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CHANGE OF ACCOUNTING PERIOD

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)

Department of the Treasury Internal Revenue Service

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

Inspection

A	For the	200% calendar year, or tax year beginning $JAN~1$, 2010 and ending	JUN 30, 2010					
В	Check if applicable	use IHS	D Employer identific	cation number				
	Addres	label or Northeast Community College Foundation						
Ē	Name change Initial	Doing Business As		145185				
Ļ	return	See Specific Instruc- 801 E Benjamin Ave PO Box 469		r 371–2020				
F	lated Amend		G Gross receipts \$	663,408.				
ř	return Applic tion		H(a) Is this a group re					
_	pendir	F Name and address of principal officer:Lynne Koski	for affiliates? Yes X No					
_		same as C above	H(b) Are all affiliates inc	eluded? Yes No				
		empt status: X 501(c) (3) ◀ (Insert no.)		list. (see instructions)				
_		te: ► N/A	H(c) Group exemptio					
			ear of formation 19/5 N	A State of legal domicile NE				
	art I	Summary Briefly describe the organization's mission or most significant activities: Providin	g scholarshin	s +o				
Se	1	students attending Northeast Community Colle	ge and other	support to				
Activities & Governance	2	Check this box I if the organization discontinued its operations or disposed of n						
ove	3	Number of voting members of the governing body (Part VI, line 1a)	3	19				
9	4	Number of independent voting members of the governing body (Part VI, line 1b)	4					
es.	5	Total number of employees (Part V, line 2a)	5					
	6	Total number of volunteers (estimate if necessary)	6	0.				
Acti		Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.				
ξ	b	Net unrelated business taxable income from Form 990-T, line 34	7b Prior Year	Current Year				
33 Ø	8	Contributions and grants (Part VIII, line 1h)		628,065.				
Revenue	9	Program service revenue (Part VIII, line 2g)						
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		35,343.				
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)						
_	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		663,408.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,212,111.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		_				
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)						
Geo	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 5,626.						
Щ	11/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	litte die	12,569.				
	18	Total expenses Add lines 13-17 (must equal Part IX (column (ATT)) The Set IV		1,224,680.				
	19	Davisson land averages Cultivated line 10 from line 10		-561,272.				
S OF	8	"♥ NOV 1 5 2010 O	Beginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)	9,205,982.	8,550,757. 34,822.				
Net Assets or	21	Total liabilities (Part X, line 26)	35,774. 9,170,208.	8,515,935.				
,	art II	Net assets or fund balances. Subtract line 21 from Ine-20 SIGN, UI	5,110,200.	0/313/333.				
<u></u>	CH E 16	Under penalties of penury, I declare that I have examined this return, including accompanying schedules and stateme and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	ents, and to the best of my knowled	ge and belief, it is true, correct,				
		10 5 11		10 -10				
Si	_	Signature of other	Date	- 10-10				
п	ere	Lynne Koski, ex-officio Treasurer						
		Type or print name and title						
	14	Preparer's Date	Check if Prepar	rer's identifying number structions)				
Pa	iu eparer's	signature Danny Fuerhoff, CFA //-8-10	employed					
	e Only	Firm's name (or yours if Christensen Brozek Faltys PC	EIN ►					
	··· ,	self-employed), address, and P.O. Box 1264	S. A	02 271 1160				
		Norfolk, NE 68702	Phone no P 4	02-371-1160 X Yes No				
	ay the II 2001 02-0	RS discuss this return with the preparer shown above? (see instructions) 4-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate	instructions	X Yes No Form 990 (2009)				
33	-UZ-L	Main Fills I at 1 tites you are also about our trouvers to the separate		(200)				

1. (42)	ti Onechist of Required Ochedules			
			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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	ļ
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
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		<u> X</u>
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_		X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	_8_		X
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		X
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_	X	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		.,	
	as applicable	11.	X	ļ
•	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		J.	
	Schedule D, Parts XI, XII, and XIII.	12	X	ļ
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	1		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	_	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			x
	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			l v
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	!	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	١		.
	located outside the United States? If "Yes," complete Schedule F, Part III	16	ļ	X
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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18	-	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	,_		v
	complete Schedule G, Part III	19	├	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	X

			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	X	
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		Х
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			<u></u>
	Schedule J	23		X
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	ì		
	Schedule K. If "No", go to line 25	24a		Х
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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	'		
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		ŀ	1
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	A second of the			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
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	İ	X
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		X
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		X
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		X
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	Х	L
		Form	990	(2009)
				-

Form	990 (2009) Northeast Community College Foundation	51-0145	185	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	в 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable 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	<u>2a</u> 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	?	2b		ļ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see ins	structions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	by this return?	3a_		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3ь_	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other au	thority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	count)?	4a	ļ	X
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 Ba	nk and			
	Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	on?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regard	ing Prohibited			1
	Tax Shelter Transaction?		5c	<u> </u>	ـــــــ
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	organization solicit			ļ
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or gifts			
	were not tax deductible?		6b	ļ	ļ
7	Organizations that may receive deductible contributions under section 170(c).				1
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for go	ods and services			l
	provided to the payor?		7a	ļ	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	-	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required			١,,
	to file Form 8282?	ı	7c	ļ .	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a per	rsonal			,,
	benefit contract?		7e	ļ	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract	:t?	7f	-	X
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7 <u>g</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C a		7h	ļ <u> </u>	ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations				
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess	s business holdings			1
	at any time during the year?		8	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a_	 	┼
þ	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	ļ	ļ
10	Section 501(c)(7) organizations. Enter:	. 1	1		
а		0a	4		
b		0ь	-		
11	Section 501(c)(12) organizations. Enter:	. 1			
а		1a	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
		1b	1		1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a	ļ	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	2b		1	1

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.

