

### 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** 

OMB No 1545-1150 2009

**Open to Public** 

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

inspection

B Check   spektative   Season	Α	For the	2009 calend	ar year,	or tax year beginning	, and e	nding				<u>-</u>
Name charge   Part	В	Check if	applicable		C Name of organization	n				D Em	ployer identification number
Name charge   Instal return   Spe.   Instal return   Spe.   Instal return   Spe.   Instal return   Spe.   Special		Address	change								
Termination   Sec   Se		Name ch	hange		HEALTH PAR	TNERS INITITAT	IVE			36	5-3832796
Amended return Application pending Instruction Application pending Instruction Application pending Instruction Ins		Initial ret	turn	I' I	Number and street (or P	D box, if mail is not delivered to s	street address)		Room/suite	E Tel	ephone number
Amended return   hosts   Linkool   hosts   h	L J	Termina	tion		P.O. BOX 30	0205				4(	02-441-8042
Application pending   bens.   LINCOIN   NE 68503 - 0205   Number   Section 501c(12) organizations and 4447(a)(1) nonexempt charitable trusts must attach   G. Accounting metable   S. C. Applications and 4447(a)(1) nonexempt charitable trusts must attach   C. Accounting metable   S. C. Applications and 4447(a)(1) nonexempt charitable trusts must attach   C. Accounting metable   S. C. Applications   S. C.		Amende	d return		City or town, state or cour	ntry, and ZIP + 4				F Gro	oup Exemption
Website:   N/A   N/A		Applicati	ion pending		LINCOLN	N:	E 68503-	0205		Nu	mber <b>&gt;</b>
Website: ▶ N/A   Tax-exempt status (cross orly one)   X  501(c) ( 3 )		• Sec	tion 501(c)(3)	) organiz	ations and 4947(a)(1) i	nonexempt charitable trust	s must attach		G Accounting	g method	X Cash Accrual
Tax-exempt status (once cell-peals—   X   501(c) ( 3 ) 4 (Insert no.)   4947(a)(1)   527				a con	npleted Schedule A (Fo	orm 990 or 990-EZ).			Other (specify)	<b>•</b>	
K Check Did 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-E2 or Form 990-E2 or Form 990-E2 by \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	ı	Websit	te: <b>&gt; _ N/</b>	'A					H Check ▶	X if th	ne organization is not
K Check Did 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-E2 or Form 990-E2 or Form 990-E2 by \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	J	Tax-exe	empt status (ch	eck only one	)_ <b>X</b> 501(c) (	3 ) <b>◀</b> (insert no ) 49	47(a)(1) or	527	required t 990-EZ, c	o attach So r 990-PF)	chedule B (Form 990,
Part   Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	Κ	Check	<b>&gt;</b>	ıf the org		on 509(a)(3) supporting orga	nization and its	gross rec			
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part  )   1		Form 9	90-EZ or For	m 990 ret	urn is not required, but	if the organization chooses t	o file a return, b	e sure to	file a complet	e return	_
1 Contributions, gifts, grants, and smillar amousts received 2 Program service revenue including government-fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets on the phan everyptop 5 Less cost or other basis and sales of the phan everyptop 6 Spocial events and activities (complete approach) 4 Spot events and sales of the phan everyptop 7 Can or (loss) from sale of assets other than investment income 8 Can or (loss) from sale of assets other than investment income 9 Can or (loss) from sale of assets other than investment income 9 Can or (loss) from sale of assets other than investment income 9 Can or (loss) from sale of assets other than investment income 9 Can or (loss) from sale of assets other than fundraising expenses 9 Can or (loss) from special events and activities (Subtract line 6b from line 6a) 9 Can or (loss) from special events and activities (Subtract line 6b from line 6a) 9 Can or (loss) from special events and activities (Subtract line 6b from line 6a) 9 Can or (loss) from special events and activities (Subtract line 6b from line 6a) 9 Can or (loss) from special events and activities (Subtract line 7b from line 7a) 10 Can or (loss) from special events and activities (Subtract line 7b from line 7a) 11 Cata revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 9 577, 012 12 Can or (loss) from special events and activities (loss) from line 7a) 13 Cata revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 9 9 577, 012 14 Cacupancy, rent, utilities, and or for members 11 Elements paid to or for members 12 Salarnes, other compensation, and employee benefits 13 Printing, publications, postage, and shipping 14 Cacupancy, rent, utilities, and maintenance 15 Carb expenses (describe SEE STATEMENT 2) 16 52, 170 17 Total expenses. Add lines 10 through 16 15 Printing, publications, postage, and shipping 16 Other expenses (describe SEE STATEMENT 2) 16 52, 170 17 Total expenses. Add lines 10 through 16 15 Printing, publications, postage, and shipping 18 Carb expens	<u>L</u>	Add lines	s 5b, 6b, and 7b	o, to line 9	to determine gross receipts	, if \$500,000 or more, file Form 9	90 instead of Form	n 990-EZ			\$ 57,012
