See a Social Security Number? Say Something!
Report Privacy Problems to https://public.resource.org/privacy
Or call the IRS Identity Theft Hotline at 1-800-908-4490

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
Return of Organization Exempt From Income Tax

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $500,000 and total assets less than $1,250,000 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

OMB No 1545-1150

2009

Open to Public Inspection

A **For the 2009 calendar year, or tax year beginning , and ending**

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

Please use IRS label or print or type See Specific Instructions

C Name of organization
WASTECAP NEBRASKA

Number and street (or P O box, if mail is not delivered to street address) Room/suite
285 SOUTH 68TH STREET PLACE 540

City or town, state or country, and ZIP + 4
LINCOLN NE 68510

D **Employer identification number**
20-1946040

E Telephone number
402-436-2384

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.wastecapne.org

J **Tax-exempt status** (check only one) — ☒ 501(c) (6) ◀ (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 Form 990-EZ or Form 990 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 $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 299,530

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	223,657
	2	Program service revenue including government fees and contracts	2	72,783
	3	Membership dues and assessments	3	
	4	Investment income	4	848
	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)	5c	
	6	Special events and activities (complete applicable parts of Schedule G). If any amount is from **gaming,** check here ▶ ☐		
	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 ▶ See Statement 1)	8	2,242
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	299,530
Expenses	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	204,268
	13	Professional fees and other payments to independent contractors	13	1,355
	14	Occupancy, rent, utilities, and maintenance	14	33,968
	15	Printing, publications, postage, and shipping	15	3,521
	16	Other expenses (describe ▶ See Statement 2)	16	67,513
	17	**Total expenses.** Add lines 10 through 16 ▶	17	310,625
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-11,095
	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	110,738
	20	Other changes in net assets or fund balances (attach explanation) See Statement 3	20	1,738
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	101,381

Part II Balance Sheets. If Total assets on line 25, column (B) are $1,250,000 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	120,078	22	82,680
23 Land and buildings		23	
24 Other assets (describe ▶ See Statement 4)	834	24	28,368
25 **Total assets**	120,912	25	111,048
26 **Total liabilities** (describe ▶ See Statement 5)	10,174	26	9,667
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	110,738	27	101,381

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2009)

DAA

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

What is the organization's primary exempt purpose?

See Statement 6

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 section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 EDUCATING AND PROVIDING TECHINCAL ASSISTANCE IN HELPING BUSINESSES WITH WASTE REDUCTION, RECYCLING, AND POLLUTION PREVENTION AND OPPORTUNITIES.

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

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**

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
CARRIE J HAGENKAMP LINCOLN	EXECUTIVE DIRECTOR			
285 S 68TH STREET PLACE, STE 540 NE 68510	40.00	43,870	12,321	0
SEE ATTACHED LISTING		0	0	0

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

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but **not** reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	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 outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 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			
40a	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 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations 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	40e		X
41	List the states with which a copy of this return is filed ▶ None			
42a	The organization's books are in care of ▶ Telephone no ▶			
	Located at ▶ ZIP + 4 ▶			
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)?	42b		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 ?	42c		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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b 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	46		
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's 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

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Carrie Hakenkamp — Signature of officer — Date 5/13/10

Carrie Hakenkamp, Director — Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's Identifying Number (See instr)
	05/10/10	☐	P00282660

Firm's name (or yours if self-employed), address, and ZIP + 4: GRAFTON & ASSOCIATES, P.C., 5935 S. 56TH ST., SUITE A, LINCOLN, NE 68516

EIN ▶ 47-0760951

Phone no ▶ 402-486-3600

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

Statement 1 - Form 990-EZ, Part I, Line 8 - Other Revenue

Description	Amount
MISCELLANEOUS	$ 2,242
Total	$ 2,242

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	$
Advertising and Promotion	1,032
OFFICE SUPPLIES	1,413
WEBSITE	2,466
TECHNOLOGY SUPPORT	3,375
SOFTWARE	1,454
Travel	11,743
Conferences/Meetings	4,199
Insurance	2,039
NDEQ FINISHING TECHNOLOGY	3,112
NET-2	26,923
NET-3	2,126
P3 PROGRAM	238
BANK & CREDIT CARD FEES	794
EMPLOYEE TRAINING	4,310
EQUIPMENT PURCHASES	431
MAINTENANCE & REPAIRS	489
MEMBERSHIP & SUBSCRIPTION	1,288
MISCELLANEOUS EXPENSE	81
Total	$ 67,513

