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Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2008

**Open to Public
Inspection**
Department of the Treasury
Internal Revenue Service

- 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.

A For the 2008 calendar year, or tax year beginning

07-01, 2008, and ending

06-30, 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
Instruc-
tions.**C** Name of organization

MID-PLAINS UNITED WAY, INC

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

PO BOX 172

City or town, state or country, and ZIP + 4

NORTH PLATTE, NE 69103-0172

D Employer identification number

47-0525576

E Telephone number

(308) 532-8870

F Group Exemption

Number . . . ►

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

G Accounting method: ☐ Cash ☒ Accrual
Other (specify) ►

I Website: ► www.unitedwaynorthplatte.org**J** Organization type (check only one) - ☒ 501(c) (3) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

H Check ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

K Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **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 ► \$ **237,449**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

R e v e n u e	1	Contributions, gifts, grants, and similar amounts received	1	231,235
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	5,865
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less: cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b	Less direct expenses other than fundraising expenses	6b	
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ► STM141)	8	349	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	237,449	
E x p e n s e s	10	Grants and similar amounts paid (attach schedule) STM122	10	190,421
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	48,589
	13	Professional fees and other payments to independent contractors	13	2,110
	14	Occupancy, rent, utilities, and maintenance	14	3,485
	15	Printing, publications, postage, and shipping	15	1,066
	16	Other expenses (describe ► STM130)	16	18,544
	17	Total expenses. Add lines 10 through 16	17	264,215
A s s e t s	18	Excess of deductions for this year (Subtract line 17 from line 9)	18	(26,766)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	411,948
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	385,182

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	354,871	347,803
23 Land and buildings		
24 Other assets (describe ► STM131)	58,733	39,069
25 Total assets	413,604	386,872
26 Total liabilities (describe ► STM132)	1,656	1,690
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	411,948	385,182

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

EEA

Form 990-EZ (2008)

SCANNED FEB 10 2010

5-8

25

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? **COLLECT DONATIONS FOR NONPROFITS ORGS**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

Expenses

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)

28 SEE STATEMENT 1

(Grants \$) If this amount includes foreign grants, check here ☐ **28a** **213,609**

29

(Grants \$) If this amount includes foreign grants, check here ☐ **29a**

30

(Grants \$) If this amount includes foreign grants, check here ☐ **30a**

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here ☐ **31a**

32 Total program service expenses (add lines 28a through 31a)**32** **213,609****Part IV** List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
GINNY MARTIN PO BOX 172 NORTH PLATTE NE, 69103-0172	EXEC DIRECTOR 40	39,489	0	420
SANDEE KROON PO BOX 172 NORTH PLATTE NE, 69103-0172	ADM ASSISTANT 20	9,100	0	388
JEN WINDER PO BOX 172 NORTH PLATTE NE, 69103-0172	PRESIDENT 1	0	0	0
ROB DERBYSHIRE PO BOX 172 NORTH PLATTE NE, 69103-0172	PRES ELECT 1	0	0	0
MITCHELL KORF PO BOX 172 NORTH PLATTE NE, 69103-0172	VICE PRES 1	0	0	0
MIKE NOZICKA PO BOX 172 NORTH PLATTE NE, 69103-0172	SECRETARY 1	0	0	0
TROY BRANDT PO BOX 172 NORTH PLATTE NE, 69103-0172	TREASURER 1	0	0	0
CELINE SAWYER PO BOX 172 NORTH PLATTE NE, 69103-0172	CFO 1	0	0	0
PATRICIA DANNATT PO BOX 172 NORTH PLATTE NE, 69103-0172	DIRECTOR 1	0	0	0
CHRIS FRAME PO BOX 172 NORTH PLATTE NE, 69103-0172	DIRECTOR 1	0	0	0
GRANT KEELER PO BOX 172 NORTH PLATTE NE, 69103-0172	DIRECTOR 1	0	0	0
DON LAKEY PO BOX 172 NORTH PLATTE NE, 69103-0172	DIRECTOR 1	0	0	0
STELLA LARREAU PO BOX 172 NORTH PLATTE NE, 69103-0172	DIRECTOR 1	0	0	0
BOB PEAL PO BOX 172 NORTH PLATTE NE, 69103-0172	DIRECTOR 1	0	0	0
JACK PRICE PO BOX 172 NORTH PLATTE NE, 69103-0172	DIRECTOR 1	0	0	0
REV TOM WILES PO BOX 172 NORTH PLATTE NE, 69103-0172	DIRECTOR 1	0	0	0
GRETCHEN SWIFT PO BOX 172 NORTH PLATTE NE, 69103-0172	DIRECTOR 1	0	0	0
TRAVIS TYSDAL PO BOX 172 NORTH PLATTE NE, 69103-0172	DIRECTOR 1	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part VI.)

