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A8010 11/09/2010 12 47 PM

Form 990

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047
2009
Open to Public Inspection

<u>A</u>	For the 20	9 calendar year, or tax year beginning $09/01/09$, and ending 0	8/31/1	0		
В	Check if applica		COLLEG	ES	D Emp	loyer identification number
	Address chang	e use RS & UNIVERSITIES OF NEBRASKA		_	_	
	Name change	print or Doing Business As		,	47	-0652320
ī	Initial return	type. Number and street (or P O box if mail is not delivered to street address)		Room/suite		phone number
\equiv		See 635 SOUTH 14TH STREET, SUITE 310		L	40	2-434-2818
닉	Termination	Instruc- City or town, state or country, and ZIP + 4			G Gross re	ceipts \$ 345,410
	Amended retur	tions LINCOLN NE 68508				
	Application per	ding F Name and address of principal officer			H(a) is the	s a group return for
					affilia H(b) Are	ates? Yes X No
					indu	ded? Yes No
_					If "N	o," attach a list (see instructions)
<u>+</u>	Tax-exempt				_	
	Website:		·			p exemption number
	Type of organi		L	Year of formation	1984	M State of legal domicile NE
	T	Summary				
	I	ily describe the organization's mission or most significant activities ee Schedule O				
Se		ee schedule o				
nar						
Activities & Governance	2 Cha	ck this box ▶ if the organization discontinued its operations or disposed of mo	4b 050	/ - f - t t -		
ဖိ	I		ore than 25%	of its net as	1	1 14
مخ در		aber of voting members of the governing body (Part VI, line 1a)			3	14
itie		ther of independent voting members of the governing body (Part VI, line 1b)			4	2
흕		I number of employees (Part V, line 2a)			5	0
ĕ		I number of volunteers (estimate if necessary)			6	0
		Il gross unrelated business revenue from Part VIII, column (C), line 12 unrelated business taxable income from Form 990-T, line 34			7a	0
	D Met	urifelated business taxable income from Form 990-1, line 34		Pric	r Year	Current Year
C=>	8 Con	tributions and grants (Part VIII, line 1h)				- Current real
	9 Prod	ram service revenue (Part VIII, line 2g)			328,000	343,000
1 Revention	10 Inve	stment income (Part VIII, column (A), lines 3, 4, and 7d)	1,536			
Δ,	11 Oth	er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	•			
	1 12 1012	I revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			329,536	345,410
DEC	13 Gra	nts and similar amounts paid (Part IX, column (A), lines 1–3)				
<u> </u>	14 Ben	efits paid to or for members (Part IX, column (A), line 4)				
G	1	ries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	255,396	258,852		
APPLES)	16a Prof	essional fundraising fees (Part IX, column (A), line 11e)				
*	b Tota	I fundraising expenses (Part IX, column (D), line 25) ▶				
A.	17 Oth	er expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		***	67,032	68,537
SCA	18 Tota	l expenses Add lines 13-17 (must equal Part IX, çolumn (A), line 25)			322,428	
	19 Rev	enue less expenses Subtract line 18 from line 12 RECEIVED			7,108	
S Or				Beginning o	of Current Year	End of Year
Sset	20 Tota	I assets (Part X, line 16) I liabilities (Part X, line 26)	∞		77,718	95,739
Net Assets or	21 Tota		3S-0SC		55 540	
		assets or fund balances Subtract line 21 from line 20	<u>~</u>		77,718	95,739
	art II	Signature Block OGDEN, UT				
		Under penalties of penjury, I declare that I have examined this return, including accompanying and belief, it is true, correct, and copplete Declaration of preparer (other than officer) is base	g-schedules a: ed on all infort	nd statements mation of which	, and to the best h preparer has a	of my knowledge ny knowledge
ei.	·n	m (II)/lim				1 . 1
Sig He	_	Construe of affine			- 1	12 2010
HE	16	Signature of officer Thomas J O'Nell, J-			Date	9
		Type or print name and title	 .			
_		rype of plant name and due	T			Preparer's identifying number
Pa	id	Preparer's	Date	. 58	neck if	(see instructions)
	eparer's	signature Jay J. Heins, CPA	11/0	9/10 er	nployed -	D00891138
	e Only	Jay J. Heins, C.P.A., P.C.	<u> </u>	-	EIN	26-3702122
	•	if self-employed), 225 North Cotner Blvd, Sui	te 100	l	Phone	
	4-150:	address, and ZIP+4 Lincoln, NE 68505			no	<u> 402-467-5757</u>
		scuss this return with the preparer shown above? (see instructions)				X Yes No
For	rivacy A	ct and Paperwork Reduction Act Notice, see the separate instructions.				Form 990 (2009)

