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Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file
Form 990. All other organizations with gross receipts less than \$500,000 and total assets
less than \$1,250,000 at the end of the year may use this form.

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

OMB No 1545-1150

2009

Open to Public Inspection

C Rames of applicable Andress charge Poster of POINT-PEEMER SCHOOLS FOUNDATION 26-143273 26-	Α	For the 2009 calendar year, or tax year beginning Jul 1 , 2009, and ending Jun 30	, 2010
Second Processing Control Proc	B_		πployer identification number
Number and sete for P D box. # rank and delivered to street andress) Roomisude E Traisphore number Traisphore number Number and sete for P D box. # rank and 2P + 4 Repetition Reptt Rept	Ц	Address change Please Use IRS WEST POINT-BEEMER SCHOOLS FOUNDATION 2	6-1473273
Comparison Com	Н	Name change liabel or Number and street (or B.O. box of mail is not delivered to street address). Peom/suite	
Termination Section	H	Initial return type. PO BOX 221	(402) 372-5860
**Section 9 period long Section	Н	Specific City or town, state or country, and ZIP + 4	
*Section Stitic(#3) organizations and 499/Tio(#1) monexempt charitable trusts must either a completed Schedule A (Form 990 or 980-E2). Website: * N/A	H	Itions.	
Website: N/A	سـ		
Website: ► N/A Tax-exempt status (check only ear) -			
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\$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 * \$ 99,311. Part.I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1 Contributions, griss, grants, and similar amounts received 2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5 Gross amount from sale of assets other than inventory 5 Less cost or other basis and sales expenses c can roll (ross) from sale of assets other than inventory 5 Less cost or other basis and sales expenses c can roll (ross) from sale of assets due than uncentory (Subtract line 5b from line 5a) 6 Special events and activities (complete applicable parts of Schedule 6) If any amount is from gaming, check here reported on line 1) 5 Less direct expenses other than fundraising expenses c let income or (toss) from sale of wrentory, (Subtract line 6b from line 5a) 6 Special events and activities (Complete applicable parts of Schedule 6) If any amount is from gaming, check here reported on line 1) 5 Less direct expenses other than fundraising expenses c let line more (ross) from sale of inventory (Subtract line 7b from line 7a) 8 Other revenue (describe * SCHOLARSHIP REPUNDS) 9 Total revenue. Add lines 1) 2, 34, 55, 65, 75, and 8 10 Grants and similar amounts paid (attach schedule) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Printing, publications, postage, and shipping 14 Occupancy, rent, luttlites, and maintenance 15 Printing, publications, postage, and shipping 16 Other repress (describe * See Other Expenses Statement 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-yea	<u> </u>	Tax-exempt status (check only one) — [A] 501(c) (3) ~ (insert no) [4947(a)(1) or [527]	
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17 Total expenses. Add lines 10 through 16 17 76, 260. 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 15, 552. 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) 19 162, 510. 20 Other changes in net assets or fund balances (attach explanation) 20 21 178, 062. 22 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		15 Printing, publications, postage, and shipping	
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 21 Net assets or fund balances at end of year Combine lines 18 through 20 22 (See the instructions for Part II) 23 (A) Beginning of year (B) End of year Cash, savings, and investments 24 (Cash, savings, and investments 25 (Cash, savings, and investments 26 (B) End of year (B) End of year Other assets (describe) 27 (Other assets (describe) 28 (Cash, savings, and investments) 29 (Cash, savings, and investments) 20 (Cash, savings of year (B) End of year Other assets (describe) 20 (Cash, savings of year (B) End of year (B) End of year (B) End of year Other assets (describe) 21 (A) Beginning of year (B) End of year Other assets (describe) 20 (B) End of year (B) End of year (B) End of year Other assets (describe) 21 (A) Beginning of year (B) End of year (B) End of year Other assets (describe) 22 (Cash, savings, and investments of the instructions for Part II) 23 (B) End of year (B) End o			
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		 	
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 22 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 (Cash, savings, and investments (B) End of year (Cash, savings, and investments (Cash, savings,		18 Excess or (deficit) for the year (Subtract line 17 from line 9) .	18 15,552.
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 178,062. 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	NS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year	
21 Net assets or fund balances at end of year Combine lines 18 through 20 21 178,062. 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	E S	figure reported on prior year's return)	
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 162,510. 22 178,062. 23 Land and buildings 0. 23 0. 24 Other assets (describe ►) 0. 24 0. 25 Total assets 162,510. 25 178,062. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 162,510. 27 178,062.	·	20 Other changes in her assets or rand balances (attach explanation)	
(See the instructions for Part II) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 162,510. 22 178,062. 23 Land and buildings 0. 23 0. L24 Other assets (describe ►) 0. 24 0. 25 Total assets 162,510. 25 178,062. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 162,510. 27 178,062.		·	
22 Cash, savings, and investments 162,510.22 178,062. 23 Land and buildings 0.23 0. L24 Other assets (describe ►) 0.24 0. 25 Total assets 162,510.25 178,062. 26 Total liabilities (describe ►) 0.26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 162,510.27 178,062.	:Ka		
23 Land and buildings 0. 23 0. L24 Other assets (describe ►) 0. 24 0. 25 Total assets 162,510. 25 178,062. 26 Total liabilities (describe ►) 0. 26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 162,510. 27 178,062.		,	
1.24 Other assets (describe ►) 0.24 0. 25 Total assets 162,510.25 178,062. 26 Total liabilities (describe ►) 0.26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 162,510.27 178,062.			
25 Total assets 162,510.25 178,062. 26 Total liabilities (describe ►) 0.26 0. 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 162,510.27 178,062.			
Total liabilities (describe ►)	Š	Total accete	
	(2) (2)	Total liabilities (describe >	
	110	7 Net assets or fund halances (line 27 of column (R) must saree with line 21) 1.52 510	

