

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

		nt of the Treasury	ı	Note. The f	foundation			to use a copy of th			repo	rtıng require	men	ıts.	201	JJ
		ndar year 2009, or				JUL			, and e			JUN 3	_	2010	<u> </u>	
G	Chec	k all that apply:] Initial ret	urn			Initial return of a	former public	charity				Final return		
				Amended	d return			Address cha	inge	[Name chang	je			
Us	the	IRS Name of four	ndation									A Employe	r ide	entification	number	
	label															
Otl		se, MIDLANI								T				<u>91738</u>		
0	print r typ					l is not de	elivered 1	to street address)		Room/su	ute	B Telephon			27	
		e. 945 NOI cific City or town,					_			/				<u>91-80</u>		
inst	ructi	ons. PAPILL:			ue 680	146									ending, check here , check here	
Н (Check	type of organization					emnt r	rivate foundation				2. Foreign	orga	garrizations me	ting the 85% test,	
Ë	_	ection 4947(a)(1) no				· - <u></u>		axable private foun	dation							
1 Fa		arket value of all as				ccount				rual		under se	rou ctioi	ndation stat n 507(b)(1)	us was terminat (A), check here	eo →
		Part II, col (c), lin	e 16)	_			her (sp					ì			0-month termin	ation
_	\$					t I, colu	mn (d)	must be on cash	basis)						B), check here	▶X
Pa	art I	The total of amount necessarily equal th	ts in colu	ımns (b), (c),	and (d) m	ay not		a) Revenue and penses per books	(b) Net inc	nvestmen ome	t	(c) Ad	juste com		(d) Disburse for charitable p (cash basis	ourposes
	1	Contributions, gift	_					102,131	•			N	/A		,	
	2	Check If the	e foundatio	on is not require		Sch B										
	3	Interest on savings ai cash investments	nd temp	orary				123,988		3,98					STATEME	NT 1
	4	Dividends and inte	erest fro	om securit	ies			45,355	. 4	5,35	<u>5.</u>				STATEME	NT 2
	5a	Gross rents														
	b	Net rental income or ((loss) _						<u> </u>					RE	CEIVED	$\overline{}$
ē	١.	Net gain or (loss) from Gross sales price for						<76,772	• >							 -
Revenue	_b	assets on line 6a			8,72	20.		· 	 -		0.		86	FEE	T 1 004	
æ	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain								<u> </u>	-	64	FEB	14 2011	18		
	9	Income modificati		111					 							<u> 그 때 -</u>
	10a	Gross sales less retur		1				·	<u> </u>					OGE	EN, UT	
	Ι.	Less Cost of goods s	sold													
	c	_Gross profit or (lo	ss)										=			
	11	Other income						47,196.			0.				STATEME	NT 3
	12	Total. Add lines 1	throug	ıh 11				241,898.	+	9,34						
	13	Compensation of office	-		•			59,973	+		0.					<u>,973.</u>
	14	Other employee sa		-				24,193.			0.				24	<u>,193.</u>
S	15	Pension plans, em Legal fees	ърюуее		m w m	A		1,700. 5,613.			0.				<u> </u>	<u>,700.</u>
)SUS	IDA	Accounting fees			TMT TMT			16,976			0.				16	,613. ,976.
Expenses	c	Other professional	l fees		TMT			19,210		7,41			_		1	,800.
	17	Interest		_					<u> </u>						.	7000
	18	Taxes		S	TMT	7		6,410.	,		0.				6	,410.
FEB 2 4 2011 g and Administrative I	19	Depreciation and o	depletio	n				3,149.			0.					
NĒ	20	Occupancy						<u>17,798.</u>			0.				17	<u>,798.</u>
m <u>ĕ</u>	21	Travel, conference		-		,			<u> </u>							
Tie a	22	Printing and public	cations						ļ							
تة ق	23	Other expenses			TMT	8		90,636.	-		0.			-	103	<u>,671.</u>
SCANNED F	24	Total operating ar						245 650	,	7 41	^				220	124
Zõ	25	expenses. Add line Contributions, gifts		_		+		245,658. 205,225.	<u> </u>	7,41	<u>u.</u>					<u>,134.</u> ,225.
Š	26	Total expenses an				ŀ		203,223	<u> </u>					-		. 445 •
S(Add lines 24 and 2		ursement.	,			450,883.	1	7,41	0.				443	<u>,359.</u>
		Subtract line 26 fro		12:						· /	Ť					
		Excess of revenue over		-	oursement	ts		<208,985.								
		Net investment in	-							1,93	3.					
	<u>C</u>	Adjusted net incor				[L			N/	/A			
92350 02-02)1 -10	LHA For Privac	v Act a	nd Paperw	vork Red	duction /	Act Not	ice, see the instru	ctions.						Form 990-P	'F (2009)

Form 990-PF (2009)

Form **990-PF** (2009)

443,359.

7

8

See the Part VI instructions.