(Expenses \$

4d Other program services (Describe in Schedule O)

4e Total program service expenses ▶

including grants of \$

218,540

) (Revenue \$

Pa	art IV Checklist of Required Schedules			
	,		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		- 1	i
	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		
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	Х	
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,"		1	i
	<u>-</u>	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
		10		<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,		,,	
	recording to the control of the cont	11	X	
•	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		1	
•	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 related 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		1	
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		1	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		1	
•	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		-	
		12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	-	_	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional		1	
13		13	1	х
14a		4a		X
ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	4b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		LX_
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		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			_
	<u> </u>	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			ĺ
	If "Yes," complete Schedule G, Part III	19		<u>X</u>
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X

	artive Checklist of Required Schedules (Continued)			
24	Did the annual to the off 000 of marks and other controls.		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			x
22	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	1 ,,		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22	-	
23	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		-
240	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			i
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		x
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	1.40	1	
·	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	140		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b		254		
_	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		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	155		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	:	х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		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	1		
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		х
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		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		L
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		Х
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		X

га	tt v Statements Regarding Other INO I linigs and Tax Compliance				<u></u>	
10	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	1		f	Yes	No
1a	U.S. Information Returns. Enter -0- if not applicable	1a	1			
ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	_		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and report					
·	gaming (gambling) winnings to prize winners?	ubic		1c	X	Ī
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1				
Za	Statements, filed for the calendar year ending with or within the year covered by this return	2a	2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				x	İ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see			1		
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	,				
	this return?	,		3a	·	х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	•				
	account)?			4a		х
ь	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 Ban	k				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?		5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng				
	Prohibited Tax Shelter Transaction?			5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					
	organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or			İ	
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	is				Ī
	and services provided to the payor?			7a	ļ	<u> </u>
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
	required to file Form 8282?	1 1	Ī	7c	ļ	ļ
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		— [Ī
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	onal				ŧ
_	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	'		7f		├─
g	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 as required?			7.		
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			7h		_
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring					1
	organization, have excess business holdings at any time during the year?			8	1	Ť
9	Sponsoring organizations maintaining donor advised funds.			"		_
a	Did the organization make any taxable distributions under section 4966?			9a		ŧ
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		\vdash
10	Section 501(c)(7) organizations. Enter			30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				I
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				1
11	Section 501(c)(12) organizations. Enter		<u> </u>			Ī
a	Gross income from members or shareholders	11a				Ī
b	Gross income from other sources (Do not net amounts due or paid to other sources against					I
-	amounts due or received from them)	11b				l
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10	$\overline{}$	·	12a		Ī
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b]			

Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and Part VI for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body 1b **b** Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X any other officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customanly performed by or under the direct 3 X supervision of officers, directors or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a X Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during 8 the year by the following X a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O X 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10a If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the 11 X form? 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c 13 13 Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure None 17 List the states with which a copy of this Form 990 is required to be filed ▶ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest 19 policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization > THOMAS O'NEILL, JR. 635 SO. 14TH ST., #310 LINCOLN NE 68508 402-434-2818 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."