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

TEEA0812 01/30/10

Form 990-EZ (2009) WEST POINT-BEEM	ER SCHOOLS FOUNDAT	TION _	26	-147	3273Page 2
Part IIî Statement of Program Ser			ons.)		Expenses
What is the organization's primary exempt purpose? SE	E ATTACHED			(Regu	ired for section
Describe what was achieved in carrying out the describe the services provided, the number of		ses In a clear and cond	cise manner,	organ	(3) and (4) izations and section a)(1) trusts; optional
program title	persons benefited, or other re	levant information for ea	ach	4947(a)(1) trusts; optional ners)
28 SCHOLARSHIPS WERE AWARDED	TO GRADHATES OF	WEST POINT		10. 0.	1010 /
BEEMER SCHOOLS AND TO STA				ı	
	HI HE WEST TOTAL	promote periodes		1	
(D					65.040
	s amount includes foreign gra			28 a	67,940.
29 TWO CAMERAS AND PROJECTOR		FOR	~	ŀ	
WEST POINT BEEMER PUBLIC	_schoors		~		
(Grants \$ 4,666.) If the	s amount includes foreign gra	ants, check here	<u> </u>	29 a	4,666.
30					
(Grants \$) If th	s amount includes foreign gra	ants, check here	>	30 a	
31 Other program services (attach schedule)			<u>.</u>		
	s amount includes foreign gra	ants, check here	▶ 🗍	31 a	
32 Total program service expenses (add lin			>	32	72,606.
Part IV List of Officers, Directors,	Trustees, and Key Em	ployees. List each on			ed. (See the instrs.)
	(b) Title and average hours	(c) Compensation (If	(d) Contributions	to	(e) Expense account
(a) Name and address	per week devoted to position	not paid, enter -0)	employee benefit plar deferred compensa		and other allowances
GREG HARSTICK	to position		ucicirea compensa	1011	
	PRES				
218 E WALNUT					
	1.00	0.	ļ	0.	
HAL WAGNER	1			İ	
1702 F RD	V PRES				
WEST POINT NE 68788	1.00	0.		0.	
CINDY PETZ				1	
531 N LAMBRECHT	SEC			j	
BEEMER NE 68788	1.00	0.		0.	
ROBERT FENSKE					
445 S BRUNER	TREAS			ŀ	
WEST POINT NE 68788	1.00	0.		0.	
RITA EICHELBERGER					
914 3 ST	DIR				
	1.00	٥.		0.	
SCOTT CASE					
517 E 13TH ST	DIR				
	1.00	ο.		0.	
STEVE BLOCHER	<u> </u>		 -		
	DIR				
820 E GRANT		_		_	
WEST POINT NE 68788	1.00	0.		0.	
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	, ,				