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

	n 990-PF (2009) MIDLANDS COMMUNITY FOUNDATION		<u>-0191'</u>			Page 4
_P _i	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or	<u>4948</u>	- see in	stru	ıctio	ns)
18	a Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
ı	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%	1	<u> </u>		1,5	19.
	of Part I, line 27b					
(c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			_	<u>0.</u>
3	Add lines 1 and 2	3			<u>1,5</u>	19.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	ļ <u>-</u>	·	<u>1,5</u>	19.
6	Credits/Payments:					
í	a 2009 estimated tax payments and 2008 overpayment credited to 2009 6a 6a	_				
t	Exempt foreign organizations - tax withheld at source 6b					
(Tax paid with application for extension of time to file (Form 8868)	_				
(1 Backup withholding erroneously withheld 6d					
7	Total credits and payments. Add lines 6a through 6d	7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	. 8				
9	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	· <u> </u>			1,5	<u> 19.</u>
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	<u> </u>			
11		11				
Pa	art VII-A Statements Regarding Activities					
18	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in			Yes	No
	any political campaign?		Ļ	1a		X
t	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)	?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	ned or	1			
	distributed by the foundation in connection with the activities.		i			
•	Did the foundation file Form 1120-POL for this year?		Ĺ	1c		<u>x</u>
C	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$	<u>.</u>	1			
6	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$ 0 .		ŀ			ĺ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities.		Γ			
3_	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3_		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T					İ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		İ			
	By language in the governing instrument, or					
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state of	ite law				
	remain in the governing instrument?			6	X	Ĺ
7	Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	
	If "Yes," complete Part II, col. (c), and Part XV.		Γ			i
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					l
	NE					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for call	lendar	Γ			
	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		X

	L-019173	8	Page 5
Part VII-A Statements Regarding Activities (continued)			
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
section 512(b)(13)? If "Yes," attach schedule (see instructions)	1	1	<u>x</u>
12 Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
August 17, 2008?	13	2	X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	1:	3 X	
Website address WWW.MIDLANDSCOMMUNITY.ORG			
14 The books are in care of ► TONEE GAY Telephone no. ► 4	102-991-	8027	
	P+4 ▶6804		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	·	>	•
1	5	N/A	
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year did the foundation (either directly or indirectly):			
	X No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	X No		ļ
	X No		
	No No		
	NU		}
(5) Transfer any income or assets to a disqualified person (or make any of either available	ਚਾ	1	
• • •	X No		
(6) Agree to pay money or property to a government official? (Exception. Check "No"			
if the foundation agreed to make a grant to or to employ the official for a period after			
termination of government service, if terminating within 90 days.)	X No		}
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ļ		
section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	<u> 1</u> 1	<u> </u>	X
Organizations relying on a current notice regarding disaster assistance check here			
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected]	
before the first day of the tax year beginning in 2009?	10	:	X
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
defined in section 4942(j)(3) or 4942(j)(5)):		1	1
a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning		-	ł
	X No	-	
If=Yes,*-list-the-years >	-		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	NT / A		1
statement - see instructions.)	N/A 21	' 	-
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
<u> </u>		-	
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	X No		
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after		- [
May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	ose		
of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
Form 4720, to determine if the foundation had excess business holdings in 2009.)	N/A 3		[
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4:	1	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	at		
had not been removed from jeopardy before the first day of the tax year beginning in 2009?	41	<u> </u>	X
	Form 9	90-PF	(2009)

Part VII-B Statements Regarding Activities for Which		Peguired (control	51-0191 /	<u> 38</u>	Page 6
5a During the year did the foundation pay or incur any amount to:	roilli 4/20 Way be i	nequired (contin	luea)		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4045(a)\2		s X No		
(2) Influence the outcome of any specific public election (see section 4955); of					
any voter registration drive?	or to carry on, uncomy or mon		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes		s X No			
(4) Provide a grant to an organization other than a charitable, etc., organization		· · ·	38 (25) 110		
509(a)(1), (2), or (3), or section 4940(d)(2)?	iii described iii section	▼ v	es No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or aducational nurnosas or				
the prevention of cruelty to children or animals?		es X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the excentions described				
section 53.4945 or in a current notice regarding disaster assistance (see instru	•	in riogalations		5b	х
Organizations relying on a current notice regarding disaster assistance check h	•			-	\ <u>``</u>
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		uned			
	E STATEMENT 1		es 🔲 No		
If "Yes," attach the statement required by Regulations section 53.494		اليف د.			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to			ļ	-	
a personal benefit contract?	pay premiums on		es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal hanefit contract?	··	25 140	6Ь	Х
If "Yes" to 6b, file Form 8870.	ocisonal penent contract:		T	-	-
7a At any time during the tax year, was the foundation a party to a prohibited tax	chalter transaction?		es X No		
b If yes, did the foundation receive any proceeds or have any net income attribut		, i		7b	
Information About Officers Directors Truct		nagers Highly		10	
Part VIII Paid Employees, and Contractors	ooo, i ouillaation me		,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				_
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	acco	ount, otner owances
SEE STATEMENT 14		59,973.	1,700.		0.
<u> </u>				1	
				ŀ	
				Ì	
				·	
	1			İ	
	1			1	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."			
(-) Name and address of each ampleyee and mare than \$50,000	(b) Title, and average	() ((d) Contributions to employee benefit plans and deferred	(e)	Expense unt, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	allo	wances
NONE			-		
	1				
	1				
	1				
Total number of other employees paid over \$50,000					0