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

- 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

(A) Name and Title	(B) Average	(C) Position (check all that apply)						(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DR. MARY HAWKINS										
DIRECTOR		х						0	o	o
DR. PHILLIP DUDLE	Y								-	
DIRECTOR		x						0	0	0
DR. LOUIS BURGHER									• • •	
DIRECTOR		x						0	0	0
DR. MARYANNE STEV	ENS								·	
DIRECTOR		x						0	0	o
DR. DENNIS JOSLIN										
SECRETARY		х		X				0	0	0
DR. JAMES ECKMAN										
DIRECTOR		x						0	0	0
DR. FREDERIK OHLE	S									
DIRECTOR		X						0	0	o
DR. DAVID SMITH										
DIRECTOR		X						0	0	0
STEVEN ECKMAN										
DIRECTOR		X						0	0	Ó
DR. JONATHAN BRAN	D									
PAST CHAIRMAN		X						0	0	0
DR. BRIAN FRIEDRI	СН								· · · · · ·	
VICE CHAIRMAN		X		X				0	0	0
REV. JOHN SCHLEGE	LS.J.									
CHAIRMAN		X		X				0	0	0
DR. ELIZABETH MAC	LEOD WAL	LS			_					
TREASURER		X		X				0	0	0
DR. BENJAMIN SASS	E									
DIRECTOR		X						0	0	0
THOMAS O'NEILL, J										
PRESIDENT	50.00			X				157,000	0	13,941
DAA										5 990 (000)

,	- · · · ·				
Form 990 (2009)	ASSOCIATION	OF	INDEPENDENT	COLLEGES	47-0652320

<u>Par</u>	·X.·X.ii	T	tees	, Ke			yees,	and	I Highest Compensated E	· · · · · · · · · · · · · · · · · · ·				—
•	(A) Name and Title	(B) Average hours per			chec	,	hat a		(D) Reportable compensation	(E) Reportable compensation		(F) stimated mount o		
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	com fi org an	other opensate rom the ganizate d relate anizatio	ion on ed	
													_	
														
														_
1b	Total								157,000			1:	3,9	41
2	Total number of individuals (increportable compensation from	-			ose	liste	d abo	ve)	*	00,000 in			- , -	
				·								ŢŸ	es l	No
3	Did the organization list any fo employee on line 1a? If "Yes," For any individual listed on line	complete Schedu	le J	for s	uch i	ındıv	ıdual			m	-	3	-	X
5	the organization and related or individual	ganizations great	er th	an \$	150,	0007	lf "Y	es,"	complete Schedule J for su			4	x L	
	Did any person listed on line 1 services rendered to the organ	ization? If "Yes,"										5		<u>x</u>
Sec 1	tion B. Independent Contract Complete this table for your five compensation from the organic	e highest comper	nsate	ed inc	depe	nde	nt cor	ntrac	ctors that received more that	n \$100,000 of				—
		(A) I business address							Descrip	(B) tion of services		Comp	(C) ensation	1
										.,,-	:			
						_		-			_			
									,					—
2	Total number of independent of more than \$100,000 in competitions.		-				l to th	ose	listed above) who received			0		
DAA			- yai		J.1 P						E	Form \$	90 (2	2009)

Form 990 (2009) ASSOCIATION OF INDEPENDENT COLLEGES 47-0652320

Pa	rt VI	II Staten	nent of Reve	nue						
		•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
fts, grants r amounts	b c	Federated carr Membership di Fundraising ev	ues rents	1a 1b 1c						
Contributions, gifts, grants and other similar amounts	e f	Related organic Government grants of All other contribution and similar amounts	(contributions) is, gifts, grants, not included above	1d 1e						
Sol	_	Total. Add line	ns included in lines 1a- s 1a-1f	1f \$		•	:			
Program Service Revenue	2a b	MEMBERS	HIP DUES			Busn. Code	343,000	343,000		
gram Servi	c d e f	All other progra	am service rever	NIA						
8		Total. Add line		iuc			343,000			
	3	Investment inc	ome (including d			•	260			260
	4 5	Royalties	vestment of tax-	exempt	bona pro	oceeds -				
	6a	Gross Rents Less rental exps	(i) Real		(11) F	Personal				
	d	Rental inc or (loss) Net rental inco Gross amount from sales of assets	me or (loss) (i) Securities	s	(11)	Other 2,150				
		other than inventory Less cost or other basis & sales exps Gain or (loss)				2,150				
		Net gain or (loss)	ss)			<u> </u>	2,150	2,150		
Other Revenue	8a	Gross income fro (not including \$	om fundraising ever eported on line 1c) 18							
<u> </u>			(loss) from funda		vents	<u> </u>				
		Gross income from See Part IV, line Less direct ex		s a b				**************************************		
			(loss) from gam		uties	•				
	10a		inventory, less owances	a b	11103					
			(loss) from sales	_	ntorv	•		Ť	1	:
			ellaneous Revenue			Busn. Code	,			.,,
	11a b									
	C	A0 -45						<u> </u>	-	
	d e	All other reven Total. Add line				L				
	12		e. See instruction	ns_			345,410	345,150	0	260

