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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)

OMB No 1545-0047

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

Open to Public Inspection

A 1	Or til	2009 Calefidat year, or tax year beginning and	ending	_	
В	Check if	Please C Name of organization		D Employer identific	cation number
	∏Addre	use i lobal or			
	chang	ge print or NEBRASKA CULTURAL ENDOWMENT			
<u></u>	Name	ge Doing Business As		47-0	813703
	Initial	Number and street (or P U box it mail is not delivered to street address)	Room/suite	E Telephone number	
	Termi	Instruction 1004 FARNAM ST, PLAZA LEVEL		402-	595 <u>-</u> 2722
	Amer return	City or town, state or country, and ZIP + 4		G Gross receipts \$	4,087,055.
	Appli	Са- <u>ОМАНА, NE 68102</u>		H(a) Is this a group re	eturn
	pend	F Name and address of principal officer: PAMELA H SNOW		for affiliates?	Yes X No
		SAME AS C ABOVE		H(b) Are all affiliates inc	luded? Yes No
1 7	ax-ex	empt status: X 501(c) (3		1 ' '	list. (see instructions)
		te: ► WWW.NEBRASKACULTURALENDOWMENT.ORG	····	H(c) Group exemption	
KF	orm o	forganization X Corporation	L Year		State of legal domicile NE
	ert I	Summary	1 - 1 - 1 - 1 - 1	<u> </u>	- otato or logar dominone
	1	Briefly describe the organization's mission or most significant activities: SUPP	ОВТ ТН	E ACTIVITIES	S OF THE
Activities & Governance	'	NEBRASKA ARTS COUNCIL AND THE NEBRASKA H			
nar	_				
Ver	2	Check this box If the organization discontinued its operations or dispo	sea of more	1 1	
Ĝ	3	Number of voting members of the governing body (Part VI, line 1a)		3	17
∞ಶ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	17
ë	5	Total number of employees (Part V, line 2a)		5	4
∑	6	Total number of volunteers (estimate if necessary)		6	0
PG	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12		7a	0.
	ь	Net unrelated business taxable income from Form 990-T, lipe 34		7b	0.
		RECEIVED		Prior Year	Current Year
Φ	8	Contributions and grants (Part VIII, line 1h)		1,210,617.	404,717.
Ĭ	9	Program service revenue (Part VIII, line 2g) WAY 1 7 2010			
Revenue	10	Program service revenue (Part VIII, line 2g) RAY 1 7 2010 Investment income (Part VIII, column (A), lines 8, 4, and 7d)		45,087.	-405,490.
œ ,	11	Other revenue (Part VIII, column (A), lines 5 6d 8c 9c, 10c, and 11e)		•	
	12	Total revenue - add lines 8 through 11 (must equal Partill Econ mn A), line 12)	 	1,255,704.	-773.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1·3)		178,307.	103,594.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			200,0220
'n		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	`	60,845.	62,708.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	00/043.	02,700.
De.			52		······································
Ä				47 012	E7 400
		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	-	47,013.	57,489.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	286,165.	223,791.
_ 0	19	Revenue less expenses. Subtract line 18 from line 12	<u> </u>	969,539.	-224,564.
S 6			Be	unning of Current Year	End of Year
Assets or d Balances	20	Total assets (Part X, line 16)	<u> </u>	3,438,024.	4,545,376.
쫉	21	Total liabilities (Part X, line 26)		82,230.	83,117.
ŽĒ]	22	Net assets or fund balances Subtract line 21 from line 20		3,355,794.	4,462,259.
Pa	rt II	Signature Block			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules an and complete begins to foreparer (other than officer) is based on all information of which preparer has a	d statements, a	nd to the best of my knowledge	e and belief, it is true, correct,
		and complete occurrence of preparer (other managers) is based on an information of which preparer has a	iny knowledge		
Sign	1	1 Compression		Y MASS	12,2010
Sign Here	e.	Signature of officer		Date	
	-	PAMELA H SNOW, EXECUTIVE DIRECTOR			
		Type or print name and title			
_	arer's	Pote	Che	Ck If Preparer	's identifying number
Paid		Preparer's signature 03/1	self	(see inst	ructions)
Prep	arer's		// I O emi	oloyed 🕨 💹	
Use (Volume if DOTTYNON ADSOCIATES P.C.		EIN P	
,	-	self-employed), address, and OMANIA NE COLLING			
		ZIP+4 OMAHA, NE 68114		Phone no ► 4 C	2 393-4900
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No
93200	01 02-0	4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the se	parate inst	ructions.	Form 990 (2009)
				616	, 9

1	Briefly describe the organization's mission: SUPPORT THE ACTIVITIES OF THE NEBRASKA ARTS COUNCIL AND THE NEBRANITIES COUNCIL.	ASKA
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
4	If "Yes," describe these changes on Schedule O Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 107,092. including grants of \$ 103,594.)(Revenue \$ SUPPORT OF THE NEBRASKA ARTS COUNCIL AND THE NEBRASKA HUMANITIES COUNCIL)
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 \$)	
4e	Total program service expenses ▶\$ 107,092.	orm 990 (2009)
	FC	ли ээч (2009)

