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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2009 Open to Public Inspection

<u>A</u>	For the 200)9 cal <u>endar yea</u>	ar, or tax year begin	ning	, and ending					
В	Check if applica		C Name of organization	····				D Emplo	yer identi	ification number
	Address change	e use IRS label or		SOUTHEAST NE	BR. CANCER I	OUNDATIO	N]		
\Box	Name change	print or	Doing Business As		·			20-	5952	202
\exists	-	type.	Number and street (or	P O box if mail is not delivered t	o street address)		Room/suite	E Teleph	none numbe	er
\vdash	Initial return	See Specific	201 S. 68	TH STREET PLAC	CE, STE 200					
\sqcup	Termination	Instruc-	City or town, state	or country, and ZIP + 4				G Gross rece	apts \$	803,630
Ш	Amended return	n tions.	LINCOLN		NE 68510					
	Application pen	nding F Name a	and address of princi	oal officer				H(a) Is this	• .	
		ŀ						affiliate H(b) Are all		Yes X No
		ł						เกิดในซึ่	ed?	Yes No
_			(3)	44				If "No,	' attach a list	(see instructions)
<u>+</u>	Tax-exempt		501(c) (3)	◄ (insert no) 49	47(a)(1) or	527		H(a) C		
7	Website: Type of organia	1==1	oration Trust	Association Other			Year of formation	H(c) Group		legal domicile
*****	art I	Summary		Association Other			. rear or formation		WI State Of	legal domicile
	T			ission or most significa	nt activities				-	
•			_	OTE ACTIVITIE		THE TRE	ATMENT			
200	0	F CANCER	•							
rus										
Activities & Governance	2 Che	ck this box ▶[if the organiza	tion discontinued its op	erations or disposed	of more than	25% of its net as	sets .		
ಶ	3 Num	ber of voting r	members of the go	verning body (Part VI,	line 1a)			3	4	
es	4 Num	nber of indeper	ndent voting mem	pers of the governing b	ody (Part VI, line 1b)			4	4	
š	5 Tota	I number of er	mployees (Part V,	line 2a)				5	0	
Act			olunteers (estimate	• •				6	0	
		_		nue from Part VIII, colu		-		7a		
	b Net	unrelated busi	iness taxable incoi	ne from Form 990-T, li	ne 34		Prior Ye	7b		urrent Year
0	8 Cont	tributions and	grants (Part VIII, I	ne 1h)				a.i		802,516
ී. Revenue			evenue (Part VIII,				CEIVED	:		
Š				n (A), lines 3, 4, and 7d)			ပ္က		1,114
ď	1		•	, lines 5, 6d, 8c, 9c, 10		SEP	2 2010	ଞା		
·	12 Tota	l revenue – ad	dd lines 8 through	11 (must equal Part VII	I, column (A), line 12	JO JEI	2010	Σ <u>.</u>		803,630
2	13 Gran	nts and similar	r amounts paid (Pa	irt IX, column (A), lines	1–3)	000		=		
) }	14 Bene	efits paid to or	for members (Pa	t IX, column (A), line 4	1	UUL	DEN, UT			
es	II .	•		yee benefits (Part IX, o	• •	0)				
penses	ľ			K, column (A), line 11e)	1					
Exp		-		column (D), line 25) ▶						012 075
				, lines 11a-11d, 11f-24	•					813,075
		•	•	ust equal Part IX, colun	nn (A), line 25)					813,075 -9,445
5 8		cilue less expe	enses Subtract lin	e io nominie 12 , ,	 		Beginning of Cu	rrent Year	Er	nd of Year
Net Assets or	20 Tota	l assets (Part	X, line 16)					9,566		421,551
t Ass	21 Tota	l liabilities (Pa	rt X, line 26)				38	7,509		228,939
25	22 Net	assets or fund	l balances Subtra	ct line 21 from line 20			20	2,057		192,612
_ P	art II	Signature								
		Under penaltie	es of perjury, I declare	that I have examined this mplete Declaration of prep	return, including accom	panying schedu	les and statements, a	and to the be	st of my knowle	owledge edge
۵.	ہ	and belief, it is	5 1 de, concer, amb co	Pick	\	is based on all		l C	سر د	
Siç	~ <		2						1.1	1.00
He	re	Signature	e of officer					Date		•
		Type or p	orint name and title	<u>.</u>					-	
				D- 10-		Date	Check	ıf		r's identifying number
Pa	id	Preparer's signature) ()	a She			11/10 self- employ			tructions)
Pre	eparer's	5.5	<u>'</u> ጥµር	MAS, KUNC &	BLACK, LI		/ employ	EIN D		-0841993
Us	e Only	Firm's name (d	or yours	NORTH 44TH			00	Phone		
		of self-employed address, and 2	· ·		8503	- '			402-	467-2700
Ma	v the IRS d	· · · · · · · · · · · · · · · · · · ·		rer shown above? (see						Yes No
For	Privacy A			ct Notice, see the sep		-		<u> </u>		Form 990 (2009)
DAA	١.							- 111		,