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	` All other organizations must o	(A)	e not required to complet (B)	e columns (B), (C), and (D (C)). (D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
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			1	
	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	157,000	146,010	10,990	
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 salanes and wages	42,840		42,840	
8	Pension plan contributions (include section 401(k)			_	
	and section 403(b) employer contributions)	19,985	14,608	5,377	
9	Other employee benefits	26,544	12,965	13,579	
10	Payroll taxes	12,483	8,343	4,140	
11	Fees for services (non-employees)				
а	Management				
b	Legal				
¢	Accounting	700		700	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion	4 417	2 075	440	
13	Office expenses	4,417	3,975	442	
14	Information technology				
15	Royalties	17 720	6 727	10 001	·
16	Occupancy	17,728	6,737	10,991	
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	4,336	3,902	434	
19	Conferences, conventions, and meetings	7,330	3,302	737	
20 21	Interest Payments to affiliates				
21	Depreciation, depletion, and amortization	1,160		1,160	
23	Insurance	1,569	157	1,412	
23	inigui alloc	1,309	13/	1,714	
24	Other expenses Itemize expenses not	1			
4	covered above (Expenses grouped together	1		1	
	and labeled miscellaneous may not exceed	1		1	
	5% of total expenses shown on line 25 below)	1			
а	PROFESSIONAL FEES	20,260	20,260	+	
b	DUES AND SUBSCRIPTIONS	11,422	20,200	11,422	
c	TELEPHONE	3,896	390	3,506	
d	EQUIPMENT MAINT.	1,372		1,372	
9	PRINTING & PUBLICATIONS	1,282	1,154	128	·
	All other expenses	395	39	356	,
25		327,389	218,540	108,849	
26	Joint costs. Check here ▶ If following				
	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
DAA	 -				Form 990 (200

Par	rt X	Balance Sheet					
		•			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			1,327	1	4,948
	2	Savings and temporary cash investments			73,212	2	83,739
	3	Pledges and grants receivable, net		ĺ		3	
	4	Accounts receivable, net				4	
ł	5	Receivables from current and former officers, directors, tr	ustees	, key			
		employees, and highest compensated employees Compl	ete Pai	rt II of			
		Schedule L				5	}
	6	Receivables from other disqualified persons (as defined u	ınder se	ection			
		4958(f)(1)) and persons described in section 4958(c)(3)(E	3) Com	plete			
		Part II of Schedule L	•			6	Ī
Assets	7	Notes and loans receivable, net		7			
SS	8	Inventones for sale or use			8		
۲	9	Prepaid expenses and deferred charges				9	
- 1	-	Land, buildings, and equipment cost or	[1			
		other basis Complete Part VI of Schedule D	10a	26,341			
	h	Less accumulated depreciation	10b		3,179	10c	7,052
- ₁	11	Investments—publicly traded securities	100			11	7,032
	12	Investments—other securities See Part IV, line 11		12			
1	13	Investments—program-related See Part IV, line 11		13			
- 1	14	Intangible assets		14			
	15	Other assets See Part IV, line 11			15		
1	16	Total assets. Add lines 1 through 15 (must equal line 34)			77,718	16	95,739
	17	Accounts payable and accrued expenses			111110	17	33,133
1	18	Grants payable	· · · · · · · · · · · · · · · · · · ·	18			
ł	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities		-		20	
	21	Escrow or custodial account liability Complete Part IV of	Sahadi	do D	· · · · · · · · · · · · · · · · · · ·	21	
.≝ ।	22	Payables to current and former officers, directors, trustee:		ile D		-21	<u> </u>
≅ '		employees, highest compensated employees, and disqua	_				
<u>ia</u>		persons Complete Part II of Schedule L	iiiicu			22	ŧ
— I	23	Secured mortgages and notes payable to unrelated third	nadios			23	
1	23 24	Unsecured notes and loans payable to unrelated third par		f		24	
	25	Other liabilities Complete Part X of Schedule D	ues			25	
- 1	25 26	Total liabilities. Add lines 17 through 25		}		26	
	20	Organizations that follow SFAS 117, check here	224			20	
Balances		complete lines 27 through 29, and lines 33 and 34.	and				<u> </u>
æ .	27	Unrestricted net assets				27	Ť
E !	28	Temporarily restricted net assets				28	
9	29 29	Permanently restricted net assets		ŀ		29	
Fund	23	Organizations that do not follow SFAS 117, check her	- F	v i		29	
ᄔ		and complete lines 30 through 34.		•			
0	30	Capital stock or trust principal, or current funds		ļ		20	†
ets	30 31	• •	fund	İ		30	
SS	32	Paid-in or capital surplus, or land, building, or equipment if		uada	77,718	31	95,739
~	32 33	Retained earnings, endowment, accumulated income, or Total net assets or fund balances	omer 10	uius .	77,718	32 33	95,739
2	34	•		Ì		_	
) 4	Total liabilities and net assets/fund balances			<u>77,7</u> 18	34	95,73