	<u>1-01917</u>	38 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	1	(c) Compensation
NONE		···
		· -
Total number of others receiving over \$50,000 for professional services	<u> </u>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	E	xpenses
1 N/A		
2		
3	_	
	_	
4		
	\dashv	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	1	Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
	_	
Total. Add lines 1 through 3	<u> </u>	<u>0.</u>
	Form	990-PF (2009)

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations	s, see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
·a	Average monthly fair market value of securities	1a	4,212,299.
	Average of monthly cash balances	1b	201,764.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	4,414,063.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	4,414,063.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	66,211.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,347,852.
6_	Minimum investment return. Enter 5% of line 5	6	217,393.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	ıd çertain	
1	Minimum investment return from Part X, line 6	1	217,393.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,519.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	215,874.
4	Recoveries of amounts treated as qualifying distributions	4	5,000.
5	Add lines 3 and 4	5	220,874.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	220,874.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а		1a	443,359.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	443,359.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	1,519.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	441,840.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	jualifies f	or the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2009)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7				220,874.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:		_		
5		0.		
3 Excess distributions carryover, if any, to 2009:]			
a From 2004 28,996.	•			
b From 2005 107,702.				
c From 2006 96,790.				
d From 2007 166, 292.	•			
e From 2008 242,395.	642 175			
f Total of lines 3a through e	642,175.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ►\$ 443,359.			<u> </u>	
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	•			
(Election required - see instructions)	0.			220 074
d Applied to 2009 distributable amount	222 405			220,874.
e Remaining amount distributed out of corpus	222,485.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:	•			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	864,660.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c_Enter the amount of prior-years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	28,996.			
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	835,664.			
10 Analysis of line 9:				
a Excess from 2005 107,702.				
b Excess from 2006 96,790.				
c Excess from 2007 166,292.				
d Excess from 2008 242,395.				
e Excess from 2009 222, 485.				Form 990-PF (2009)

Form 990-PF (2009) MIDLANT	S COMMUNITY	FOUNDATION			91738 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo	r 2009, enter the date of t	he ruling	▶ <u></u>		
b Check box to indicate whether the foun	dation is a private operatir	ng foundation described i	n section	4942(j)(3) or49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years]
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of	•				
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			f the foundation	n had \$5,000 or mo	ore in assets
at any time during t	ne year-see the i	nstructions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh			ibutions received by the	e foundation before the clo	se of any tax
year (but only if they have contributed n	nore than \$5,000). (See so	ection 507(d)(2).)			
NONE					
 b List any managers of the foundation who other entity) of which the foundation has 			or an equally large porti	on of the ownership of a pa	artnership or
NONE	•				
2 Information Regarding Contributi	on Grant Gift Loan	Scholarchin etc. Br	narame:		
				not accept unsolicited requ	acte for funde. If
the foundation makes gifts, grants, etc.					
		-		omplete temo zu, b, e, une	<u>. </u>
a The name, address, and telephone num	per of the person to whoh	applications should be a	audresseu:		
SEE STATEMENT 16					
b The form in which applications should b	e submitted and informat	ion and materials they sh	ould include;		
c Any submission deadlines:		- .			
d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields, l	kinds of institutions, or	other factors:	

923611 02-02-10

Form **990-PF** (2009)

3 Grants and Contributions Paid During the Year or Approved for Future Payment								
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	or substantial contributor	recipient	Contribution					
a Paid during the year	or substantial contributor	recipient						
	•							
SEE STATEMENT 17 Total		<u> </u>	32	205 225				
h Approved for future payment NONE Total			► 3a ► 3b	205,225.				

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated business income			ided by section 512, 513, or 514	(e)
1 Program service revenue;	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
-	code		code		10101101110
a	——		 		
b		<u></u>			
C			ļ		
d					
e			<u> </u>		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	123,988.	
4 Dividends and interest from securities			14	45,355.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income				-	
			-		
8 Gain or (loss) from sales of assets other	1		1 4	-76 772	
than inventory			14		>
9 Net income or (loss) from special events	<u> </u>		02	42,196.	
0 Gross profit or (loss) from sales of inventory	<u> </u>		ļ		
1 Other revenue:	ł				
a RETURNED GRANT					5,000.
b					
C					
d					
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		134,767.	5,000. 139,767.
3_Total. Add.line_12, columns (b), (d), and (e)				13	139,767.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities t	o the Acco	omnlishment of Ev	amn	t Purnoses	
Teletionomp of Activities to	o tile Acci		emp	t i diposes	
Line No. Explain below how each activity for which income	me is reported	ın column (e) of Part XVI-A	contrit	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than					
11A A GRANT WAS RETURNED BY	A GRA	NTEE BECAUSE	TH	E SUPPORTED P	ROGRAM WAS
NOT SUSTAINABLE.					
					-
					