Brefty describe the agnification's mission				5952202	Page 2
the pror Form 990 or 990-E27 Yes No If Yes, 'Generous the services on Schedule O Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes \(\text{ No } \) Yes \(\text{ No } \)	1 Briefly descr TO RESE	ribe the organization's mission ARCH AND PROMOTE		THE TREATMENT	
## Second Street the second form of the company of	the prior For If "Yes," des	m 990 or 990-EZ? cribe these new services on Sch	edule O		Yes X No
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) itsusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 763,505 including grants of \$) (Revenue \$ PERFORMED RESEARCH ACTIVITIES RELATED TO THE DIAGNOSIS AND TREATMENT OF CANCER. DEVELOPED EDUCATION PROGRAMS FOR TRAINING AND HEALTH INFORMATION DISSEMINATION RELATED TO THE DIAGNOSIS, PREVENTION, AND TREATMENT OF CANCER. 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d (Code) (Expenses \$ including grants of \$) (Revenue \$)	services?	-		program	Yes X No
PERFORMED RESEARCH ACTIVITIES RELATED TO THE DIAGNOSIS AND TREATMENT OF CANCER. DEVELOPED EDUCATION PROGRAMS FOR TRAINING AND HEALTH INFORMATION DISSEMINATION RELATED TO THE DIAGNOSIS, PREVENTION, AND TREATMENT OF CANCER. 4b (Code)(Expenses \$ including grants of \$) (Revenue \$) 4c (Code)(Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	Section 501	(c)(3) and 501(c)(4) organizations	and section 4947(a)(1) trusts are required to re	port the amount of grants and	
4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	PERFORM AND TREADEVELOPE INFORMA	ED RESEARCH ACTI ATMENT OF CANCER ED EDUCATION PRO TION DISSEMINATION	VITIES RELATED TO THE D GRAMS FOR TRAINING AND S ON RELATED TO THE DIAGNO	IAGNOSIS HEALTH)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	1. (0.1)) (Funance &) (Davisaria C	
(Expenses \$ including grants of \$) (Revenue \$)	4c (Code) (Expenses \$	including grants of \$) (Revenue \$,
			reluding grants of \$)	(Revenue \$)

	at 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	ł		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	ļ :		
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			l
_	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,"			٦,
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		х	
	VII, VIII, IX, or X as applicable ■ Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete	11		
•	Schedule D, Part VI			
	■ Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
	■ Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
	■ Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12	Х	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
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 United States?	14a		X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a?	ا ۔ ا		.
•-	If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	990	(2009)
		Lou	・コプリ	(∠∪∪9)

in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule J 24 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 lines 24b through 24d and complete Schedule K If "No," go to line 25 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b United States any tax-exempt bonds? 25c United the organization maintain an escrow account other than a refunding escrow at any time during the year 25d to defease any tax-exempt bonds? 26d United organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25d 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 Schedule L, Part I 25a X bis the organization aware that it engaged in an excess benefit transaction with a disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 27 X 28 Was a loan to or by a current or former officer, director, trustee, key employee? 28 Vas Was a loan to or by a current or former officer, director, trustee, or key em	Pi	art IV Checklist of Required Schedules (continued)			
in the United States on Part IX, column (A), line 17 if "Yes," complete Schedule I, Parts I and II 22				Yes	No
20 Dut the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2 If "Yes," complete Schedule I, Parts I and III 2 2 X Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization has well as the sections, frustees, key employees, and highest compensated employees? If "Yes," complete Schedule A 23 X X Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002 If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25 24b I Did the organization maintain an acrow account other than a refunding escrive at any time during the year to defease any tax-exempt bonds? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding a tany time during the year? 24d Did the organization and as an "on behalf of" issuer for bonds outstanding a tany time during the year? 24d Did the organization across as an "on behalf of" issuer for bonds outstanding a tany time during the year? 24d Did the organization and the standard of issuer for bonds outstanding a tany time during the year? 24d Did the organization and the standard of issuer for bonds outstanding a tany time during the year? 24d Did the organization of standard person outstanding as of the end of the organization and access the end of the organization's pror Forms 990 or 36d Section 501(2) and 501(2)	21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
United States on Part IX, column (A), line 2º If "Yes," complete Schedule I, Parts I and III 22		in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
23 Dut the organization answer "Yes" to Part VII, Section A, Ine 3, 4, or \$ about compensation of the organization surveit and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J was used after December 31, 2002 If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 24b through 24d and complete Schedule K. If "No," go to line 25 24b through 24d and complete Schedule K. If "No," go to line 25 24b through 24d and complete Schedule K. If "No," go to line 25 24b through 24d and complete Schedule K. If "No," go to line 25 24b 24d 24b 24d	22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule L, Part II 25 LX State of the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule L II, "No," go to line 25 but the organization invest any processor of tax-exempt bonds beyond a temporary period exception? 24b L		United States on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III	22		X
employees? If "Yes," complete Schedule J 23	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	İ		
24a Dut 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 lines 24b through 24d and complete Schedule K. If "No." go to line 25 Did the organization marks and ne scrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24d Did the organization marks and ne scrow account other than a refunding escrow at any time during the year? 24d Did the organization and that it engaged in an excess benefit it is supported exception? 24d Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit it is supported exception with a disqualified person during the year? If "Yes," complete Schedule L. Part I Is the organization aware that it engaged in an excess benefit it is a price of the organization and it is engaged in an excess benefit it is supported on any of the organization's prior Forms 990 or 990-627 If "Yes," complete Schedule L. Part I Was a loan to or by a current or former officar, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization stax year? If "Yes," complete Schedule L. Part II Did the organization proved a grant or other assistance to an officer, director, trustee, key employee, expendition of the organization proved a grant or other assistance to an officer, director, trustee, key employee? If "Yes," complete Schedule L. Part II 26 Was the organization aparty to a business transaction with one of the following parties (see Schedule L. Part IV 16 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 27 X 28 Was the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L. Part IV 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV		organization's current and former officers, directors, trustees, key employees, and highest compensated			
\$100.000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24a X 5 Did the origanization invest any processor fita-exempt bonds beyond a temporary period exception? 24b 24c 24d 25 Did the origanization maintain an escrow account other than a refunding secrow at any time during the year to defease any tracevempt bonds? 24c 25d 26d 27d 28d		employees? If "Yes," complete Schedule J	23_		Х
24b through 24d and complete Schedule K If 'No,' go to line 25 Did the organization wivest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization and as an on behalf of issuer for bonds outstanding at any time during the year? 24d Did the organization and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I Is the organization 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-E27 If 'Yes,' complete Schedule L, Part II Seb X as a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' and the propriete Schedule L, Part IV Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M Did the	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
b Did the organization invest any process of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year? 24d		\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c		24b through 24d and complete Schedule K If "No," go to line 25	24a		X
to defease any lax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 284 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 Schedule L, Part I be is the organization 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 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 25 X Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's travel. Part II 25 X Was the organization provide a grant or other assistance to an officer, director, trustee, key employee, a substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 27 X Was the organization and you to a business transaction with one of the following parties (see Schedule L, Part IV 28 X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X Did the organization includiate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 31 X Did the organization related to any tax-ex	5	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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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 conservation contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part SII, III, IV, and V, line 1 34 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 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 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 Section 501(c)(3) organizations 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 VI, line 1 37 A X 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a	i		
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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 Told 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 VI, lines 11 and		Part IV	28c		
conservation contributions? If "Yes," complete Schedule M 30	29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 X 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 X 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 X 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 X 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 X 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 VI lines 11 and 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 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 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 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 Told 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 VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		·	30		Х
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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 X Big Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		-	36		
Part VI 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and	37	·			
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and					v
·	20		31		
	J 0	·	128	\mathbf{x}	