Form **990** (2009)

orm	n 990 (2009) ASSOCIATION OF INDEPENDENT COLLEGES 47-0652320		Pag	ge 12
Pa	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		1	:
	Schedule O		1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		<u> </u>
b	Were the organization's financial statements audited by an independent accountant?	2b		<u> </u>
С	: If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of		ĺ	
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O		1	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were		1	:
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		- 1	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			l
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990	(2009)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.

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

2009
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

• 8	• Section 501(c)(4), (5), or (6) organizations Complete Part III										
Nan	me of organization ASSOCIATION OF INDEPE & UNIVERSITIES OF NEB			Employer Identific 47 - 06523							
Par	rt I-A Complete if the organization is exem	pt under section 501(c)	or is a sectior	527 organization	າ						
1	Provide a description of the organization's direct and indirect	political campaign activities in P	art IV								
2	Political expenditures			▶ \$							
3	Volunteer hours			_							
Par	it I-B Complete if the organization is exem	pt under section 501(c)(3).								
1	Enter the amount of any excise tax incurred by the organizati			▶ \$							
2	Enter the amount of any excise tax incurred by organization i	managers under section 4955		▶ \$ _							
3	If the organization incurred a section 4955 tax, did it file Form	n 4720 for this year?			Yes No						
4a	Was a correction made?				Yes No						
b	o If "Yes," describe in Part IV										
Pai	rt I-C Complete if the organization is exem	pt under section 501(c),	except section	on 501(c)(3).							
1	Enter the amount directly expended by the filing organization	for section 527 exempt function									
	activities			▶ \$ _							
2	Enter the amount of the filing organization's funds contributed	d to other organizations for secti-	on								
	527 exempt function activities			▶ \$ _							
3	Total exempt function expenditures Add lines 1 and 2. Enter	here and on Form 1120-POL,									
	line 17b			▶ \$ _							
4	Did the filing organization file Form 1120-POL for this year?				Yes No						
5	Enter the names, addresses and employer identification num		-	• •							
	were made. For each organization listed, enter the amount p			•							
	contributions received that were promptly and directly deliver			eparate segregated							
	fund or a political action committee (PAC) If additional space	e is needed, provide information I									
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-						

