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Short Form
Return of Organization Exempt From Income Tax

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

A For the 2009 calendar year, or tax year beginning JUL 1, 2009 and ending JUN 30, 2010

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termin-ated ☐ Amended return ☐ Application pending

Please use IRS label or print or type See Specific Instruc-tions

C Name of organization
NAC DEVELOPMENT CORPORATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite
1004 FARNAM STREET PLAZA

City or town, state or country, and ZIP + 4
OMAHA, NE 68102

D Employer identification number
47-6039543

E Telephone number
(402) 595-2122

F Group Exemption Number ▶

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)**

G Accounting method ☐ Cash ☒ Accrual Other (specify) ▶

I Website: ▶ WWW.NEBRASKAARTSCOUNCIL.ORG

J Tax-exempt status (check only one) — ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25,000 A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 300,976.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

	1	Contributions, gifts, grants, and similar amounts received		1	297,097.
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	
	4	Investment income		4	3,098.
	5a	Gross amount from sale of assets other than inventory	5a		
	b	Less cost or other basis and sales expenses	5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a		
	b	Less direct expenses other than fundraising expenses	6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
	7a	Gross sales of inventory, less returns and allowances	7a		
	b	Less cost of goods sold	7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
	8	Other revenue (describe ▶ MISCELLANEOUS REVENUE)		8	781.
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶		9	300,976.
Expenses	10	Grants and similar amounts paid (attach schedule)		10	124,662.
	11	Benefits paid to or for members		11	
	12	Salaries, other compensation, and employee benefits		12	8,890.
	13	Professional fees and other payments to independent contractors		13	62,920.
	14	Occupancy, rent, utilities, and maintenance		14	
	15	Printing, publications, postage, and shipping		15	8,142.
	16	Other expenses (describe ▶ SEE STATEMENT 1)		16	25,779.
	17	**Total expenses** Add lines 10 through 16 ▶		17	230,393.
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	70,583.
	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	378,792.
	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 2		20	-1,031.
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	448,344.

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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	381,384.	22	448,294.
23	Land and buildings		23	
24	Other assets (describe ▶ ACCOUNTS RECEIVABLE)	0.	24	50.
25	Total assets	381,384.	25	448,344.
26	Total liabilities (describe ▶ ACCOUNTS PAYABLE)	2,592.	26	0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	378,792.	27	448,344.

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? SEE STATEMENT 6

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 SEE STATEMENT 5

(Grants $ 119,192.) If this amount includes foreign grants, check here ▶ ☐ 28a 152,489.

29 ARTS AWARENESS - ARTS AWARENESS PROJECTS AND INITIATIVES ARE DESIGNED TO INCREASE AWARENESS OF, AND PARTICIPATION IN, ARTS AND CULTURE.

(Grants $ 2,670.) If this amount includes foreign grants, check here ▶ ☐ 29a 51,572.

30 OTHER INITIATIVES - LATINO ART INITIATIVE, OPEN WORLD, SCULPTURE PROJECT, AND ARTISTS RESIDENCIES.

(Grants $ 2,800.) If this amount includes foreign grants, check here ▶ ☐ 30a 3,100.

31 Other program services (attach schedule)

(Grants $) If this amount includes foreign grants, check here ▶ ☐ 31a

32 **Total program service expenses** (add lines 28a through 31a) ▶ 32 207,161.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MURRAY NEWMAN	TREASURER 0.00	0.	0.	0.
DONNA HASTINGS	PRESIDENT 0.00	0.	0.	0.
SUZANNE WISE	SECRETARY 0.00	0.	0.	0.
NANA SMITH	VICE PRESIDENT 0.00	0.	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V.)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
a	Did the organization have unrelated business gross income of $1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b	N/A	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch N	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0. , section 4912 ▶ 0. , section 4955 ▶ 0.			
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	40b		X
c	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 ▶ 0.			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X

41 List the states with which a copy of this return is filed ▶ NE

42a The organization's books are in care of ▶ KATHY KUSZAK Telephone no ▶ (402) 595-2122

Located at ▶ 1004 FARNAM STREET PLAZA LEVEL, OMAHA, NE ZIP + 4 ▶ 68102

			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)?	42b		X
	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.**			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		X
	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 ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 N/A			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

Part VI **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.

