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Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047 **2008**

11161	TIAI Nevellus	e Service	The organization in	ay llave to use a co	opy of tills retu	iii to satis	siy state rep	ording require	ments.	inspection			
<u>A</u>	For the 20	08 calenda	ear, or tax year beginning	1/01/09	, and ending	9/	<u>/30/09</u>						
В	Check if applic			RASKA CIT	Y TOURI	SM &			D Empl	oyer identification number			
Ш	Address chang	ige use l	I CUIVE	MERCE, IN	C								
П	Name change		1 a a .						47	-0248471			
一	•	type	Number and street (or P O box if m	ail is not delivered to stree	et address)			Room/suite	E Telephone number				
님	Initial return	Sec	PO BOX 39						40	2-873-6654			
Ш	Termination	Spec Instr	1 04 - 4 - 4 - 4 - 4	and ZIP + 4	,			*	G Gross red				
	Amended retu		NEBRASKA CIT	Y	NE 68	410			<u> </u>	οιρίο ψ			
一	Application per	F N	e and address of principal officer	•	· · · · · · · · · · · · · · · · · · ·	•			H(a) is this	s a group return for			
ш	rippiioduoir pei	, iding							affilia				
									H(b) Are a	Il affiliates			
										o," attach a list (see instructions)			
ī	Tax-exempt	t status	501(c) (6) ◀ (insert	no.) 4947(a)	(1) or	527			1	, state and (see modeled)			
	Website:		NEBRASKACITY.CO		1,			~	H(c) Grow	p exemption number			
ĸ	Type of organ	nization X	rporation Trust Association	on Other ►			L Yea	ar of formation 1	955	M State of legal domicile NE			
P	art I	Summ	ry										
	1 Brie		he organization's mission or m	ost significant activ	vities:	-							
4	1	-	N OF TOURISM, BUS	•		HISTO	RY IN	THE COMM	עדותו	ਸਟ			
2			CITY, NE							<i>.</i>			
na			0111, 111										
Ve	2 Che	eck this box	If the organization dis	continued its opera	itions or dispos	ad of ma	ro than 250/	of its seests					
ၓ			members of the governing be			ea oi moi	ie ulali 25%	or its assets.	I 1	l 11			
ර	1			* *	•				3	11			
itie	1		endent voting members of the employees (Part V, line 2a)	governing body (F	rart vi, line 1b)				4	3			
Activities & Governance			employees (Part V, line 2a) volunteers (estimate if necess						5				
ĕ	1			6	45								
			ated business revenue from F						7a	-649			
_	D Mer	unrelated	siness taxable income from Fo	orm 990-1, line 34		8		Prior Ye	7b	- 649 Current Year			
	8 Con	ntributions :	d grants (Part VIII, line 1h)	S JAN	19 2010	80-8	<u> </u>	-	1,801	75,836			
Revenue	l	gram servi		6,783	38,231								
Ϋ́	1	_	ne (Part VIII, column (A), lines		234	148							
8	11 Oth	er revenue	Part VIII, column (A), lines 5, 6	d ac ac MGD	EN, UI			2	3,127	44,003			
	12 Tota	al revenue	add lines 8 through 11 (must e	qual Part VIII, colu	mn (Δ) line 12	١			1,945	158,218			
		al revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1 nts and similar amounts paid (Part IX, column (A), lines 1-3)								1,000			
	l		or for members (Part IX, colum						1,500				
a .a	l		ompensation, employee benef	8	8,865	77,339							
Expenses	ı		draising fees (Part IX, column		, (, t),	٠,			0/000	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
96	1		expenses (Part IX, column (D	• • •		5,82	,, F						
M M	ŀ		(Part IX, column (A), lines 11a	•	•	3,0 2	''	9	5,505	43,776			
i)	•	Add lines 13-17 (must equal F	•	line 25)				5,870	122,115			
l	I .	•	penses Subtract line 18 from						3,925	36,103			
. 6 S	10 1101	101100 1000	ponoco cubudo into to itom				****	Beginning		End of Year			
Net Assets or Fund Balances	20 Tota	al assets (f	rt X, line 16)					2	1,273	52,565			
d Ba	21 Tota	al liabilities	art X, line 26)					3	0,511	25,700			
S.E	22 Net	assets or	nd balances. Subtract line 21 fi	rom line 20				_	9,238	26,865			
	art II	Signa	re Block										
			ties of penury, I declare that I have	examined this return	. including accom	npanying so	chedules and	statements, and	to the best	of my knowledge			
		and belie	is true, correct, and complete De	claration of preparer to	other than officer) is based o	on all informat	tion of which pre	parer has ar	ny knowledge			
Sig	ın	l N X	M/h/l /	1250	7				\ /-	12-10			
He		Sign	ire of officer						Date	· · · · · · · · · · · · · · · · · · ·			
	. •		RK EASTER			Ţ	PRESID	ENT	1 50.0	•			
		 \	r print name and title										
		†	<u> </u>			1	Date	Check	ıf	Preparer's identifying number			
Pai	id	Preparer		_ CPA		-	Date	setf-	. Г	(see instructions)			
	eparer's	signature			A OTTE	L	1/05	/10 emplo		P00281267			
	e Only	1	e (or yours VANDERV			LC C			EIN	▶ 47-0822363			
	,	ıf self-em					TREET		Phone	400 000 6000			
		address,		A CITY, N		0-003	39		no				
May	the IRS d	discuss this	turn with the preparer shown	above? (see instru	ctions)					Yes No			