<u>Sec</u>	tion A. Governing Body and Management	_							
	•				Yes	No			
1a	Enter the number of voting members of the governing body	1a		19					
b	Enter the number of voting members that are independent	1b		19					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ıp with	any other						
	officer, director, trustee, or key employee?			2		<u>X</u>			
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision						
	of officers, directors or trustees, or key employees to a management company or other person?			3_		<u>X</u>			
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	4		X			
5	Did the organization become aware during the year of a material diversion of the organization's asset	ts?		5		X			
6	Does the organization have members or stockholders?			6		X			
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	ember	s of the	_		v			
	governing body?		_	7a		X			
	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			7b					
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year						
	by the following:				Х				
	The governing body?			8a 8b	X				
	b Each committee with authority to act on behalf of the governing body?								
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re	acned	at the	9		Х			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	2011001	(a Cada)	<u> </u>					
sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	revenu	ie Code.)		Yes	No			
40-	Describe averagement on house level about any hypothese or affiliation?			10a	163	X			
	Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such	chan	tere affiliates	100					
D	and branches to ensure their operations are consistent with those of the organization?	ГСПАР	ters, armates,	10ь					
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	filina ti	ne form?	11	Х				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	9	10 101111						
	Does the organization have a written conflict of interest policy? If "No," go to line 13			12a	X				
	Are officers, directors or trustees, and key employees required to disclose annually interests that co	uld ar	/e rise						
-	to conflicts?	3 -		12b	X				
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,	' describe						
-	in Schedule O how this is done			12c	X				
13	Does the organization have a written whistleblower policy?			13	Х				
14	Does the organization have a written document retention and destruction policy?			14	X	<u></u>			
15	Did the process for determining compensation of the following persons include a review and approve	al by	ndependent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision	?							
а	The organization's CEO, Executive Director, or top management official			15a	_	X			
b	Other officers or key employees of the organization			15b		X			
	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 arrange	ement	with a			٠,			
	taxable entity during the year?			16a	ļ	X			
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to ev								
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization of the control o	ganıza	tion's						
	exempt status with respect to such arrangements?			16b	L	<u> </u>			
<u>Sec</u>	tion C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed None	T /501	(a)(2)a a a b à a a	lable fe=					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990	1 (501	(c)(s)s only) avai	iadie tor					
	public inspection. Indicate how you make these available. Check all that apply.								
46	Own website Another's website X Upon request		d of interest well-	w and fine	noid				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents,	CONTIR	a or interest polic	y, and int	ıı ıcıdı				
20	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books a	and ro	cords of the orac	nization.	>				
20	Chris McKibbon - 402-844-7015	<u> ۱</u>	Joins of the orga	ansanon. P					
	801 E Benjamin Ave , Norfolk, NE 68701								

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.

X Check this box if the organization did no	1	y cu	rren			, dire	ecto		(F)	<u></u>	
(A)	(B)				C)			(D)	(E)	(F)	
Name and Title	Average	/		Pos			I. A	Reportable	Reportable compensation	Estimated amount of	
	hours per	<u> </u>	necr	all	ınaı	арр	'iy <i>)</i>	compensation from	from related	other	
	week	Individual trustae or director						the	organizations	compensation	
		o d	8			zated		organization	(W-2/1099-MISC)	from the	
		Laster	Institutional trustee		8	npeu		(W-2/1099-MISC)		organization	
		dual	텵	L	ê	st cor	<u>"</u>			and related	
		Indiv	Instit	Officer	Кеу етрюуее	Highest compensated employee	Former			organizations	
Steve Anderson					T	-					
Director		X		<u> </u>				0.	0.	0.	
Henry Beel, Jr.									_	_	
Director		X			<u>L</u>			0.	0.	0.	
Eric Bertness		İ							_	_	
Director		Х	<u> </u>			<u> </u>		0.	0.	0.	
Catherine Bishop											
Director		X			_			0.	0.	0.	
Robert Cox									•		
Director		X			_			0.	0.	0.	
Tom DeLay	1									_	
Director		X		1_	_	ļ	<u> </u>	0.	0.	0.	
Paul Goodman				1						_	
Director		X		<u> </u>	_	<u> </u>		0.	0.	0.	
Bart Gotch										_	
Director		X	_	ļ	1		<u> </u>	0.	0.	0.	
Nadine Hagedorn		l							_	_	
Director		X	-	1	\vdash	\vdash	<u> </u>	0.	0.	0.	
J. Paul McIntosh			i				l		0.	0.	
Director		X	-			\vdash	<u> </u>	0.	<u> </u>	<u> </u>	
Fred Otten		١.,							0.	0.	
Director		X	├	╁	1	╁	\vdash	0.		0.	
Gerald Petersen	1	V.		Ì				0.	0.	0.	
Director		X	╁	-	+	-	1	0.	0.		
Greta Roth		١,						0.	0.	0.	
Director		X	 	╀	+	┼	-	0.	0.		
Don Smejkal		١,,						1	0.	0.	
Director	 	X	╁	 	╁	+	1	0.	0.		
Courtney Klein-Faust Executive Director	8.00	l,	1					0.	0.	0.	
	0.00	^	┼	╁╌	╁	+	-				
David Copple Past President				x				0.	0.	0.	
Scott Gray		+	-	+^	+	+	\vdash	-		 	
President				X				0.	0.	0.	
TICBIUCIIC				1 41						Form 990 (2009)	