				 .	
		·			
					
		<u> </u>			

Unrelated business income

P	art XVII Information Regarding Transfers To Exempt Organizations	and Transactions	and Relation	ships With Nonchar	itable		<u>190 10</u>
1		una with any other organize	tion described in se	ation EO1(a) of	Т	Yes	No
1				CHOH 50 I(C) 01		162	140
_	the Code (other than section 501(c)(3) organizations) or in section 5		amzations				
а	Transfers from the reporting foundation to a noncharitable exempt o	rganization or:			l		••
	(1) Cash				1a(1)		X
	(2) Other assets				1a(2)	_	X
b	Other transactions:						
	(1) Sales of assets to a noncharitable exempt organization				1b(1)		_X
	(2) Purchases of assets from a noncharitable exempt organization				1b(2)		X
	(3) Rental of facilities, equipment, or other assets				1b(3)		X
	(4) Reimbursement arrangements				1b(4)		X
	(5) Loans or loan guarantees				1b(5)		Х
	(6) Performance of services or membership or fundraising solicitati	ons			1b(6)		Х
C	Sharing of facilities, equipment, mailing lists, other assets, or paid en	nployees			1c		X
d	If the answer to any of the above is "Yes," complete the following sch	edule. Column (b) should a	always show the fail	market value of the goods, o	ther ass	ets,	
	or services given by the reporting foundation. If the foundation received						
	column (d) the value of the goods, other assets, or services received		•	, , , , , , , , , , , , , , , , , , ,			
(a)	Line no (b) Amount involved (c) Name of noncharitable		(d) Descripti	on of transfers, transactions, and s	haring ar	rangeme	nts
	N/A	· .		······································			
			-				
		<u> </u>					-
				· · · · · · · · · · · · · · · · · · ·			
		·	-				
2a	Is the foundation directly or indirectly affiliated with, or related to, one	e or more tax-exempt orgai	nizations described				
	in section 501(c) of the Code (other than section 501(c)(3)) or in sec	tion 527?			Yes	X] No
b	If "Yes," complete the following schedule.						
	(a) Name of organization	(b) Type of organization		(c) Description of relationsh	ıp		
	N/A						
	· - · · · · · · · · · · · · · · · · · ·						
							
Т	Under penalties of perjury, I declare that I have examined this return, including according	ompanying schedules and state	ments, and to the best	of my knowledge and belief, it is tr	ue, corre	ct,	
	and complete Declaration of prepare (other than this payer or fiduciary) is based on						
	J Maly 19 Pushers	102/10/20	115 /50	udent			
וע	Signature of officer or trusfee	Date	Title	LINCENV			
2				Check If Preparer	s identifi	ing num	ber .
5	Preparer's Hawara Tales	1	3 1 11 S	elf-	- identity		
: ة	signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	377 6 6***		mployed L			
		AK & QUIST,	LLP	EIN ►			
	1 self-employed). 8807 INDIAN HILLS D		300			- -	
\perp	address, and ZIP code OMAHA, NE 68114-412	13		Phone no. (402)	<u> 330</u>	<u>-26</u>	<u> 50</u>

(402)330-2660 Form **990-PF** (2009)

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Name of the organization		Employer identification numbe		
	MIDLANDS COMMUNITY FOUNDATION	51-0191738		
Organization type (chec	:k one)·	· · · · · · · · · · · · · · · · · · ·		
Filers of:	Section:			
Form 990 or 990-EZ	501(c)() (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	X 501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in r	noney or property) from any one		
Special Rules				
509(a)(1) and 1	01(c)(3) organization filing Form-990 or-990-EZ-that met the 33-1/3% support test of the re 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II	•		
aggregate cont	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributions of more than \$1,000 for use <i>exclusively</i> for religious, charitable, scientific, literary of cruelty to children or animals. Complete Parts I, II, and III.			
contributions fo If this box is che purpose. Do no	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one continues exclusively for religious, charitable, etc., purposes, but these contributions did not a ecked, enter here the total contributions that were received during the year for an exclusive to complete any of the parts unless the General Rule applies to this organization because able, etc., contributions of \$5,000 or more during the year	ggregate to more than \$1,000 rely religious, charitable, etc,		
-	n that is not covered by the General Rule and/or the Special Rules does not file Schedule	• • • • • • • • • • • • • • • • • • • •		