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2008)

	NEBRASKA CITY TOU)248471	Page 2
		ice Accomplishments (see instructio	ns)	
PROMOT	scribe the organization's mission ION OF TOURISM, BU KA CITY, NE	SINESS, INDUSTRY AND HI	STORY IN THE COMM	UNITY OF
the prior F	ganization undertake any significant Form 990 or 990-EZ? Jescribe these new services on Schei	program services during the year which were no	t listed on	Yes X No
services? If "Yes," d Describe t Section 50	lescribe these changes on Schedule the exempt purpose achievements fo 01(c)(3) and 501(c)(4) organizations	e significant changes in how it conducts, any pro Our each of the organization's three largest progra and section 4947(a)(1) trusts are required to rep evenue, if any, for each program service reporte	m services by expenses ort the amount of grants and	☐ Yes ☒ No
)(Expenses \$ S PROMOTIONAL EVEN RY AND HISTORY IN	99,676 including grants of \$ ITS TO SUPPORT TOURISM, THE COMMUNITY.	1,000)(Revenue \$BUSINESS,)
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code) (Expenses \$	including grants of \$) (Revenue \$)
	gram senuces (Describe in Schedule			

) (Revenue \$

99, 676 (Must equal Part IX, Line 25, column (B))

including grants of \$

Form **990** (2008)

4e Total program service expenses ▶ \$

Form 990 (2008) NEBRASKA CITY TOURISM & 47-0248471 Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1_		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			
_	Schedule C, Part II	4_		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete	_		.,
-	Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		\ , ,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			v
9	complete Schedule D, Part III	8		_X_
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		v
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	1.0		_^_
• •	Parts VI, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return	—	- 23	
	that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Χ
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			
	Schedule J	23	_X_	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			1,7
	24b-24d and complete Schedule K If "No," go to question 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	l		
_	to defease any tax-exempt bonds?	24c		
d 250	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes " complete Schodule I. Bert I.	25-		
b	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
U	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified	256		
26	person from a prior year? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	25b		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or	20		
	substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		Х
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Form 990 (2008) NEBRASKA CITY TOURISM &

, Pi	art 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			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or			
	employee), or an indirect business relationship through ownership of more than 35% in another entity			
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,			
	Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes,"			
	complete Schedule L, Part IV	_28b		X
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a			
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		ļ '	
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	!		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Χ
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	<u></u>	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		Χ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part			

Form **990** (2008)

VI

Form 990 (2008) NEBRASKA CITY TOURISM & 4

Part V Statements Regarding Other IRS Filings and Tax Compliance

Pa	t V Statements Regarding Other IRS Finings and Tax Compliance				
	The state of the s	,	\vdash	Yes	No_
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	40 1			
L	U.S. Information Returns. Enter -0- if not applicable	1a 1 1b 0			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable	4.		X
a -	gaming (gambling) winnings to prize winners?	!	1c		
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	2a 3			
L	Statements, filed for the calendar year ending with or within the year covered by this return If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Х	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	13.		-13	
	instructions)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	l hv			
Ja	this return?		3a		Χ
h	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority	"		
44	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account.)				
	account)?		4a		Χ
h	If "Yes," enter the name of the foreign country		1		
•	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign I	Rank			
	and Financial Accounts	Julii V			
52	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 transact	tion?	5b		X
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity				
Ŭ	Regarding Prohibited Tax Shelter Transaction?		5c		
6a	Did the organization solicit any contributions that were not tax deductible?		6a		X
	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			
-	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s			
	required to file Form 8282?		7c		_X_
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal			
	benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as			
	required?		7h		X
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 501(c)(3) and 501(c)(3) and 501(c)(3) and 501(c)(3) and 501(c)(4) and 5	ion			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a spon	soring			
	organization, have excess business holdings at any time during the year?		8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		<u>9a</u>	ļ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter				
а	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	1 1			
а	Gross income from members or shareholders	11a	4		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	l l			
	amounts due or received from them)	[11b]	1,	1	Ì
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l I	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	<u></u>	990	(2008)
			FOIT		(2000)

Form 990 (2008) NEBRASKA CITY TOURISM & 47-0248471 Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions 1a Enter the number of voting members of the governing body 11 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 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following The governing body? 8a X Each committee with authority to act on behalf of the governing body? b 8ь Does the organization have local chapters, branches, or affiliates? 9a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations Χ must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 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 Χ Section B. Policies Yes No Does the organization have a written conflict of interest policy? If "No." go to line 13 12a Χ b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 14 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? Χ 15a b Other officers or key employees of the organization? 15b Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Х 16a 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 Section 6104 requires an organization to make its Form 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 X Upon request 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 State the name, physical address, and telephone number of the person who possesses the books and records of the