						_						
								Foundation	51-014	5185	Pa	age 8
Part VII Section A. Officers, Directors, Tru (A)	1	mplo	yee		<u>nd I</u> C)	ligh	<u>est</u>	Compensated Employ (D)	ees (continued) (E)		(F)	
Name and title	(B) Average			۱۰ Pos		,		Reportable	Reportable	Fs	tımate	ed
•	hours	(cl				арр	ly)	compensation	compensation		nount	
	per	ğ						from	from related		other	
•	week	gige				23		the	organizations (W-2/1099-MISC)		pensa om the	
		SE C	Tagge			Series		organization (W-2/1099-MISC)	(44-2/1099-141130)	I .	anızat	
		百五	Page 1	'	86	5 8		(,		-	d relat	
		Individual trustee or director	Institutional trustbe	Officer	Key employee	Highest compensated employee	Former			orga	anızatı	ons
Eldon Peters					_							
Treasurer				х				0.	C).		0.
Ron Stauffer												
Vice President		ļ	<u> </u>	Х				0.	() .		0.
Wayne Studebaker								_	_			_
Secretary				Х		ļ		0.	().	<u>_</u>	0.
		_										
				i								
	1											
		<u> </u>										
		_										
1b Total			L	<u> </u>		┢	<u> </u>	0.).		0.
Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) wl	no re	eceived more than \$100	0,000 in reportable			
compensation from the organization	<u>,, , , , , , , , , , , , , , , , , , ,</u>											0
											Yes	No
3 Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s			, ке	y en	npio	yee,	or r	nignest compensated er	прюуее оп	3		Х
4 For any individual listed on line 1a, is the s			amn	ene:	atioi	n and	d of	her compensation from	the organization			
and related organizations greater than \$15									ino organization	4		Х
5 Did any person listed on line 1a receive or			-						ices rendered to			
the organization? If "Yes," complete Scheo										5		X
Section B. Independent Contractors												
1 Complete this table for your five highest countries the organization. NONE	ompensated in	depe	ende	ent c	ont	racto	ors t	hat received more than	\$100,000 of compo	ensation 1	from	
(A)							П	(B)		(0		
Name and business	s address							Description of s	services	Compe	nsatio	n
											_	

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		5_		<u>X</u>		
Sec	tion B. Independent Contractors						
1	Complete this table for your five highest compensated independent contract the organization.	ctors that received more than \$100,000 of co	mpensation	from			
	(A) Name and business address	(B) Description of services		C) ensation	1		
				_			
2	Total number of independent contractors (including but not limited to those \$100,000 in compensation from the organization ▶ 0	e listed above) who received more than					
			Form	990 (2	2009)		

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Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must comp	• • •	not required to compi	CC COIGIIII (2), (0), air.	
	not include amounts reported on lines 6b, 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	1,212,111.	1,212,111.		
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):				· ·
а	Management				
ь	Legal			,	
С	Accounting	1,950.		1,950.	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	806.		806.	
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	4,187.		4,187.	
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				
а	expenses shown on line 25 below) College of Nursing	3,500.			3,500.
_	Other	2,126.			2,126.
b		2,120.			
C					
d					
e	All other overses				<u> </u>
f	All other expenses	1,224,680.	1,212,111.	6,943.	5,626.
25	Total functional expenses. Add lines 1 through 24f	1,224,000.	1,212,111.	0,743.	
26	Joint costs. Check here I I I 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		<u></u>	<u> </u>	<u></u>

Balance Sheet Part X (B) (A) End of year Beginning of year 1 Cash · non-interest-bearing 472,073. 590,003. 2 2 Savings and temporary cash investments 5,272,125. 5,728,382. 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete 6 Part II of Schedule L 7 Notes and loans receivable, net Assets 8 Inventories for sale or use A Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 207,000. 10a basis. Complete Part VI of Schedule D 207,000. 207,000. 10c 10b b Less: accumulated depreciation 2,559,150. 2,639,452. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 12 40,000. 40,000. 13 13 Investments - program-related. See Part IV, line 11 14 14 Intangible assets 409. 1,145. 15 15 Other assets. See Part IV, line 11 9,205,982. 8,550,757. 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Liabilities Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 35,774. 34,822. 25 25 Other liabilities. Complete Part X of Schedule D 35,774. 34,822. 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 173,728. 6,146,521. 27 108,822. 27 Unrestricted net assets 5,551,322. 28 28 Temporarily restricted net assets 2,855,791. 2,849,959. 29 Permanently restricted net assets 29 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 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 32 9,170,208. 8,515,935. 33 Total net assets or fund balances 8,550,757. 9,205,982. Total liabilities and net assets/fund balances