			Yes	No
46	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	46		X
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47		X
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None"

(a) Name and address of each employee paid more than $100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None"

NONE

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

Sign Here

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

▶ Signature of officer — Date: 09-22-10

▶ SUZANNE WISE, SECRETARY
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-employed ▶ ☐	Preparer's identifying number (See instr.)
	09/17/10		

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DUTTON & ASSOCIATES P.C.
515 NORTH 87TH STREET
OMAHA, NE 68114

EIN ▶

Phone no ▶ 402 393-4900

May the IRS discuss this return with the preparer shown above? See instructions ▶ [X] Yes ☐ No

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	Employer identification number
NAC DEVELOPMENT CORPORATION	47-6039543

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 33 1/3% 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 33 1/3% 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
(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?		
(ii)	A family member of a person described in (i) above?		
(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?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.")	430,228.	630,781.	345,340.	181,887.	297,097.	1,885,333.
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	430,228.	630,781.	345,340.	181,887.	297,097.	1,885,333.
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						1,885,333.

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	430,228.	630,781.	345,340.	181,887.	297,097.	1,885,333.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,671.	19,843.	36,683.	15,371.	3,098.	91,666.
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.)	1,665.	5,579.	7,629.	3,119.	781.	18,773.
11 **Total support.** Add lines 7 through 10						1,995,772.

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	94.47 %
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	94.39 %

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 **stop 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 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 **33 1/3% support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

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

FORM 990-EZ OTHER EXPENSES STATEMENT 1

DESCRIPTION	AMOUNT
AWARDS AND RECOGNITION	4,240.
CONFERENCES, EVENTS, AND MEETINGS	14,165.
INSURANCE	716.
MISCELLANEOUS OFFICE	224.
SUPPLIES	1,972.
TRAVEL AND ENTERTAINMENT	4,462.
TOTAL TO FORM 990-EZ, LINE 16	25,779.

FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 2

DESCRIPTION	AMOUNT
UNREALIZED GAIN (LOSS) ON INVESTMENTS	-1,031.
TOTAL TO FORM 990-EZ, LINE 20	-1,031.

FORM 990-EZ CASH GRANTS AND ALLOCATIONS STATEMENT 3

CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUNT
OMAHA SYMPHONY ASSOCIATION 1605 HOWARD ST OMAHA, NE 68102-2705	NONE	4,519.
GENEVA ARTS COUNCIL BOX 54 GENEVA, NE 68361-0054	NONE	378.
COLUMBUS AREA ARTS COUNCIL 2504 14 ST COLUMBUS, NE 68601-4928	NONE	2,131.
NEBRASKA FOLKLIFE NETWORK 5620 HUNTS DRIVE LINCOLN, NE 68512-1190	NONE	794.
FRIENDS OF MARY RIEPMA ROSS THEATRE 313 N. 13TH ST, STE 128 P O BOX 880253 LINCOLN, NE 68588-0253	NONE	2,116.
HARLAN COUNTY ARTS COUNCIL P O BOX 166 ALMA, NE 68920-0166	NONE	392.
ALLIANCE ARTS COUNCIL BOX 244 ALLIANCE, NE 69301-0244	NONE	929.
BASSETT ARTS COUNCIL BOX 429 BASSETT, NE 68714-0429	NONE	589.
FREMONT AREA ART ASSN INC. 92 W 6TH ST P O BOX 335 FREMONT, NE 68026-0335	NONE	916.

