAS NOT ASSESSED THE IMPACT OF FIN 48 ON ITS FINANCIAL POSITION AND RESULTS OF ACTIVITIES AND HAS NOT DETERMINED IF THE ADOPTION OF FIN 48 WILL HAVE A MATERIAL EFFECT ON ITS FINANCIAL STATEMENTS.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FAS 136 ADJUSTMENT: 1547946.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

FAS 136 ADJUSTMENT: 1547946.

**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.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2008

**Open to Public
Inspection**

Name of the organization	COMBINED HEALTH AGENCIES DRIVE COMMUNITY HEALTH CHARITIES, NEBRASKA	
Employer identification number	23-7162972	

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" 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
ALZHEIMER'S ASSOCIATION, GREAT PLAINS - 5601 S 27TH ST STE 201 - LINCOLN, NE 68512	48-0931989	501(C)(3)	75,892.	0.			GENERAL
ALZHEIMER'S ASSOCIATION, MIDLANDS CHAPTER - CENTER MALL 1941 S 42ND ST STE 205 - OMAHA, NE 68105	47-0648438	501(C)(3)	76,535.	0.			GENERAL
AMERICAN CANCER SOCIETY 1100 PENNSYLVANIA AVENUE KANSAS CITY, MO 64105	13-1788491	501(C)(3)	20,582.	0.			GENERAL
AMERICAN DIABETES ASSN OF NE 14216 DAYTON CIR STE 6 OMAHA, NE 68137	13-1623888	501(C)(3)	119,872.	0.			GENERAL
AMERICAN HEART ASSOCIATION 460 N LINDBERGH BLVD ST LOUIS, MO 63141	13-5613797	501(C)(3)	5,381.	0.			GENERAL
AMERICAN LUNG ASSN OF THE CENTRAL STATES - 8900 W DODGE RD STE 226 - OMAHA, NE 68114	43-0662525	501(C)(3)	45,700.	0.			GENERAL

2 Enter total number of section 501(c)(3) and government organizations **27.**

3 Enter total number of other organizations

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

Schedule I (Form 990) 2008

COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES, NEBRASKA

23-7162972

Page 2

Schedule I (Form 990) 2008

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

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

SCHEDULE I, PART I, LINE 2: FUNDS CONTRIBUTED BY DONORS IN WORKPLACE

CAMPAIGNS CONDUCTED BY OR IN PARTNERSHIP WITH CHC-NE ARE EITHER DESIGNATED OR UNDESIGNATED FOR SPECIFIC AGENCIES.

DESIGNATED FUNDS: AGENCIES ARE CREDITED WITH ALL SPECIFICALLY DESIGNATED

FUNDS. DESIGNATED FUNDS ARE DISTRIBUTED QUARTERLY (SEPTEMBER, DECEMBER,

MARCH AND JUNE) THE FISCAL YEAR FOLLOWING THE FISCAL YEAR IN WHICH THEY

WERE PLEDGED.

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

**COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES, NEBRASKA**

Employer identification number

23-7162972

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
ARTHRITIS FOUNDATION, NEBRASKA CHAPTER - 600 N 93RD ST STE 206 - OMAHA, NE 68114	47-0483544	501(C)(3)	77,908.	0.			GENERAL
BLAIR AREA COMMUNITY FOUNDATION 1646 WASHINGTON ST BLAIR, NE 68008	47-0825771	501(C)(3)	192,061.	0.			GENERAL
CONCORDIA LUTHERAN-TECHNOLOGY FUND 15656 FORT ST OMAHA, NE 68116.	91-1759397	501(C)(3)	5,052.	0.			GENERAL
CYSTIC FIBROSIS FOUNDATION, NE CHAPTER - 11917 PIERCE PLAZA - OMAHA, NE 68144	13-1930701	501(C)(3)	66,602.	0.			GENERAL
JUVENILE DIABETES RESEARCH FOUNDATION - 9202 WEST DODGE RD STE 304 - OMAHA, NE 68114	23-1907729	501(C)(3)	180,033.	0.			GENERAL
MARCH OF DIMES NEBRASKA CHAPTER 11840 NICHOLAS ST STE 220 OMAHA, NE 68154	13-1846366	501(C)(3)	62,921.	0.			GENERAL
MUSCULAR DYSTROPHY ASSOCIATION 4654 S 132ND ST OMAHA, NE 68137	13-1665552	501(C)(3)	19,873.	0.			GENERAL
NATIONAL MULTIPLE SCLEROSIS SOCIETY, NE CHAPTER - 328 S. 72ND ST - OMAHA, NE 68114	47-0439079	501(C)(3)	100,551.	0.			GENERAL

