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Form **990**

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning July 1, , 2009, and ending June 30, 2010

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

Please use IRS label or print or type. See Specific Instructions

C Name of organization SEWard Foundation, INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) P.O. Box 111 — Room/suite

City or town, state or country, and ZIP + 4 SEWARD, NE 68434

D Employer identification number 47 : 064 2721

E Telephone number (402) 643-3602

G Gross receipts $

F Name and address of principal officer. TONY VRANA, President

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c) (4) (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

K Form of organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation

M State of legal domicile

SCANNED NOV 0 3 2010

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Provide grants to the SEWard School District, and the City of SEWard. Applications are presented to the board for approval OR rejection.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

Activities & Governance	3	Number of voting members of the governing body (Part VI, line 1a)	7
	4	Number of independent voting members of the governing body (Part VI, line 1b)	-
	5	Total number of employees (Part V, line 2a)	-
	6	Total number of volunteers (estimate if necessary)	7
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	-
	b	Net unrelated business taxable income from Form 990-T, line 34	-

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			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	10,745	17,408.57
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,867.95	17,251.83
	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 Part VIII, column (A), line 12)	28,612.95	34660.40
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	26,716.72	5035.94
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	51.78	55125
	18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		
	19	Revenue less expenses. Subtract line 18 from line 12		

			Beginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	487,381.17	516,950.38
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances. Subtract line 21 from line 20	487,381.17	516,950.38

Part II Signature Block

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

Sign Here

Signature of officer: Doug Brand, Treasurer — Date: 10-13-2010

Type or print name and title: Doug BRAND, TREASURER — 10-13-2010

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address and ZIP + 4 | EIN ▶ | Phone no ▶ ( )

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:
Provide grants and funds to the city of Seward and the Seward School District projects

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 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 Grant) (Expenses $ 850.94 including grants of $ 850.94) (Revenue $)
11/16/09 Payable to City of Seward
For purchase of laptop computer for Water Department, and other city departments.

4b (Code Grant) (Expenses $ 4185.00 including grants of $ 4185.00) (Revenue $)
Payable to Seward County Bridges
funds used to for WAIT Training program, and speakers. Meeting held at Seward Schools

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services. (Describe in Schedule O.)
(Expenses $ including grants of $ 155.25) (Revenue $)

4e **Total program service expenses** ▶

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)? *If "Yes," complete Schedule A*	1	✓	
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 public office? *If "Yes," complete Schedule C, Part I*	3		✓
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 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*	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		✓
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		✓
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		✓
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 as applicable*	11		✓
	• 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 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		✓
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.*	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		✓
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		✓
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		✓
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		✓
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		✓
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		✓
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		✓
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		✓
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		✓

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		✓
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		✓
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		✓
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 Schedule K If "No," go to line 25.*	24a		✓
b	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		✓
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		✓
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		✓
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		✓
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):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		✓
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		✓
c	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		✓
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		✓
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		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		✓
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34		✓
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		✓
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		✓
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		✓
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		

Part 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	1a 0		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	✓	
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		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	N/A	
	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		✓
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b	N/A	
4a	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		✓
b	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			✓
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	N/A	
c	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	N/A	
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?.	6b	N/A	
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		N/A
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		N/A
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes." indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?.	7h		X
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 at any time during the year?	8		X
9	**Sponsoring organizations maintaining donor advised funds.**			
a	Did the organization make any taxable distributions under section 4966?	9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?.	9b		X
10	**Section 501(c)(7) organizations.** Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a N/A		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b N/A		
11	**Section 501(c)(12) organizations.** Enter:			
a	Gross income from members or shareholders	11a N/A		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b N/A		
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a		X
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		

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.*

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body	1a 7		
b	Enter the number of voting members that are independent	1b 0		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		✓
6	Does the organization have members or stockholders?	6		✓
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		✓
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	✓	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O* . .	9a		✓

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	✓	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . .	10b	✓	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990		✓	
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		✓
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		✓
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		✓
13	Does the organization have a written whistleblower policy?	13		✓
14	Does the organization have a written document retention and destruction policy?	14		✓
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		✓
b	Other officers or key employees of the organization	15b		✓
	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 arrangement with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		N/A

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ NEBRASKA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ TONY VRANA, 131 No. 1st, Seward, NE 68434
402-643-6405

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees. See instructions for definition of "key employee"
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
TONY TRANA 131 No. 1st, Seward NE		P		✓				—	—	—
BECKY UHLE 700 E pinewood, Seward		VP		✓				—	—	—
Dave Stewart 934 No. 6th, Seward		S		✓				—	—	—
Kyne Seeman 740 E pinewood, Seward		D						—	—	—
Doug Brand 2984 Fletcher Rd, Seward		T		✓				—	—	—
Jerry Rummery 722 Coy Lane, Seward		D						—	—	—
Vickie Gremel 939 Hillcrest, Seward		D						—	—	—

