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2008

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

SCANNED MAR 1 1 200

Short Form

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)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form
990 All other organizations with gross receipts less than \$1,000,000 and total assets
less than \$2,500,000 at the end of the year may use this form

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

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

Open to Public Inspection

A	For the 2008 calendar year, or tax year beginning Jul 1 , 2008, and ending Jun 30	, 2009
В	loi l	ployer identification number
H	Address change Please use IRS WEST POINT-BEEMER SCHOOLS FOUNDATION 26	5-1473273
\vdash	Name change label or	ephone number
X	Initial return type.	
\vdash	Termination See PO BOX 221 Specific City or town, state or country, and ZIP + 4	402) 372-5860
Ш		oup Exemption
Ш		mber ►
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts G Accounting method	X Cash Accrual
	must attach a completed Schedule A (Form 990 or 990-EZ). Other (specify) ►	
		he organization is not
1		Schedule B (Form 990.
		Scheddie B (Form 990,
	organization type (check only one) = [-5] 301(c) (3) - (mset no.) [4347(a)(1) on [327	
K	Check Lift the organization is not a section 509(a)(3) supporting organization and its gross receipts are normal	ally not more than
	\$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return	
L	Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990	-
	Instead of Form 990-EZ	►\$ 18,146.
Pa	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the Instru	ictions for Part I.)
	1 Contributions, gifts, grants, and similar amounts received	1 5,671.
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3
	'	
	4 Investment income	4 1,916.
	5a Gross amount from sale of assets other than inventory 5a	
	b Less. cost or other basis and sales expenses 5b	
R	c Gain or (loss) from sale of assets other than inventory (Subtract In 5b from In 5a) (att sch)	5c
REVERU	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here	
N	a Gross revenue (not including \$ 0. of contributions	
Ü	reported on line 1) [6a] 10,559.	
~	b Less direct expenses other than fundraising expenses 6b 6,778.	
	· · · · · · · · · · · · · · · · · · ·	6.0
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c 3,781.
	7a Gross sales of inventory, less returns and allowances 7a	
	b Less cost of goods sold 7b	1
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c
	8 Other revenue (describe ►)	8
	9 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 11,368.
	10 Grants and similar amounts paid (attach schedule)	
E	11 Benefits and confirme hers	11
X	I in I definited and an income of the first and in the contract of the contrac	12
E		13
EXPENSES	I and I de Albania and a second and a few frontess	14
E		15 230.
•	16 Other expenses Statement)	16 832.
		17 3,112.
		18 8,256.
Δ	, · · · · · · · · · · · · · · · · · · ·	0,230.
N S E E T	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	10
N S E E T	figure reported on prior year's return)	19
' T S	1 20 Other original or the desired of the desired o	20 154,254.
	21 Net assets or fund balances at end of year Combine lines 18 through 20	21 162,510.
Pa	art II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead	d of Form 990-EZ
	(See the instructions for Part II) (A) Beginning of year	
22		162,510.
	3 -1	
23		
24		1
25		25 162,510.
	Total liabilities (describe >)	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27 162,510.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

Form 990-EZ (2008) WEST POINT-BEEM	ER SCHOOLS FOUNDAT	TION	26	-147	3273 Page 2
Part III Statement of Program Ser	vice Accomplishments	(See the instruction	ons.)		Expenses
What is the organization's primary exempt purpose? SE	E ATTACHED				uired for 501(c)(3)
		ses. In a clear and con-	cise manner,	ànd (4) organizations and
Describe what was achieved in carrying out the describe the services provided, the number of provided in the number of pro	persons benefited, or other re	levant information for e	ach	4947	(a)(1) trusts, optional
program title				tor or	hers)
28 IN THE SHORT PERIOD OF 20					
TO GRADUATES OF WEST POIN	T BEEMER SCHOOLS	AND TO STAFF			
AT WEST POINT BEEMER SCHO	OOLS				I
	is amount includes foreign gra	ants check here		28 a	2,050.
	is an our metades for eight gre				
29					
	- 				
(Grants \$) If th	is amount includes foreign gra	ants, check here	▶ []	29 a	
30					
				20-	
	is amount includes foreign gra	ants, check here		30 a	
31 Other program services (attach schedule)			. —		
	is amount includes foreign gra	ants, check here	<u> </u>	31 a	
32 Total program service expenses (add lin	es 28a through 31a)		<u> </u>	32	2,050.
Part IV List of Officers, Directors,	Trustees, and Key Em	ployees. (List each o	ne even if not com	npensa	ated See the instrs)
	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
(a) Name and address	per week devoted	not paid, enter -0)	employee benefit plai	ns and	and other allowances
	to position		deferred compensa	ition	
GREG HARSTICK					
218 E WALNUT	PRES				
WEST POINT NE 68788	1.00	٥.		Ο.	
HAL WAGNER					
1702 F RD	V PRES	_		_	
WEST POINT NE 68788	1.00	0.		0.	
CINDY PETZ					
531 N LAMBRECHT	SEC		ł		
BEEMER NE 68788	1.00	٥.		Ο.	
ROBERT_FENSKE					
445 S BRUNER	TREAS			_	
WEST POINT NE 68788	1.00	0.		0.	
DALE LOFGREN					
338 S FARRAGUT	DIR				
WEST POINT NE 68788	1.00	٥.		0.	
					······································
SCOTT CASE					
517 E 13TH ST	DIR				
WEST POINT NE 68788	1.00	0.		0.	
STEVE BLOCHER					
820 E GRANT	DIR		1		
	1.00	0.		Ο.	
WEST POINT NE 68788		·		<u> </u>	
		<u> </u>	ļ. <u>.</u>		
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BAA	TEEA0812 (01/14/09			Form 990-EZ (2008)