806 1ST AVENUE

NE 68410

NEBRASKA CITY

organization ▶ NC TOURISM & COMMERCE, INC

402-873-6654

Form **990** (2008)

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

(A)	(B) Average	Das	tion (C)	hat c	nal. A	(D) Reportable	(E) Reportable	(F)
Name and Title	hours per week	or director		Officer	Key employee	Mighest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
SUSAN BILLUE	S							_		_
DIRECTOR	·	X		ļ		lacksquare	_	0	0	0
LISA CHANEY		,,								•
DIRECTOR STEPHANIE FA	DMED	X	_			-		0	0	0
DIRECTOR	KMEK	X						ol	0	0
BRETT GAY		1	-				-		0	0
DIRECTOR		X						ol	0	0
MYRON HAHN	···-	1		\vdash	-	 	 			
DIRECTOR		X						O	0	0
VIC JOHNS		1							<u> </u>	<u></u>
DIRECTOR		X						l o	0	0
DAN KELLY										
DIRECTOR	· · · · · · · · · · · · · · · · · · ·	X						0	0	0
SARAH MCGINI	ĿΕΥ					Ì				
DIRECTOR		X		<u> </u>		<u> </u>		0	0	0
JASON MCNEEI	ıΥ						ŀ			
DIRECTOR		X	<u> </u>	<u> </u>		-	_	0	0	0
MARK EASTER PRESIDENT				X			Ì		^	_
MELISSA TURN	IFD		 	1				0	0	0
VICE PRES	EK			Х				ol	0	0
DENISE MUNDE	RLOH			1			 		<u> </u>	
TREASURER				Х				0	0	0
JOE NEVEL										
SECRETARY				Х				0	0	0
TRACY JURANE	K									
PAST PRES	<u>-</u>			<u> </u>			X	0	0	0
		igspace		 		_				
		\vdash		<u> </u>		\vdash	-		,	
		1	1	ı	1	ı	ı			

(A)	1	(B)	1	_,		<u>()</u>	,	, an	d Highest Compensated (D)	(E)		(F)	
Name and title		Average hours per week	ndividual trustee or director			k all t	Highest compensated employee		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	con t org ar	stima mour othe npens from ganiz nd rel	ated nt of er sation the ation
													
											-	-	
" 													
									-				
Total				<u> </u>									
		als (including those	ın 1a) v	who	rece	ived	more	e tha	in \$100,000 in reportable	compensation from the			
employee on	line 1a? If "	Yes," complete Sc	hedule	J for	suc	h ind	lividu	al	yee, or highest compensation			3	Yes
the organizat	ion and rela	ted organizations o	greater t	than	\$15	0,00	०२ If	"Yes	," complete Schedule J for y unrelated organization for	or such	L	4	
services reno	lered to the	organization? If "Y	es," cor	nple	te So	ched	ule J	for	such person			5	
	s table for y	our five highest cor	mpensa	ted i	ndep	end	ent c	ontr	actors that received more	than \$100,000 of			
	Na	(A) me and business address							Descrip	(B) otion of services		Co	(C) mpens
*										,	_		
											_		
	. . — .												
		dent contractors (ir						<u>. </u>					