	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		X
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		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 section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38 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?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 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.		X
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		X
41 List the states with which a copy of this return is filed. ▶		
42 a The books are in care of ▶ Ginny Martin Telephone no. ▶ 308-532-8870 Located at ▶ 315 N Dewey North Platte, NE ZIP + 4 ▶ 69103		
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)?		X
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 .		
c At any time during the calendar year, did the organization maintain an office outside of the U S ?		X
If "Yes," enter the name of the foreign country: ▶		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		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		X

Part VI 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
46 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		X
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		X
48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
49 a Did the organization make any transfers to an exempt non-charitable related organization?		X
49 b If "Yes," was the related organization(s) a section 527 organization?		

50 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"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				
Total number of other employees paid over \$100,000				

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are 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 each 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.

Sign Here

Signature of officer: Robert A. Debbyshire Date: 1/14/10

Type or print name and title: Robert A. Debbyshire

Paid Preparer's Use Only

Preparer's signature: Robert J. Thayer CPA Date: 1/13/10 Check if self-employed: ☐

Firm's name (or yours if self-employed), address, and ZIP + 4: RJ Meyer & Associates, LLC
PO Box 948
North Platte, NE 69103-0948

Preparer's Identifying No. (See inst.): EIN: Phone no: 308-534-7655

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

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.")	266,854	202,300	251,281	270,748	231,235	1,222,418
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	266,854	202,300	251,281	270,748	231,235	1,222,418
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						1,222,418

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	266,854	202,300	251,281	270,748	231,235	1,222,418
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,697	5,835	5,610	10,116	5,865	31,123
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.)					349	349
11 Total support. Add lines 7 through 10						1,253,890
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	97.49	%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	69.95	%
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			<input checked="" type="checkbox"/>
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			<input type="checkbox"/>
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			<input type="checkbox"/>
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			<input type="checkbox"/>
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			<input type="checkbox"/>

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 ▶ <input type="checkbox"/>						

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 ▶ ☐

STATEMENT #1

Mid Plains United Way

#47-0525576

Form 990, Part IIIa – Statement of Program Service Accomplishments:

Mid-Plains United Way...is our community organization that provides an opportunity for you to get involved and help local people in need. Mid-Plains United Way cares about what matters to all of us. We recognize that **Children, Families** and our **Community** are an important investment in building healthier, safer futures.

Mid-Plains United Way is a community impact organization which invests donor dollars in the areas of greatest need in the community. This is achieved by a network of community volunteers who, in coordination with Mid-Plains United Way staff, determine where the greatest need is, and how to invest dollars in the most efficient and effective manner possible to ensure good results for the entire community.

Mid-Plains United Way helps 11 great agencies that do some amazing things for our community. They are: American Red Cross, Community Action Partnership of Mid-Nebraska – Utilities, Guiding Star Girl Scouts, The Connection, Lutheran Family Services, North Platte Community Child Care, North Platte Opportunity Center, North Platte Senior Center, Rape and Domestic Abuse Program and The Salvation Army. Mid-Plains United Ways funding goes to specific programs of these service providers and does not fund agency budget deficits.

The Mid-Plains United Way Board of Trustees holds the service providers responsible for achieving specific results, and ensures through a system of accountability measures that programs are reaching planned results. We also expect the service providers to collaborate so as to provide better service-delivery, as well as to maximize efficiency.

Your investment in Mid-Plains United Way will help ensure funded services are available to everyone in need in our community. Your support helps to change lives in positive ways. Mid-Plains United Way and you, together, we can bring about changes that matter to all of us.

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 10 Grants and Similar Amounts Paid Schedule

Statement #122

		<u>Amount</u>	<u>Relationship</u>
Activity	AGENCY ALLOCATION	22,500	AGENCY
Grantee	AMERICAN RED CROSS		
Address	1111 S COTTONWOOD		
	NORTH PLATTE NE 69101		
Activity	AGENCY ALLOCATION	23,000	AGENCY
Grantee	LINCOLN COUNTY COMMUNITY SERVICES		
Address	511 N JEFFERS		
	NORTH PLATTE NE 69101		
Activity	AGENCY ALLOCATION	500	AGENCY
Grantee	GIRL SCOUTS		
Address	302 WEST D		
	OGALLALA NE 69153		
Activity	AGENCY ALLOCATION	6,000	AGENCY
Grantee	BOYS & GIRLS CLUB OF LINCOLN COUNTY		
Address	415 CHESTNUT		
	NORTH PLATTE NE 69101		
Activity	AGENCY ALLOCATION	25,000	AGENCY
Grantee	LUTHERAN FAMILY SERVICES		
Address	120 E 12TH		
	NORTH PLATTE NE 69101		
Activity	AGENCY ALLOCATION	25,000	AGENCY
Grantee	NORTH PLATTE COMMUNITY DAYCARE		
Address	1210 S ASH		
	NORTH PLATTE NE 69101		
	Total	<u>102,000</u>	