	200				Dana	45 06500	00 - 0
	die O (1 om see et see EE) Eeee		F INDEPENDE				- · ugo =
'ar	t II-A Complete if the organic under section 501(h)).	zation is exempt	under section 50	ric)(3) and	i illea Fo	irin 5766 (elec	CHOIL
	theck I if the filing organizat	ion belongs to an	affiliated group				
_	check \blacktriangleright if the filing organizate			ntrol" provis	ions app	olv.	
		bying Expendit) Filing	(b) Affiliated
	(The term "expenditures"					ation's totals	group totals
1a	Total lobbying expenditures to influence pu						
	Total lobbying expenditures to influence a le						
	Total lobbying expenditures (add lines 1a a						
d	Other exempt purpose expenditures						
е	Total exempt purpose expenditures (add lir	nes 1c and 1d)					
f	Lobbying nontaxable amount Enter the am	ount from the following	g table in both				
_	columns						
	If the amount on line 1e, column (a) or (b) is	The lobbying nontar	xable amount is:			1	
L	Not over \$500,000	20% of the amount on	line 1e			1	
L	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of	the excess over \$500,000	<u>' </u>		1	
L	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of	the excess over \$1,000,00	00		1	
L	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of t	he excess over \$1,500,000	0		Ī	
L_	Over \$17,000,000	\$1,000,000					
-	Grassroots nontaxable amount (enter 25%						
	Subtract line 1g from line 1a If zero or less						
	Subtract line 1f from line 1c If zero or less,				L	<u> </u>	
j	If there is an amount other than zero on eit	her line 1h or line 1i, di	id the organization file l	Form 4720 rep	orting		☐ Yes ☐ No
	section 4911 tax for this year?						Yes No
			ng Period Under				
	(Some organizations th	at made a sectio	n 501(h) election	do not hav	e to con	nplete all of ti	ne five
	columns be	low. See the inst	tructions for line	s 2a throug	h 2f on	page 4.)	
	Lob	bying Expenditu	res During 4-Yea	r Averagin	2 Period		
		by mg Expenditu	,00 <u>Durmg</u> , ,00		1	-	
	Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 200	8	(d) 2009	(e) Total
	beginning in,						
22	Lobbying non-taxable amount						
					}		
b	Lobbying ceiling amount			I			
	(150% of line 2a, column(e))			 	-		
С	Total lobbying expenditures						
d	Grassroots nontaxable amount					-	
0	Grassroots ceiling amount	:					
	(150% of line 2d, column (e))			‡			

Schedule C (Form 990 or 990-EZ) 2009

f Grassroots lobbying expenditures

	edule C (Form 990 or 990-EZ) 2009 ASSOCIATION OF INDEPENDENT COLLEGES rt II-B Complete if the organization is exempt under section 501(c)(3) and has NO	47-0 T filed F	_			<u>P</u>	age 3
	. (election under section 501(h)).		. 1		/ L)		
		(a	"		(b)	1	
		Yes	No		Amo	unt	
1	During the year, did the filing organization attempt to influence foreign, national, state or local						
	legislation, including any attempt to influence public opinion on a legislative matter or						
	referendum, through the use of						
а	Volunteers?						
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
С	Media advertisements?				_		
d	Mailings to members, legislators, or the public?						
e	Publications, or published or broadcast statements?						
f	F Grants to other organizations for lobbying purposes?						
g	Direct contact with legislators, their staffs, government officials, or a legislative body?						
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?						
i	i Other activities? If "Yes," describe in Part IV						
j	j Total Add lines 1c through 1i						
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	ļ	ļ				
þ	o If "Yes," enter the amount of any tax incurred under section 4912						
	: If "Yes," enter the amount of any tax incurred by organization managers under section 4912						
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			L			
Pa	irt III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5), d	or se	ction			
	501(c)(6).			<u> </u>			T
				ſ		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			ŀ	1	X	7
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			ŀ	2		X
3		17-175		-4:	3		X
Pa	ort III-B Complete if the organization is exempt under section 501(c)(4), section 507 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A "Yes."	, line 3	is an	ction swered	d		
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political						
	expenses for which the section 527(f) tax was paid).						
а	a Current year		2a				
b	Carryover from last year		2b				
С	C Total		2c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the						
	excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying						

5 Taxable amount of lobbying and political expenditures (see instructions)

Part IV Supplemental Information

and political expenditure next year?