Form 990 (2009)

or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

pen to Public Inspection

Name of the organization

Northeast Community College Foundation

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

Employer identification number 51-0145185

he organ	ization is not a	private foundation b	pecause it is: (For lines 1	through 1	1, check o	only one b	ox.)						
1 🗀			s, or association of churc										
2	A school desc	cribed in section 17	0(b)(1)(A)(ii). (Attach Sch	nedule E.)									
з 🗔	A hospital or	a cooperative hospit	al service organization d	lescribed i	n section	170(b)(1)(A)(iii).						
4	A medical res	earch organization o	perated in conjunction v	with a hosi	pital descr	ibed in se	ction 170	(b)(1)(A)(iii). Enter t	the hospital	s nam	e,	
	city, and state												
5 X	An organization	on operated for the t	penefit of a college or un	iversity ov	vned or op	erated by	a governr	nental unit	describe	ed in			
	section 170((b)(1)(A)(iv). (Comple	ete Part II.)										
6	A federal, sta	te, or local governme	ent or governmental unit	described	l in sectio	n 170(b)(1)(A)(v).						
7	An organization	on that normally rece	eives a substantial part o	of its supp	ort from a	governme	ntal unit o	r from the	general (public desc	ribed ir	1	
_	section 170(l	b)(1)(A)(vi). (Complet	te Part II.)										
8 🖳	_		ection 170(b)(1)(A)(vi). (-								
9 📖	An organization	on that normally rece	eives: (1) more than 33 1	/3% of its	support fr	rom contril	butions, m	embership	o fees, ar	nd gross red	elpts f	rom	
	activities relat	ted to its exempt fun	ictions - subject to certa	ın exceptio	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross	ınvestı	ment	
	income and u	inrelated business ta	axable income (less secti	ion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	after June 3	0, 197	5.	
	See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
⁰╚													
1			erated exclusively for th									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.												
		Type I b Type II c Type III · Functionally integrated d Type III · Other By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than											
e												1	
_			han one or more publicly						(a)(1) or	section 509	(a)(2).		
f			ten determination from t	ne IRS tha	atitisa iy	pe i, type	ii, or Type	9 111					
		rganization, check th			4 4		-6 41 6-11-		2			ш	
9			rganization accepted an								Yes	No	
			rectly controls, either al	one or tog	etner with	persons o	ieschbed i	n (II) and (I	ii) below,	11g(i)	162	140	
	•	• .	upported organization?							11g(ii)	-		
	• •	•	n described in (i) above?		-2					11g(iii)			
	• •	•	person described in (i) o							119(11)	li		
h	Provide the to	ollowing information	about the supported org	ganization	(S).								
(I) NI		(11) FIN	(iii) Type of	(iv) is the o	rnanization	(v) Did you	i notify the	(vi) Is	the	(vii) An	ount o	ı	
	of supported anization	(ii) EIN	organization	in col (i) lis				organization (i) organization	on in cot l		port	,	
org	amzaton		(described on lines 1-9 above or IRC section	governing	document?	(i) of your	r support?	US	?	337			
			(see instructions))	Yes	No	Yes	No	Yes	No				
									-				
				_				<u> </u>					
<u> </u>													
Γotal				1									

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

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990 EZ) 2009 Northeast Community College Foundation 51-0145185 Page 2 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 657,227. 657,227. 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 657,227. 657,227. 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) 657,227. 6 Public support. Subtract line 5 from line 4 Section B. Total Support (f) Total (c) 2007(d) 2008 (e) 2009 Calendar year (or fiscal year beginning in) **(b)** 2006 (a) 2005 657,227. 657,227. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 35,343. 35,343. 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.) 692,570. 11 Total support. Add lines 7 through 10 12 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 94.90 14 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 % 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 $\triangleright X$ 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

	rt III Support Schedule for C	Organizations	Described in	Section 509(a	(Complete only	ıf you checked the bo	x on line 9 of Part I
	ction A. Public Support						
Cald	endar 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			1			
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the					1	
	organization's tax-exempt purpose				i		
3	Gross receipts from activities that						
•	are not an unrelated trade or bus-						
	iness under section 513					1	
4	Tax revenues levied for the organ-						
4	9				1		
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to			1]	ļ i	
	the organization without charge			ļ			
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received				1		
	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						
	Public support (Subtract line 7c from line 6.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	etion B. Total Support	·	<u> </u>	<u> </u>			
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	(u) 2003	(6) 2000	(0) 2001	(4) 2000	(9, 2000	17 10101
	Gross income from interest,	<u> </u>					
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
E	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975		ļ		ļ		
	Add lines 10a and 10b				ļ <u></u>		<u> </u>
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)						
	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax vear as a section	on 501(c)(3) organiz	ation,
	check this box and stop here	o organization	• ,	,,	,	(-,(-, -, -, 3	▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage	·			
	Public support percentage for 2009 (I			column (fl)		15	
16				COIGHIII (I))		16	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
	Public support percentage from 2008					110	
	ction D. Computation of Inves					47	
17		-	•	ne 13, column (f))		17	<u>%</u>
18	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2009. If the	•					/ Is not
	more than 33 1/3%, check this box a						
t	33 1/3% support tests - 2008. If the	organization did i	not check a box or	n line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	ck this box andst	t op here. The orga	anızation qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	▶