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

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

	4	4
Page	.l of	I of Part I

ame of	organization	

Employer identification number

MIDLANDS COMMUNITY FOUNDATION

51-0191738

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BRASHEAR LLP 711 NORTH 108TH COURT OMAHA, NE 68154	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	PINNACLE BANK 1200 GOLDEN GATE DRIVE PAPILLION, NE 68046	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No	(b) Name, address, and ZIP+4	(c) Aggregate contributions	(d) Type of contribution
	- Name, address, and 211 + 4	- \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

Employer identification number

MIDLANDS COMMUNITY FOUNDATION

<u>51-0191738</u> Part II Noncash Property (see instructions) (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given Date received (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) _(c)_ No. (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) Date received from Description of noncash property given (see instructions) Part I (a) (c) No. (b) (d) FMV (or estimate) from Description of noncash property given **Date received** (see instructions) Part I

Name of organization Employer identification number 51-0191738 MIDLANDS COMMUNITY FOUNDATION Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating Part III more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) > \$ (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held-(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

2009 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

C	ï	4
í	3	b
	ı	
ς	_	2
,	•	
•	5	1
•	7	`

Asset	Description	Date Acquired	Method	Life	<u> </u>	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
l ''	LEASEHOLD 1IMPROVEMENTS AND EQ * TOTAL 990-PF PG 1 DEPR	EQVARIESSL		000.	16	21,491.		0	21,491.	11,268.	0	3,149.
928102 06-24-09					ė	(D) - Asset disposed		, ITC,	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction	age, Bonus, Comr	nercial Revital	zation Deduction

(D) - Asset disposed

FORM 990-PF INTEREST ON SAV	INGS AN	ID TEM	PORA	RY C	ASH	INVESTMENTS	STATEMENT	1
SOURCE							AMOUNT	
WELLS FARGO							123,9	88.
TOTAL TO FORM 990-PF, PART I	, LINE	3, CO	LUMN	A			123,9	88.
FORM 990-PF DIVIDEN	DS AND	INTER	EST	FROM	SEC	URITIES	STATEMENT	2
SOURCE		GROSS	AMO	UNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	.)
WELLS FARGO	_		46,	130.		775.	45,3	55.
TOTAL TO FM 990-PF, PART I,	LN 4 =		46,	130.		775.	45,3	55
FORM 990-PF	TO	HER I	NCOM	E			STATEMENT	3
DESCRIPTION			REV	A) ENUE BOOKS	5	(B) NET INVEST- MENT INCOME		
RETURNED GRANT GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS				5,0 -42,1	000.	0	•	
TOTAL TO FORM 990-PF, PART I	, LINE	11		47,1		0		
FORM 990-PF		LEGAL	FEE	s			STATEMENT	4
DESCRIPTION	(A EXPEN PER B	SES		(B) INVE T INC		(C) ADJUSTED NET INCOM		
LEGAL FEES	5	,613.			0	•	5,6	13.
TO FM 990-PF, PG 1, LN 16A	5	,613.		_	0	•	5,6	13.

FORM 990-PF	ACCOUNTI	NG FEES	S'	TATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABI PURPOSES	
ACCOUNTING FEES	16,976.	0.		16,976	<u> </u>
TO FORM 990-PF, PG 1, LN 16B	16,976.	0.		16,976	5.
FORM 990-PF O	THER PROFES	SIONAL FEES	S'	PATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABI PURPOSES	
INVESTMENT FEES	19,210.	17,410.		1,800	J .
TO FORM 990-PF, PG 1, LN 16C =	19,210.	17,410.		1,800). —
FORM 990-PF	TAX	ES	S'	PATEMENT	7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABI PURPOSES	
PAYROLL TAXES	6,410.	0.		6,410	<u> </u>
TO FORM 990-PF, PG 1, LN 18 =	6,410.	0.		6,410). =
FORM 990-PF	OTHER E	XPENSES	S	PATEMENT	8
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABL PURPOSES	
MISCELLANEOUS	36,952.	0.		36,952	2.
REFLECTION BALL - FUNDRAISING EVENT GOLF OUTING - FUNDRAISING	37,816.	0.		37,816	5.
EVENT DECREASE IN ACCOUNTS PAYABLE DECREASE IN PLEDGES	15,868. 0.	0. 0.		15,868 14,210	
RECEIVABLE	0.	0.		<1,175	5.
•	90,636.	0.		103,671	L.

TO FORM 990-PF, PG 1, LN 23

FORM 990-PF U.S. AND ST	CATE/CITY GOV	ERNMENT	OBLIGATIONS	STATEMENT	9
DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET	r
GOVERNMENT OBLIGATIONS	X		1,288,342.	1,288,3	42.
TOTAL U.S. GOVERNMENT OBLIGATI	CONS	-	1,288,342.	1,288,3	42.
TOTAL STATE AND MUNICIPAL GOVE	RNMENT OBLIG	ATIONS			
TOTAL TO FORM 990-PF, PART II,	LINE 10A	=	1,288,342.	1,288,3	42.
FORM 990-PF	CORPORATE S	STOCK		STATEMENT	10
DESCRIPTION			BOOK VALUE	FAIR MARKET	Г
CORPORATE STOCKS		_	488,321.	488,32	21.
TOTAL TO FORM 990-PF, PART II,	LINE 10B	=	488,321. 488,3		
FORM-990-PF	CORPORATE I	BONDS		STATEMENT	11
DESCRIPTION			BOOK VALUE	FAIR MARKET	Г
CERTIFICATES OF DEPOSIT/BONDS		_	715,789.	715,78	39.
		_			