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i

Also, complete this part for any additional information

Schedule C (Form 990 or 990-EZ) 2009 ASSOCIATION OF INDEPENDENT COLLEGES 47-0652320

Page 4

Part IV Supplemental Information (continued)

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 Employer identification number ASSOCIATION OF INDEPENDENT COLLEGES & UNIVERSITIES OF NEBRASKA 47-0652320 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990. Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. provide the following amounts relating to 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

26,341

Schedule D (Form 990) 2009

19,289

7,052

7,052

e Other

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

Schedule D (Form 990) 2009 ASSOCIATION OF INDEPEN		47-0652320	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method o	f valuation
(including name of security)		Cost or end-of-ye	ar market value
Financial derivatives			
Closely-held equity interests			
Other			
		```	<del></del>
			· - · · · ·
Total. (Column (b) must equal Form 990, Part X, col (B) line 12 )	<u> </u>	<u> </u>	•••••••••••••••••••••••••••••••••••••••
Part VIII Investments—Program Related. See Form 990			
(a) Description of investment type	(b) Book value	(c) Method o	
		Cost or end-of-year	ar market value
		1	
· · · · · · · · · · · · · · · · · · ·		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15	<u> </u>	<u> </u>	
(a) Description			(b) Book value
(a) Description	<del></del>	·	(b) Book vaide
			<del></del>
	<del></del>		
· · · · · · · · · · · · · · · · · · ·		·	
		· · · · · · · · · · · · · · · · · · ·	
			·
		T	
Total. (Column (b) must equal Form 990, Part X, col_(B) line 15)		<b>•</b>	
Part X Other Liabilities. See Form 990, Part X, line 25	•		
1 (a) Description of liability	(b) Amount		
Federal income taxes			
		1	
		1	
Net to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second secon	·	1	
		1	
	<del></del>	<b>{</b>	
		Į.	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)			
EIN 48 Eastrate In Part VIV provide the text of the feature to the assessment			

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 ASSOCIATION OF INDEPENDENT COLLEGES 47-065232	0	Page 4
Pa	art XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statement	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Pnor period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	
Pa	art XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
þ	Donated services and use of facilities 2b		
С	Recoveries of prior year grants 2c		
d	Other (Describe in Part XIV )		
0	Add lines 2a through 2d	2e	<del></del>
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV )		
_	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses per R	eturr	<u> </u>
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities 2a		
b	Prior year adjustments 2b		
C	Other losses 2c		
d	Other (Describe in Part XIV )  Add lines 36 through 3d	2-	
3	Add lines 2a through 2d Subtract line 2e from line 1	2e 3	
A	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	
•			
a h			
	Other (Describe in Part XIV )  Add lines 4a and 4b	46	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	4c 5	
	art XIV Supplemental Information	J	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete		
	part to provide any additional information		
,			
			- <b></b>
_			
	<del></del>		

#### **SCHEDULE J**

(Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

ASSOCIATION OF INDEPENDENT COLLEGES

& UNIVERSITIES OF NEBRASKA

Employer identification number 47 - 0652320

Pa	rt ( Questions Regarding Compensation					
					Yes	No
_						
1a	Check the appropriate box(es) if the organization provided any o					I
	990, Part VII, Section A, line 1a Complete Part III to provide any	y rel				Ī
	First-class or charter travel	Н	Housing allowance or residence for personal use			Ī
	Travel for companions		Payments for business use of personal residence		1	
	Tax indemnification and gross-up payments	A	Health or social club dues or initiation fees			
	Discretionary spending account	Ш	Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes on line 1a is checked, did the organization fo	ollow	a written policy regarding payment			l
	or reimbursement or provision of all of the expenses described	abov	ve? If "No," complete Part III to			
	explain			1b	X	