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
N/A										
1b Total ▶										

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ ZERO

		Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		✓
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*		✓
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*		✓

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
N/A		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ ZERO

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	17408.57			
	g Noncash contributions included in lines 1a-1f: $					
	h **Total.** Add lines 1a–1f	▶	17488.57			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f	▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	17251,83			
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	▶	—			
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)	▶	—			
	8a Gross income from fundraising events (not including $ ..... of contributions reported on line 1c). See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events	▶	—			
	9a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶	—			
	10a Gross sales of inventory, less returns and allowances	a				
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶	—			
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d	▶				
	12 **Total revenue.** See instructions.	▶	34660.40			

Part IX Statement of Functional Expenses

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	5035.94			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	–			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	–			
4 Benefits paid to or for members	–			
5 Compensation of current officers, directors, trustees, and key employees	–			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	–			
7 Other salaries and wages	–			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	–			
9 Other employee benefits	–			
10 Payroll taxes	–			
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
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.)				
a Postage	44.00			
b Legal notice posted	11.25			
c				
d				
e				
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	5091.19			
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet 7-1-2009 6-30-2010

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	487,381 17	1	516,950.38
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a			
	b	Less: accumulated depreciation — 10b		10c	
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	487,381. 17	16	516,950.38
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25		26	
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	36,487 20	27	48,647.74
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets	450,894. 07	29	468,302.64
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	487,381. 17	33	516,950. 38
	34	Total liabilities and net assets/fund balances		34	

Part XI Financial Statements and Reporting

		Yes	No
1	Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 2a		✓
b	Were the organization's financial statements audited by an independent accountant? 2b		✓
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	✓	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. 3b		✓

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
SEWARD FOUNDATION, INC

Employer identification number
47-0642721

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives. (1) more than 33⅓ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33⅓ % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☒ Type III–Functionally integrated d ☐ Type III–Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11g(i) (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		
11g(ii) (ii) A family member of a person described in (i) above?		
11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above?		

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Seward School District	47-6005350		X		X		X		$ 4185.00
City of Seward	47-6006355		X		X		X		$ 850.94
Total									

Doug Brand
10-13-2010

Part II **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 ") . . .						
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 . . .						
4 **Total.** Add lines 1 through 3 . .						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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)						
11 **Total support.** Add lines 7 through 10 .						

12 Gross receipts from related activities, etc (see instructions) 12

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

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33⅓ % support test—2009.** If the organization did not check the box on line 13, and line 14 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33⅓ % support test—2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33⅓ % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . ▶ ☐

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

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 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						
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 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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on 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 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 lines 9, 10c, 11, and 12)						

14 **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

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2008** Schedule A, Part III, line 17	18	%

19a **33⅓ % support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33⅓ %, and line 17 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33⅓ % support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33⅓ %, and line 18 is not more than 33⅓ %, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

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

SCHEDULE O (Form 990)

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.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

Employer identification number

VI 11 - The annual financials are made available to the board members at the first meeting of each fiscal year. They are reviewed at that time, and suggestions made for the upcoming year.

The tax statement, based on the financials, are available to board members as they are completed

VI 19 - Any of our minutes, records, or documents are available upon request. It is specific in our organization, that grants are made only to projects approved by the Seward City Council, or the Seward School Board. Additional information is available on our Website: Seward Foundation, Inc