2   Program service revenue including government feee-and contracts   2   3   4   140	F	Part I	Reven	ue, Ex	penses, and Chan	ges in Net Assets or	Fund Balan	ces (Se	e the instr	uctions	for Part I.)
Second Price   Seco		1	Contributions,	gıfts, gran	ts, and similar amounts rec	eived				1	51,900
4 Investment income 5 Gross amount from sale of assets of assets of assets of assets of assets of assets of a Gross amount from sale of assets of assets of a Gross amount from sale of assets other basis and sales societies of a Gross are continued in the first of the fact of the fa		2	Program ser	vice reve	nue including governm	ent fees and contracts				2	
Sa   Gross amount from sale of assets of the han everylopy 2 2010   Sa   Sa   Sa   Sa   Sa   Sa   Sa   S		3	Membership	dues an	d assessments	KECFIVED				3	
c Gam or (loss) from sale of assets other than mentana. Subtract line 5b from limited a Gross revenue (not including \$		4	Investment i	ncome	lot	TO STIVE D				4	140
c Gam or (loss) from sale of assets other than mentana. Subtract line 5b from limited a Gross revenue (not including \$		5a	Gross amou	nt from s	ale of assets other than	Inventory	5a				
6 Special events and activities (complete applicable of the public of th		b	Less cost of	r other ba	asis and sales expenses	SEP 22 2010   91	5b			7	
6 Special events and activities (complete applicable of the public of th		С	Gain or (loss)	from sale of	of assets other than invente	ry (Subtract line 5b from line (5a)				5c	
a Gross revenue (not including \$ reported on line 1) b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe \$ SEE STATEMENT 1 ) 8 4,972 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 \$ 9 577, 0.12  10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salanes, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe \$ SEE STATEMENT 2 ) 16 52,170 17 Total expenses. Add lines 10 through 16 15 (Other expenses (describe \$ SEE STATEMENT 2 ) 16 52,170 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) 21 Set STATEMENT 3 20 -112,445 22 Net assets or fund balances (attach explanation) 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe \$ SEE STATEMENT 4 ) 4,400 24 25 Total assets 26 Total liabilities (describe \$ SEE STATEMENT 4 ) 4,400 24 26 Total liabilities (describe \$ SEE STATEMENT 4 ) 4,400 24 27 Total liabilities (describe \$ SEE STATEMENT 4 ) 4,400 24 28 Total assets	ē	6					nt is from gaming.	, check here	• <b>▶</b> □		
b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe	ē	a						,	L	'	
b Less direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) 7a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe	Š		reported on	line 1)			6a				
C   Net income or (loss) from special events and activities (Subtract line 6b from line 6a)   7a   7c   7c   7c   7c   7c   7c   7c		Ь	Less direct	expenses	s other than fundraising	expenses				_	
7a   Gross sales of inventory, less returns and allowances   7a   7b		С					rom line 6a)			6c	
b Less cost of goods sold c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe ▶ SEE STATEMENT 1 ) 8 4,972 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶ 9 577, 012  10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 550 14 Occupancy, rent, utilities, and maintenance 14 264 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe ▶ SEE STATEMENT 2 ) 16 52,170 17 Total expenses. Add lines 10 through 16 ▶ 17 52,984 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3 20 -12,445 21 Net assets or fund balances at end of year Combine lines 18 through 20 ▶ 21 69,525  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 23 24 Other assets (describe ▶ SEE STATEMENT 4 ) 4,400 24 25 Total liabilities (describe ▶ SEE STATEMENT 4 ) 0 26 0 0		7a			·	•	1 '.				
8		b			•						
8		С		7c							
9   Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		8				·					4,972