Form 990 (2009) NEBRASKA CUL-Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		v	
_	If "Yes," complete Schedule A	1	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3	X	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	_^_	
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	_		
6	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 the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-	_	Λ
0	Schedule D, Part III			Х
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	8		Λ
9	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	-		
10	If "Yes," complete Schedule D, Part V	10	х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X	10		
••	as applicable	11	x	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete 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	1		
	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 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?		-	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		<u> </u>
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		<u>X</u>
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		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			17
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u>X</u> _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		- 1	17
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
		Form 9	9 90 (2	(2009

Form 990 (2009) NEBRASKA CULTURAL
Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	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, trustees, key employees, and highest compensated employees? If "Yes," complete			•
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K If "No", go to line 25	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	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	25b		X
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	26		X
27	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," complete			
	Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>X</u>
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		<u>X</u>
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		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-37 If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity?		i	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		<u>X</u>
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		<u>X</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form 9	990 (2	2009)

Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable	1		
ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c		1
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 4			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
þ	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	-		
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services		ì	
	provided to the payor?	7a		X
	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 required			
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		1	v
	benefit contract?	7e		<u>X</u>
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	-+	<u> </u>
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
۵	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966?	9a	1	
a b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	30		
а	Initiation fees and capital contributions included on Part VIII, line 12		- 1	
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
''а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
-	amounts due or received from them.)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	İ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
		Form	990 (2009)

932005 02-04-10

Part VI 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										
	•	1. 1	1 7	Yes	No						
1a	Enter the number of voting members of the governing body	1a	$\frac{17}{17}$								
b		1b									
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other			v						
	officer, director, trustee, or key employee?		2		Х						
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision		ļ	v						
	of officers, directors or trustees, or key employees to a management company or other person?		3		X						
4	Did the organization make any significant changes to its organizational documents since the prior Fo		4								
5	Did the organization become aware during the year of a material diversion of the organization's asser	ts ⁷	5		X						
6	Does the organization have members or stockholders?		6								
7a	·	embers of the			v						
	governing body?		7a 7b		X						
_											
8	· · · · · · · · · · · · · · · · · · ·	during the year									
	by the following:			х							
a	• • •		8a	X							
b			8b								
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	icned at the	9		Х						
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	laurania Carla l		J							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code)		Yes	No						
100	Does the organization have local chapters, branches, or affiliates?		10a	162	X						
	If "Yes," does the organization have written policies and procedures governing the activities of such	chanters affiliates	100								
D	and branches to ensure their operations are consistent with those of the organization?	chapters, annates,	10ь								
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	ling the form?	11	Х							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	illing the form:	•								
	Does the organization have a written conflict of interest policy? If "No," go to line 13		12a	х							
	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	ıld give rise	125								
•	to conflicts?	210 g170 1100	12b	х							
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes." describe									
·	In Schedule O how this is done	, , , , , , , , , , , , , , , , , , , ,	12c	x							
13	Does the organization have a written whistleblower policy?		13	Х							
14	Does the organization have a written document retention and destruction policy?		14	Х							
15	Did the process for determining compensation of the following persons include a review and approve	al by independent									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official		15a	x							
b	Other officers or key employees of the organization		15b		Х						
Í	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions.)										
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a									
	taxable entity during the year?		16a		X						
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	luate its participation									
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization										
	exempt status with respect to such arrangements?		16b								
Sec	etion C. Disclosure										
17	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) ava	ılable for								
	public inspection Indicate how you make these available. Check all that apply.										
	X Own website X Another's website X Upon request										
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflict of interest poli	cy, and fina	ncıal							
	statements available to the public.										
20	State the name, physical address, and telephone number of the person who possesses the books at PAMELA H SNOW $-402-595-2722$	nd records of the org	anization: ▶								
	1004 FARNAM STREET, OMAHA, NE 68102										
_			Form	990 (2009						
				1	/						

932006 02-04-10

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."

Check this box if the organization did not compensate any current officer, director, or trustee.

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees; highest compensated employees; and former such persons