Form 990 (2008) NEBRASKA CITY TOURISM & 47-0248471

Pa	rt V	III Statement of Rev	enue/						
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
र इ	1a	Federated campaigns	1a	••••••					012, 010, 01017
E L	b	Membership dues	1b						
s, g	c	Fundraising events	1c						
gift	d	Related organizations	1d						
S,E	е	Government grants (contributions)	1e		75,836				
tior er s	f	All other contributions, gifts, grants,							
g g		and similar amounts not included above	1f						
nd o	g	Noncash contributions included in lines	la-1f \$						
Q a	h	Total. Add lines 1a-1f			.	75 , 836			
Program Service Revenue Contributions, gifts, grants					Busn. Code				······································
eve	2a	MEMBERSHIP DUES				38,231	38,231		
92 22	b								
Ž	С								
Se	d								
yran	e	All -th							
Prog		All other program service rev	/enue			38,231			
_	3	Total. Add lines 2a-2f Investment income (including	a divider	nde intere		30,231			····
		other similar amounts)	g aividei	ido, intere	St, and	148			148
	4	Income from investment of t	ax-exem	ot bond to	roceeds >	110			
	5	Royalties	an onom	p. 20.12 p.	•				*
		(ı) Real]	(II) P	ersonal				······
	6a	Gross Rents		·					
	b	Less rental exps			·				
	С	Rental inc or (loss)							
	_d	Net rental income or (loss)							
	/a	Gross amount from sales of assets (i) Security	ties	(11)	Other				
		other than inventory		ļ <u>-</u>					
	b	Less cost or other							
		basis & sales exps		 					
		Gain or (loss)		l					
		Net gain or (loss) Gross income from fundraising e	vonto						
Φ	oa	·	vents						
Other Revenue		(not including \$ of contributions reported on line 1	16)						
Şev		See Part IV, line 18	a						
er	ь	Less direct expenses	b						
돰		Net income or (loss) from fu	ndraising	events	>				
		Gross income from gaming activi							
		See Part IV, line 19	а						
	b	Less direct expenses	b						
	С	Net income or (loss) from ga	ımıng ac	tivities					
	10a	Gross sales of inventory, les	s						
		returns and allowances	а						
		Less cost of goods sold	ь	L	· · · · · · · · · · · · · · · · · · ·				
	С	Net income or (loss) from sa		ventory	Duan Cada			- 	
	44-	Miscellaneous Reven			Busn. Code	ŧ i	27 000		
	11a			0110		37,902 9,784	37,902		9,784
	b	REIMBURSEMENT-SHARE	n FWLP	OYEE		1,200			1,200
	q C	RESTITUTION All other revenue				-4,883	-4,234	-649	
		Total. Add lines 11a-11d				44,003	3,234	049	
	12	Total Revenue. Add lines 11	n. 2a. 3	4, 5, 6d 7	•	11,003			
	, -	9c, 10c, and 11e	., -9, 0,	., 5, 50, 1	u, oo, ▶	158,218	71,899	-649	11,132
_						<u> </u>			Form 990 (2008)

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).

	All other organizations must	complete column (A) but a	re not required to comple	ete columns (B), (C), and (·
	not include amounts reported on lines 6b, , 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			g	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	1,000	1,000		
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				
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	71,356	60,652	7,136	3,568
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)				
9	Other employee benefits			= ==	
10	Payroll taxes	5,983	5,086	598	299
11	Fees for services (non-employees)				
a	Management				
b	Legal	070	7 4 7		
C	Accounting	879	747	88	44
a	Lobbying				
e	Professional fundraising services See Part IV, line 17				
T -	Investment management fees				
g 42	Other	10 025	16 265	1 520	0.41
12	Advertising and promotion	18,835 733	16,365 623	1,529 73	941
13	Office expenses	/ / / / / / / / / / / / / / / / / / / /	023		31
14	Information technology			+	
15 16	Royalties Occupancy	5,670	3,685	1,701	284
17	Travel	434	260	174	204
18	Payments of travel or entertainment expenses	434	200	<u></u>	
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	372	372		<u> </u>
20	Interest	572	372		· · · · · · · · · · · · · · · · · · ·
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	245	245		-
23	Insurance	2,658	2,259	266	133
_•		-, 550	2,200	200	133
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)				
а	RENT - EQUIPMENT	3,884	2,525	1,165	194
b	UTILITIES	3,620	3,077	362	181
С	TELEPHONE	2,912	1,892	874	146
d	DUES & SUBSCRIPTIONS	2,219	888	1,331	
е	REPAIRS & MAINTENANCE	1,315		1,315	
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	122,115	99,676	16,612	5,827
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				
DAA					Form 990 (2008)

	<u> </u>	Duidino Giloot	(A) Beginning of year		(B End of		
	1	Cash—non-interest bearing	2,159	1			809
	2	Savings and temporary cash investments	7,638	2			373
	3	Pledges and grants receivable, net	<u>, </u>	3			5 .
	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			-		
	Ŭ	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			
Assets	_	·					
SS	8	Inventories for sale or use		8			
⋖	9	Prepaid expenses and deferred charges		9			
		Land, buildings, and equipment cost basis 10a 71, 303					
	b	Less accumulated depreciation Complete	11 176				
		Part VI of Schedule D 10b 60, 920	11,476			10,	<u> 383</u>
	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		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,273	16		52,	<u> 565</u>
	17	Accounts payable and accrued expenses		17			
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	•					
es	21	Tax-exempt bond liabilities Escrow account liability Complete Part IV of Schedule D		20 21			
Liabilities	22	Payables to current and former officers, directors, trustees, key					
٩		employees, highest compensated employees, and disqualified					
<u> </u>		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	30,511	25		25	700
	26	Total liabilities. Add lines 17 through 25	30,511	26			700
S	20	Organizations that follow SFAS 117, check here ► X and	30,311	20			700
ınces							
an	27	complete lines 27 through 29, and lines 33 and 34.	-0 230	2.7	,	26	265
Bala	27	Unrestricted net assets	-9 , 238	27		20,	<u>865</u>
9	28	Temporarily restricted net assets		28			
Fund	29	Permanently restricted net assets		29			
Ē.		Organizations that do not follow SFAS 117, check here ▶					
ō		and complete lines 30 through 34.					
Net Assets or	30	Capital stock or trust principal, or current funds		30			
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		_31			
ğ	32	Retained earnings, endowment, accumulated income, or other funds		32			~==
et	33	Total net assets or fund balances	-9 , 238	33			<u>865</u>
	34	Total liabilities and net assets/fund balances	21,273	_34		52,	<u>565</u>
<u>P</u>	art)	XI Financial Statements and Reporting					г
	_				ļ	Yes	No
1	Ac	counting method used to prepare the Form 990 $$ $$ $\!$ $\!$ $\!$ Cash $$ $\!$ $\!$ Accrual $$ $\!$ $\!$ Ot	ther				
2a	W	ere the organization's financial statements compiled or reviewed by an independent accoun	itant?		2a		X
b		ere the organization's financial statements audited by an independent accountant?			<u>2</u> b		X
C		'Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility	-				ĺ
		e audit, review, or compilation of its financial statements and selection of an independent a			_2c		<u> </u>
3a		a result of a federal award, was the organization required to undergo an audit or audits as	set forth in		1 1		١
		e Single Audit Act and OMB Circular A-133?			3a		X
b	If "	Yes," did the organization undergo the required audit or audits?			3b	000	<u> </u>
					Form	990	(2008)