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of			
24	each activity Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes	33		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	-		
z	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?	35 a		<u>x</u>
	olf 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		
	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		<u>x</u>
	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	37 b	i. 	
	Did the organization file Form 1120-POL for this year?	3/0		X
38 a	a 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?	38 a		х
ı	o If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b		; `	
39	Section 501(c)(7) organizations Enter	1		į
i	Initiation fees and capital contributions included on line 9	_	ļ	
	Gross receipts, included on line 9, for public use of club facilities 39b	١.	٠.	, ,
40 :	a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under		ļ.,	.
	section 4911 ►, section 4912 ►, section 4955 ►		<u>-</u>	
١	b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	40 ь		x
,	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	, , , ,	3 *	
,	d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed		,	
,	by the organization 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 List the states with which a copy of this return is filed	40 e		X
A 2	a The organization's			
42	books are in care of ► ROBERT FENSKE Telephone no ► (402) Located at ► 445 S BRUNER WEST POINT NE ZIP + 4 ► 68788		- <u>30</u>	0 <u>1</u>
	to the second war the selector war did the arganization have an interest in an a signature or other authority over a		Yes	No
	b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42 b		х
	If 'Yes,' enter the name of the foreign country	1		
				٠,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts			
	c At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42 c		<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		▶ [į
	and enter the amount of tax-exempt interest received or accrued during the tax year		_	
			Yes	No
44		44		x
45	of Form 990-EZ		T	† • • • • • • • • • • • • • • • • • • •
	Form 990 must be completed instead of Form 990-EZ	45 orm 99	0-F7	(2009)
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Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	0.19			d		a annocition to annolidate		Ye	s No
46	for public	rganization e : office? If 'Ye	ngage in direct or indirectes,' complete Schedule C	i ponticai campaign acti , Part I	vides on behall of or il	n opposition to candidates	` [4	16	х
47	Did the o	rganization e	ngage in lobbying activiti	es? If 'Yes,' complete S	chedule C, Part II		4	17	х
48	B is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E								
49 a	Did the o	rganization m	nake any transfers to an o	exempt non-charitable re	elated organization?		4	19 a	x
b	If 'Yes,' v	vas the relate	ed organization a section	527 organization?			. 4	19 b	<u> </u>
50	Complete	this table fo	r the organization's five h	ighest compensated em 0,000 of compensation fi	nployees (other than of rom the organization)	ficers, directors, trustees f there is none, enter 'No	and key	y	
•		-	each employee paid	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens sccount ar er allowar	nd
NON	IE								
f	Total nur	mher of other	employees paid over \$10	00,000					
•	TOTAL HAI	inder of other	employees paid over with		· · · · · · · · · · · · · · · · · · ·				
51	Complete compens	e this table fo sation from th	or the organization's five the organization of there is	nighest compensated ind none, enter 'None '	dependent contractors	who each received more	than \$1	00,000	of
		(a) Name and a	ddress of each independent cont	ractor paid more than \$100,000		(b) Type of service	(c)	Compens	ation
NON	VE								
				+					
				 					