TEEA0812 01/14/09

BAA

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	33		v
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	34		x
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T			
	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and			
	proxy tax requirements? b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 a 35 b		X
	Was there a liquidation, dissolution, termination, or substantial contraction during the year?	-555		
	If 'Yes,' complete applicable parts of Schedule N	36		<u>x</u>
	a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year?	37 ь		x
	a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38 a		х
	b If 'Yes,' complete Schedule L, Part II and enter the total			
39	amount involved 501(c)(7) organizations Enter	-		
	a Initiation fees and capital contributions included on line 9			
	b Gross receipts, included on line 9, for public use of club facilities 39b			
40	a 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► , section 4912 ► , section 4955 ►			
	b 501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' complete Schedule L, Part I	40ь		<u>x</u>
	c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
	d Enter amount of tax on line 40c reimbursed by the organization	_		
	e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T List the states with which a copy of this return is filed. ►	40 e	-	x
42	a The books are in care of ► ROBERT FENSKE Telephone no ► (402)		- 300	<u></u>
	Located at > 445 S BRUNER WEST POINT NE ZIP + 4 > 68788	'		
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country	42 b	Yes	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of a Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U S? If 'Yes,' enter the name of the foreign country	42 c		<u>x</u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year		<u> </u>	
			Yes	No
44	of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45		х
BA		orm 99 0	-EZ (2008)

Form 990-EZ (2008) WEST POINT-BEEMER SCHOOLS FOUNDATION Page 4 Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 and complete the tables for lines 50 and 51. Yes No 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 46 46 Х 47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II X Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 48 х 49 a Did the organization make any transfers to an exempt non-charitable related organization? 49 a Х b If 'Yes,' was the related organization(s) a section 527 organization? 49b Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None' (b) Title and average (c) Compensation (d) Contributions to employee (e) Expense (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position benefit plans and deferred compensation account and other allowances NONE Total number of other employees paid over \$100,000 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation NONE Total number of other independent contractors receiving over \$100,000 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. 2-16-10 Sign Signature of officer Here Type or print name and title Preparer's Identifying Number (See instructions) Check if self 15-2010 Preparer's signature Paid employed Pre-

EIN

Phone no

No

Yes Form 990-EZ (2008)

68788-0065

TOELLE PC

MORROW DAVIES &

May the IRS discuss this return with the preparer shown above? See instructions

PO BOX 65

WEST POINT

Firm's name (or

vours if self-

employed), address, and ZIP + 4

parer's

Use

Only

BAA

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545 0047 2008

Department of the Treasury Internal Revenue Service
Name of the organization

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

Open to Public Inspection

Employer identification number

	_		SCHOOLS FOUND							<u> 173273</u>			
Part	<u> </u>	Reason for Public Charity Status (All organizations must complete this part.) (see instructions)											
he o	rga	nization is not a priv	ate foundation becaus	e it is (Please check onl	y one oi	ganızat	ion)						
1		A church, convention	on of churches or asso	ciation of churches descr	ibed in s	section	170(b)(1)(A)(i).					
2	П	A school described	in section 170(b)(1)(A	(Attach Schedule E)								
3				organization described in		n 170(b)	(1)(A)(ii). (Atta	ch Sche	dule H)			
4	П	,	•	I in conjunction with a ho				•		•	r the hospi	tal's	
	_	name, city, and stat	· ·					•••••	-/(-/(/	,			
5			erated for the benefit of	of a college or university of	owned o	r operat	ed by a	governr	nental u	nit descr	ibed in sec	tion	
6		A federal, state, or	local government or g	overnmental unit describe	ed in sec	ction 17	0(b)(1)(A	۹)(v).					
7	An organization that normally receives a substantial part of its support from a governmental unit or from the general public defining section 170(b)(1)(A)(vi). (Complete Part II)										escribe	ed	
8	Ш	A community trust of	described in section 1 3	70(b)(1)(A)(vi). (Complete	Part II)							
9		from activities relate investment income	ed to its exempt functi	I) more than 33-1/3 % of ons — subject to certain on taxable income (less separate) Part III)	exceptio	ns, and	(2) no n	nore tha	ın 33-1/3	3 % of its	s support fr	om gro	İSS
10	\Box	An organization org	anized and operated e	exclusively to test for pub	lic safety	y See s	ection 5	09(a)(4)). (see i	nstructio	ns)		
11		more publicly suppo	on organized and operated exclusively to test for public safety. See section on organized and operated exclusively for the benefit of, to perform the function supported organizations described in section 509(a)(1) or section 509(a)(2) type of supporting organization and complete lines 11e through 11h		09(a)(2)	ions of, See s e	or carry ection 50	out the 09(a)(3).	purposes o Check the	f one o box th	or nat		
		a Type I	b Type II	c 🗌 Type III	- Func	tionally	ıntegrate	ed		d 📙	Type III-	Other	
е		By checking this both than foundation mai 509(a)(2)	x, I certify that the org nagers and other than	anization is not controlled one or more publicly sup	d directly ported o	y or indi organiza	rectly by itions de	one or scribed	more di in sectio	isqualifie on 509(a	d persons)(1) or sect	other	
f		If the organization r check this box	eceived a written dete	rmination from the IRS th	nat is a	Гуре І, Т	ype II o	r Type I	ll suppo	rting org	anızatıon,		
g		Since August 17, 20	006, has the organizat	ion accepted any gift or	contribu	tion fron	n any of	the follo	owing pe	ersons?			
												Yes	No
		below, the gov	verning body of the su		gether v	vith pers	ons des	cribed i	n (II) an	d (III)	11 g (i)		
		• •	ber of a person descr	• • • • • • • • • • • • • • • • • • • •							11 g (II)	— -∤	
		(iii) a 35% control	led entity of a person	described in (i) or (ii) abo	ove?						11 g (iii)		
<u>h</u>		Provide the following	g information about th	e organizations the organ	nization	support	3						
	(i	i) Name of Supported Organization	(ii) EIN	(III) Type of organization (described on lines 1-9 above or IRC section (see instructions))	organizat (i) listed gove	s the ion in col I in your rning ment?		ization in	(vi) I organizati (i) organiz U S	on in col	(vii) Amoun	t of Sup	port
					Yes	No	Yes	No	Yes	No			_
													