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ 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. Open to Public Inspection

lame	e of the organization		Employe	r identification nu	mber
N.	EBRASKA CITY TOURISM &				
C	OMMERCE, INC			2 <u>48471 </u>	
Pa	Organizations Maintaining Donor Advised Further the organization answered "Yes" to Form 990, F	nds or Other Similar Funds or A	Account	s. Complete i	if
	the organization answered Tes to Point 990, i		(h)	Eundo and other as	
	Total accept as at a set of	(a) Donor advised funds	(B)	Funds and other ac	counts
1	Total number at end of year				
2	Aggregate contributions to (during year)				
3	Aggregate grants from (during year)				
4 5	Aggregate value at end of year	the cooks hold in dense advised			
J	Did the organization inform all donors and donor advisors in writing that funds are the organization's property, subject to the organization's exclination.			Yes	No
6	Did the organization inform all grantees, donors, and donor advisors in	•		1€3	NO
·	used only for charitable purposes and not for the benefit of the donor or	• •			
	impermissible private benefit?	donor advisor or other		Yes	☐ No
Pá	art II Conservation Easements. Complete if the organization	anization answered "Yes" to For	m 990 F		
1	Purpose(s) of conservation easements held by the organization (check		000, 1	artiv, into 1	<u> </u>
•	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically im	nortant lan	d area	
	Protection of natural habitat	Preservation of certified historics	-	a aica	
	Preservation of open space	Treservation of defined historie	oti dota i o		
2	Complete lines 2a–2d if the organization held a qualified conservation of	contribution in the form of a conservation	easement		
	on the last day of the tax year				
				Held at the End	of the Year
а	Total number of conservation easements		2a		
b	Total acreage restricted by conservation easements		2b		
С	Number of conservation easements on a certified historic structure incli	uded in (a)	2c		
d	Number of conservation easements included in (c) acquired after 8/17/6	06	2d		
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	tion during		
	the taxable year				
4	Number of states where property subject to conservation easement is le	ocated ▶			
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, violations, and			
	enforcement of the conservation easements it holds?			Yes	∐ No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing e				
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section		Π	П.,
_	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?			∐ Yes	∐ No
9	In Part XIV, describe how the organization reports conservation easem				
	balance sheet, and include, if applicable, the text of the footnote to the the organization's accounting for conservation easements	organization's financial statements that o	iescribes		
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures or Other	Similar /	Assets	
•	Complete if the organization answered "Yes" to		J		
					
1a	If the organization elected, as permitted under SFAS 116, not to report	in its revenue statement and balance she	eet works d	of	
	art, historical treasures, or other similar assets held for public exhibition				
	provide, in Part XIV, the text of the footnote to its financial statements the	hat describes these items	·	·	
b	If the organization elected, as permitted under SFAS 116, to report in it	s revenue statement and balance sheet v	works of ar	t,	
	historical treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pul	blic 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		ovide the		
	following amounts required to be reported under SFAS 116 relating to t	hese items			
	Revenues included in Form 990, Part VIII, line 1		>	\$_ -	
b	Assets included in Form 990, Part X		•	\$	