HIGH PLAINS ARTS COUNCIL INC BOX 567 SIDNEY, NE 69162-0567	NONE	931.
BUTLER COUNTY ARTS COUNCIL BOX 165 DAVID CITY, NE 68632-0165	NONE	842.
VALENTINE AREA ARTS COUNCIL BOX 70 VALENTINE, NE 69201-0070	NONE	1,094.
KEARNEY AREA ARTS COUNCIL P O BOX 842 KEARNEY, NE 68848-0842	NONE	673.
WEST NEBRASKA ARTS CENTER 106 E 18 ST BOX 62 SCOTTSBLUFF, NE 69363-0062	NONE	2,940.
ALBION ARTS COUNCIL INC BOX 124 ALBION, NE 68620-0124	NONE	1,266.
HASTINGS SYMPHONY ORCHESTRA P O BOX 597 HASTINGS, NE 68902-0597	NONE	1,034.
OMAHA SYMPHONIC CHORUS P.O. BOX 24225 OMAHA, NE 68124-0225	NONE	439.
LINCOLN ASSOCIATION FOR TRADITIONAL ARTS P O BOX 30561 LINCOLN, NE 68503-0561	NONE	365.
POST PLAYHOUSE 1000 MAIN STREET CHADRON, NE 69337-2667	NONE	750.

THIRD CHAIR CHAMBER PLAYERS 100 N 12TH ST. STE 1100 LINCOLN, NE 68508-1436	NONE	404.
NE BRASS 315 S 9TH STREET, SUITE 110 LINCOLN, NE 68508-2283	NONE	598.
OMAHA MODERN DANCE COLLECTIVE 16617 HARNEY STREET OMAHA, NE 68118	NONE	419.
JOSLYN ART MUSEUM 2200 DODGE ST. OMAHA, NE 68102-1292	NONE	4,627.
SHELDON ART ASSOCIATION 12TH AND R STREETS PO BOX 880300 LINCOLN, NE 68588-0300	NONE	4,623.
OMAHA COMMUNITY PLAYHOUSE 6915 CASS STREET OMAHA, NE 68132-2649	NONE	4,285.
OMAHA PERFORMING ARTS SOCIETY 1200 DOUGLAS ST. OMAHA, NE 68102	NONE	4,651.
OMAHA THEATER COMPANY FOR YOUNG PEOPLE 2001 FARNAM ST OMAHA, NE 68102-1216	NONE	4,567.
LINCOLN ORCHESTRA ASSOCIATION 233 S 13TH ST, STE B102 LINCOLN, NE 68508-2017	NONE	4,483.
MUSEUM OF NEBRASKA ART 2401 CENTRAL AVE KEARNEY, NE 68847-4501	NONE	4,351.

BEMIS CENTER FOR CONTEMPORARY ART 724 SOUTH 12TH STREET OMAHA, NE 68102-3202	NONE	4,429.
OPERA OMAHA 1625 FARNAM ST SUITE 100 OMAHA, NE 68102-2159	NONE	4,345.
KEARNEY COMMUNITY THEATRE 83 PLAZA BLVD KEARNEY, NE 68845-4819	NONE	1,521.
BLUE BARN THEATRE PROJECT 614 S 11 ST OMAHA, NE 68102-2930	NONE	1,154.
TASSEL COORDINATION COUNCIL 1324 TILDEN ST. PO BOX 526 HOLDREGE, NE 68949-0526	NONE	725.
WILLA CATHER PIONEER MEMORIAL FOUNDATION 413 N WEBSTER ST. RED CLOUD, NE 68970-2466	NONE	1,739.
MINDEN OPERA HOUSE 322 EAST 5TH STREET MINDEN, NE 68959-1649	NONE	823.
NE JAZZ ORCHESTRA 315 S 9TH ST., SUITE 110 LINCOLN, NE 68508-2283	NONE	1,457.
LINCOLN MUNICIPAL BAND ASSOCIATION INC. 315 S 9TH ST., SUITE 110 LINCOLN, NE 68508-2283	NONE	800.
GRAND ISLAND LITTLE THEATRE 3180 W US HIGHWAY 34 GRAND ISLAND, NE 68801	NONE	1,533.