Name of the organization | Employer identification number

SEWARD FOUNDATION, INC.
FINANCIAL TRANSACTIONS
JULY 1, 2009 TO JUNE 30, 2010

JNB CD #
JNB REPO 718409 @4.76%
900034 @1% 721234 @1.70%
721235 @3.50%
722993 @3.70%

CNB CD #
41487 @4.67%
36827 @4.18%
35256 @4.43%
41058 @4.91%
46690 @2.97%
37186 @4.18%
40614 @2 10%
47074 @3.21%

CNB CD$

	CK #	DESCRIPTION	JNB NOW 156514 @ 05%	CNB MM+ 800732 @.2%	JNB SAVING 831131 @.2% 1311.33			TOTAL INVESTMT	INTEREST INCOME TOTAL	DONATIONS	MISC EXPENSE	GRANTS PAID	RESTRICTED FUND BALANCE	UNRESTRICTED FUND BALANCE	
7/1/09		BEGINNING BALANCE	1,099 09	10,264 47	25,380 92	210,000.00	239,325.36	487,381.17					450,894.07	36,487 10	487,381 17
7/26/09		JNB CD #718409 4.76%			237 35				237.35						
7/29/09		CNB CD #47074					80.66		80.66						
7/31/09		JNB NOW .05%	0.04						0.04						
7/31/09		JNB REPO 1.00%			21.56				21.56						
7/31/09		JNB SAVINGS 20%			0 24				0 24						
7/31/09		CNB MM+ .20%		1.74					1.74						
8/15/09		CNB CD #36827					1,032 00		1,032.00						
8/17/09		JNB CD #722993			559.56				559.56						
8/17/09		CNB CD #40614		79.40					79.40						
8/17/09		CNB CD #41487		759.32					759.32						
8/31/09		JNB NOW .05%	0.05						0 05						
8/31/09		JNB REPO 1.00%			21.80				21 80						
8/31/09		JNB SAVINGS 20%			0.26				0 26						
8/31/09		CNB MM+ 20%		1 81					1.81						
8/31/09		CNB CD #35256					412.97		412.97						
9/3/09		JNB CD #721234			257.10				257.10						
9/7/09		CNB CD #41058					138 15		138.15						
9/8/09		JNB CD #721235			617.53				617.53						
9/21/09		CNB CD #37186					38.43		38.43						
9/30/09		JNB NOW .05%	0.04						0.04						
9/30/09		JNB SAVINGS .20%			0.25				0.25						
9/30/09		JNB REPO 1 00%			21.94				21.94						
9/30/09		CNB MM+ 20%		1.83					1.83						
10/21/09		DONATION VAHLE=250	250 00							250.00	VAHLE				
10/26/09		JNB CD #718409			239.96				239.96						
10/29/09		CNB CD #47074					82.20		82.20						
10/30/09		CNB MM+ 20%		1.83					1.83						
10/31/09		JNB NOW 05%	0.05						0.05						
10/31/09		JNB SAVINGS .20%			0.27				0.27						
10/31/09		JNB REPO 1.00%			22.83				22.83						
11/15/09		CNB CD #36827					1,042.88		1,042.88						
11/16/09		CNB CD #41487		759.23					759.23						
11/16/09		CNB CD #40614		79 41					79.41						
11/17/09		JNB CD #722993			559.56				559.56						
11/19/09	359	CITY OF SEWARD-PROJECTOR	-850.94									850 94	CITY OF SEWARD-PROJECTOR		
11/30/09		JNB NOW .05%	0 05						0.05						
11/30/09		JNB SAVINGS 20%			0.30				0.30						
11/30/09		JNB REPO 1 00%			22.33				22.33						
11/30/09		CNB MM+ .20%		1.95					1.95						
11/30/09		CNB CD #35256					413.04		413.04						
12/3/09		JNB CD #721234			254.30				254.30						
12/7/09		CNB CD #41058					138 34		138.34						
12/8/09		JNB CD #721235			610.82				610.82						
12/16/09		Minchow=500 LindnerCPA=500 Wehrs=500 Zabk	1,735.00							1,735.00	Minchow=500 LindnerCPA=500 Wehrs=500 Zabka=100 PNSPharmacy=100 Bakery=25 Ehlers=10				
12/21/09		R FIALA	1,000 00							1,000.00	R. FIALA				
12/21/09		CNB CD #37186					38 41		38.41						
12/23/09		DOUG & GALE BRAND	100.00							100.00	DOUG & GALE BRAND				
12/23/09		HUGHES BROTHERS	10,000.00							10,000.00	HUGHES BROTHERS				
12/24/09		KOLTERMAN AGENCY	100 00							100.00	KOLTERMAN AGENCY				
12/30/09		NICK REISINGER	100.00							100 00	NICK REISINGER				
12/31/09		JNB NOW .10%	0.36						0.36						
12/31/09		ROGER GLAWATZ	50.00							50.00	ROGER GLAWATZ				
12/31/09		SEAMAN	100.00							100 00	SEAMAN				
12/31/09		JNB REPO 1.00%			23.95				23.95						
12/31/09		JNB SAVINGS .20%			0 30				0.30						

SEWARD FOUNDATION, INC.
FINANCIAL TRANSACTIONS
JULY 1, 2009 TO JUNE 30, 2010

JNB REPO 900034 @1%

JNB CD # 718409 @4.76%; 721234 @1 70%; 721235 @3 50%; 722993 @3.70%

CNB CD # 41487 @4 67%; 36827 @4 18%; 35256 @4 43%; 41058 @4 91%; 46690 @2.97%; 37186 @4.18%; 40614 @2.10%; 47074 @3.21%

CNB CD$

CK #	DESCRIPTION	JNB NOW 156514 @.05%	CNB MM+ 800732 @.2%	JNB SAVING 831131 @.2%			INTEREST TOTAL INVESTMT	INTEREST INCOME TOTAL	DONATIONS	MISC EXPENSE	GRANTS PAID	RESTRICTED FUND BALANCE	UNRESTRICTED FUND BALANCE
				1311.33									
6/30/10	CNB MM+ .15%		2.23					2.23					
6/30/10	JNB SAVINGS .20%			0.37				0.37					
6/30/10	JNB REPO 1.00%			19.02				19.02					
	INCOME											17,408.57	17,251.83
	DISBURSEMENTS												-5,091 19
	ENDING BALANCE	1,417.84	16,067 11	25,586.26	210,000 00	263,879.17	516,950.38	17,251.83	17,408.57	55.25	5,035 94	468,302.64	48,647.74
												TOTAL FUND BAL	516,950.38
												DIFF FROM INVESTMENTS	0.00