Pa	R V Statements Regarding Other IRS Filings and Tax Compliance					
4-	Enter the number reported in Pay 2 of Form 1006, Annual Summany and Transmittal of				Yes	No
ıa	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	1		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and re			1		
·	gaming (gambling) winnings to prize winners?		-	1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	[[
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuin	ns?		2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by				
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	authorit	ty			
	over, a financial account in a foreign country (such as a bank account, securities account, or other fin	ancıal				
	account)?			4a	-	X
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign	Bank				
	and Financial Accounts			F		х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	tion?		5a 5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transactif "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Region 1.			35		
·	Prohibited Tax Shelter Transaction?	aramy		5c		l
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	е				
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					İ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for §	goods				
	and services provided to the payor?			7a		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	IS		_,		х
	required to file Form 8282?	7d		7c		
a	If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p		 	-		
C	benefit contract?	CISOIIA	•	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri	act?		7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-0					
	required?			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting					
	${\bf organizations.}\ {\bf Did}\ the\ supporting\ organization,\ or\ a\ donor\ advised\ fund\ maintained\ by\ a\ sponsoring$					İ
	organization, have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10 a	Section 501(c)(7) organizations. Enter 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		l
' а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					i
	amounts due or received from them)	11b				į
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form			12a		
_b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in

	Schedule O See instructions.			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 4	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	7		
_	any other officer, director, trustee, or key employee?	2		х
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		х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		1	
	of the governing body?	7a		х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
Ū	the year by the following			
а	The governing body?	8a	x	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
3	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	etion B. Policies (This Section B requests information about policies not required by the Internal		L	
	venue Code.)			
1 101	rollud Codd.)		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1,00		
• •	form?	11		х
11a		<u> </u>		
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	124		
D	rise to conflicts?	12b		x
_	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120		
С	describe in Schedule O how this is done	12c		х
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by	17		
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a		X
a b	Other officers or key employees of the organization	15b		X
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	1.00		
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
IVa	with a taxable entity during the year?	16a	1	x
	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	100		
D	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?	16b		
800	tine Organization's exempt status with respect to such arrangements?	1 100		
<u>3ec</u>	List the states with which a copy of this Form 990 is required to be filed ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
10	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
19				
20	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			
20	AND ALGORDON AND AND AND AND AND AND AND AND AND AN	200		
т.:	Olganization F =	2-32	7-7	340

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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- 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) Name and Title	(B) Average	Pos	ition i		C) k all t	hat ap	(Vla	(D) Reportable	(Ë) Reportable	(F) Estimated
	hours per week	individual trustee or director		Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
MAC RODGERS		x		x				0	0	0
PRESIDENT DONNA BEHLEN		┼^	 	<u> </u>		 		<u> </u>	<u> </u>	<u> </u>
SECRETARY	1	x		x				0	0	0
STEVE SCHMIDT		Ī				П				
TREASURER		x		X				0	0	0
LARRY BIRD										
V. PRESIDENT		X		X				0	0	0
		-				\vdash		,		
	1									
						\Box				
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Form **990** (2009)