(A)	(B)		(C)					(D)	(E)	(F)
Name and Title	Average		Position			1		Reportable	Reportable	Estimated
	hours	(cl	heck	all	that	арр	ly)	compensation	compensation	amount of
	per	ğ	26 Ett		from	from related	other			
	week	g g	Individual fustee or director institutional fustee or director Officer Key employee Highest compensated employee Former		the	organizations	compensation			
		ē ē	nstee			ensat		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
		al trus	nal t		a)	g g		(44-2/1099-141130)		and related
		IMdu	Institutional frustee	Officer	Key employee	ploye	Ě			organizations
		밀	<u>s</u>	#5	ą.	<u> </u> 분	Ğ			
BOYD L ADKINSON										
DIRECTOR		X						0.	0.	0.
JACK CAMPBELL										
DIRECTOR		Х						0.	0.	0.
KATE DODGE										
DIRECTOR		X						0.	0.	0.
E. A. COOK III										
DIRECTOR		X						0.	0.	0.
LAVON CROSBY										
DIRECTOR		X				ļ		0.	0.	0.
TERRY FERGUSON										
PRESIDENT		x		Х				0.	0.	0.
MARC LEBARON		П								
VICE-PRESIDENT		X		Х				0.	0.	0.
MARILYN MITCHELL										
DIRECTOR		Х						0.	0.	0.
ROBERT NEFSKY										
DIRECTOR		Х					ŀ	0.	0.	0.
ANNE NELSON									-	
DIRECTOR		Х						0.	0.	0.
DON PEDERSON										
DIRECTOR		X						0.	0.	0.
TERESA SCHMIDT										
DIRECTOR		X						0.	0.	0.
FRED SIMON	_									
DIRECTOR		X						0.	0.	0.
D. DAVID SLOSBURG										
DIRECTOR		x						0.	0.	0.
RICHARD VIERK										
DIRECTOR		x						0.	0.	0.
SUZANNE WISE	-								•	
TREASURER		x		х				0.	0.	0.
JANE HOOD									-	
SECRETARY		x	_	Х				0.	0.	0.
022007 02 04 10										Form 990 (2009)

932007 02-04-10

Part VII Section A.	Officers, Directors, Tru	ıstees, Key Eı	mplo	oyee	s, <u>a</u>	nd l	High	est	t Compensated Employees (continued)							
	(A)				•	C)			(D)	(E)			(F)			
Name	and title	Average hours	Position (check all that apply)						Reportable compensation	Reportable compensation			timate			
•		per week	Individual trustee or director	institutional trustee	Officer		Highest compensated Employee		from the organization (W-2/1099-MISC)	from related organization (W-2/1099-MIS	d is	com fr org	nount other pensa om th anizat d relat	ition e Ion ed		
PAMELA H SNO EXECUTIVE DI		40.00			x				57,200.		0.			0.		
	· · · · · · · · · · · · · · · · · · ·															
1b Total							<u> </u>		57,200.		0.			0.		
	dividuals (including but not the organization	ot ilmited to th	iose	liste	ed at	oove	e) wr	io re	eceived more than \$100	,000 іл геропабі	е			0		
 3 Did the organization line 1a? If "Yes," c 4 For any individual and related organi 5 Did any person list the organization? 	on list any former officer, complete Schedule J for so listed on line 1a, is the substations greater than \$150 ted on line 1a receive or a lif "Yes," complete Sched	uch individual im of reportabl 0,000? If "Yes, accrue comper	le co " co nsati	ompe mple	ensa ete S	ition Sche	and	d oth ∋ <i>J f</i>	ner compensation from for such individual	the organization		3 4 5	Yes	X X X		
Section B. Independer 1 Complete this table	le for your five highest co	mpensated inc		ende	nt co	ontr	acto	rs t	hat received more than	\$100,000 of com	ensa	ation fr	om			
the organization.	NONE	•						- 1		· · · · · · · · · · · · · · · · · · ·						
	(A) Name and business	address						_	(B) Description of s	ervices	C	(C omper		1		
<u> </u>	_												_			
		<u>.</u>														
																
										-						
	dependent contractors (in ensation from the organiz		ot lir	nited	d to	thos		ted	above) who received m	ore than		Eorm (100 /2	000,		

Pa	rt VII	Statement of Rever	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
ts st	1 a	Federated campaigns	1a					
ra	b	Membership dues	1b					
s, g	С	Fundraising events	1c					
gift ar	d	Related organizations	1d	57,638.			,	
S, mil	е		tions) 1e					
io is	f	All other contributions, gifts, gran	. —					
the the		similar amounts not included abo		347,079.				
E o	g	Noncash contributions included in lines						
Contributions, gifts, grants and other similar amounts	h	Total. Add lines 1a-1f		•	404,717.			
				Business Code	,			
ارو	2 a		ì			·	•	
ار چ. ا	b				•			
Sel	c							
E Š	d							
Program Service Revenue								
P.	f	All other program service reve	enue -					
	a q		,,,,,,,	•				
	3	Investment income (including	dividends, intere	st, and				
		other similar amounts)	,	•	95,386.			95,386.
	4	Income from investment of ta	x-exempt bond p	roceeds ►				
	5	Royalties	,	>				
		• • • •	(i) Real	(ii) Personal				
	6 a	Gross Rents	(7	(.,,			7	
	ь							
	c	5						
		Net rental income or (loss)		•			;	
		Gross amount from sales of	(i) Securities	(II) Other				
i	•	assets other than inventory	3,586,952.	(.,,				
	ь	Less: cost or other basis	, ,					
	_	and sales expenses	4,087,828.					
	c	Gain or (loss)	-500,876.					
		Net gain or (loss)		•	-500,876.	:		-500876.
_		Gross income from fundraising	a events (not	-				
Other Revenue		including \$	i					
Š		contributions reported on line						
ď		Part IV, line 18	a					
훒	h	Less: direct expenses	ь					
0		Net income or (loss) from fund		•				
		Gross income from gaming ac	ſ			-		
	• •	Part IV, line 19	а					
	h	Less: direct expenses	ь					
		Net income or (loss) from garr		▶			ĺ	1
		Gross sales of inventory, less	· ·					·
l		and allowances	а					
	ь	Less: cost of goods sold	ь					
		Net income or (loss) from sale		•		j		
Ì		Miscellaneous Revenu		Business Code				
Ì	11 a						1	
	b							
İ	c		I					
	d							
	e	Total. Add lines 11a-11d	-	•				
_	12	Total revenue. See instructions		▶ Ì	-773.	0.	0.	-405490.
93200					· · · · · · · · · · · · · · · · · · ·			Form 990 (2009)