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

3 Enter total number of other organizations

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

**COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES, NEBRASKA**

Employer identification number

23-7162972

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
NEBRASKA AIDS PROJECT 139 S 40TH ST OMAHA, NE 68131	47-0786622	501(C)(3)	67,387.	0.			GENERAL
NEBRASKA HOSPICE & PALLIATIVE CARE PARTNERSHIP - 3900 N.W. 12TH ST, STE 100 - LINCOLN, NE 68521	47-0673727	501(C)(3)	36,754.	0.			GENERAL
NEBRASKA KIDNEY ASSOCIATION, INC. 11725 ARBOR ST STE 210 OMAHA, NE 68114	23-7225449	501(C)(3)	61,481.	0.			GENERAL
OMAHA CHRISTIAN ACADEMY 5612 L ST OMAHA, NE 68117	47-0708320	501(C)(3)	16,000.	0.			GENERAL
OPEN DOOR MISSION 2828 NORTH 23RD STREET EAST OMAHA, NE 68110	47-0411375	501(C)(3)	32,584.	0.			GENERAL
PREVENT BLINDNESS NEBRASKA 6818 GROVER ST STE 102 OMAHA, NE 68106	47-0539539	501(C)(3)	24,070.	0.			GENERAL
ST. JUDE'S CHILDREN'S HOSPITAL 1830 CRAIG PARK DR STE 105 ST LOUIS, MO 63146	35-1044585	501(C)(3)	18,550.	0.			GENERAL
SUSAN G KOMEN FOR THE CURE NEBRASKA - 8610 BRENTWOOD DRIVE #3 - LAVISTA, NE 68128	26-0056671	501(C)(3)	99,543.	0.			GENERAL
2 Enter total number of Section 501(c)(3) and government organizations							
3 Enter total number of other organizations							

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 **COMBINED HEALTH AGENCIES DRIVE**
COMMUNITY HEALTH CHARITIES, NEBRASKA

Employer identification number
23-7162972

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
THE ALS ASSN KEITH WORTHINGTON CHAPTER - 10730 PACIFIC ST STE 228 - OMAHA, NE 68114	48-1021611	501(C)(3)	46,158.	0.			GENERAL
THE LEUKEMIA & LYMPHOMA SOCIETY 10832 OLD MILL ROAD STE 2 OMAHA, NE 68154	13-5644916	501(C)(3)	96,668.	0.			GENERAL
UNITED CEREBRAL PALSY OF NEBRASKA 920 S. 107TH ST, STE 302 OMAHA, NE 68114	47-0534212	501(C)(3)	27,256.	0.			GENERAL
UNITED WAY OF GAGE COUNTY PO BOX 395 BEATRICE, NE 68310	47-6024389	501(C)(3)	5,557.	0.			GENERAL
UNITED WAY OF THE MIDLANDS 1805 HARNEY ST OMAHA, NE 68102	47-0376605	501(C)(3)	8,832.	0.			GENERAL

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

3 Enter total number of other organizations

832241 12-17-08 LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I-1 (Form 990) 2008

Part IV Supplemental Information

UNDESIGNATED FUNDS: THE UNDESIGNATED FUNDS, LESS EXPENSES ARE CREDITED TO EACH AGENCY IS BASED ON THE PERCENTAGE OF EACH AGENCY'S DESIGNATED FUNDS RELATIVE TO THE TOTAL OF ALL DESIGNATED FUNDS. THIS PERCENTAGE IS CALCULATED ANNUALLY AT THE END OF EVERY FISCAL YEAR FOR EACH AGENCY BY DIVIDING ITS DESIGNATED FUNDS BY THE TOTAL OF ALL DESIGNATED FUNDS FROM NON-FEDERAL CAMPAIGNS. UNDESIGNATED FUNDS ARE DISTRIBUTED FROM AVAILABLE COLLECTED RECEIVABLES ON THE LAST DAY OF EACH CALENDAR QUARTER (SEPTEMBER, DECEMBER, MARCH AND JUNE)

THE AGENCIES ARE ALL 501(C)(3) ORGANIZATIONS ORGANIZED IN THE UNITED STATES.