FORM 990-PF OTH	ER INVESTMENTS		STATEMENT 12
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS ALTERNATIVE INVESTMENTS INTEREST RECEIVABLE	COST COST COST	743,201. 766,836. 30,131.	743,201. 766,836. 30,131.
TOTAL TO FORM 990-PF, PART II, LIN	IE 13	1,540,168.	1,540,168.
FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 13
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEASEHOLD IMPROVEMENTS AND EQUIPMENT	21,491.	14,417.	7,074.
TOTAL TO FM 990-PF, PART II, LN 14	21,491.	14,417.	7,074.

PAPILLION, NE 68046

			OF OFFICERS, DI FOUNDATION MANAG		STATI	EMENT 14
NAME AND ADDRESS			TITLE AND AVRG HRS/WK			EXPENSE
TONEE GAY 945 NORTH ADAMS STREET, PAPILLION, NE 68046	SUITE		EXECUTIVE DIREC		1,700.	0.
KARLA RUPIPER 945 NORTH ADAMS STREET, PAPILLION, NE 68046	SUITE	7	PRESIDENT 1.00	0.	0.	0.
RANDY SUMP 945 NORTH ADAMS STREET, PAPILLION, NE 68046	SUITE	7	VICE PRESIDENT	. 0.	0.	0.
KEVIN DASHER 945 NORTH ADAMS STREET, PAPILLION, NE 68046	SUITE	7	TREASURER 1.00	0.	0.	0.
TERRI SCHOLTING 945 NORTH ADAMS STREET, PAPILLION, NE 68046	SUITE	7	VP ADVISORY 1.00	0.	0.	0.
RITA RAMIREZ 945 NORTH ADAMS STREET, PAPILLION, NE 68046	SUITE	7	MEMBER AT LARGE	0.	0.	0.
JOHN SHEEHAN 945 NORTH ADAMS STREET, PAPILLION, NE 68046	SUITE	7	MEMBER-AT-LARGE	0.	0.	0.
MARY GAWECKI 945 NORTH ADAMS STREET, PAPILLION, NE 68046	SUITE	7	PAST PRESIDENT 1.00	0.	0.	0.
JANET BARNA 945 NORTH ADAMS STREET, PAPILLION, NE 68046	SUITE	7	DIRECTOR 1.00	0.	0.	0.
JULIE BEAR 945 NORTH ADAMS STREET, PAPILLION, NE 68046	SUITE	7	DIRECTOR 1.00	0.	0.	0.
BRENDA CARLSON 945 NORTH ADAMS STREET,	SUITE	7	DIRECTOR 1.00	0.	0.	0.

MIDLANDS COMMUNITY FOUNDATION			51	-0191738
	DIRECTOR 1.00	0.	0.	0.
JAN DAVIS 945 NORTH ADAMS STREET, SUITE 7 PAPILLION, NE 68046	DIRECTOR 1.00	0.	0.	0.
BOB FREDERICK 945 NORTH ADAMS STREET, SUITE 7 PAPILLION, NE 68046	DIRECTOR 1.00	0.	0.	0.
MARY BETH HARROLD 945 NORTH ADAMS STREET, SUITE 7 PAPILLION, NE 68046	DIRECTOR 1.00	0.	0.	0.
JIM LANGLEY 945 NORTH ADAMS STREET, SUITE 7 PAPILLION, NE 68046	DIRECTOR 1.00	0.	0.	0.
BONNIE MILLER 945 NORTH ADAMS STREET, SUITE 7 PAPILLION, NE 68046	DIRECTOR 1.00	0.	0.	0.
PHIL PANKONIN 945 NORTH ADAMS STREET, SUITE 7 PAPILLION, NE 68046	DIRECTOR 1.00	0.	0.	0.
LEE POLIKOV 945 NORTH ADAMS STREET, SUITE 7 PAPILLION, NE 68046	DIRECTOR 1.00	0.	0.	0.
JEFF RENNER 9 <u>45 NORTH_ADAMS_STREET, SUITE-7</u> PAPILLION, NE 68046	DIRECTOR	0.	0.	0.
KEVIN RILEY 945 NORTH ADAMS STREET, SUITE 7 PAPILLION, NE 68046	DIRECTOR 1.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	59,973.	1,700.	0.