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). (D) Fundraising (A) (B) (C) Do not include amounts reported on lines 6b, Total expenses Program service Management and 7b, 8b, 9b, and 10b of Part VIII. general expenses <u>expen</u>ses expenses Grants and other assistance to governments and 103,594 103,594. organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S See Part IV, lines 15 and 16 Benefits paid to or for members 5 Compensation of current officers, directors, 57,200. 2,322. 26,101. 28,777. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) 8 and section 403(b) employer contributions) 9 Other employee benefits 5,508. 224. 2,513 2,771. 10 Payroll taxes 11 Fees for services (non-employees): a Management Legal 256. 2,879. 6,310. 3,175. Accounting C Lobbying Professional fundraising services See Part IV, line 17 14,031. 14,031. Investment management fees f 3,000. 1,369. 1,509. 14,256. 122. g 14,256. 12 Advertising and promotion 8,817. 358. 4,023. 4,436. Office expenses 13 14 Information technology Royalties 15 16 Occupancy 1,437. 58. 656. 723. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 5,747. 5,747. 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 2,098. 85. 957. 1,056. 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) 1,161. 47. 530. 584. MISCELLANEOUS 632. DUES AND SUBSCRIPTIONS 26. 288. 318. C f All other expenses 53,347. 107,092. 223,791. 63,352. Total functional expenses. Add lines 1 through 24f 25 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

932010 02-04-10

Pa	rt X	Balance Sheet				
		,		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		20,637.	1	9,727. 237,493.
	2	Savings and temporary cash investments		648,346.	2	237,493.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, di	rectors, trustees, key			
		employees, and highest compensated employe	es. Complete Part II			
		of Schedule L	•		5	
	6	Receivables from other disqualified persons (as	7 11-11-11			
		4958(f)(1)) and persons described in section 49	58(c)(3)(B). Complete			
		Part II of Schedule L	•		6	
s	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ÿ	9	Prepaid expenses and deferred charges			9	
	10a]]	7111		-11
		basis Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation	10b	1	10c	
	11	Investments - publicly traded securities		2,769,041.	11	4,298,156.
	12	Investments · other securities. See Part IV, line	,	12		
	13	Investments - program-related. See Part IV, line	-	13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	3,438,024.	16	4,545,376.	
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ý	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
iţie	22	Payables to current and former officers, director		, ,		
Liabilities		highest compensated employees, and disqualifi				
Ë		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelated	•		24	
	25	Other liabilities. Complete Part X of Schedule D		82,230.	25	83,117.
	26	Total liabilities. Add lines 17 through 25		82,230.	26	83,117.
		Organizations that follow SFAS 117, check he	ere X and complete			
ç,		lines 27 through 29, and lines 33 and 34.				
Net Assets or Fund Balances	27	Unrestricted net assets		-360,913.	27	19,367.
ala	28	Temporarily restricted net assets		1,055,092.	28	19,367. 1,690,334.
d B	29	Permanently restricted net assets		2,661,615.	29	2,752,558.
Ë		Organizations that do not follow SFAS 117, cl	neck here			
or F		complete lines 30 through 34.				
ts (30	Capital stock or trust principal, or current funds			30	
SSe	31	Paid-in or capital surplus, or land, building, or eq	woment fund		31	
۲ ک	32	Retained earnings, endowment, accumulated in	•		32	
Š	33	Total net assets or fund balances	complete control relied	3,355,794.	33	4,462,259.
	34	Total liabilities and net assets/fund balances		3,438,024.	34	4,545,376.

Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a		2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
c	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?	2c	X	
	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	İ		
	consolidated basis, separate basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis			
За	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
þ	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.	3ь		
		Form	99 <mark>0</mark> (2009)

SCHEDULE A

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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.