10   Grants and similar amounts paid (attach schedule)   10   11   11   12   13   15   12   13   13   15   14   15   15   14   15   15   16   16   15   17   16   16   17   17   17   17   18   18   18   18		9		•		c, and 8				. '	
11   Benefits paid to or for members   11		10								$\rightarrow$	<u> </u>
12   Salaries, other compensation, and employee benefits   13   Professional fees and other payments to independent contractors   13   550     14   Occupancy, rent, utilities, and maintenance   14   264     15   Printing, publications, postage, and shipping   16   Other expenses (describe   SEE STATEMENT 2   )   16   52,170     17   Total expenses. Add lines 10 through 16     17   52,984     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   4,028     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   777,942     20   Other changes in net assets or fund balances at end of year Combine lines 18 through 20   21   69,525     Part    Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ     Cash. savings, and investments   73,542   22   69,525     21   Other assets (describe   SEE STATEMENT 4   )   4,400   24     25   Total assets   77,942   25   69,525     26   Total liabilities (describe   SEE STATEMENT 4   )   0   26   0     10   Occupancy, rent, utilities, and maintenance   14   264     14   264   14   264     15   Printing, publications, postage, and shipping   15     16   Other expenses (describe   SEE STATEMENT 2   )   16   52,170     17   Total expenses. Add lines 10 through 16   17   52,984     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   4,028     18   Excess or (deficit) for the year (Subtract line 19 from line 9)   18   4,028     20   Other changes in net assets or fund balances at end of year (Combine lines 18 through 20   20   20     20   Other changes in net assets or fund balances at end of year (Combine lines 18 through 20   20   20   20     21   Gegentance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ						· · · · · · ·				_	
Part II Balance Sheets. If Total assets on fund balances (attach explanation)  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  (B) End of year  (B) End of year  (B) End of year  (C) Total assets  (describe SEE STATEMENT 4  (A) Beginning of year  (B) End of year  (B) End of year  (B) End of year  (C) Total assets  (C) Total liabilities (describe (C) SEE STATEMENT 4  (D) Total cypenses. Add lines 10 through 16  (D) Total expenses. Add lines 10 through 16  (D) Total expenses. Add lines 10 through 16  (E) SEE STATEMENT 2  (D) Total expenses. Add lines 10 through 16  (E) End of year  (B) End of year  (B) End of year  (B) End of year  (C) Total assets  (C) Total assets  (C) Total liabilities (describe (C) SEE STATEMENT 4  (D) Total liabilities (describe (C) SEE STATEMENT 5  (D) Total liabilities (describe (C) SEE STATEMENT 5		12	•			benefits					
15    Printing, publications, postage, and shipping   16    Other expenses (describe	Se	13									550
15 Printing, publications, postage, and shipping 16 Other expenses (describe ▶ SEE STATEMENT 2  17 Total expenses. Add lines 10 through 16  18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  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)  22 Cash. savings, and investments  23 Cash. savings, and investments  24 Other assets (describe ▶ SEE STATEMENT 4  25 Total assets  26 Other assets (describe ▶ SEE STATEMENT 4  27 Other assets (describe ▶ SEE STATEMENT 4  28 Other assets (describe ▶ SEE STATEMENT 4  29 Other assets (describe ▶ SEE STATEMENT 4  20 Other assets (describe ▶ SEE STATEMENT 990 instead of Form 990-EZ  (See the instructions for Part II)  27 Other assets (describe ▶ SEE STATEMENT 4  28 Other assets (describe ▶ SEE STATEMENT 4  29 Other assets (describe ▶ SEE STATEMENT 4  20 Other assets (describe ▶ SEE STATEMENT 4  20 Other assets (describe ▶ SEE STATEMENT 4  21 Other assets (describe ▶ SEE STATEMENT 4  22 Other assets (describe ▶ SEE STATEMENT 4  23 Other assets (describe ▶ SEE STATEMENT 4  24 Other assets (describe ▶ SEE STATEMENT 4  25 Other assets (describe ▶ SEE STATEMENT 4  26 Other assets (describe ▶ SEE STATEMENT 4  27 Other assets (describe ▶ SEE STATEMENT 4  28 Other assets (describe ▶ SEE STATEMENT 4  29 Other assets (describe ▶ SEE STATEMENT 4  20 Other assets (describe ▶ SEE STATEMENT 4  20 Other assets (describe ▶ SEE STATEMENT 4  21 Other assets (describe ▶ SEE STATEMENT 4  22 Other assets (describe ▶ SEE STATEMENT 4  25 Other assets (describe ▶ SEE STATEMENT 4  26 Other assets (describe ▶ SEE STATEMENT 4  27 Other assets (describe ▶ SEE STATEMENT 4  28 Other assets (de	pen				, ,						