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part III, line 17a or 17b;	<u> 34</u>
and Part III, line 12. Provide any other additional information. See instructions.	
Schedule A column's a through d are not reported because they have been	
filed in the 2009 calendar year end's return. Column e is reporting only	
the short year information on the accrual basis.	

Schedule D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

Northeast Community College Foundation

Employer identification number 51-0145185

Par	Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	conferring
	Impermissible private benefit?		Yes No
Pa	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or p	pleasure) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included in (c) acquired		2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIV, describe how the organization reports conservat		
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	the organization's accounting for
Do	conservation easements.	f Art Historical Treasures or C	Other Similar Assets
(F. 43)	Complete if the organization answered "Yes" to Form		The difficult reserve.
	Complete ii tilo organization anowered 100 to 1011		
12	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and b	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e		
	the footnote to its financial statements that describes these		,
ь	If the organization elected, as permitted under SFAS 116, to		nce sheet works of art, historical treasures,
_	or other similar assets held for public exhibition, education, of		
	these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financi	
_	the following amounts required to be reported under SFAS 1		•
а	Revenues included in Form 990, Part VIII, line 1	-	> \$
	Assets included in Form 990, Part X		> \$

		st Community				-0145185 Page 2
Par	t III Organizations Maintaining C	ollections of Art,	Historical Tre	easures, or Oth	<u>er Similar <i>F</i></u>	Assets (continued)
3	Using the organization's acquisition, accessi	on, and other records, o	check any of the f	following that are a s	significant use	of its collection items
	(check all that apply):					
а	Public exhibition	d [Loan or exch	nange programs		
ь	Scholarly research	e (Other		-	
c	Preservation for future generations					
4	Provide a description of the organization's co	ollections and explain h	ow they further th	ne organization's exe	empt purpose i	in Part XIV.
5	During the year, did the organization solicit o					
	to be sold to raise funds rather than to be ma					Yes No
Par	Escrow and Custodial Arran	gements. Complete			rm 990, Part IV	/, line 9, or
	reported an amount on Form 990, Par	· · · · · · · · · · · · · · · · · · ·				
1a	Is the organization an agent, trustee, custod	an or other intermediar	y for contribution	s or other assets no	t included	П., П.,
	on Form 990, Part X?					└ Yes
Ь	If "Yes," explain the arrangement in Part XIV	and complete the follow	wing table:			
						Amount
C	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on F	orm 990, Part X, line 21	?			L Yes L No
	If "Yes," explain the arrangement in Part XIV.					
Par	Endowment Funds. Complete	f the organization answ	ered "Yes" to For	rm 990, Part IV, line		
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	back (e) Four years back
1a	Beginning of year balance	2,588,426.2,				:
b	Contributions	10,572.	96,489.			
c	Net investment earnings, gains, and losses	_54,894.	476,882.	***************************************		······································
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses	55,202.	94,967.			
g	End of year balance	2,488,902.2,	,588,426.			
2	Provide the estimated percentage of the year	r end balance held as:				
а	Board designated or quasi-endowment		%			
b	Permanent endowment ► 100.00	%				
С	Term endowment	 %				
3a	Are there endowment funds not in the posse	ession of the organization	on that are held a	nd administered for	the organization	on
	by:	_				Yes No
	(i) unrelated organizations					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(ii), are the related organization:	s listed as required on S	Schedule R?			3b
4	Describe in Part XIV the intended uses of the	•				
	t VI Investments - Land, Building			, Part X, line 10.		
L.T. Kill	Description of investment	(a) Cost or other			Accumulated	(d) Book value
	2000., P.10. 11. 11. 11. 11. 11. 11. 11. 11. 11. 1	basis (investme	, , ,		epreciation	
1a	Land	207,00		-		207,000.
b	Buildings					
	Leasehold improvements					
	Equipment					
	Other		-			
T-4-1	Add lines to through to (Column (d) must o	aud Form 000 Part Y	column (R) line 1	10(c)		207,000.