FORM 990-PF EXPENDITURE RESPONSIBILITY STATEMENT PART VII-B, LINE 5C

STATEMENT 15

GRANTEE'S NAME

BELLEVUE VOLUNTEER FIRE DEPARTMENT

GRANTEE'S ADDRESS

211 W. 22 AVENUE BELLEVUE, NE 68005

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

5,000. 05/14/10

PURPOSE OF GRANT

PROVIDE FUNDS FOR THE COUNTY-WIDE SARPY COUNTY KIDS FIRE CAMP.

DATES OF REPORTS BY GRANTEE

NO REPORTS REC'D AS OF 06/30/10.

RESULTS OF VERIFICATION

N/A

GRANTEE'S NAME

GRETNA VOLUNTEER FIRE & RESCUE DEPARTMENT

GRANTEE'S ADDRESS

11175 S. 204TH STREET GRETNA, NE 68028

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

10,000.

05/14/10

PURPOSE OF GRANT

PROVIDE FUNDS TO OFFSET THE COST OF A ZOLL MONITOR TO BE PURCHASED FOR A GRETNA FIRE STATION.

DATES OF REPORTS BY GRANTEE

NO REPORTS REC'D AS OF 06/30/10.

RESULTS OF VERIFICATION

N/A

GRANTEE'S NAME

GRETNA PUBLIC SCHOOLS FOUNDATION

GRANTEE'S ADDRESS

11717 S. 216TH STREET GRETNA, NE 68028

GRANT AMOUNT DATE OF GRANT AMOUNT EXPENDED

2,250.

05/14/10

PURPOSE OF GRANT

PURCHASE OF SPORTS EQUIPMENT TO EXPAND FITNESS PROGRAMS AT THREE GRETNA KIDS CONNECTION LOCATIONS.

DATES OF REPORTS BY GRANTEE

NO REPORTS REC'D AS OF 06/30/10.

RESULTS OF VERIFICATION

N/A

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

16

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

TONEE GAY C/O MIDLANDS COMMUNITY FOUNDATION 945 NORTH ADAMS, SUITE 7 PAPILLION, NE 68046

TELEPHONE NUMBER

402-991-8027

FORM AND CONTENT OF APPLICATIONS

APPLICATION MUST BE IN WRITING. NO SPECIFIC FORMAT FOR REQUESTS IS REQUIRED.

ANY SUBMISSION DEADLINES

RESTRICTIONS AND LIMITATIONS ON AWARDS

	AND CONTRIBUTIONS DURING THE YEAR	STATI	EMENT 17
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
NE ADVANCED MANUFACTURING COALITION 1299 FARNAM STREET, SUITE 530 OMAHA, NE 68102	NONE EDUCATION	509(A)(1)	22,400.
LUTHERAN FAMILY SERVICES OF NE, INC. 124 S. 24TH STREET OMAHA, NE 68102	NONE HUMAN SERVICES	509(A)(2)	15,000.
NE LUTHERAN OUTDOOR MINISTRIES 27416 RANCH ROAD ASHLAND, NE 68003	NONE HUMAN SERVICES	509(A)(2)	10,250.
NEBRASKA FOOD BANK NETWORK, INC. 6824 J STREET OMAHA, NE 68117		509(A)(1)	5,000.
PLATTSMOUTH HIGH SCHOOL 1916 E HWY 34 PLATTSMOUTH, NE 68048	NONE EDUCATION	509(A)(1)	4,125.
OMAHA SYMPHONY 1605 HOWARD STREET OMAHA, NE 68102	NONE EDUCATION	509(A)(1)	2,500.
AMERICAN CANCER SOCIETY 9850 NICHOLAS STREET, SUITE 200 OMAHA, NE 68114	NONE HEALTH	509(A)(1)	5,000.
ALEGENT HEALTH MIDLANDS HOSPITAL 11111 SOUTH 84TH STREET PAPILLION, NE 68046	NONE HEALTH	509(A)(2)	5,000.

MIDLANDS COMMUNITY FOUNDATION			51-0191738
ALS IN THE HEARTLAND, INC. 6277 SOUTH 118TH STREET OMAHA, NE 68137		509(A)(2)	5,000.
ANGELS AMONG US 11918 POPPLETON PLAZA OMAHA, NE 68144	NONE HUMAN SERVICES	509(A)(2)	5,000.
BELLEVUE VOLUNTEER FIRE DEPARTMENT 211 W. 22ND AVENUE BELLEVUE, NE 68005	NONE	501(C)(4)	5,000.
BELLEVUE LITTLE THEATRE, INC. 203 W. MISSION AVENUE BELLEVUE, NE 68005		509(A)(2)	4,500.
GRETNA VOLUNTEER FIRE & RESCUE DEPT. 11175 SOUTH 204TH STREET GRETNA, NE 68028	NONE COMMUNITY	501(C)(4)	10,000.
GRETNA PUBLIC SCHOOLS FOUNDATION 11717 SOUTH 216TH STREET GRETNA, NE 68028	NONE EDUCATION	509(A)(3) TYPE III - OTHER	2,250.
HEARTLAND FAMILY SERVICE 2101 SOUTH 42ND STREET OMAHA, NE 68105	NONE HUMAN SERVICES	509(A)(1)	7,500.
LAVISTA COMMUNITY FOUNDATION 7101 SOUTH 83RD STREET LA VISTA, NE 68128	NONE COMMUNITY	509(A)(1)	5,000.
THE LOFTE ASSOCIATION, INC. 15841 MANLEY ROAD MANLEY, NE 68403	NONE ART	509(A)(2)	2,500.
CASA-SARPY COUNTY 1210 GOLDEN GATE DRIVE, SUITE 2101 PAPILLION, NE 68046	NONE HUMAN SERVICES	509(A)(1)	4,000.