										<u> </u>			
otal													

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

Schedule A (Form 990 or 990-EZ) 2008

	dule A (Form 990 or 990-EZ) 200			SCHOOLS FOU		26-14/32/3	Page 2
Pai	t II Support Schedule for	_			(b)(1)(A)(iv) ar	nd 170(b)(1)(A)(v	vi)
Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Part	1)			
	ndar year (or fiscal year		I			I	
begi	nning 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	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
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						
4	Total. Add lines 1-3						
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		S	`, ` ;		*	
Sec	tion B. Total Support	<u> </u>		<u></u>	I	<u> </u>	
Cale	ndar year (or fiscal year nning in) ►	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
9	Net income form unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	,	, .				
12	Gross receipts from related activ	ities, etc (see ins	structions)			12	
13	First five years. If the Form 990 organization, check this box and		ation's first, secon	d, third, fourth, or	fifth tax year as	a section 501(c)(3)	▶ □
Sec	tion C. Computation of Pu	blic Support P	Percentage_				
	Public support percentage for 20	•		e 11, column (f)		14	<u>%</u>
	Public support percentage for 20					15	%_
16 :	a 33-1/3 support test — 2008. If the and stop here. The organization	e organization did qualifies as a pub	not check the box blicly supported or	on line 13, and t ganization	the line 14 is 33-1	/3 % or more, chec	k this box ►
1	33-1/3 support test – 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box of licly supported or	on line 13, or 16a, ganization	and line 15 is 33	-1/3% or more, ched	ck this box
17 :	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts a	nd-circumstances	' test, check this b	oox and stop here	. Explain in Part IV	0% how ► □
1	o 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	nd-circumstances	' test, check this b	oox and stop here	Explain in Part IV	5 is 10% how the ► ∏

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 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants') 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 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 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, rovalties 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 Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 13 Total support. (add Ins 9, 10c, 11, and 12) 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 Section D. Computation of Investment Income Percentage 17 % Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) 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

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

Schedule A	(Form 990 or	990-EZ) 2008	WEST	POINT-BEEM	ER SCHOOL	S FOUNDATION	26-1473273	Page 4
Part IV	Suppleme Part II, line	ntal Informa e 17a or 17b	ition. Co o; or Par	mplete this pate	art to provide rovide any o	the explanation	n required by Part II, line information. (see instruction	10; ions)
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WEST POINT-BEEMER SCHOOLS FOUNDATION	26-1473273	
Form 990-EZ, Part I, Line 16 Other Expenses Statement		
Other expenses (describe) EXEMPT ORG FEE NE OCCUPATION TAX BANK CHARGES	750. 40. 42.	
Total	832.	
Form 990-EZ, Page 1, Part I, Line 20 Other Changes in Net Assets or Fund Balances		· 10
Description		Amount

154,254.

154,254.

TRANSFER FROM WEST POINT SCHOOLS FOUNDATION

Total

Additional Information For Tax Return

WEST POINT-BEEMER SCHOOLS FOUNDATION

26-1473273

Form 990-EZ: Exempt purpose

THE WEST POINT-BEEMER SCHOOLS FOUNDATION PROVIDES SUPPORT TO THE WEST POINT BEEMER SCHOOLS LOCATED IN WEST POINT AND BEEMER NEBRASKA