Open to Public Inspection

		NEBRASK	<u> CULTURAL E</u>	ENDOWN	IENT				47	-0813	703	<u>; </u>
Part I	Reason	for Public Char	rity Status (All organia	zations mu	st comple	te this par	t) See ins	tructions			·	
he organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox.)					
1 🔲			s, or association of chur	-).				
2			7 0(b)(1)(A)(ii) . (Attach Sc					•				
3			ital service organization	•		170(6)(1)	(Δ\(iii)					
4 🗔	•	•	operated in conjunction					/ / λ/1\(Δ\/ii	ii) Enter th	e hoenital	'e nam	ne
→ ∟	city, and stat		operated in conjunction	With a 1100	pital dese	inoca iii se	.000011110	, (, ,), (, , ,), (, ,	ii). Liitei tii	ic nospital	JIIQII	10,
	•		basefit of a college or in	-»		naratad bi			t decembe			
5 📖	-	•	benefit of a college or up	iliversity o	wited of of	Jerated by	a govern	memai um	it describe	u III		
		(b)(1)(A)(iv). (Compl										
6		-	nent or governmental uni					_				
7 X	-	•	eives a substantial part	of its supp	ort from a	governme	ental unit d	or from the	general p	ublic desc	ribed i	in
r -1	•	b)(1)(A)(vi) . (Comple	•									
8			section 170(b)(1)(A)(vi).		•							
9 🔲	An organizati	on that normally rec	eives: (1) more than 33	1/3% of its	support f	rom contr	butions, n	nembershi	p fees, and	d gross re	celpts	from
	activities rela	ted to its exempt fu	nctions - subject to certa	ain excepti	ons, and (2) no more	than 33 1	1/3% of its	support f	rom gross	ınvest	ment
	income and u	unrelated business t	axable income (less sec	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınızatıon af	iter June 3	0, 197	75.
	See section	509(a)(2). (Complete	e Part III.)									
10 🖳	An organizati	on organized and o	perated exclusively to te	st for publ	ıc safety. S	See sectic	n 509(a)(4	4).				
i1 📙	An organizati	on organized and o	perated exclusively for th	he benefit	of, to perfo	orm the fu	nctions of	or to carr	y out the p	urposes c	f one	or
	more publicly	supported organization	ations described in secti	on 509(a)(1) or section	on 509(a)(2	2). See se e	ction 509(a)(3). Chec	k the box	that	
	describes the	type of supporting	organization and compl	ete lines 1	1e through	11h.						
	a Type i	ь	☐ Type II 💢	с 🗀 Тур	e III - Func	tionally in	tegrated		d 🔙	Type III - 0	Other	
е 🔲	By checking	this box, I certify tha	at the organization is not	controlled	directly o	r indirectly	by one o	r more disc	qualified po	ersons oth	er tha	ın
	foundation m	anagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 509	9(a)(1) or se	ection 509	(a)(2).	
f	If the organiz	ation received a writ	tten determination from t	the IRS tha	atıtıs a Ty	pe I, Type	II, or Type	e III				
		rganization, check th				. , ,,	, ,					
g		•	organization accepted ar	nv aift or c	ontribution	from any	of the foll	owing pers	sons?			-
3	-		lirectly controls, either al			•					Yes	No
	• • •	•	upported organization?			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(, (,,	11g(i)		
	-		n described in (i) above?	i						11g(ii)		
	•	•	person described in (i)		2					11g(iii)		
h.		•	about the supported or							[119(11)		
h	Flovide the it	bilowing information	about the supported on	gariization	(5).							
			(iii) Type of	(i) (a. 4b.a. a		4-A Bullion		(vi) Is	the			
	of supported	(ii) EIN	organization	, , ,	notify the	organizatio		(vii) Am		f		
orga	anızatıon		(described on lines 1-9		sted in your document?		support?	(i) organiz U S	ed in the	sup	oort	
		•	above or IRC section			,,,,	, , , I		r			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				ļ				 				
					•							
								:				
otal												
	Private Act on	d Donomuork Bodu	otion Act Natice see th	a lantura	tions for	<u>'</u>	·	Cabadul	o A (Earm	000 00	0 E 20	2000

932021 02-08-10

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009 NEBRASKA CULTURAL ENDOWMENT Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 1,226,010 784,511. 1,210,617. 404,717. 1,156,601. 4,782,456. 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 784,511. 404,717. 1,226,010. 4 Total. Add lines 1 through 3 1,156,601, 1,210,617. 4,782,456. The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support. Subtract line 5 from line 4,782,456. Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total 1,226,010 784,511 1,156,601 1,210,617 404,717 4,782,456. 7 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties 164,948. 172,194. 139,464. 95,386. 617,307. 45,315. and income from similar 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.) 5,399,<u>763.</u> 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 88.57 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 % 90.88 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 % 16a 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 ightharpoons Xstop here. The organization qualifies as a publicly supported organization b 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