16 Other expenses (describe ► SEE STATEMENT 2 ) 16 52,170 17 Total expenses. Add lines 10 through 16	ŭ	15	•		•						
17   Total expenses. Add lines 10 through 16   17   52,984     18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   4,028     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   77,942     20   Other changes in net assets or fund balances (attach explanation)   SEE STATEMENT 3   20   -12,445     21   Net assets or fund balances at end of year Combine lines 18 through 20   21   69,525     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   73,542   22   69,525     23   Land and buildings   23     24   Other assets (describe   SEE STATEMENT 4   )   4,400   24     25   Total assets   77,942   25   69,525     26   Total liabilities (describe   )   0   26   0     10   10   10   10   10     10   10						ATEMENT 2					52,170
18 Excess or (deficit) for the year (Subtract line 17 from line 9)  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)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  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  (B) End of year  (C) Cash. savings, and investments  22 Cash. savings, and investments  23 Land and buildings  24 Other assets (describe SEE STATEMENT 4  25 Total assets  26 Total liabilities (describe (		17								`	
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)  20 Other changes in net assets or fund balances (attach explanation)  21 Net assets or fund balances at end of year Combine lines 18 through 20  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  23 Cash. savings, and investments  24 Other assets (describe SEE STATEMENT 4  25 Total assets  77,942 25  69,525  77,942 25  69,525		<del> </del>				17 from line 9)			,		
21   69,525     Part   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ	ets					•	(N) (must agree	with			
21   69,525     Part   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ	SS					•	,,, (z., zg. zz.			19	77.942
21   69,525     Part   Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ	et /	20	-	•	• •	•	SEE S	TATE	MENT 3		
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         73,542 22         69,525           23 Land and buildings         23           24 Other assets (describe ► SEE STATEMENT 4         ) 4,400 24           25 Total assets         77,942 25         69,525           26 Total liabilities (describe ►         ) 0 26         0	Z	21	_							. —	
(See the instructions for Part II )       (A) Beginning of year       (B) End of year         22 Cash, savings, and investments       73,542 22 69,525         23 Land and buildings       23         24 Other assets (describe ► SEE STATEMENT 4 )       4,400 24         25 Total assets       77,942 25 69,525         26 Total liabilities (describe ► )       0 26 0	F	art II		_				file Form	990 instead o		
22 Cash, savings, and investments       73,542 22 69,525         23 Land and buildings       23         24 Other assets (describe ► SEE STATEMENT 4 )       4,400 24         25 Total assets       77,942 25 69,525         26 Total liabilities (describe ► )       0 26 0								1			
23 Land and buildings       23         24 Other assets (describe ► SEE STATEMENT 4       ) 4,400 24         25 Total assets       77,942 25 69,525         26 Total liabilities (describe ► )       ) 0 26 0	22	Cash. s	savings, and i	nvestmer	,	,					
24 Other assets (describe       SEE STATEMENT 4       )       4,400 24         25 Total assets       77,942 25 69,525         26 Total liabilities (describe       )       0 26 0			<del>-</del> '			•					1
25 Total assets  277,942 25 69,525 26 Total liabilities (describe ▶ ) 0 26 0			_	be 🕨	SEE STATEM	ENT 4	1		4.4	<del></del>	
26 Total liabilities (describe ▶			•	-	- : : = = <del>-   -   -   -   -   -   -   -   -   - </del>						69.525
				спье 🕨			١	<b>-</b>		_	1 0
27 Net assets or fund balances (line 27 of column (b) must agree with line 21) 1 1 7 2 2 2 2 1 6 3 . 3 2 3					(line 27 of column (B) i	nust agree with line 21)			77,9		69,525
							ns.	•			Form 990-EZ (2009)
	. 01	rivacy	, accana rap	SCIMOIK	readenon Act Nouce,	see me separate instructio	113.				rom <b>33U-EZ</b> (2009) \