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, Ke	y Er	nplo	yees	s, an	d Highest Compensated	Employees (continued)			
	Name and Title Name and Title Average hours per 95								(D) Reportable compensation	(E) Reportable compensation	Estı	(F) mated ount of	
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	ot compe fror orgar and i	ther ensation in the nization related izations	
													_
				<u> </u>		 							
				_						-			
		1											
		1			_								
		1											
		1	-										
]											
2	Total Total number of individuals (ii	ncluding but not l	ımıte	d to	thos	e lıs	ted a	bov	le) who received more than			-	
	reportable compensation from	=											
3	Did the organization list any fo	nemae officar dis	ooto		ruoto	k	ov 01	mala	waa ar highaat campanaga	tod		Yes	No No
3	employee on line 1a? If "Yes,	complete Schee	dule	J for	sucl	h inc	lividu	al	•		3		X
4	For any individual listed on line the organization and related of												x
5	individual Did any person listed on line	la receive or acc	rue d	comp	ens	atıor	fron	n an	y unrelated organization fo	or	4	+	
Soc	services rendered to the orga tion B. Independent Contract		" cor	nple	te So	ched	ule J	for	such person		5		X
1	Complete this table for your fi compensation from the organ	ve highest comp	ensa	ited i	ndep	end	ent c	ontr	actors that received more	than \$100,000 of			
		(A) I business address			•				Descrip	(B) blon of services		(C) Compens	ation
	ENHOC PC					201	SC		H 68TH STREET,	STE 200			
_ <u>L</u>	INCOLN	NE	6	85	10			<u> </u>	MPLOYEE LEASI	<u> </u>		56	2,989
		::		-				ļ					
2	Total number of independent						ed to	thos	se listed above) who receiv	ved			
	more than \$100,000 in compe	ensation from the	orga	anıza	tion	<u> </u>				···		1	

Pe	ırt V	III Stater	nent of Reve	nue						
							(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 श	1a	Federated car	mpaigns	1a			,	'		
P P	ь	Membership o		1b						
s,g	С	Fundraising e		1c						
gift	d	Related organ		1d						
S,E	е	Government grants	(contributions)	1e		774,865				
tioi er s	f	All other contribution	ns, gifts, grants,		•					
혈축		and similar amounts	s not included above	1f		27,651				
E E	g	Noncash contribution	ons included in lines 1a-	-1f	\$					
Program Service Revenue Contributions, gifts, grants	h	Total. Add line	es 1a–1f			▶ `	802,516			
ıue						Busn. Code				
ven	2a									
e Re	b									
vic	С									
Ser	d									
ram	е									
rog	f		ram service reve	nue				TITLE TO THE TOTAL PROPERTY OF THE PARTY OF		
_						<u> </u>				
	3		come (including	dıvıder	ids, intere	est, and				
	_	other similar a					1,114	1,114		
	4		nvestment of tax	-exem	pt bond p	roceeds >				
	5	Royalties	() Part		(·.) F	>				
	٥.	O Bt-	(ı) Real		(11) F	Personal				
	_	Gross Rents								
	b	Less rental exps								
	d	Rental inc or (loss) Net rental inco		1						
	7a		(i) Securities		(11)	Other				
		sales of assets			\ <u>\'''</u>	0.1.0.				
	b	other than inventory Less cost or other	-							
	~	basis & sales exps								
	С	Gain or (loss)								
	d	Net gain or (lo		•		•				
	8a		om fundraising eve	nts [······································				
une		(not including \$	•	1						
S		of contributions i	reported on line 1c)	,						
2		See Part IV, line	18	a						
Other Reven	b	Less direct ex	kpenses	b [
١	С	Net income or	(loss) from fund	raising	events	<u> </u>				·
	9a		om gaming activitie	s						
		See Part IV, line		a						
		Less direct ex		b						
			(loss) from gam	ing act	tivities	<u> </u>				
	10a		f inventory, less							
		returns and all		а						
		Less cost of g		þ						
	<u> </u>		(loss) from sale		entory	Dua Cada				
	44	MISC	ellaneous Revenue	! 		Busn. Code		•		
	11a					 				
	b									
	G	All other reven	NIA.							
	d e	Totai. Add line								
			e. See instruction	ns			803,630	1,114	0	0

Form 990 (2009)