MIDLANDS COMMUNITY FOUNDATION			51-0191738
THE SALVATION ARMY 3612 CUMMING STREET OMAHA, NE 68131	NONE HUMAN SERVICES	509(A)(1)	1,200.
TEAMMATES-GRETNA 11717 SOUTH 216TH STREET GRETNA, NE 68028	NONE HUMAN SERVICES	509(A)(1)	4,000.
BIG BROTHERS BIG SISTERS OF THE MIDLANDS 10831 OLD MILL ROAD, SUITE 400 OMAHA, NE 68154	NONE COMMUNITY	509(A)(1)	80,000.
TOTAL TO FORM 990-PF, PART XV, LI	:NE 3A		205,225.

•

Form **8868**

(Rev January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev 1-2011)

	are filing for an Automatic 3-Month Extension, comple	-			•	· [X]
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of this	form)		
	complete Part II unless you have already been granted a		·			
	nic filing (e-file). You can electronically file Form 8868 if y					
required	l to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 8	868 to request an e	xtension
of time t	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	nsfers	Associated With Ce	rtain
Persona	l Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details on t	he ele	ctronic filing of this t	form,
	w irs.gov/efile and click on e-file for Charities & Nonprofits				···	
Part	Automatic 3-Month Extension of Time	. Only su	ibmit original (no copies needed).			
A corpo	ration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and con	nplete		
Part I or	nly				•	· 🔲
	corporations (including 1120-C filers), partnerships, REM	IICs, and t	rusts must use Form 7004 to request ar	n exter	nsion of time	
	come tax returns.					
Type or	Name of exempt organization			Emp	oloyer identification	ı number
print				_		
File by the	MIDLANDS COMMUNITY FOUNDAT:			5	<u> 51-0191738</u>	
due date fo		ee instruc	tions.			
filing your return See	945 NORTH ADAMS, NO. 7				· · · · · · · · · · · · · · · · · · ·	
instructions		oreign add	lress, see instructions.			
	PAPILLION, NE 68046					
5						
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
Annline	No.	D	A!:			T
Applicat	uon	Return	Application			Return
Is For Form 99	0	Code 01	Is For Form 990-T (corporation)	•		Code
Form 99		02	Form 1041-A			07
Form 99		03	······································			08
Form 99		03	Form 4720			10
	0-T (sec 401(a) or 408(a) trust)	05	Form 5227 Form 6069			11
	0-T (trust other than above)	-06	Form 8870			12
	TONEE GAY		1011110010			112
• The b	ooks are in the care of 945 NORTH ADAMS	S STRI	EET. SIITTE 7 - PARTI	T.TO	N NE 6804	16
	hone No ▶ 402-991-8027	<i>,</i> , , , , , , , , , , , , , , , , , ,	FAX No. ▶		11, 111 0003	
	organization does not have an office or place of business	s in the Un				
	is for a Group Return, enter the organization's four digit (•	ıs ıs fo	r the whole aroup, o	heck this
box 🕨	If it is for part of the group, check this box		· · · · · · · · · · · · · · · · · · ·			
	equest an automatic 3-month (6 months for a corporation				,	
	FEBRUARY 15, 2011 , to file the exempt				The extension	
ıs 1	for the organization's return for	•	· ·			
•	calendar year or					
>	X tax year beginning JUL 1, 2009	, an	d ending <u>JUN 30,</u> 2010			
					_	
2 ft	he tax year entered in line 1 is for less than 12 months, cl	heck reaso	on: Initial return Emplor	ıl retur	n	
L_	Change in accounting period					
3a If t	his application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, er	nter the tentative tax, less any			
nonrefundable credits. See instructions 3a \$					0.	
b If t	his application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			_ _
est	mated tax payments made Include any prior year overp	ayment al	lowed as a credit.	3b	\$	0.
c Ba	lance due. Subtract line 3b from line 3a Include your pa	yment witl	h this form, if required,			
by	using EFTPS (Electronic Federal Tax Payment System). S	See instruc	ctions.	3c	\$	0.
Caution.	If you are going to make an electronic fund withdrawal w	ith this Fo	orm 8868, see Form 8453-EO and Form	8879-	EO for payment inst	ructions.
LHA F	or Paperwork Reduction Act Notice, see Instructions				Form 8868 (Re	ev 1-2011)

For Paperwork Reduction Act Notice, see Instructions.