SCHEDULE J-2
(Form 990)

Department of the Treasury
Internal Revenue Service

Continuation Sheet for Form 990

▶ Attach to Form 990 to list additional information for Form 990, Part VII, Section A, line 1a.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the Organization

**COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES, NEBRASKA**

Employer identification number
23-7162972

Part I Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(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			
ROB REED DIRECTOR AT LARGE	1.00	X						0.	0.	0.
PETE RICKETTS DIRECTOR AT LARGE	1.00	X						0.	0.	0.
BRYAN ROBERTSON LINCOLN BOARD CHAIR	1.00	X						0.	0.	0.
CRAIG SALL DIRECTOR AT LARGE	1.00	X						0.	0.	0.
LEONARD SOMMER DIRECTOR AT LARGE	1.00	X						0.	0.	0.
LOREN STEENSON NATIONAL MULTIPLE SCLERO	1.00	X						0.	0.	0.
DAVID SWANSON MARCH OF DIMES REP	1.00	X						0.	0.	0.
DANIEL WHITE NAP REP	1.00	X						0.	0.	0.
BETH WHITED SUSAN G KOMEN FOR THE CU	1.00	X						0.	0.	0.
BARRY ZOOB DIRECTOR AT LARGE	1.00	X						0.	0.	0.
DOUG LAW CYSTIC FIBROSIS REP	1.00	X						0.	0.	0.
TERESA LAYTON DIRECTOR AT LARGE	1.00	X						0.	0.	0.
THOMAS MACY DIRECTOR AT LARGE	1.00	X						0.	0.	0.
LOLA MARTIN NEBRASKA KIDNEY ASSN. RE	1.00	X						0.	0.	0.
LORI MCCLURG DIRECTOR AT LARGE	1.00	X						0.	0.	0.
DEENIE MEYERSON DIRECTOR AT LARGE	1.00	X						0.	0.	0.
MICHELLE GROSSMAN PRESIDENT/CEO	40.00			X				71,757.	0.	14,940.
WENDY OHL DIRECTOR OF FIN & ADMIN	40.00			X				41,762.	0.	2,842.

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

COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES, NEBRASKA

Employer identification number
23-7162972

FORM 990, PART VI, SECTION A, LINE 10: A COPY OF THE 990 TAX RETURN WILL BE E-MAILED TO EACH BOARD MEMBER AND THERE WILL BE AN OPPORTUNITY TO ASK QUESTIONS AT THE NEXT BOARD MEETING FOLLOWING THE DISBURSEMENT OF THE DOCUMENT.

FORM 990, PART VI, SECTION B, LINE 12C: THE CONFLICT OF INTEREST POLICY IS RENEWED EACH YEAR AND BOARD MEMBERS ARE ASKED TO DISCLOSE POTENTIAL CONFLICTS. THE CEO MONITORS THESE WITH THE ASSISTANCE OF THE ADMINISTRATIVE ASSISTANT. IF A CONFLICT EXISTS FOR A BOARD MEMBER IT IS ADDRESSED.

FORM 990, PART VI, SECTION B, LINE 15: A PERSONNEL COMMITTEE REVIEWS THE CEO'S SALARY IN CONNECTION WITH AN ANNUAL PERFORMANCE EVALUATION. THE CEO REVIEWS THE STAFF PERFORMANCE AND SALARIES ON AN ANNUAL BASIS ALSO.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART XI, LINE 2C:
THE TREASURER OF THE BOARD IS THE CHAIRMAN OF THE FINANCE COMMITTEE. THE TREASURER ALONG WITH THE FINANCE COMMITTEE ASSUME RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT.

Application for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-1709

▶ File a separate application for each return.

- 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 990-T. 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 COMBINED HEALTH AGENCIES DRIVE COMMUNITY HEALTH CHARITIES, NEBRASKA	Employer identification number 23-7162972
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 7101 NEWPORT AVE, NO. 311	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OMAHA, NE 68152	

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

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 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 |

MICHELLE GROSSMAN

- The books are in the care of ▶ **7101 NEWPORT AVE, SUITE 311 - OMAHA, NE 68152**

Telephone No. ▶ **(402) 614-8500**

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.

- I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 16, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ ☐ calendar year _____ or▶ ☒ tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

- 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	\$
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	\$
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	\$ N/A

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 4-2009)

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

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

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

Part II		Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing the return See instructions	Name of Exempt Organization		Employer identification number
	COMBINED HEALTH AGENCIES DRIVE COMMUNITY HEALTH CHARITIES, NEBRASKA		23-7162972
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	7101 NEWPORT AVENUE, NO. 311		
	City, town or post office, state, and ZIP code For a foreign address, see instructions.		
	OMAHA, NE 68152		

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

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

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

WENDY OHL

- The books are in the care of ☒ **7101 NEWPORT AVENUE, SUITE 311 - OMAHA, NE 68152**

Telephone No. ☒ **402-514-8500**

FAX No. ☐

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

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

4 I request an additional 3-month extension of time until **MAY 17, 2010**

5 For calendar year ☐, or other tax year beginning **JUL 1, 2008**, and ending **JUN 30, 2009**

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

7 State in detail why you need the extension

ALL INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN IS NOT YET AVAILABLE.

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

Signature and Verification

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

Signature ☒ **Julie M. Wiman** Title ☒ **CPA**

Date ☒ **2-10-10**

Form **8868** (Rev. 4-2009)