Part IX **Statement of Functional Expenses**

SOUTHEAST NEBR. CANCER FOUNDATION

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 o	`			· · · · · · · · · · · · · · · · · · ·
	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		· · · · · ·		······································
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
2					
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
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				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes		i i		
11	Fees for services (non-employees)				
a	Management				
b	Legal	668		668	
c	Accounting	5,750		5,750	
d	Lobbying	3,733		37.33	
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees		- 		
	Other				·····
g 12	l l		-		
12	Advertising and promotion			· .	
13	Office expenses				
14	Information technology		-		.
15	Royalties			-	
16	Occupancy	2 050	2 050		
17	Travel	3,950	3,950		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	952	952		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,550	36,550		
23	Insurance				,,
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	SUBCONTRACTED SERVICES	477,902	434,750	43,152	
b	SUPPLIES	101,306	101,306		
c	PROGRAM DEVELOPMENT	96,185	96,185		
d	INDIRECT ADMIN EXPENSES	89,812	89,812		
е					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	813,075	763,505	49,570	
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 (2009)

	rt X	(Balance Sheet CANCER			5952202		Page 11
			<u> </u>		(A)		(B)
					Beginning of year		End of year
	1	Cash—non-interest bearing			368,338	1	230,382
	2	Savings and temporary cash investments			62,532	2	85,665
	3	Pledges and grants receivable, net			16,642	3	
-	4	Accounts receivable, net		_		4	
	5	Receivables from current and former officers, directors,	trustees, key				
		employees, and highest compensated employees Com	plete Part II of				
		Schedule L				5	
	6	Receivables from other disqualified persons (as defined	i under section				
- 1		4958(f)(1)) and persons described in section 4958(c)(3)	(B) Complete				
		Part II of Schedule L		Ĺ		6	
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
⋖∣	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or					
		other basis Complete Part VI of Schedule D	10a	187,779			
	b	Less accumulated depreciation	10b	82,275	142,054	10c	105,504
	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 3	4)		589,566	16	421,551
	17	Accounts payable and accrued expenses			13,851	17	89,603
ł	18	Grants payable		18			
İ	19	Deferred revenue		364,158	19	139,336	
	20	Tax-exempt bond liabilities				20	
es	21	Escrow or custodial account liability Complete Part IV	of Schedule D	_		21	
Liabilities	22	Payables to current and former officers, directors, truste	ees, key				
اچ		employees, highest compensated employees, and disq	ualified				
∷≒∣		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated thir	d parties		9,500	23	
	24	Unsecured notes and loans payable to unrelated third p	arties	_		24	
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25	_		387,509	26	228,939
es		Organizations that follow SFAS 117, check here ▶ 2	【 and				
2		complete lines 27 through 29, and lines 33 and 34.					
ᇛᅵ	27	Unrestricted net assets		<u>_</u>	202,057	27	192,612
m	28	Temporarily restricted net assets		L		28	
밑	29	Permanently restricted net assets		<u> </u>		29	
교ㅣ		Organizations that do not follow SFAS 117, check he	ere ▶				
5		and complete lines 30 through 34.					
ts	30	Capital stock or trust principal, or current funds		<u></u>		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment		<u>_</u>		31	<u> </u>
As	32	Retained earnings, endowment, accumulated income, of	or other funds			32	
Net Assets or Fund Balances	33	Total net assets or fund balances		<u> </u>	202,057	33	192,612
Z	34	Total liabilities and net assets/fund balances			589,566	34	421,551

Form **990** (2009)

Form	990 (2009) SOUTHEAST NEBR. CANCER FOUNDATION 20-5952202		_Pag	ge 12		
Pa	rt XI Financial Statements and Reporting					
			Yes	No		
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in					
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		_X_		
b	Were the organization's financial statements audited by an independent accountant?	2b	X			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were					
	issued on a consolidated basis, separate basis, or both			. "		
	X Separate basis Consolidated basis Both consolidated and separate basis					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in					
	the Single Audit Act and OMB Circular A-133?	3a	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X			
		Form	990	(2009)		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

SOUTHEAST NEBR. CANCER FOUNDATION

Employer identification number 20-5952202

P	art l	Reas	on for Public Charity	Status (All organizations	s must o	complet	e this	part.)	<u>See ir</u>	<u>istruct</u>	tions.		
The	orga	nization is not	a private foundation because	e it is (For lines 1 through 11,	check onl	y one box	:)						
1	\bigcap			ociation of churches described									
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3	П			ce organization described in se	ction 170	(b)(1)(A)(iii).						
4	Н			d in conjunction with a hospital)(1)(A)(i	ii). Ente	er the ho	ospital's name) .	
-		city, and stat		,				/\·/\/\-	,			•	
5		•		of a college or university owned	or operat	ed by a d	overnme	ental un	t descri	hed in			
	ш	=	b)(1)(A)(iv). (Complete Part		o. opo.u.	, u <u>g</u>							
6		•		overnmental unit described in s	ection 17	70/h)/1)/A	\(\v)						
7	X		•	substantial part of its support fr				from the	dener	al nublic			
•		-	section 170(b)(1)(A)(vi). (Co		om a gov	ciminema	oint or		genere	ı public	•		
8				i 70(b)(1)(A)(vi) . (Complete Part	- 11 1								
9	H	•		1) more than 33 1/3 % of its sur	-	contribut	ione me	mharch	un fees	and ar	nee		
•	ш	=		npt functions—subject to certain									
				nd unrelated business taxable in									
		• •	_	0, 1975 See section 509(a)(2)	•			,	/u3ii103	505			
10	\Box		•	exclusively to test for public saf									
11	H	•	•	exclusively for the benefit of, to	•		, ,, ,		v out the	e			
•		•	•	ed organizations described in s	•				•		1		
				he type of supporting organizati					-				
		a Type	_	c Type III-Function			d	— ·	e III–Ot	her			
е			<u> </u>	anization is not controlled direc			ne or m						
	_		•	and other than one or more pul	-				•		1		
		509(a)(1) or s	section 509(a)(2)	·	•	_							
f		If the organiz	ation received a written dete	rmination from the IRS that it is	a Type I,	Type II,	or Type	III supp	orting				
		organization,	check this box										
g		Since August	t 17, 2006, has the organiza	tion accepted any gift or contrib	ution from	any of th	ne						_
_		following per	sons?										
		(i) A persor	who directly or indirectly co	ontrols, either alone or together	with perso	ons descr	ıbed ın (н)				Yes	No
		and (III) I	below, the governing body o	f the supported organization?							11g(i)		
			member of a person describ								11g(iı)		
		(iii) A 35% c	ontrolled entity of a person of	described in (i) or (ii) above?							11g(iii	i	
h		Provide the f	following information about t	he supported organization(s)									
(1)	Name	e of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	organization		ou notify		s the	(viı) Am	ount of	
	org	anization		(described on lines 1–9 above or IRC section	1 ''	sted in your document?		nization in of your	organizat	ion in col zed in the	supp	ort	
				(see instructions))	governing	document.		oort?		S ?			
					Yes	No	Yes	No	Yes	No			
					-								
			<u> </u>		-								
			···		 	ļ			ļ				
Tota	1												