<u>Sche</u>	dule D (Form 990) 2008 NEBRASKA	CITY TOURISM	&	<u>47-0</u>	<u> 248471 </u>		Page 2
· Pa	at III Organizations Maintaining	Collections of Art,	Historical Treas	sures, or Othe	r Similar Asse	ts (continue	ed)
3	Using the organization's accession and othe items (check all that apply)	r records, check any of the	following that are a	significant use of i	ts collection		
а	Public exhibition	d Loan o	or exchange progran	ns			
b	Scholarly research	e Other					
С	Preservation for future generations	4 — 4					
4	Provide a description of the organization's co	ollections and explain how t	they further the orga	nization's exempt	purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	r receive donations of art, i	historical treasures,	or other similar		Yes	No
Pa	rt IV Trust, Escrow and Custoo				ored "Vec" to F		
		_			eled res lor	om sso,	
4-	Part IV, line 9, or reported						
ıa	Is the organization an agent, trustee, custodi	an or other intermediary fo	r contributions or oth	ner assets not	1	п., г	7
	included on Form 990, Part X?					Yes	_ No
b	If "Yes," explain the arrangement in Part XIV	and complete the following	g table				
					<u> </u>	Amount	
С	Beginning balance				1c		
d	Additions during the year				1d		
е	Distributions during the year				1e		_
f	Ending balance				1f		
2a	Did the organization include an amount on F	orm 990 Part X line 212			<u></u>	Yes	No
	If "Yes," explain the arrangement in Part XIV					res	_] NO
	rt V Endowment Funds. Comp		newered "Vee" t	o Form 990 F	Part IV line 10		
	Lindowincher ands. Comp			(c) Two years back		1	
4-	Parama and A. I.	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years ba	ack (e) Four yea	ars back
	Beginning of year balance						·····
	Contributions						
С	Investment earnings or losses						
d	Grants or scholarships						
e	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance						
2	Provide the estimated percentage of the year	r end balance held as					
а	Board designated or quasi-endowment	%					
	Permanent endowment ▶%	~					
	Term endowment ▶ %						
	Are there endowment funds not in the posse	noine of the organization th					
Ja	organization by	SSION OF THE ORGANIZATION (II	iai aie lielu aliu auli	ministered for the		Ye	
	•						s No
	(i) unrelated organizations					3a(i)	+-
	(ii) related organizations					3a(ii)	
b	If "Yes" to 3a(II), are the related organizations	•				3b	
4	Describe in Part XIV the intended uses of the						
Pa	rt VI Investments—Land, Build		t. See Form 99	U, Part X, line	10.		
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other	1	epreciation	(d) Book valu	ne
1a	Land						
b	Buildings	{					
	Leasehold improvements				"		
	Equipment		71	, 303	60,920	10	,383
	Other		 	, 	00,020		, 505
	. Add lines 1a-1e (Column (d) should equal F	Form 990 Part X, column /	B) line 10(c))			10	,383
via	The mes ta to toolulli (a) should equal t	C COO, I dit A, Colullii (D), line 10(b))				<u>, ၁၀၁</u>

	nenta—Other Securities. See Fi	orm 990, Part X, line 12.		
(a)	Description of security or category	(b) Book value	(c) Method of va	uation
	(including name of security)		Cost or end-of-year m	arket value
Financial derivatives and				
Closely-held equity intere	sts			
Other				
		·		
		· 		
			-	
				· · · · · · · · · · · · · · · · · · ·
	- 		 .	
		_		
	l equal Form 990, Part X, col (B) line 12)			
	ments—Program Related. See F			
(8	a) Description of investment type	(b) Book value	(c) Method of va	
			Cost or end-of-year m	arket value
				<u> </u>
				 -

			•	
	equal Form 990, Part X, col (B) line 13)			
	Assets. See Form 990, Part X, lir	ne 15.		(h) Postualus
		ne 15.		(b) Book value
	Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
	Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
	Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
	Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
	Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
	Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
	Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
	Assets. See Form 990, Part X, lir	ne 15.		(b) Book value
Part IX Other /	Assets. See Form 990, Part X, III (a) Desci	ne 15. ription		(b) Book value
Part IX Other A	Assets. See Form 990, Part X, III (a) Description (a) Description (a) Description (a) Description (b) Description (b) Description (c) Descript	ne 15. ription		(b) Book value
Part IX Other A	Assets. See Form 990, Part X, Irr (a) Description (a) Description (a) Description (a) Description (b) Description (c) Descript	ne 15. rrption , line 25.	>	(b) Book value
Total. (Column (b) should Part X Other L	Assets. See Form 990, Part X, III (a) Description (a) Description (a) Description (a) Description (b) Description (b) Description (c) Descript	ne 15. ription		(b) Book value
Total. (Column (b) should Part X Other L	equal Form 990, Part X, col (B) line 15) labilities. See Form 990, Part X (a) Description of liability	ne 15. ription A, line 25. (b) Amount	>	(b) Book value
Total. (Column (b) should Part X Other L	Assets. See Form 990, Part X, In (a) Description of liability (a) Description of liability	ne 15. rrption , line 25.		(b) Book value
Total. (Column (b) should Part X Other L	equal Form 990, Part X, col (B) line 15) labilities. See Form 990, Part X (a) Description of liability	ne 15. ription A, line 25. (b) Amount		(b) Book value
Total. (Column (b) should Part X Other L	equal Form 990, Part X, col (B) line 15) labilities. See Form 990, Part X (a) Description of liability	ne 15. ription A, line 25. (b) Amount		(b) Book value
Total. (Column (b) should Part X Other L	equal Form 990, Part X, col (B) line 15) labilities. See Form 990, Part X (a) Description of liability	ne 15. ription A, line 25. (b) Amount	>	(b) Book value
Total. (Column (b) should Part X Other L	equal Form 990, Part X, col (B) line 15) labilities. See Form 990, Part X (a) Description of liability	ne 15. ription A, line 25. (b) Amount		(b) Book value
Total. (Column (b) should Part X Other L	equal Form 990, Part X, col (B) line 15) labilities. See Form 990, Part X (a) Description of liability	ne 15. ription A, line 25. (b) Amount		(b) Book value
Total. (Column (b) should Part X Other L	equal Form 990, Part X, col (B) line 15) labilities. See Form 990, Part X (a) Description of liability	ne 15. ription A, line 25. (b) Amount		(b) Book value
Total. (Column (b) should Part X Other L	equal Form 990, Part X, col (B) line 15) labilities. See Form 990, Part X (a) Description of liability	ne 15. ription A, line 25. (b) Amount		(b) Book value
Total. (Column (b) should Part X Other L Federal income taxes NOTE PAYABLI	equal Form 990, Part X, col (B) line 15) labilities. See Form 990, Part X (a) Description of liability	ne 15. ription A, line 25. (b) Amount 25, 700		(b) Book value