Schedule D (Form 990) 2009

Schedule D (Form 990) Part VII Investm	2009 Northeast ents - Other Securities.		ege Foundation	51-0145185 Page 3
	n of security or category	(b) Book value		nod of valuation: of-year market value
Financial derivatives				
Closely-held equity inte	rests			
Other				
				
T-1-1 (0-1 (1-)11	5 000 Part V and (D) (ma 40)			
	Form 990, Part X, col (B) line 12)		12	
Part VIII Investm	ents - Program Related.	See Form 990, Part X, line		nod of valuation:
(a) Descrip	tion of investment type	(b) Book value	1	of-year market value
		<u> </u>		
		·		
	Form 990, Part X, col (B) line 13)			
Part IX Other A	ssets. See Form 990, Part X, I			43.5
		a) Description		(b) Book value
		 		
				
		····		
· · · · · · · · · · · · · · · · · · ·		<u> </u>		
				
		· · · · · · · · · · · · · · · · · · ·		
Total (Column (b) mus	t equal Form 990, Part X, col (B)	line 15)		>
	iabilities. See Form 990, Part			
1.	(a) Description of liability		(b) Amount	
Federal income taxes				
Charitable of	gift annuities		34,822.	
			24 922	
	t equal Form 990, Part X, col (B)		34,822.	and the same and a later than the
		footnote to the organization	's tinancial statements that rep	ports the organization's liability for
uncertain tax positions	under FIN 48.	· · · · ·		Sobodulo D (Form 000) 2000
932053 02-01-10				Schedule D (Form 990) 2009

	dule D (Form 990) 2009 Northeast Community College						145185	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audit</u>	ed Fina	ncial St	tatem	<u>ents</u>		
1	Total revenue (Form 990, Part VIII, column (A), (ine 12)			1				408.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			1,224,	<u>,680.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3			<u>-5</u> 61,	
4	Net unrealized gains (losses) on investments			4				,000.
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8				-1.
9	Total adjustments (net). Add lines 4 through 8			9				,001.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	d 9	_	10			-654	273.
Par	XII Reconciliation of Revenue per Audited Financial Stateme	nts W	ith Reve	enue pe	er Ret	um		
1	Total revenue, gains, and other support per audited financial statements					1	599	570.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				[
а	Net unrealized gains on investments	2a		93,00	0.			
b	Donated services and use of facilities	2b		29,16	2.			
С	Recoveries of prior year grants	2c				Ì		
d	Other (Describe in Part XIV.)	2d						
	Add lines 2a through 2d	ــــــــــــــــــــــــــــــــــــــ			2	e	-63	838.
3	Subtract line 2e from line 1					3	663	, <u>838.</u> ,408.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				<u> </u>			<u></u>
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
ь	Other (Describe in Part XIV.)	4b			\neg			
	Add lines 4a and 4b		L			c		0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					5	663.	408.
	t XIII Reconciliation of Expenses per Audited Financial Statemen	ents V	Vith Exp	enses				
1	Total expenses and losses per audited financial statements					1	1,253	842.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					•		
a	Donated services and use of facilities	2a		29,16	2.			
_		2b		27710				
b	Prior year adjustments Other leases	2c			\dashv			
	Other losses							
d	Other (Describe in Part XIV.)	2d	L		-		20	,162.
_	Add lines 2a through 2d				\vdash	e	1,224	690
3	Subtract line 2e from line 1				ļ <u>.</u>	3	1,224	, 000.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 . 1	1					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
Ь	Other (Describe in Part XIV.)	4b	L					^
	Add lines 4a and 4b					lc	1 224	0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)					5	1,224	, 680.
	t XIV Supplemental Information							
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III							4; Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp						information.	
Par	t V, line 4: Endowment funds are held to p	prov	ide i	nvest	men	t		
			,	c				.a
ear	nings to be used for scholarships and other	er n	eeds	of tr	ie co	<u> </u>	.ege and	1 to
mat	ch future endowment gifts.							
Par	t X: In July 2006, the Financial Accounting	ng S	tanda	rds E	Board	<u>d</u>		
(F <i>F</i>	SB) issued FASB Interpretation No. 48 (FIN	1 48), Ac	count	ing	fc	r	
Unc	ertainty in Income Taxes an interpretation							
			<u> </u>					
<u>Sta</u>	ndards Codification (ASC) 740, Income Taxe	≠ 5 •	LIN	40 at			to set ule D (Form 9	

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932054 02-01-10

Schedule D (Form 990) 2009 Northeast Community College Foundation 51-0145185 Page 5 Part XIV Supplemental Information (continued)
out a consistent framework for preparers to use to determine the
appropriate level of tax reserve to maintain for uncertain tax positions.
This interpretation of ASC 740 uses a two-step approach wherein tax
benefit is recognized if a position is more-likely-than-not to be
sustained. The amount of the benefit is then measured to be the highest
tax benefit which is greater than 50% likely to be realized. FIN 48 also
sets out disclosure requirements to enhance transparency of an entity's
tax reserves.
The Organization adopted the current accounting standard related to
unrecognized tax benefits on January 1, 2009. The Organization files
required income tax returns in the U.S. federal jurisdiction. With few
exceptions, the Organization is no longer subject to U.S. federal, state
and local income tax examinations by tax authorities for years before
2006. As a result of the implementation of FIN 48, the Organization has
concluded no material uncertain tax positions have be taken on any open
tax returns. For the current year the Organization believes all tax
positions are fully supportable by existing Federal law and related
interpretations and there are no uncertain tax positions to consider in
accordance with FIN 48.
Part XI, Line 8 - Other Adjustments:
Rounding: -1.