							 		
							<u> </u>		
(d Total nur	mber of other	independent contractors	each receiving over \$10	00,000				
	Un	der penalties of ree, correct, and co	perjury, I declare that I have example the Declaration of preparer (nined this return, including acco	impanying schedules and stat all information of which prepa	ements, and to the best of my kn irer has any knowledge	nowledge a	nd belief,	ıt ıs
			(4-	1		1 11 10	-	110	
Sig	n ⊾		Se Se	>	<u>.</u>	// ~ / 3 -	-20	110	
Her	e /	Signature of off	100	tick-Pre	· lat	Date			
	-	Type or pgnt na	// 	TICK - Pre	siam				
			101	7 11	Date	Check if P	reparer's I	dentifying	Number
Paid	u S10	eparer's >	Cllo J	selle		20/○ self- employed ►	0	2 <i>1180</i>	_
Pre	er'e Fir	m's name (or	MORROW DAVIES &	TOELLE PC					, –
Use	you em	urs if self-	PO BOX 65			EIN 47 - 4	2670	<u>6 19</u>	2
Onl	y ad	dress, and 2 + 4	WEST POINT		NE 68788-	0065 Phone no ►			
Мау	the IRS d	iscuss this re	turn with the preparer sh	own above? See instruc	tions			Yes	No
RΔΔ	\						Form	990-E	Z (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

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

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Name	of the organization							Employer	identificat	ion number		
WES	T POINT-BEE	MER SCHOOLS FOUN	DATION					26-14	73273	<u> </u>		
Par	t I Reason fo	r Public Charity Statu	s (All organizations	must c	omple	te this	part.)					
The c	organization is not	a private foundation becau	se it is (For lines 1 through	gh 11, ch	neck only	y one bo	x.)			<u>.</u>		
1	A church, con	vention of churches or asse	ociation of churches descr	ribed in s	section 1	70(b)(1)(A)(i).					
2	A school desc	ribed in section 170(b)(1)(A)(ii). (Attach Schedule E)								
3		cooperative hospital service			n 170(b)	(1XAXiii).					
4		earch organization operate	~				•	ьх1хах	iii) Ente	r the hospi	lal's	
-	name, city, an	,						-7(-7(-9(,			
5	An organization	on operated for the benefit /). (Complete Part II)				-		nental u	nıt descr	ibed in sec	tion	
6 7	An organization	e, or local government or entering the contract of the contrac	substantial part of its sup					or from t	he gener	al public de	escribe	ed
8	A community	trust described in section	170(b)(1)(A)(vi). (Complete	e Part II)							
9	from activities	on that normally receives on that normally receives or related to its exempt functione and unrelated busines See section 509(a)(2).	tions — subject to certain ess taxable income (less s	exceptio	ns. and	(2) no n	nore tha	ın 33-1/3	3 % of its	s support fr	om ar	OSS
10	—	on organized and operated	• •		•							
11	more publicly describes the	on organized and operated supported organizations of type of supporting organizations.	described in section 509(a) zation and complete lines)(1) or s 11e thro	ection 50 ugh 11h	09(a)(2)	. See se	or carry ection 5	out the 09(a)(3).	Check the	box tl	hat
	a ∐ Type I	b ∐ Type II			_	_			ا ا	Type III-		
е	By checking the than foundation 509(a)(2)	nis box, I certify that the or on managers and other tha	ganization is not controlle n one or more publicly su	d directly	y or indi organiza	rectly by itions de	one or scribed	more d in secti	isqualifie on 509(a	ed persons ()(1) or sect	other tion	
f	check this box			•			,,	•		anızatıon,		
g	Since August	17, 2006, has the organiza	ition accepted any gift or	contribu	tion fron	n any of	the foll	owing p	ersons?	1		
											Yes	No
	(i) a persor	n who directly or indirectly he governing body of the s	controls, either alone or to upported organization?	ogether v	with pers	sons des	cribed i	n (II) an	d (III)	11g (i)		
	•	member of a person desc		•					·	11 g (ii)		
	• • • • •	ontrolled entity of a person	**	ove?				•		11 g (iii)		
h	• •	llowing information about t	**							119()		
	(i) Name of Supporte Organization		(III) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) organizat (i) lister	Is the tion in cold in your traing ment?	the organ	(i) of	organizat (i) organi	s the ion in col zed in the S ?	(vii) Amoun	it of Sup	port
				Yes	No	Yes	No	Yes	No			
				<u> </u>	<u> </u>							
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Tota BAA		Paperwork Reduction Act Notice	, see the Instructions for Form	990 or 99	0-EZ			Schedul	e A (For	m 990 or 9	90-EZ) 200