SEWARD FOUNDATION, INC

BALANCE SHEET	6/30/2010	6/30/2009	6/30/2008	6/30/2007	6/30/2006	6/30/2005	6/30/2004	6/30/2003	6/30/2002	6/30/2001	6/30/2000	6/30/1999	6/30/1998	6/30/1997	6/30/1996
Assets:															
									$1,036 00	$1,101 00	$1,046 00	$6,457 00	$2,682 00	$29,606 00	$18,435 00
Investments	$516,950 38	$487,381 17	$465,005 00	$465,005 00	$454,345 00	$429,603 00	$421,777 00	$413,476 00	$419,645 00	$419,580 00	$421,459 00	$418,983 00	$405,752 00	$379,156 00	$417,490 00
TOTAL	$516,950 38	$487,381 17	$465,005 00	$465,005 00	$454,345 00	$429,603 00	$412,605 00	$412,605 00	$412,605 00	$420,681 00	$422,505 00	$425,440 00	$408,434 00	$408,762 00	$435,925 00
Fund Balances:															
Restricted Fund	$468,302 64	$450,894 07	$434,194 00	$434,194 00	$420,739 00	$400,614 00	$396,297 00	$389,542 00	$389,142 00	$389,117 00	$389,117 00	$388,807 00	$388,632 00	$387,452 00	$380,715 00
Unrestricted Fund	$48,647 74	$36,487 10	$30,811 00	$30,811 00	$33,606 00	$28,989 00	$25,474 00	$23,934 00	$23,463 00	$31,564 00	$33,388 00	$36,633 00	$19,802 00	$21,310 00	$55,210 00
TOTAL	$516,950 38	$487,381 17	$465,005 00	$465,005 00	$454,345 00	$429,603 00	$421,771 00	$413,476 00	$412,605 00	$420,681 00	$422,505 00	$425,440 00	$408,434 00	$408,762 00	$435,925 00

CASH RECEIPTS AND DISBURSEMENT	Year Ended 6/30/2010	Year Ended 6/30/2009	Year Ended 6/30/2008	Year Ended 6/30/2007	Year Ended 6/30/2006	Year Ended 6/30/2005	Year Ended 6/30/2004	Year Ended 6/30/2003	Year Ended 6/30/2002	Year Ended 6/30/2001	Year Ended 6/30/2000	Year Ended 6/30/1999	Year Ended 6/30/1998	Year Ended 6/30/1997	Year Ended 6/30/1996
Cash Receipts.															
Donations	$17,408 57	$10,745 00	$5,955 00	$13,455 00	$20,125 00	$4,317 00	$6,755 00	$400 00	$25 00	$0 00	$310 00	$175 00	$1,180 00	$6,737 00	$2,949 00
Interest Income	$17,251 83	$17,867 95	$20,660 49	$21,728 00	$17,628 00	$21,653 00	$23,392 00	$22,755 00	$25,840 00	$27,357 00	$25,283 00	$27,155 00	$30,030 00	$28,377 00	$29,547 00
TOTAL	$34,660 40	$28,612 95	$26,615 49	$35,183 00	$37,753 00	$25,970 00	$30,147 00	$23,155 00	$25,865 00	$27,357 00	$25,593 00	$27,330 00	$31,210 00	$35,114 00	$32,496 00
Cash Disbursements:															
Grants	$5,035 94	$26,716 72	$6,011 35	$24,400 00	$12,892 00	$18,000 00	$21,508 00	$22,220 00	$33,895 00	$29,106 00	$28,482 00	$10,264 00	$30,893 00	$62,179 00	$19,100 00
Miscellaneous Expenses	$55 25	$72 00	$51 78	$123 00	$119 00	$138 00	$344 00	$64 00	$45 00	$74 00	$46 00	$60 00	$645 00	$98 00	$1,012 00
TOTAL	$5,091 19	$26,788 72	$6,063 13	$24,523 00	$13,011 00	$18,138 00	$21,852 00	$22,284 00	$33,940 00	$29,180 00	$28,528 00	$10,324 00	$31,538 00	$62,277 00	$20,112 00
Excess Cash Receipts over Disbursements	$29,569 21	$1,824 23	$20,552 36	$10,660 00	$24,742 00	$7,832 00	$8,295 00	$871 00	-$8,075 00	-$1,823 00	-$2,935 00	$17,006 00	-$328.00	-$27,163 00	$12,384 00