Federal Supporting Statements

2008

Name(s) as shown on return

FEIN

Form 990EZ, Part I, Line 10 Grants and Similar Amounts Paid Schedule

Statement #122

		<u>Amount</u>	<u>Relationship</u>
Activity	AGENCY ALLOCATION	14,250	AGENCY
Grantee	NORTH PLATTE OPORTUNITY CENTER		
Address	501 N BRYAN		
	NORTH PLATTE NE 69101		
Activity	AGENCY ALLOCATION	16,000	AGENCY
Grantee	NORTH PLATTE SENIOR CENTER		
Address	900 E 10TH		
	NORTH PLATTE NE 69101		
Activity	AGENCY ALLOCATION	31,000	AGENCY
Grantee	SALVATION ARMY		
Address	1020 NORTH ADAMS		
	NORTH PLATTE NE 69101		
Activity	AGENCY ALLOCATION	4,500	AGENCY
Grantee	HEAD START		
Address	920 E 11TH		
	NORTH PLATTE NE 69101		
Activity	AGENCY ALLOCATION	15,500	AGENCY
Grantee	RAPE & DOMESTIC ABUSE PROGRAM		
Address	101 S CHESTNUT		
	NORTH PLATTE NE 69101		
Activity	AGENCY ALLOCATION	7,000	AGENCY
Grantee	COMMUNITY ACTION UTILITIES		
Address	900 E 10TH		
	NORTH PLATTE NE 69101		
	Total	<u>88,250</u>	

Federal Supporting Statements**2008**

Name(s) as shown on return

FEIN

**Form 990EZ, Part I, Line 10
Grants and Similar Amounts Paid Schedule**

Statement #122

Activity	BOARD DESIGNATION	<u>Amount</u>	<u>Relationship</u>
Grantee	BOY SCOUTS	171	NON-AGENCY
Address	I-80 & S HWY 83		
	NORTH PLATTE NE 69101		
	Total	<u>171</u>	

**Form 990EZ, Part I, Line 16
Other Expenses Schedule 2**

<u>Description</u>	<u>Amount</u>
MINI GRANTS	65
TELEPHONE	1,854
PAYROLL TAXES	3,146
INSURANCE	1,699
NATIONAL DUES UW OF AMERICA	2,191
OFFICE	3,080
CAMPAIGN	4,320
EQUIPMENT REPAIRS	373
TRAVEL	917
DEPRECIATION	899
Total	<u>18,544</u>

**Form 990EZ, Part II, Line 24
Other Assets Schedule 3**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
EQUIPMENT	2,246	1,347
PLEDGES RECEIVABLE, NET	55,021	35,720
PREPAID EXPENSE	1,466	2,002
Total	<u>58,733</u>	<u>39,069</u>

Federal Supporting Statements**2008**

Name(s) as shown on return

FEIN

**Form 990EZ, Part II, Line 26
Other Liabilities Schedule 3**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
ACCOUNTS PAYABLE	<u>1,656</u>	<u>1,690</u>
Total	<u><u>1,656</u></u>	<u><u>1,690</u></u>

**Form 990EZ, Part I, Line 8
Other Revenues Schedule 2**

<u>Description</u>	<u>Amount</u>
MISCELLANEOUS	<u>349</u>
Total	<u><u>349</u></u>

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions.

▶ Attach to your tax return.

2008

Attachment
Sequence No. 67

Name(s) shown on return

Business or activity to which this form relates

Identifying number

MID-PLAINS UNITED WAY, INC

FORM 990 - 1

47-0525576

Part I Election To Expense Certain Property Under Section 179**Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount See the instructions for a higher limit for certain businesses	1	
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7	Listed property Enter the amount from line 29	7
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8
9	Tentative deduction. Enter the smaller of line 5 or line 8	9
10	Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12
13	Carryover of disallowed deduction to 2009. Add lines 9 and 10, less line 12 . ▶	13

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	899

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2008	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		

Section B - Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only-see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year			40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	899
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

EEA

Form 4562 (2008)

**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 ☒
- 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 File by the due date for filing your return. See instructions.	Name of Exempt Organization MID-PLAINS UNITED WAY, INC	Employer identification number 47-0525576
	Number, street, and room or suite no. If a P O box, see instructions. PO BOX 172	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NORTH PLATTE, NE 69103-0172	

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

- | | | |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► **Ginny Martin 315 N Dewey North Platte, NE 69103**

Telephone No. ► **308-532-8870**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **02-16**, 20 **10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☐ calendar year 20__ or
- ☒ tax year beginning **07-01**, 20 **08**, and ending **06-30**, 20 **09**.

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

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
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	\$

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.

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

EEA

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