SCHEDULE I (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Department of the Treasury Internal Revenue Service		Compl	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 of 22. ▼ Attach to Form 990.	n answered "Yes" on Fo ► Attach to Form 990.	on Form 990, Par n 990.	t IV, line 21 or 22.			Open to Public Inspection
Name of the organization	lon							Employer ident	Employer identification number
	Northeast Community	Communit	College	Foundation				51	51-0145185
Part i General Ir	General Information on Grants and Assistance	d Assistance							
1 Does the organi:	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	istance, and the select	_	[
criteria used to	criteria used to award the grants or assistance?	ance?	•	;				×	X Yes No
2 Describe in Part	2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	edures for mont	oring the use of grant	funds in the United	States.				
Part II Grants an	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	overnments and	d Organizations in the	e United States. C	omplete if the orga	nization answered "Y	es* to Form 990, Part	iV, line 21, for a	
recipient t	recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 99U) it additional space is needed	,000. Check this	box if no one recipier	t received more th	an \$5,000. Use Pa	rt IV and Schedule I-1	(Form 990) IT addition	ial space is need	
1 (a) Name and a or go	1 (a) Name and address of organization or government	(p)	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		(h) Purpose of grant or assistance
								To provide scholarship	cholarship
Northeast Community College	ity College							assistance t	assistance to Northeast
801 East Benjamin Avenue	a Avenue							Community College	llege
Norfolk, NE 68701	-			1,134,111.	0			students, pr	program support
Board of Regents of University	of University of							To provide program	rogram
Nebraska DBA UNMC -	2 - 985330							assistance to the	o the
Nebraska Medical Center	Center - Omaha,							University of Nebraska	of Nebraska
NE 68198-5330				78,000.	0.			Medical Cent	Medical Center's College
								·	
2 Enter total numl	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	d government o	ganizations					A A	

Schedule i (Form 990) 2009

Page 2

51-0145185

Schedule I (Form 990) 2009 Northeast Community College Foundation

| Part iii | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

(c) Amount of (d) Amount of non-cash assistance cash grant cash assistance (book, FMV, appraisal, other)			ured in Part I, line 2, and any other additional information.	funds grants based upon the	The temporarily restricted scholarships that are	he amount that was set up for	Endowed scholarships are	Payout for the endowed scholarships	of the fair market value of the	recipient of the scholarship.	ings	
(b) Number of recipients			the information r	anization	rily res	nodn pəsı		y. Payor	average	the	<u>o</u>	
(a) Type of grant or assistance			Part # Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.		n the college.	awarded are given to the college based upon the	the scholarship per the donor agreement.	determined by NECCF's board annually.		lowments. The college the	E	

Purpose of Grant or Assistance: To provide scholarship assistance to cheast Community College students, program support and construction of nursing college building. e of Organization or Government: ed of Regents of University of Nebraska DBA UNMC Purpose of Grant or Assistance: To provide program assistance to the versity of Nebraska Medical Center's College of Nursing program		
Part II, line 1, Column (h):		
Name of Organization or Government: Northeast Community College		
(h) Purpose of Grant or Assistance: To provide scholarship assistance to		
Northeast Community College students, program support and construction of		
the nursing college building.		
Name of Organization or Government:		
Board of Regents of University of Nebraska DBA UNMC		
(h) Purpose of Grant or Assistance: To provide program assistance to the		
University of Nebraska Medical Center's College of Nursing program		
located on the Northeast Community College campus.		

SCHEDULE L

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

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

OMB No 1545-0047

2009

Open To Public Inspection

Name of the organization

Northeast Community College Foundation

Employer identification number

51-0145185

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (c) Corrected? 1 (a) Name of disqualified person (b) Description of transaction No Yes 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a. (f) Approved by board or (e) In (g) Written (a) Name of interested (b) Loan to or from (c) Original principal (d) Balance due default? agreement? person and purpose the organization? committee?

Complete if the organization answered "Yes" on Form 990, Part IV, line 25, or Form 990-EZ, Part V, line 38a.

(a) Name of interested person and purpose

(b) Loan to or from the organization?

To From

(c) Original principal amount

(d) Balance due

(e) In default?

Yes No Yes No Yes No

Yes No

Total

Part III Grants or Assistance Benefiting Interested Persons.

ed "Yes" on Form 990, Part IV, line 27.	
(b) Relationship between interested person and the organization	(c) Amount and type of assistance
	(b) Relationship between interested person and

Part IV Business Transactions Involving Interested Persons.

	Complete if the organization answ	vered "Yes" on Form 990	, Part IV, line 28a, 28	b, or 28c.				
	(a) Name of interested person		etween interested e organization	(c) Amount of transaction	(d) Description of transaction	i organizati		
						Yes	No	
Fred	Otten	President	of Elkhor	102,564.	Northeast C		X	
						<u> </u>		
						ļ		
							<u></u>	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule L (Form 990 or 990-EZ) 2009

See Schedule O for Schedule L Continuations

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

. . . .