Page 2

Par	t II Support Schedule for				(b)(1)(A)(iv) and	170(b)(1)(A)(vi)
Sec	(Complete only if you checke tion A. Public Support	ed the box on line	5, 7, or 8 of Pari	. 1.)			
Cale	ndar year (or fiscal year	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')				5,671.	84,512	90,183.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge		: :				
4	Total. Add lines 1-through 3				5,671.	84,512	. 90,183.
5	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		<u>.</u>				90,183.
	tion B. Total Support	1		1	Ţ		<u> </u>
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4				5,671.	84,512	. 90,183.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources				1,916.	1,215	3,131.
9	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)				3,781.	4,107	. 7,888.
11	Total support. Add lines 7 through 10	,		,	,	, :	101,202.
12	Gross receipts from related activ	rities, etc (see in	structions)			. 12	<u> </u>
	First five years. If the Form 990 organization, check this box and	stop here .		nd, third, fourth, o	or fifth tax year as a	section 501(c)	(3) ▶ 🗷
	tion C. Computation of Pu			11 (0			
14 15	Public support percentage for 20 Public support percentage from 2			ne 11, column (f)		15	·
16	a 33-1/3 support test — 2009. If the and stop here. The organization	e organization did qualifies as a pu	d not check the bo blicly supported o	ox on line 13, and organization	the line 14 is 33-1/	3 % or more, cl	heck this box
	b 33-1/3 support test – 2008. If the and stop here. The organization	e organization die qualifies as a pu	d not check a box blicly supported o	on line 13, or 16a organization.	, and line 15 is 33-	1/3% or more, o	check this box
17	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'facts	meets the 'facts-	and-circumstance	s' test, check this l	box and stop here.	Explain in Part	IV how
	b 10%-facts-and-circumstances to or more, and if the organization organization meets the 'facts-an	meets the 'facts-	and-circumstance	s' test, check this	box and stop here.	Explain in Part	IV how the

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

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

	dar year (or fiscal yr 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 'unusual grants ')						
	Gross receipts from admissions, merchandise sold						
	or services performed, or facilities furnished in a 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						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf			,,,			
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
	Total. Add lines 1 through 5 Amounts included on lines 1.						
, .	2, 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line	*		×.	, , , , , , , , , , , , , , , , , , , ,		
	7c from line 6)		* ``			•	
Sec	tion B. Total Support						
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
-	Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (add ins 9, 10c, 11, and 12)		<u></u>	<u> </u>	<u> </u>	<u> </u>	
14	First five years. If the Form 990 organization, check this box and	is for the organiza stop here	ation's first, second	d, third, fourth, o	r fifth tax year as	a section 501(c)	(3) ▶ □
Sec	tion C. Computation of Pu		Percentage	 	-		
	Public support percentage for 20			e 13, column (f))		15	5 %
16	Public support percentage from 2					16	%
	tion D. Computation of Inv						
17	Investment income percentage for				nn (f))	. 17	%
18	Investment income percentage fi				•	18	3 %
	33-1/3 support tests - 2009. If the	ne organization di	d not check the bo	x on line 14, and	d line 15 is more t	han 33-1/3%, an	
	more than 33-1/3%, check this b	ox and stop here.	. The organization	qualities as a pul	blicly supported or	ganization	· - L
	33-1/3 support tests – 2008. If the is not more than 33-1/3%, check	this box and stor	here. The organiz	zation qualifies as	s a publicly suppo	rted organization	6, and line 18
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Schedule 5 chedule	A (Form 9	90 or 990	EZ) 2009	WEST	POINT-	BEEMER	SCHOOLS	FOUND	ATION	26-1473273	Page 4
Part IV	Supple Part II	emental , line 17	Informat a or 17b;	ion. Co and Pa	mplete tl art III, lini	nis part i e 12. Pro	to provide ovide any o	the expla other add	anations red ditional info	26-1473273 quired by Part I rmation. See in	I, line 10; structions.
Other	Income	Part	<u>II, Lin</u>	<u>e 10</u>	. – – – -						
Descr:	iption:	GOLF	TOURNAM	ENT					- -		
2008:	<u>3781.</u>										
2009:	4107.			- -							
		<i>-</i>			_		. -				
							- -				
	- -										
					-						
		-									
					-						
								-			
								 -			