Sche	dule D (Form 990) 2008 NEBRASKA CITY TOURISM &	47-024847	1_	Page 4
. Pa	rt 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	Total expenses (Form 990, Part IX, column (A), line 25)		2	
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Prior period adjustments		7	
8	Other (Describe in Part XIV)		8	
9	Total adjustments (net) Add lines 4-8		9	
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		10	
Pa	At XII Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per Re	turn	1.7
1	Total revenue, gains, and other support per audited financial statements		11	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
а	Net unrealized gains on investments	2a	4	
b	Donated services and use of facilities	2b	4	
С	Recoveries of prior year grants	2c		ł
d	Other (Describe in Part XIV)	2d	┦	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	ſ	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-	
b	Other (Describe in Part XIV)	4b	┨.	
С	Add lines 4a and 4b		4c	
5		- A With Funerage man	5	<u>i</u>
	Reconciliation of Expenses per Audited Financial Statement	ents with Expenses per i		<u>'n </u>
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1		
a	Donated services and use of facilities	2a	1	
	Prior year adjustments	2b	1	
_	Losses reported on Form 990, Part IX, line 25	2c	┨	
d	,	2d	٠,	
_	Add lines 2a through 2d		2e 3	<u> </u>
3	Subtract line 2e from line 1	ſ	-3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	1	
	Other (Describe in Part XIV)	40	4c	
5	Add lines 4a and 4b Total expenses, Add lines 3 and 4a. (This should equal Form 900, Red I, line 18.)		5	
	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) IRT XIV Supplemental Information		<u> </u>	<u> </u>
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin	nes 1a and 4 Part IV lines 1h		
	2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d			
ana	25, 1 art v, into 4, 1 art X, 1 art XI, into 6, 1 art XII, into 2 a art 45, art 4 art XIII, into 2 a	unu 40		
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Page 5	71_	47-0248471	&	rourism	CITY	<u>IEBRASKA</u>	orm 990) 2008	Schedule D (F
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SCHEDULE J

(Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

2008

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

NEBRASKA CITY TOURISM &

COMMERCE, INC

Questions Regarding Compensation

Employer identification number 47-0248471

Pz	art Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form			
	990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			İ
	_			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			ĺ
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
þ	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or			ĺ
	provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the			ĺ
	organization's CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			İ
				ĺ
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			1
а	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
C	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of			
а	The organization?	5a		ــــــ
b	Any related organization?	5b		ļ
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of			
а	The organization?	6a		L
b	Any related organization?	6b	<u> </u>	├
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed			
	payments not described in lines 5 and 6? If "Yes," describe in Part III	7_		↓ —
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was			
	subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III	8	L	<u> </u>

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

Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 NEBRASKA CITY TOURISM &

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. 47-0248471 Part #

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdowr	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Deferred	(D) Nontaxable	_	(F) Compensation
(A) Name	(I) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(ı)–(D)	reported in prior Form 990 or Form 990-EZ
TRACY JURANEK	0	0	0	0	0	0	0
(ii)			0	0			0
				·			•
							,
(n)							•
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		•				Schedule	Schedule J (Form 990) 2008

Schedule J (Form 990) 2008 NEBRASKA CITY TOURISM & 47-0248471

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

SCHEDULE O (Form 990)

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.

2008 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

NEBRASKA CITY TOURISM & COMMERCE, INC

Employer identification number 47 - 0248471

FORM 990, PART VI, LINE 6 - CLASSES OF MEMBERS OR STOCKHOLDERS

THE ORGANIZATION HAS DUES PAYING MEMBERS CONSISTING OF INDIVIDUALS,

BUSINESSES AND NON-PROFIT ORGANIZATIONS.