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2009

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

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

b 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

Part III Support Schedule for Or Section A. Public Support	<u> </u>			Z	, ii you onconce the bi	ox on line 5 or 1 art
Calendar year (or-fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	/O Total
	(a) 2003	(b) 2000	(6) 2007	(a) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and membership fees received (Do not)						
include any "unusual grants ")						
				1	+	
2 Gross receipts from admissions, merchandise sold or services per-		1		1		
formed, or facilities furnished in					+	
any activity that is related to the						
organization's tax-exempt purpose			 			
3 Gross receipts from activities that						
are not an unrelated trade or bus-			1			
iness under section 513					 	
4 Tax revenues levied for the organ-						
ızatıon's benefit and either paid to						
or expended on its behalf		ļ				
5 The value of services or facilities						
furnished by a governmental unit to					1	
the organization without charge						
6 Total. Add lines 1 through 5]	
7a Amounts included on lines 1, 2, and						-
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received			_			
from other than disqualified persons that		1			1	
exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b	-	·				
8 Public support (Subtract line 7c from line 6)					`	
Section B. Total Support		1	<u>. </u>		<u> </u>	
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	(4) 2000	107 = 000	(0) 2001	(0) 2000	(0, 2000	
10a Gross income from interest,						
dividends, payments received on			İ			
securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income		 				
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
· · · · · · · · · · · · · · · · · · ·						
c Add lines 10a and 10b 11 Net income from unrelated business					· 	
activities not included in line 10b,						
whether or not the business is						
regularly carned on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)			<u> </u>		<u> </u>	
14 First five years. If the Form 990 is for t	he organization'	s first, second, thir	d, fourth, or fifth ta	ax year as a section	on 501(c)(3) organiz	ation,
check this box and stop here					 	<u> </u>
Section C. Computation of Public	Support Pe	rcentage				
15 Public support percentage for 2009 (lin	e 8, column (f) c	divided by line 13, o	column (f))		15	9
16 Public support percentage from 2008 S	Schedule A, Part	t III, line 15			16	
Section D. Computation of Invest	ment Incom	<u>ie Percentage</u>		. .		
17 Investment income percentage for 200	9 (line 10c, colui	mn (f) divided by lir	ne 13, column (f))		17	Ç
18 Investment income percentage from 20	08 Schedule A,	Part III, line 17			18	•
19a 33 1/3% support tests - 2009. If the o			on line 14, and line	15 is more than	33 1/3%, and line 1	7 is not
more than 33 1/3%, check this box and	_		· ·		·	▶ [
b 33 1/3% support tests - 2008. If the o				•		nd ·
line 18 is not more than 33 1/3%, check	k this box and et	top here. The organ	nization qualifies a	s a publicly supp	orted organization	▶ Ⅰ
line 18 is not more than 33 1/3%, check Private foundation. If the organization			•		·-	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is described below.

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

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

 Section 501(c)(4), (5), or (6) organiza 	tions: Complete Part III.			
Name of organization			Empl	oyer identification number
	A CULTURAL ENDOW			<u>47-</u> 0813703
Part I-A Complete if the org	ganization is exempt und	er section 501(c)	or is a section 527 o	rganization.
1 Provide a description of the organiz	zation's direct and indirect politic	al campaign activities	ın Part IV	
2 Political expenditures			▶\$	
3 Volunteer hours				
T				
Part I-B Complete if the org	janization is exempt und	<u>er section 501(c)</u>		
1 Enter the amount of any excise tax	incurred by the organization und	er section 4955	> \$	
2 Enter the amount of any excise tax			5 ▶\$	
3 If the organization incurred a section	n 4955 tax, did it file Form 4720 i	for this year?		Yes No
4a Was a correction made?				└─ Yes └─ No
b If "Yes," describe in Part IV.	ganization is exempt und	or coation E01/a	expent section FO1/	0)(2)
· · · · · · · · · · · · · · · · · · ·		····	· · · · · · · · · · · · · · · · · · ·	
1 Enter the amount directly expended		•		-AT-EL
2 Enter the amount of the filing organ	ization's funds contributed to otr	ier organizations for s		
exempt function activities	Add lines 1 and 2. Enter here of	nd on Form 1120 DOI	▶\$	
3 Total exempt function expenditures line 17b	s. Add lines 1 and 2. Enter here al	id on Form 1120-POL	- , ▶ \$	
4 Did the filing organization file Form	1120-POL for this year?		•	Yes No
5 Enter the names, addresses and er	•	d) of all section 527 pe	Olitical organizations to whic	
For each organization listed, enter t	• •	·	•	•
that were promptly and directly deli	•	•	•	
(PAC). If additional space is needed	i, provide information in Part IV.			•
(a) Name	(b) Address	(c) EIN	(d) Amount paid from	(e) Amount of political
(1-7)	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	()	filing organization's	contributions received and
			funds. If none, enter -0	promptly and directly delivered to a separate
				political organization.
				If none, enter -0
		1		