DAA

Form 990-EZ (2009) HEALTH PART	NERS INITITATIV	Æ 36	-3832796			Page 2
Part III Statement of Program S			ons for Part III	.)	Ex	penses
What is the organization's primary exempt purpo			_		(Required	for section
ADDRESS THE UNMET HEALTH NEEDS OF					501(c)(3) a	and 501(c)(4)
Describe what was achieved in carrying out the		es In a clear and concise				ons and section
manner, describe the services provided, the num			or		•	trusts, optional
				1	for others	
each program title	MANORIC MACK BODGE CT	TDV		<u> </u>	TOT GUILGIS	
28 COMMUNITY HEALTH ENDOWMENT FOR	MATOR'S TASK FORCE ST	ODI		1		
				1	1	
			_	<u>س ا مہ</u>	.	34,000
<del>4</del>	is amount includes foreign gra	**	<u> </u>	28	sa	34,000
29 OUTCOME PATHWAYS: EXPEDITE HEA		AT				
HIGHEST RISK OF POOR OUTCOMES	THROUGH A SYSTEM OF			- 1		
COORDINATED CARE AMOUNG SAFETY	NET PROVIDERS.			,,		
(Grants \$ ) If the	is amount includes foreign gra	nts, check here	<u></u>	29	)a	4,430
30				1	l	
				j		
(Grants \$ ) If the	is amount includes foreign gra	nts, check here	<b>•</b>	iii ] 30	)a l	
31 Other program services (attach schedule)	SEE STATEMENT					
· -	is amount includes foreign gra	_	•	☐   31	<sub> a</sub>	8,686
32 Total program service expenses (add lines		nto, oneok nore		▶ 3		47,116
		unt nach and avon if not an	mnoncoted (See )			
Part IV List of Officers, Directors, Tru	stees, and Key Employees. I	(b) Title and average	(c) Compensation		ntributions to	(e) Expense
(a) Name and a	uddress	hours per week	(If not paid,	employee	benefit plans &	account and
		devoted to position	enter -0)	deferred o	compensation	other allowances
STEVE BEAL	LINCOLN	PRESIDENT				
3140 N STREET	NE 68510	1.00	_0	ļ	0	0
HARRY SEWARD III	LINCOLN	TREASURER				
1248 O STREET, 4TH FLOOR	NE 68508	1.00	0	<u> </u>	0	0
LIBBY RAETZ	LINCOLN	SECRETARY				
555 S. 70TH STREET	NE 68510	1.00	0		0	0
MIKE GRAY	LINCOLN	PAST PRES.				
233 S. 13TH STREET, SUITE 1650	NE 68508	1.00	o		0	٥
KEN FOSTER	LINCOLN	AT-LARGE			<del></del>	_
1600 S. 48TH STREET	NE 68506	1.00	o		0	0
RODRIGO CANTARERO PH.D.	LINCOLN	BOARD MEMBER	· ·			
		1.00	o		0	۰ ا
3741 STOCKWELL CIR	NE 68502	BOARD MEMBER				· · · · · ·
JACK COOGAN	LINCOLN					
601 W. CORNHUSKER HWY.	NE 68521	1.00	0		0	<u> </u>
DEBRA DAHAB, PH.D.	LINCOLN	BOARD MEMBER				
3211 WEAVER AVENUE	NE 68506	1.00	0	ļ	0	0
SANDE DIRKS	LINCOLN	BOARD MEMBER				
7111 STEPHANIE LANE	NE 68516	1.00	0		0	0
DR. BARRY HOOVER	LINCOLN	BOARD MEMBER				
8055 O STREET, SUITE 300	NE 68510	1.00	0		0	0
TAMI SOPER	LINCOLN	BOARD MEMBER		1		ļ
440 W. BEAL STREET	NE 68521	1.00	0		0	0
SAM SEEVER	LINCOLN	AT-LARGE				
621 ROSE STREET	NE 68502	1.00	0		0	٥
SHELLY WACHMAN	LINCOLN	BOARD MEMBER			_	
3900 NW 12TH STREET, SUITE 200	NE 68521	1.00	٥		0	١٠٠
JOO NA IZIN BINBBI, BOILB 200	112 00322					
	•			1		
<del></del>						-
•	•					
				1		
• •	•					1
			<del>                                     </del>	<del> </del>	<u> </u>	<del> </del>
•						1
· · · · · · · · · · · · · · · · · · ·	<u> </u>			<del>                                     </del>		
						1
		1		1	_	I

Pa	Other Information (Note the statement requirements in the instructions for Pa	art 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 rej	orted			
	on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
а	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				
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			-	
а	Initiation fees and capital contributions included on line 9			I	
b	Gross receipts, included on line 9, for public use of club facilities 39b			ı	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			ı	
	section 4911 ▶, section 4912 ▶, section 4955 ▶			I	
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit			I	
	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		X
С	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,			1	
	4955, and 4958 ▶			I	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			ı	
	reimbursed by the organization			1	
е	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   HEALTH PARTNERS INITIATIV  Tele	ephone no > 402	-44	1-8	144
	PO BOX 30205				
	Located at ► LINCOLN, NE	ZIP+4 ▶ 685	03		
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			Yes	No
	account)?		42b		X
	If "Yes," enter the name of the foreign country			I	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			ŧ	
	and Financial Accounts.			ŧ	
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		42c		<u>x</u>
	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	t i			▶∐
	and enter the amount of tax-exempt interest received or accrued during the tax year	▶ 43			
			,		
		ı		Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			ŧ	
	Form 990-EZ		44		<u> </u>
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			ŧ	
	"Yes," Form 990 must be completed instead of Form 990-EZ		45		<u>x</u>
		Fo	m 99	0-EZ	(2009)