FILM STREAMS INC P.O. BOX 8485 OMAHA, NE 68108-0485	NONE	4,758.
LUX CENTER FOR THE ARTS 2601 N 48TH ST LINCOLN, NE 68504-3632	NONE	1,199.
LINCOLN COMMUNITY PLAYHOUSE, INC. 2500 S 56 ST LINCOLN, NE 68506-3598	NONE	3,459.
NEBRASKA SHAKESPEARE FESTIVAL DEPT. OF FINE ARTS CREIGHTON UNIVERSITY OMAHA, NE 68178-0001	NONE	3,298.
NORTH PLATTE COMMUNITY PLAYHOUSE P.O. BOX 1045 NORTH PLATTE, NE 69103-1045	NONE	984.
BROWNVILLE FINE ARTS ASSOCIATION 427 MAIN STREET, BOX 4 BROWNVILLE, NE 68321-0068	NONE	807.
COMMUNITY PLAYERS INC 412 ELLA ST BOX 116 BEATRICE, NE 68310-0116	NONE	1,146.
FRIENDS OF LIED P O BOX 880151 LINCOLN, NE 68588-0151	NONE	4,343.
CARNEGIE ARTS CENTER 204 W 4TH ST BOX 375 ALLIANCE, NE 69301-0375	NONE	1,883.
NE CHAPTER GOSPEL MUSIC WORKSHOP OF AMERICA 725 N 92ND COURT, APT #207 OMAHA, NE 68114-2607	NONE	1,500.

OGALLALA REGIONAL ARTS COUNCIL BOX 405 OGALLALA, NE 69153-0405	NONE	971.
OMAHA AREA YOUTH ORCHESTRA INC P O BOX 34518 OMAHA, NE 68134-0518	NONE	1,969.
LINCOLN ARTS COUNCIL 920 O ST. LINCOLN, NE 68508-3606	NONE	3,121.
NORFOLK ARTS CENTER 305 N 5TH ST NORFOLK, NE 68701-4092	NONE	3,894.
HASTINGS COMMUNITY THEATRE 515 S 4TH AVE PO BOX 922 HASTINGS, NE 68902-0922	NONE	542.
CIRCLE THEATRE INC 2015 S 60 ST OMAHA, NE 68106-2154	NONE	676.
NE CHORAL ARTS SOCIETY 14225 DAYTON CIRCLE, STE 15 OMAHA, NE 68137	NONE	1,354.
TEAMMATES MENTORING PROGRAM 6801 O STREET LINCOLN, NE 68510-2422	NONE	5,000.
LOFT AT THE MILL 800 P STREET SUITE 300 LINCOLN, NE 68508-1328	NONE	276.
HOLY NAME ELEMENTARY SCHOOL 2901 FONTENELLE BLVD OMAHA, NE 68104-4501	NONE	2,800.

UNIVERSITY OF NE OMAHA/BOARD OF REGENTS COLLE 6001 DODGE ST OMAHA, NE 68182	NONE	2,880.
SHELDON ART ASSOCIATION 12TH AND R STREETS PO BOX 880300 LINCOLN, NE 68588-0300	NONE	2,000.
MALCOLM X MEMORIAL FOUNDATION PO BOX 111446 OMAHA, NE 68111-1446	NONE	1,170.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		124,662.

FORM 990-EZ INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS STATEMENT 4

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO

CULTURAL PRESERVATION ENDOWMENT FUNDS - FOR THE STABILIZATION OF NEBRASKA'S ARTS ORGANIZATIONS, ARTS EDUCATION PROGRAMS THAT PROVIDE STATEWIDE IMPACT, AND ARTS ADVOCACY TO PROMOTE THE ARTS IN NEBRASKA.

TO STIMULATE AND ENCOURAGE THE STUDY AND PRESENTATION OF FINE AND PERFORMING ARTS THROUGHOUT THE STATE.