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. LHA

Schedule C (Form 990 or 990-EZ) 2009

932041 02-04-10

Schedule C (Form 990 or 990·EZ) 2009	NEBRASKA	A CULTURAL EN	DOWMENT	47-	0813703 Page 2
Part II-A Complete if the org	ganization is	exempt under section	on 501(c)(3) and fil	ed Form 5768	
(election under sec A Check ► if the filing organiza		- office and one con-			
<u> </u>	•	n amilated group. : A and "limited control" pi	rovisions apply		
Limi	ts on Lobbying E			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infl	uence public opir	nion (grass roots lobbying)			
b Total lobbying expenditures to infl				· · · · · · · · · · · · · · · · · · ·	····
c Total lobbying expenditures (add l					
d Other exempt purpose expenditur	es				
e Total exempt purpose expenditure	es (add lines 1c ar	nd 1d)		-	
f Lobbying nontaxable amount Ent	er the amount fro	m the following table in bo	th columns.		
If the amount on line 1e, column (a) (or (b) is The	e lobbying nontaxable an	nount is:		
Not over \$500,000	209	% of the amount on line 1	e		
Over \$500,000 but not over \$1,00	0,000 \$10	00,000 plus 15% of the ex	cess over \$500,000.		
Over \$1,000,000 but not over \$1,5	500,000 \$17	75,000 plus 10% of the ex	cess over \$1,000,000		
Over \$1,500,000 but not over \$17	,000,000 \$22	25,000 plus 5% of the exc	ess over \$1,500,000.		
Over \$17,000,000	\$1,	000,000.			
-		· . - · · - · · · · · · · · · · · · · · · ·			
g Grassroots nontaxable amount (er		•			
h Subtract line 1g from line 1a. If zer					
i Subtract line 1f from line 1c. If zero	•		_		
j if there is an amount other than ze		h or line 11, did the organiz	zation file Form 4720		
reporting section 4911 tax for this					Yes No
	ations that made	r Averaging Period Under e a section 501(h) election e the instructions for lin	n do not have to comp		
	Lobbying E	xpenditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount					
(150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots celling amount				· · · · · · · · · · · · · · · · · · ·	
(150% of line 2d, column (e))					
				·	1

Schedule C (Form 990 or 990-EZ) 2009

Schedule C (Form 990 or 990 EZ) 2009 NEBRASKA CULTURAL ENDOWMENT 47-081370

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(6	a)	(b)
	•	Yes	No	Am	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or				··· -,
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	ļ	X	******	
c	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		Х		
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		X		
9	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	V	Х		2 000
j	Other activities? If "Yes," describe in Part IV	Х		•	3,000. 3,000.
j	Total. Add lines 1c through 1i		v		3,000.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? THIA Complete if the organization is exempt under section 501(c)(4), section 501(c)(4).	on 501(a)	(5) or oo	otion	
F (4)	501(c)(6).	on son(c)	(S), Of Se	Cuon	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?		3		
	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part "Yes."		ne 3 is ar		l
1	Dues, assessments and similar amounts from members	ioal	1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of polit expenses for which the section 527(f) tax was paid).	icai			
_	Current year		2a		
a			2b	_	
b			2c		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		-
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex	CASS			
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?	p o ii ii o ai	4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information				
Com	plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II·B,	line 1ı. Also	, complete	this part
for a	ny additional information.				
PA.	RT II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:	. —			
TH	E NEBRASKA CULTURAL ENDOWMENT PAID \$3,000 TO LOBBY	MEMBER	S OF	ГНЕ	
NEI	BRASKA LEGISLATURE TO VOTE IN FAVOR OF NEBRASKA LEG	SISLATI	VE BI	LL 316	5.

Schedule C (Form 990 or 990-EZ) 2009

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 Open to Public Inspection

Name of the organization

NEBRASKA CULTURAL ENDOWMENT

Employer identification number

47-0813703

Pa	* I Organizations Maintaining Donor Advise		s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		·
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
·	are the organization's property, subject to the organization's	-	Yes No
6	Did the organization inform all grantees, donors, and donor a		
•	for charitable purposes and not for the benefit of the donor of	• •	•
	impermissible private benefit?	in definer devices, or for any extrem perpendic	Yes No
Pa		panization answered "Yes" to Form 990. F	
1	Purpose(s) of conservation easements held by the organizati		
•	Preservation of land for public use (e.g., recreation or p		storically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	2d
3	Number of conservation easements modified, transferred, rel		e organization during the tax
_	year▶	,	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per	<u> </u>	
	violations, and enforcement of the conservation easements if	= · ·	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements d	uring the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	t 脚 Organizations Maintaining Collections o	f Art, Historical Treasures, or O	ther 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, no	t to report in its revenue statement and ba	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pul	blic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these i	tems.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balan	ce sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, o	r research in furtherance of public service	e, 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 trea	asures, or other similar assets for financia	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	-	> \$
ь	Assets included in Form 990, Part X		► \$ ► \$

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Schedule D (Form 990) 2009

(i) unrelated organizations

(ii) related organizations

h If "Voo" to 2 o(ii) are the re

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
Describe in Part XIV the intended uses of the organization's endowment funds

	Yes	No
3a(i)		X
3a(ii)		X
3b		

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part X, colui	mn (B), line 10(c).)	•	0