FORM 990, PART VI, LINE 7A - ELECTION OF MEMBERS AND THEIR RIGHTS

THE BOARD OF DIRECTORS MUST APPROVE THE INDIVIDUAL OR FIRM TO BECOME A

MEMBER. EVERY MEMBER IN GOOD STANDING IS ENTITLED TO VOTE IN ANY GENERAL
ELECTION, REFERENDUM OR MEMBERSHIP MEETING.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 FORM 990 IS REVIEWED AND APPROVED BY THE EXECUTIVE DIRECTOR AND ORGANIZATIONAL HEALTH COMMITTEE.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

ANNUAL DISCLOSURE IS REQUIRED BY BOARD MEMBERS AND STAFF ALONG WITH A

REGULAR CONFLICTS CHECK AS PART OF THE AGENDA AT EVERY BOARD MEETING.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL

THE EXECUTIVE DIRECTOR POSITION IS SUBJECT TO AN ANNUAL FORMAL REVIEW FROM

THE BOARD. COMPENSATION IS ESTABLISHED BASED UPON COMPARABLE RATES IN THE

AREA FOR SIMILAR SERVICES.

			Special Events Schedule					
. Form 99	00	For calendar year 2008, o	or tax year beginning	1/01/09 , and end	ling 9,	/30/09	2008	
Name						Employer Id	entification Number	
		TY TOURISM &			ļ	47 004	0.471	
COMMERC	ːヒ <u>,</u> 11	NC	(P)	<u> </u>	Oth	47-024		
Gross receipts	•	(A) 83,43 <u>9</u>	(B) 5,718	(C) 4,500	Others	,075	Total 97,732	
Less contrib			0	<u> </u>	-	0 -	0	
Gross revenue		83,439	5,718	4,500	4	,075	97,732	
Less direct e	expenses	45,537	6,367	7,383	5	426	64,713	
Net income (lo	oss)	37,902	-649	-2 , 883	-1	,351	33,019	
		molibicm c D						
Description	(A)	TOURISM & P	ROMO EVENIS					
	(B)	GRAIN						
	(-)	0000000						
	(C)	TROLLEY CHA	RTERS					
	Others	RETAIL TRAD	E					
								
								
								
		 						
								
								
								
								
		 						

Form **4562**

Name(s) shown on return

Department of the Treasury Internal Revenue Service **Depreciation and Amortization**

NEBRASKA CITY TOURISM &

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

2008

Identifying number

ZUUO achment 07

COMMERCE, INC 47-0248471 Business or activity to which this form relates INDIRECT DEPRECIATION **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 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 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 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 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2008 17 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 (b) Month and (c) Basis for depreciation (d) Recovery (a) Classification of property yéar placed in service (e) Convention (f) Method (g) Depreciation deduction (business/investment use period only-see instructions) 19a 3-year property 245 4,890 5.0 MO 200DB 5-year property 7-year property С d 10-year property e 15-year property 20-year property S/L g 25-year property 25 yrs h Residential rental 27 5 yrs мм S/L property 27 5 yrs MM S/L MM Nonresidential real S/L 39 yrs property MM S/L Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

12 yrs

40 yrs

MM

23

enter the portion of the basis attributable to section 263A costs

For assets shown above and placed in service during the current year,

Summary (See instructions.)

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

Listed property Enter amount from line 28

Form **4562** (2008)

245

S/L

S/L

S/L

21

22

23

20a Class life

b 12-year

Part IV

40-year

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return.

2008

ZUUO

NEBRASKA CITY TOURISM & Identifying number Name(s) shown on return COMMERCE, INC 47-0248471 Business or activity to which this form relates TROLLEY CHARTERS **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. 1 250,000 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 q Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 13 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) 16 16 MACRS Depreciation (Do not include listed property.) (See instructions.) Part III Section A 5,738 17 MACRS deductions for assets placed in service in tax years beginning before 2008 17 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 (b) Month and (c) Basis for depreciation d) Recovery (g) Depreciation deduction (a) Classification of property year placed in service (e) Convention (f) Method (business/investment use period only-see instructions) 19a 3-year property 5-year property 7-year property C d 10-year property 15-year property 20-year property S/L g 25-year property 25 yrs S/L h Residential rental 27 5 yrs MM property 27 5 yrs MM S/L MM Nonresidential real S/L 39 yrs property MM Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L b 12-year 12 yrs MM S/L 40-year 40 yrs Part IV Summary (See instructions) 21 Listed property Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 5.738 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr 22 For assets shown above and placed in service during the current year, 23 enter the portion of the basis attributable to section 263A costs 23

For Paperwork Reduction Act Notice, see separate instructions.

Form 4562 (2008)

NEBRASKA CITY TOURISM & COMMERCE, INC PO BOX 39
NEBRASKA CITY, NE 68410

Electing out of the 50% Bonus Depreciation Allowance for All Eligible Depreciable Property

The taxpayer elects out of the 50% first-year bonus depreciation allowance under IRC Section 168(k) for all eligible asset classes of depreciable property acquired after December 31, 2007. This election applies to all eligible depreciable property placed in service after December 31, 2007.