orm 990-EZ	(2009) HEALTH PARTNERS INITITATIVE	36	-3832796			F	age 4
Part VI	Section 501(c)(3) organizations and section 4947(a)					1	
•	501(c)(3) organizations and section 4947(a)(1) none	xempt charitabl	e trusts must a	inswer questio	ns 46	3-49b	)
	and complete the tables for lines 50 and 51.	<del> </del>		-			
	organization engage in direct or indirect political campaign activities on	behalf of or in oppo	sition to			Yes	No
	ates for public office? If "Yes," complete Schedule C, Part I				46		X
	e organization engage in lobbying activities? If "Yes," complete Schedule				47		X
	organization operating a school as described in section 170(b)(1)(A)(ii)?	•	chedule E		48		X
	organization make any transfers to an exempt non-charitable related or	ganization?			49a		X
	" was the related organization a section 527 organization?				49b		<u> </u>
•	ete this table for the organization's five highest compensated employees	•	•	•			
employ	rees) who each received more than \$100,000 of compensation from the	(b) Title and average	e is none, enter 'Ne (c) Compensation	(d) Contributions to	(a)	Expen	<u> </u>
	(a) Name and address of each employee paid more than \$100,000	hours per week	(c) compensation	employee benefit plans &	`ac	count ar	nd
		devoted to position		deferred compensation	other	allowa	nces
NONE							
	41			<del></del>			
				<del></del>			
							—
f Total n	umber of other employees paid over \$100,000	<u> </u>					
		•		•			
1 Comple	ete this table for the organization's five highest compensated independen	nt contractors who e	ach received more	than			
	00 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) C	ompen	sation	
NONE							
			·				
			<del> </del>				
			WV - 110 -				
d Total n	umber of other independent contractors each receiving over \$100,000	<b>&gt;</b>					
				<del></del>			
	Under penalties of perjury, I declare that I have examined this return, including a and belief, it is true-correct, and complete Declaration of preparer (other than o	ccompanying schedule	es and statements, and	d to the best of my knowle	owledge	•	
Sign	and solici, it is true contain and complete Decialation of preparer (other trial)	incer) is based on all in	iornation of which pre	eparer has any knowle	age	_	
Here	Signature of officer			epternba	19	121	<u>) 10</u>
пете	STEVEN BEAL	BOAT	Date  RD PRESIDE	ידעי			
	Type or print name and title		D I KEDIDI	141 4			
	, S 00	Date	Check if	Preparer's Iden	lifyina Ni	mber (Se	ee instr \
Paid	Preparer's signature		self-		- ,	51 (50	
reparer's		09/12	1/10 employed ▶		7 ^	<del></del>	
Jse Only		B, P.C.			<u>7 - 0</u>	122	<u> </u>
Joe Only	if self-employed), address, and ZIP + 4 PO BOX 30533  LINCOLN, NE 68503-05	2 2	<del></del>	Phone	4	<i>c</i> ^	6 E A
	address, and ZIP + 4 LINCOLN, NE 68503-05	J J		no ▶ 402	-4/	ローソ	ロコリ

► X Yes No Form 990-EZ (2009)