Form 990-EZ, Pa Other Expenses				
Other expenses ADVERTISING BANK CHARGE AWARDS SUPPLIES		cribe)	920. 62. 192. 753.	
Total			1,927.	
Form 990-EZ, Pa				
Purpose of Payr	nent	SCHOLARSHIPS TO GRADUATING HIC	SH SCHOOL STUDENTS FOR CONT	FINUING EDUCATION
Class of Activi	ty	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	<u>s</u>	Business . Person		61,490.
If property other Description of P Date of Gift		n cash was given, the following additional in	nformation needs to be p	rovided:
Book Value		How Book Value	Determined	
FMV		How FMV De	termined	
Purpose of Payr	nent	SCHOLARSHIPS TO TEAC	CHERS	
Class of Activi	ty	Grantee's Name and Address	Grantee's Relationship	Amount Given
SCHOLARSHIP	S	Business Person	1.55-2.55	
				900.
If property other Description of P Date of Gift		n cash was given, the following additional interty	nformation needs to be p	rovided:
Book Value		How Book Value	Determined	
FMV		How FMV De	termined	

' Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Continued

arants and Similar Amounts Paid									
Purpose of Payn	nent	SCHOLARSHIPS GIVEN TO HIGH SCH	SCHOLARSHIPS GIVEN TO HIGH SCHOOL STUDENTS TO DEFRAY COLLEGE CREDIT COST						
Class of Activit	ty	Grantee's Name and Address	Grantee's Relationship	Amount Given					
SCHOLARSHIP	s_	Business Person .							
				5,550.					
		n cash was given, the following additional in rty	oformation needs to be p	provided:					
Book Value Determined									
FMV		How FMV Determined							
Purpose of Payn	nent	PROVIDE VIDEO EQUIPMENT TO WEST POINT - BEEMER SCHOOLS							
Class of Activit	ty	Grantee's Name and Address	Grantee's Relationship	Amount Given					
equipment purch	ASE	Business Person Start Point-BEEMER PUBLIC SCHOOLS 1200 EAST WASHINGTON ST WEST POINT NE 68788	AFFILIATE	4,666.					
If property other Description of Pi Date of Gift		n cash was given, the following additional in	nformation needs to be p	provided.					
Book Value		How Book Value	Determined						
FMV									

Additional Information For Tax Return

WEST POINT-BEEMER SCHOOLS FOUNDATION

26-1473273

Form 990-EZ: Exempt purpose

THE WEST POINT-BEEMER SCHOOLS FOUNDATION PROVIDES SUPPORT TO THE WEST POINT BEEMER SCHOOLS LOCATED IN WEST POINT AND BEEMER NEBRASKA

753.

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

SUPPLIES

920.
62.
192.

Total <u>1,927.</u>