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

Description	Amount
PRIOR PERIOD ADJUSTMENT	$ 1,738
Total	$ 1,738

Statement 4 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	Beginning of Year	End of Year
FURNITURE & EQUIPMENT	$ 4,824	$ 92,497
Less Accumulated Depreciation	3,990	64,129
	834	28,368

Statement 5 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	Beginning of Year	End of Year
PAYROLL TAXES PAYABLE	$ 5,474	$ 8,525
PREPAID DUES	4,200	
BENEFITS PAYABLE	500	1,142
	10,174	9,667

Statement 6 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description
EDUCATION OF AND ASSISTANCE WITH WASTE REDUCTION, RECYCLING, AND POLLUTION PREVENTION OPPORTUNITIES.

Federal Asset Report
Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	Per	Conv	Meth	Prior	Current
Other Depreciation:												
1	COMPUTERS/LCD PROJECTOR	2/07/05	4.824				4.824	5	MO	200DB	3.990	770
2	2 THINKPADS & DOCKING STATION	10/15/09	2,624				2,624	5	MO	200DB	0	262
3	3 HP COMPAQS & DOCKING STATION	5/08/08	4.510				4.510	5	MO	200DB	902	1,443
4	3 HP SMARTBUY & DOCKING STATIO	7/28/08	3,215				3.215	5	MO	200DB	703	1.005
5	VIRTUALPAINT FS	9/12/07	43,920				43.920	5	MO	200DB	22,838	8.433
6	TRAILER & IMPROVEMENTS	11/05/07	33.403				33.403	5	MO	200DB	17.370	6.413
	Total Other Depreciation		92.496				92,496				45.803	18.326
	Total ACRS and Other Depreciation		92,496				92.496				45.803	18.326
	Grand Totals		92,496				92.496				45.803	18.326
	Less: Dispositions and Transfers		0				0				0	0
	Less: Start-up/Org Expense		0				0				0	0
	Net Grand Totals		92.496				92.496				45.803	18.326

Form 990-EZ, Part IV
EIN 20-1946040

WasteCap Nebraska, Inc.
Board of Directors 12/31/09

Name	Title	Ave. Hours	Address
John Hetcko	Chairperson	2.0	285 S. 68th Street Place, Suite 540 Lincoln, NE 68510
John Hauner	Treasurer	2.0	285 S. 68th Street Place, Suite 540 Lincoln, NE 68510
Gene Hanlon	Secretary	2.0	285 S. 68th Street Place, Suite 540 Lincoln, NE 68510
Russ Baker		2.0	285 S. 68th Street Place, Suite 540 Lincoln, NE 68510
Jeff Burg		2.0	285 S. 68th Street Place, Suite 540 Lincoln, NE 68510
Reynolds Davis		2.0	285 S. 68th Street Place, Suite 540 Lincoln, NE 68510
Lisa Darlington-Johnson		2.0	285 S. 68th Street Place, Suite 540 Lincoln, NE 68510
Adam J. Prochaska		2.0	285 S. 68th Street Place, Suite 540 Lincoln, NE 68510
Patti Wubbels		2.0	285 S. 68th Street Place, Suite 540 Lincoln, NE 68510

Form **8868**
(Rev Apnl 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

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

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

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

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

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

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 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	**Employer identification number**
	WASTECAP NEBRASKA	20-1946040
	Number, street, and room or suite no. If a P.O box, see instructions. 285 SOUTH 68TH STREET PLACE 540	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LINCOLN NE 68510	

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

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

- The books are in the care of ▶

Telephone No. ▶ 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 08/15/10, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶ [X] calendar year 2009 or

▶ [ ] tax year beginning , and ending

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

FILE COPY

DAA