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

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

HEALTH PARTNERS INITITATIVE

Employer identification number 36 - 3832796

			112112111111111111	<u> </u>										
P	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	truction	ons.			
The	orgai	nization is not	a private foundation because	e it is (For lines 1 through 11, ch	eck only	one box )								
1	<u> </u>			ciation of churches described in			A)(i).							
2			cribed in section 170(b)(1)(A											
3	Lame			e organization described in sect	ion 170(b	)(1)(A)(iii	).							
4	= *			in conjunction with a hospital de				l)(A)(iii).	. Enter t	he hosi	pital's name.			
•	نــا	city, and state	•	iii conjunction with a neophar at				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			, , , , , , , , , , , , , , , , , , , ,			
_		• .		f a college or university owned o	r operate	d by a gay	/ornman	tal unit c	locoribo	d in				
5					o operate	a by a gov	/emmen	tai uiiit t	iesci ibe	iu III				
		section 170(b)(1)(A)(iv). (Complete Part II )  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
6	-													
7	X	-	•	ubstantial part of its support from	n a gover	nmentał u	init or fro	m the g	eneral p	oublic				
		described in s	section 170(b)(1)(A)(vi). (Co	mplete Part II)										
8		A community	trust described in section 17	<b>70(b)(1)(A)(vi)</b> . (Complete Part II	l )									
9		An organizati	on that normally receives (1	) more than 33 1/3 % of its supp	ort from c	ontributio	ns, mem	bership	fees, a	nd gros	s			
		receipts from	activities related to its exem	pt functions—subject to certain e	exceptions	s, and (2)	no more	than 33	3 1/3 %	of its				
		support from	gross investment income and	d unrelated business taxable inc	ome (less	section 5	511 tax)	from bus	sinesse	s				
		acquired by ti	- ne organization after June 30	), 1975 See section 509(a)(2). (	Complete	Part III )								
10	[	An organizati	on organized and operated e	xclusively to test for public safet	tv Seese	ction 509	(a)(4).							
11	- 4	_		xclusively for the benefit of, to p				o carry o	out the					
		•	•	ed organizations described in sec			•	•		ction				
		•		e type of supporting organization	-									
		a Type		c Type III–Functions			d	<del></del>	e III–Oti	her				
_			L	anization is not controlled directly	, ,		L							
e	لــا			and other than one or more publ						action				
-	••			and other than one or more publ	icly suppo	rteu orga	mzations	Geschi	/eu iii si	schon				
			section 509(a)(2)		- T 1 T		Tues III							
f		<u>-</u>		rmination from the IRS that it is a	a type i, i	ype II, or	rype iii	support	ing				[	
		_	check this box											
g		Since August	17, 2006, has the organizati	on accepted any gift or contribu	tion from a	any of the	!							
		following per	sons?											
		(i) A persor	who directly or indirectly co	ntrols, either alone or together w	ith persor	is describ	ed in (ii)				_	Yes	No	
		and (III) b	pelow, the governing body of	the supported organization?							11g(i	Ц	<u> </u>	
		(ii) A family	member of a person describ	ed ın (ı) above?							11g(i	0	<u> </u>	
		(iii) A 35% c	ontrolled entity of a person d	escribed in (i) or (ii) above?							11g(ı	и)		
h		Provide the f	ollowing information about th	ne supported organization(s)										
(i	Name	e of supported	(ii) EIN	(iii) Type of organization	(IV) Is the	organization	(v) Did y	ou notify	(vi)	s the	(vii) Ar	mount of		
•		anization		(described on lines 1-9	ın col (i) lı	sted in your		nization in	organizat		sur	pport		
				above or IRC section	governing	document?	col (i)	or your port?		zed in the S ?				
				(see instructions))	Yes	No	Yes	No	Yes	No				
		<del></del>			<del>                                     </del>									
					<del>                                     </del>			<del> </del>	<del> </del>					
					1			<u> </u>						
					ļ		<del>                                     </del>		-					
	_				<u> </u>	ļ	<u> </u>							
							<u></u>							
					1									
r_+	-1		ŀ		<b>‡</b>	1	l	l	1					

3	Я	3	2'	7 Q	16	D

age 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 294,591 224,522 187,513 106,702 51,900 865,228 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 294,591 224,522 187,513 106,702 51,900 865,228 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 4 865,228 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 4 187,513 106,702 51,900 865,228 294,591 224,522 Gross income from interest, dividends. payments received on securities loans, rents, royalties and income from similar 480 648 149 356 140 1,773 sources Net income from unrelated business activities, 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) 11 Total support. Add lines 7 through 10 867,001 12 Gross receipts from related activities, etc. (see instructions) 12 5,112 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 99.80% 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 99.82% 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 16a 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 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

18

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 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 6 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 Calendar year (or fiscal year beginning in) ▶ (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 10a Gross income from interest, dividends, 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 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 14 organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 15 % 16 Public support percentage from 2008 Schedule A, Part III, line 15 16 % Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 17 % Investment income percentage from 2008 Schedule A, Part III, line 17 18 % 33 1/3 % support tests—2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 19a 17 is not more than 33 1/3 %, check this box and stop here. The organization qualifies as a publicly supported organization 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

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

Schedule A (Form 990 or 990-EZ) 2009 HEALTH PARTNERS INITITATIVE

36-3832796

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.