Schedule A (Form 990 or 990-EZ) 2009 SOUTHEAST NEBR. CANCER FOUNDATION 20-5952202 Page 2 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) ▶ (c) 2007 (a) 2005 (b) 2006 (e) 2009 (f) Total (d) 2008 Gifts, grants, contributions, and membership fees received (Do not 641,258 802,516 include any "unusual grants") 617,909 2,061,683 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 2,061,683 617,909 641,258 802,516 Total. Add lines 1 through 3 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) Public support. Subtract line 5 from line 4 2,061,683 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 4 617,909 641,258 802,516 2,061,683 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 288 1,213 1.114 2,615 sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 2,064,298 12 12 Gross receipts from related activities, etc. (see instructions) 1,114 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) **▶** X organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 14 Public support percentage from 2008 Schedule A, Part II, line 14 15 15 33 1/3 % support test—2009. 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 33 1/3 % support test—2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test—2009. 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

10%-facts-and-circumstances test—2008. 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

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 SOUTHEAST NEBR. CANCER FOUNDATION 20-5952202 Page 3 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 (d) 2008 (e) 2009 (f) Total Calendar year (or fiscal year beginning in) ▶ (b) 2006 (c) 2007 (a) 2005 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 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 Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support (b) 2006 (e) 2009 (f) Total (c) 2007 (d) 2008 Calendar year (or fiscal year beginning in) ▶ (a) 2005 Amounts from line 6 Gross income from interest, dividends, 10a payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets

	(Explain in Part IV)							
13	Total support. (Add lines 9, 10c, 11,							
	and 12)		_l					
14	First five years. If the Form 990 is for the organization, check this box and stop her	-	st, second, thir	d, fourth, or fifth	tax year as a sect	ion 501(c)(3)		▶ □
Sec	tion C. Computation of Public S	upport Percei	ntage					
15	Public support percentage for 2009 (line 8	, column (f) divide	ed by line 13, c	olumn (f))			15	<u>%</u>
16	Public support percentage from 2008 Sch	edule A, Part III,	line 15				16	%_
Sec	tion D. Computation of Investme	ent Income Pe	ercentage					
17	Investment income percentage for 2009 (line 10c, column ((f) divided by lir	ne 13, column (f))		17	%
18	Investment income percentage from 2008	Schedule A, Par	t III, line 17				18	%%
19a	33 1/3 % support tests-2009. If the orga	anization did not d	check the box o	n line 14, and lir	ne 15 is more than	33 1/3 %, and li	ne	_
	17 is not more than 33 1/3 %, check this	oox and stop here	e. The organiza	ition qualifies as	a publicly support	ed organization		▶

b 33 1/3 % support tests—2008. 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

Schedule A (Form 990 or 990-EZ) 2009 SOUTHEAST NEBR. CANCER FOUNDATION

20-5952202

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b, and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047 2009