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization

Northeast Community College Foundation

Employer identification number 51-0145185

Schedule M (Form 990) 2009

Pai	rt I Types of Property			_					
		(a)	(b)	(c)		N4-45	(d)		
		Check if applicable	Number of contributions	Revenues report Form 990, Part V		Metn	od of deterr revenues	nining	
								_	
1	Art - Works of art								
2	Art - Historical treasures							<u> </u>	
3	Art - Fractional interests								
4	Books and publications	<u>.</u>							
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property	_							
9	Securities - Publicly traded	X	2	44,	750.	Market	<u>Value</u>		
10	Securities - Closely held stock								
11	Securities · Partnership, LLC, or		<u></u>						
	trust interests								
12	Securities · Miscellaneous							<u>.</u>	
13	Qualified conservation contribution -					ı			
	Historic structures	_							
14	Qualified conservation contribution · Other								
15	Real estate - Residential						_		
16	Real estate - Commercial			<u> </u>					
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts	_							
23	Scientific specimens								
24	Archeological artifacts								
25	Other ()								_
26	Other • ()								
27	Other								
28_	Other ()								
29	Number of Forms 8283 received by the organi	zation during	g the tax year for o	ontributions					
	for which the organization completed Form 82	83, Part IV, I	Donee Acknowled	gment	29				
							,	Yes	No
30a	During the year, did the organization receive b	y contributio	on any property rep	oorted in Part I, lin	es 1-28 th	at it must hold	for		
	at least three years from the date of the initial	contribution	, and which is not	required to be use	ed for exen	npt purposes f	or		
	the entire holding period?						30	a	X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standa	ard contrib	utions?	3	1 X	<u> </u>
32a	Does the organization hire or use third parties								
	contributions?						32	a X	1
ь	If "Yes," describe in Part II.						Γ]" -
33	If the organization did not report revenues in c	olumn (c) fo	r a type of propert	y for which colum	n (a) is che	cked,			
	describe in Part II							l	

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

LHA

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SCHEDULE 0 (Form 990)

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 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Northeast Community College Foundation

Employer identification number 51-0145185

Form 990, Part I, Line 1, Description of Organization Mission:
the college.
Form 990, Part VI, Section B, line 11: The 990 was prepared with input
from the Foundation's Director of Finances, and was reviewed by the same.
The 990 was distributed to the Foundation's Finance Committee for their
review. Upon their recommendation, it was forwarded to the full Board for
their approval.
Form 990, Part VI, Section B, Line 12c: Men and women of substance
inevitably are involved in the affairs of other institutions and
organizations. An effective board and administration cannot consist of
individuals entirely free from at least perceived conflicts of interest.
Although most such potential conflicts that arise will be deemed to be
inconsequential, it is everyone's responsibility to ensure that the board
is aware of situations that involve personal, familial, or business
relations that could be troublesome for the Foundation. Thus, the
Foundation requires each Director and Officer upon election or appointment
and annually thereafter:
(1) To review this policy;
(2) To disclose in writing any possible personal, familial or business
relationships that reasonably could give rise to a conflict or the
appearance of a conflict involving the Foundation; and

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Northeast Community College Foundation

 $\begin{array}{c} \textbf{Employer identification number} \\ 51 - 0145185 \end{array}$

(3) To acknowledge by his or her signature that he or she is in compliance
with the letter and spirit of this policy. In addition, if a matter arises
during the course of the year that would have required disclosure, the
Director or Officer will be required to promptly disclose such matter in
writing.
Form 990, Part VI, Section C, Line 19: Documents are provided upon
request.
Form 990, Part XI, Line 1
Change of accounting method
The Foundation changed accounting methods from the modified cash basis
to the accrual basis of accounting in the short year ended June 30,
2010. The accrual basis of accounting is in accordance with U.S.
generally accepted accounting principles. This change resulted from a
request from the United States Department of Education, which allows a
more thorough review of future financial statements.
Form 990, Part XI, Line 2c
Committee assuming responsibility for audit
The Board of Directors assume responsibility for oversight of the
audit. This process has not changed from the prior return.
Sch L, Part IV, Business Transactions Involving Interested Persons:
(a) Name of Person: Fred Otten

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

Northeast Community College Foundation

Employer identification number 51-0145185

(b) Relationship Between Interested Person and Organization:
President of Elkhorn Valley Bank and a member of the Board of Directors
(c) Amount of Transaction \$ 102564.
(d) Description of Transaction: Northeast Community College Foundation
has cash at Elkhorn Valley Bank
(e) Sharing of Organization Revenues? = No
Form 990, Line A
Explanation of short year
The Foundation changed accounting year ends from December 31 to June 30
in 2010, resulting in a short year end June 30, 2010. The new fiscal
year, July 1 to June 30 will match the Northeast Community College's
reporting year, which allows a more thorough review of future financial
statements by the United States Department of Education.
Form 990, Part VII
Explanation of hours vs.wages
Courtney Klein-Faust spends approximately 8 hrs a week working for the
Foundation but is paid by Northeast Community College. Therefore her
wages are normally listed under Column E. Due to this return being
reported on a short year, zero was reported. Courtney's wages for the
2009 year have already been reported on the 2009 return. Her 2010
wages will be listed on the fiscal year end June 30, 2011 return.