Schedule D (Form 990) 2009

Part VII Investments - Other Securities.	See Form 990, Part X, line		
(a) Description of security or category (including name of security)	(b) Book value		thod of valuation: d-of-year market value
Financial derivatives			
Closely-held equity interests			
Other			
			
7 1 1 (0.1/h)	<u>-</u>		
Total (Col (b) must equal Form 990, Part X, col (B) line 12) ▶ Part VIII Investments - Program Related.		10	
			hod of valuation:
(a) Description of investment type	(b) Book value		d-of-year market value
<u> </u>			
			······································
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, II	ne 15. (a) Description		(b) Book value
-	a) Description		(b) Book value

·			
			
Total. (Column (b) must equal Form 990, Part X, col (B) I	ine 15)		>
Part X Other Liabilities. See Form 990, Part	X, line 25.		
1 (a) Description of liability		(b) Amount	
Federal income taxes			
ANNUITIES PAYABLE		83,117.	
T.1.101	05)	02 117	
Total. (Column (b) must equal Form 990, Part X, col (B) I	ine 25) 📗 🕨	83,117.	

2. FIN 48 Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

932053 02-01-10 Schedule D (Form 990) 2009

SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

2009 Open to Public

OMB No 1545-0047

Inspection

% X Employer identification number 47-0813703 (h) Purpose of grant or assistance Yes GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT GENERAL SUPPORT recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (i) Method of some and address of organization if applicable cash grant or government assistance or government assistance and address of organization (book, recash assistance or government) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ö ö Ö Ö Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 49,827. 080 546. 43,141 'n, ENDOWMENT 501(C)(3) 501(C)(3) 501(C)(3) 501(C)(3) Enter total number of section 501(c)(3) and government organizations NEBRASKA CULTURAL 47-6039543 23-7359778 47-6032795 47-6039304 General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization 215 CENTENNIAL MALL SOUTH, SUITE THE NEBRASKA HUMANITIES COUNCIL NAC DEVELOPMENT CORPORATION 1004 FARNAM ST PLAZA LEVEL OMAHA SYMPHONY ASSOCIATION Name of the organization 1605 HOWARD STREET 1625 FARNAM STREET LINCOLN, NE 68508 OPERA OMAHA, INC. OMAHA, NE 68102 OMAHA, ME 68102 OMAHA, NE 68102 Part II Parti

Schedule I (Form 990) 2009

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

Schedule I (Form 990) 2009 (f) Description of non-cash assistance (book, FMV, appraisal, other) Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant 27 (b) Number of recipients (a) Type of grant or assistance 932102 02-02-10

Page 2

47-0813703

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

NEBRASKA CULTURAL ENDOWMENT

Schedule I (Form 990) 2009

Part III

SCHEDULE O

Department of the Treasury

Internal Revenue Service

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.

2009 Open to Public Inspection

Name of the organization

NEBRASKA CULTURAL ENDOWMENT

Employer identification number 47-0813703

FORM 990, PART VI, SECTION B, LINE 11: THE EXECUTIVE DIRECTOR REVIEWS THE
990 BEFORE FILING. A DRAFT OF THE 990 IS PRESENTED TO THE BOARD OF
DIRECTORS BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EVERY BOARD MEMBER IS REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15A: PROCESS FOR REVIEWING EXECUTIVE DIRECTOR: PRESIDENT OF ORGANIZATION APPOINTS MEMBERS TO PERSONNEL COMMITTEE. EXECUTIVE DIRECTOR IS REVIEWED ANNUALLY BY THE PERSONNEL COMMITTEE. PRIOR TO THE REVIEW, MATERIALS NECESSARY FOR THE REVIEW ARE GATHERED AND DISTRIBUTED TO COMMITTEE MEMBERS; COMPENSATION AND BENEFIT COMPARISONS FOR LIKE POSITIONS IN THE CITY AND REGION, COST OF LIVING INCREASE/DECREASE FIGURES, JOB DESCRIPTION, AND EXECUTIVE DIRECTOR'S GOALS. THE COMMITTEE MEETS WITH THE EXECUTIVE DIRECTOR AND DISCUSSES THE COMPENSATION MATERIAL, JOB DESCRIPTION AND GOALS. PERSONNEL COMMITTEE EVALUATES EXECUTIVE DIRECTOR AND DISCUSSES THEIR RECOMMENDATIONS WITH THE EXECUTIVE DIRECTOR. PERSONNEL COMMITTEE TAKES A RECOMMENDATION TO THE BOARD OF DIRECTORS AT A REGULARLY SCHEDULED MEETING FOR DISCUSSION AND APPROVAL.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS

GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE ON ITS WEBSITE. THE

ORGANIZATION'S 990 IS ALSO LISTED ON GUIDESTAR, A WEB BASED RESOURCE THAT

CATALOGUES INFORMATION AND 990S FOR NON PROFITS.

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

Schedule O (Form 990) 2009