Open to Public Inspection

Employer identification number Name of the organization SOUTHEAST NEBR. CANCER FOUNDATION 20-5952202 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ _____ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art. historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche	edule D (Form 990) 2009 SOUTHEAST	NEBR. CANCE	R FOUNDATI	ON	20-59	52202		Page 2
Pa	art III Organizations Maintaining	Collections of Art	, Historical Trea	sures,	or Other	Similar Assets	(continued	i)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records, ch	eck any of the followi	ng that ar	e a significa	ant use of its		,
а	Public exhibition	d 🗌 Loar	n or exchange progran	ns				
b		e Othe						
c	Preservation for future generations	5 [] 5	" – – – –					
4	Provide a description of the organization's collegant XIV	ections and explain hov	v they further the orga	ınızatıon's	exempt pu	rpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to	receive donations of an	, historical treasures,	or other s	sımılar		Yes	_ No
Pá	art IV Escrow and Custodial Arra					"Yes" to Form 9		
. •	IV, line 9, or reported an am						,	
1a	Is the organization an agent, trustee, custodian			her asset	s not			
···	included on Form 990, Part X?	if of other intermediary	ior contributions of other	1101 03300	3 1100		Yes	☐ No
h	If "Yes," explain the arrangement in Part XIV a	nd complete the follows	na tabla					
U	in res, explain the arrangement in Part XIV a	na complete the followi	ng table				Amount	
	Decimality belows					4-	Amount	
	Beginning balance					1c		
	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on For	m 990, Part X, line 21?					Yes	No
b	If "Yes," explain the arrangement in Part XIV		· · · · · · · · · · · · · · · · · · ·					
Pá	ert V Endowment Funds. Comple	ete if organization	answered "Yes" t	to Form	<u> 990, Pa</u>	rt IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three years back	(e) Four year	s back
1a	Beginning of year balance							
b	Contributions							
	Net investment earnings, gains,		•	<u> </u>	***************************************	***************************************		**********
Ī	and losses							
ч	Grants or scholarships			 			1	••••••
	Other expenditures for facilities							
٦	•							
	and programs						-	
T	Administrative expenses						 	
g	•						<u> </u>	
2	Provide the estimated percentage of the year	end balance held as						
	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶							
C	Term endowment ▶ %							
3а	Are there endowment funds not in the possess	sion of the organization	that are held and adm	nınıstered	for the			
	organization by						Yes	No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(ii), are the related organizations I	listed as required on So	hedule R?				3b	
4		•						
	art VI Investments—Land, Buildir			0. Part	X. line 10).		
	Description of investment	(a) Cost or other basis	,			umulated	(d) Book value	 3
		(investment)	basis (other			eciation	,.,	
4 -	Lond	,						
	Land							
	Buildings			+				
	Leasehold improvements		100	770		00 075		E 0.4
	Equipment		187	,779		82,275	105,	504
	Other	L	<u> </u>					F 2 2
Tota	I. Add lines 1a through 1e (Column (d) must eq	uai Form 990, Part X, c	olumn (B), line 10(c)))		▶	105,	504

Schedule D'(Form 990) 2009 SOUTHEAST NEBR. CANCE	R FOUNDATION	20-5952202	Page 3
Part VII Investments—Other Securities. See Form 990), Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)		Cost or end-of-yea	r market value
Financial derivatives			
Closely-held equity interests			
Other			
			
			
			
			<u> </u>
			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u></u>	<u> </u>	
Part VIII Investments—Program Related. See Form 99	0, Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of	
		Cost or end-of-yea	r market value
	· · · · · ·		
		·- ··	
			·
			······································
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		L	
Part IX Other Assets. See Form 990, Part X, line 15			
(a) Description			(b) Book value
	· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		•	
Part X Other Liabilities. See Form 990, Part X, line 25	5.	· · ·	
1 (a) Description of liability	(b) Amount		
Federal income taxes	(,		
r ederal income taxes		1	
		ł	
	<u> </u>	-	
		·	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organ	nization's financial stateme	nts that reports the	
organization's liability for uncertain tax positions under FIN 48			

	edule D (Form 990) 2009 SOUTHEAST NEBR. CANCER FOUNDA				Page 4
Pa	Reconciliation of Change in Net Assets from Form 990 to	Audi	ted Financial Statem		202 622
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	803,630
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	813,075
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-9,445
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 through 8			9	0.445
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	-9,445
Pa	art XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Revenue per Re		000 615
1	Total revenue, gains, and other support per audited financial statements			1	809,615
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		1		
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	5,985		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	·		
е	Add lines 2a through 2d			2e	5,985
3	Subtract line 2e from line 1	ſ		3	803,630
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	
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	803,630
Pa	art XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	With Expenses per F		<u>n</u>
1	Total expenses and losses per audited financial statements			1	819,060
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1		1	
а		2a	5,985		
þ	Prior year adjustments	2b			
C	Other losses	2c			
đ	,	2d			F 005
е	Add lines 2a through 2d			2e	5,985
3	Subtract line 2e from line 1	ſ	1	3	813,075
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	•	4a			
	Other (Describe in Part XIV)	4b			
C	Add lines 4a and 4b			4c	012 075
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	813,075
	art XIV Supplemental Information		14.5.484146		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin				
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin	es 2d	and 4b. Also complete		
this p	part to provide any additional information				
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Sch	nedu	ıle E) (Fo	orm !	990)	200	9	SO	UT	ΉE	'AS	T N	1EB	R.	C.	<u>AN</u>	CE1	RE	TOU:	ND	AT]		1	2	0 - 5	952	22()2						Page 5
F	art	XI	٧	Su	ıppl	em	ent	al li	nfo	rma	AS'	n (C	ontii	nue	d)	•																		
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SCHEDULE O

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

OMB No 1545-0047

2009

Open to Public

Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

SOUTHEAST NEBR. CANCER FOUNDATION

Employer identification number 20 - 5952202

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

A MEMBER OF THE BOARD OF DIRECTORS WILL BE REVIEWING AND SIGNING THE
RETURN BEFORE IT IS FILED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION THE DOCUMENTS ARE MADE AVAILABLE TO THE PUBLIC UPON REQUEST.