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

Attachment Sequence No

Name(s) shown on return

Identifying number 36-3832796

		PARINERS I	MITITIATIA	Ç.				1 20-	<del>, , , ,</del>	2/30
	ess or activity to which this form relates	OM								
	NDIRECT DEPRECIATI  In the Election To Expension		erty Under Se	ction 1	79					
rd	Note: If you have a					com	plete Pa	rt I.		
1	Maximum amount See the instruct				- <u> </u>				1	250,000
2	Total cost of section 179 property p	•						[	2	
3	Threshold cost of section 179 prope			nstructioi	ns)			. [	3	800,000
4	Reduction in limitation Subtract line	e 3 from line 2 If zero	o or less, enter -0-					. [	4	
5	Dollar limitation for tax year Subtract line	4 from line 1 If zero or	less, enter -0- If mar	ried filing s	separately, see	ınstruç	tions		5	
6	(a) Description	of property		(b) Cost	(business use	only)	(c) E	lected cost		
7	Listed property Enter the amount for	rom line 29				7				
8	Total elected cost of section 179 pr	operty Add amounts	ın column (c), line	es 6 and	7			ļ	8	
9	Tentative deduction Enter the sma	i <b>ller</b> of line 5 or line 8							9	
10	Carryover of disallowed deduction t	from line 13 of your 2	008 Form 4562					ļ	10	
11	Business income limitation Enter the		•		•	(see ın	structions)		11	
12	Section 179 expense deduction Ac	dd lines 9 and 10, but	do not enter more	e than lin	e 11				12	
13	Carryover of disallowed deduction t			2	<u> </u>	13				
	: Do not use Part II or Part III below						<del></del>	•		(0 1 1 )
Pa	rt II Special Depreciation						ude liste	d prope	rty)	See instr.)
14	Special depreciation allowance for		her than listed pro	perty) pla	aced in servi	ce				
	during the tax year (see instructions	-						-	14	<del></del>
15	Property subject to section 168(f)(1			•				}	15	264
<u> 16</u>	Other depreciation (including ACRS		de l'ete d'eses		0:		- \	i	16	264
Pa	ert III MACRS Depreciati	on (Do not inclu		eπy.) (· ion A	See instru	iction	IS.)			
47	MACRS deductions for assets place	ed in convec in toy v							17	0
17 18	If you are electing to group any assets place	·	• •			ounte d	hack here	$\mathbf{L}$		
10		Assets Placed in Se						iation Sys	tem	
		(b) Month and year	(c) Basis for depre		(d) Recovery					
	(a) Classification of property	placed in service	(business/investme only-see instruc		period	(e) C	onvention	(f) Meth	od	(g) Depreciation deduction
19a	3-year property		•							
b	5-year property				ļ					
С	7-year property									
d	10-year property									-
e	15-year property									
f	20-year property									
	25-year property				25 yrs			S/L		
h	Residential rental				27 5 yrs		ММ	S/L		
	property				27 5 yrs	<u> </u>	MM	S/L		
i	Nonresidential real				39 yrs		ММ	S/L		
	property				<u> </u>		ММ	S/L		
	Section C—A	ssets Placed in Serv	ice During 2009	Tax Year	Using the A	Alterna	tive Depre	ciation S	ystem	<del>-</del>
20a	Class life					<u> </u>		S/L		
b	12-year				12 yrs	ļ		S/L		
	40-year	<u> </u>	<u> </u>		40 yrs		ММ	S/L		
<u>P</u> a	ert IV Summary (See ins	tructions.)								r
21	Listed property Enter amount from					•			21	
22	Total. Add amounts from line 12, li					1. Ente	er here			
	and on the appropriate lines of you				instructions				22	264
23	For assets shown above and place	•	ne current year, en	ter the						
	portion of the basis attributable to s	section 263A costs				23				1-25

## HEALTHPART Health Partners Inititative

36-3832796

**Federal Statements** 

FYE: 12/31/2009

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

		_	Amount			
OTHER	INCOME	-	REIMBURSED	EXP	\$	4,972
TOTAL					\$	4,972

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

Description	Amount
EXPENSES	\$
INFORMATION TECHNOLOGY	40
INSURANCE	815
DONATIONS	4,136
ENDOWMENT TASK FORCE STUD	38,000
LICENSES & FEES	298
SPECIAL PROJECTS	4,430
LOSS ON LINCOLN FOUNDATIO	4,451
TOTAL	\$ 52,170

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

		Amount						
FUND	BALANCE	ADJUST	-	CLOSE	RESTRICTED	FUNDS	\$ 	-12,445
	TOTAL						\$	-12,445

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

Description	i	Beginning of Year		End of Year
INVENTORIES FOR SALE OR USE	\$	4,136	\$	
		11,879		11,879
LESS ACCUMULATED DEPRECIATION		11,615		11,879
	<del></del>	4,400	=	

**HEALTHPART** Health Partners Inititative

36-3832796

**Federal Statements** 

FYE: 12/31/2009

# Statement 5 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

PATHWAYS SPECIAL PROJECT AND DONATIONS TO HEALHTY HOMES / ED CONNECTION

9/12/2010 10:47 AM