Form 9.9 (0 / 990-PF	Mor	tgages and Oth	er Notes Payable		2009
		For calendar year 2009, o	or tax year beginning	, and ending		
Name					Employer Ide	ntification Numbe
SO	UTHEAST NEBR	. CANCER FOUN	DATION		20-5952	202
FO	RM 990, PART	X, LINE 23 -	ADDITIONAL	INFORMATION		
	N	lame of lender		Relationship to	disqualified persor	1
	UNION BANK &	TRUST		NONE	·	· · · · · · · · · · · · · · · · · · ·
(2)						
(3) (4)					· · · · · · · · · · · · · · · · · · ·	
5)						
(6)						
(7)						
(8)						
(9)						
(10)						
	Original amount borrowed	Date of loan	Maturity date	Repayment terms	S	Interest rate
(1)	250,000	09/10/07	09/30/09	VARIABLE MONTHLY		7.25

	Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	250,000	09/10/07	09/30/09	VARIABLE MONTHLY	7.250
(2)					
<u>(3)</u>					
(4)					
<u>(5)</u>					
<u>(6)</u>			*. *		
(7) (8)		 			
(9)					
(10)					

	Security provided by borrower	Purpose of loan
(1)	UNSECURED	LINE OF CREDIT - OPERATING
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)	<u></u>	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	9,500	
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		
Totals	9,500	· · · · · · ·

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.

OMB No 1545-0172 2009

tachment

Identifying number Name(s) shown on return SOUTHEAST NEBR. CANCER FOUNDATION 20-5952202 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. 250,000 Maximum amount. See the instructions for a higher limit for certain businesses 1 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-Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (c) Elected cost (b) Cost (business use only) (a) Description of property 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 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 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 instr.) 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 36,550 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here 18 Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (a) Depreciation deduction placed in period only-see instructions) 19a 3-year property 5-year property C 7-year property d 10-year property e 15-year property 20-year property S/L 25 yrs 25-year property S/L 27 5 yrs Residential rental MM property ММ S/L 27 5 yrs MM Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life 12 yrs S/L b 12-year ММ S/L 40 yrs 40-year Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 36,550 22 and on the appropriate lines of your return Partnerships and S corporations—see instructions For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

0729N Southeast Nebr. Cancer Foundation

20-5952202

Form 990, Page 1

FYE: 12/31/2009

Asset	Description	Date In Service	Cost	Bus <u>%</u>	Sec 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other 1 2 3 4 5	Depreciation: Polycom VSX 700 Video Conf Equip/Sanus Dell Laptop 18 FT Top MT Refrigerator (White) Immunicon Auto Prep/Cell tracks II analyze New Brunswick Scientific 180 Tissue Freez New Brunswick Innova -86 Freezer (4) Dell 17" Computer Monitors	8/31/07 9/25/07 10/01/07	7,107 1,717 481 160,500 16,497 630 846			7,107 1,717 481 160,500 16,497 630 846	7 MO S/L	2,132 458 86 40,125 2,750 90 84	1,422 344 69 32,100 2,356 90 169
,	Total Other Depreciation	0/17/00	187,778		-	187,778	3 1110 070	45,725	36,550
	Total ACRS and Other Deprec	iation	187,778		-	187,778		45,725	36,550
	Grand Totals Less: Dispositions and Transfer Less: Start-up/Org Expense Net Grand Totals	rs	187,778 0 0 187,778			187,778 0 0 187,778		45,725 0 0 45,725	36,550 0 0 36,550

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury

► File a separate application for each return.

OMB No 1545-1709

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

internai Revei	de Service		i
If you ar	e filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ X
If you ar	e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this fo	rm)	_
	plete Part II unless you have already been granted an automatic 3-month extension on a previously filed		8
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed	i).	
A corporatio Part I only	n required to file Form 990-T and requesting an automatic 6-month extension—check this box and comple	te	▶ []
	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an excome tax returns	ctension o	of
one of the re electronicall returns, or a	iling (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of turns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form or (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 88 composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 core details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Non.	: 8868 370, grou (Part II) of	p
Type or	Name of Exempt Organization	Employ	er identification number
print			
File by the	SOUTHEAST NEBR. CANCER FOUNDATION	<u> 20-5</u>	952202
due date for filing your return See	Number, street, and room or suite no If a P O box, see instructions 201 S. 68TH STREET PLACE, STE 200		
instructions	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)		
X Form	Form 990-T (corporation) 990-BL 990-EZ Form 990-T (trust other than above) Form 1041-A		Form 4720 Form 5227 Form 6069 Form 8870
	ks are in the care of ▶ JOHN TRITT ne No ▶ 402-327-7340 FAX No ▶		
	anization 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	
	names and EINs of all members the extension will cover		
until	est an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time $08/15/10^\circ$, to file the exempt organization return for the organization named above. The extension organization's return for calendar year 2009° or	IS	
▶ _	tax year beginning , and ending		
2 If this	ax year is for less than 12 months, check reason Initial return Final return Change	ın accoun	ting period
3a If this	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,		
	ny nonrefundable credits. See instructions	3a	\$
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax		
	ints made Include any prior year overpayment allowed as a credit	3b	\$
	ce Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,		
•	t with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment n) See instructions	3c	\$
	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 88		
-	instructions		

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