2	Did the organization require substantiation prior to reimbursing of	or al	lowing expenses incurred by all			
	officers, directors, trustees, and the CEO/Executive Director, re-	gard	ding the items checked in line 1a?	2	X	
3	Indicate which, if any, of the following the organization uses to e	estab	olish the compensation of the			
•	organization's CEO/Executive Director Check all that apply					
	Compensation committee	П	Written employment contract			I
	Independent compensation consultant	X	Compensation survey or study			l
	Form 990 of other organizations	X	Approval by the board or compensation committee			Ī
						Ī
4	During the year, did any person listed in Form 990, Part VII, Sec	ction	A, line 1a, with respect to the filing			Ī
	organization or a related organization					Ī
а	Receive a severance payment or change-of-control payment?			4a	<u> </u>	X
þ	Participate in, or receive payment from, a supplemental nonqua	alified	d retirement plan?	4b	<u> </u>	X
C	Participate in, or receive payment from, an equity-based compe	ensat	tion arrangement?	4c	ļ	X
	If "Yes" to any of lines 4a-c, list the persons and provide the ap	plica	able amounts for each item in Part III			l
	Only section 501(c)(3) and 501(c)(4) organizations must con	mple	ete lines 5–9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did					İ
	compensation contingent on the revenues of					1
а	The organization?			5a	ĺ	x
	Any related organization?			5b		Х
	If "Yes" to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did	the o	organization pay or accrue any			Ī
	compensation contingent on the net earnings of					1
а	The organization?			6a		X
b	Any related organization?			6b		X
	If "Yes" to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did	the (	organization provide any non-fixed			Ī
	payments not described in lines 5 and 6? If "Yes," describe in P	art I	II	7	L	x
8	Were any amounts reported in Form 990, Part VII, paid or accre	ued	pursuant to a contract that was			
	subject to the initial contract exception described in Regs section	on 5	3 4958-4(a)(3)? If "Yes," describe			
	ın Part III		• •	8		x
9	If "Yes" to line 8, did the organization also follow the rebuttable	pres	sumption procedure described in			
	Regulations section 53 4958-6(c)?			9		

A8010 11/09/2010 12 36 PM

Part II

ASSOCIATION OF INDEPENDENT COLLEGES 47-0652320

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed. Schedule J (Form 990) 2009

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)—(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B) Breakdown	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits	(a) <del>(</del> (i)(a)	reported in prior Form 990 or Form 990-EZ
THOMAS O'NEILL, JR.	(1) 157,000	0 0	0	0	13,941	170,941	157,000
0)							
10)	(0)						
0	(I)	•					
9)	(H) (t)	•					
0)	(II) (0)						
(0)	(H) (r)	•					
(t)) (t)	(ti						
(u) (o)	(I) (0)						
(t)) (t)	(0)	•					
(0)	(i)	•		•			
(p)	(i)						
(0)	1) ii)	•					
(0)	(1)						
(1)	(1	•		·			
(i) (i)	) ()						

Schedule J (Form 990) 2009

ASSOCIATION OF INDEPENDENT COLLEGES 47-0652320

Schedule J (Form 990) 2009 ASSOCIATI
Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part

for any additional information

Part I, Line la - Fringe or Expense Explanation

Part 1, Line la. - Fringe or Expense Explanation.

Social and recreational dues of \$6,135.00 paid for executive director to

conduct business of the organization at these facilaties.

Schedule J (Form 990) 2009

'SCHEDULE O . (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.

2009 Open to Public Inspection

OMB No 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service ASSOCIATION OF INDEPENDENT COLLEGES

**Employer identification number** 47-0652320

& UNIVERSITIES OF NEBRASKA

Form 990 - Organization's Mission or Most Significant Activities TO FOSTER THE GROWTH & DEVELOPMENT OF INDEPENDENT COLLEGES & UNIVERSITIES OF HIGHER EDUCATION & TO PROVIDE A MEANS FOR COOPERATIVE ENDEAVORS IN ALL AREAS OF HIGHER EDUCATION INCLUDING IMPROVEMENT OF EDUCATIONAL OPPORTUNITIES FOR POST SECONDARY STUDENTS.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 4562

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

See separate instructions.

► Attach to your tax return.

Name(s) shown on return

ASSOCIATION OF INDEPENDENT COLLEGES

Identifying number 47-0652320

& UNIVERSITIES OF NEBRASKA Business or activity to which this form relates Indirect Depreciation **Election To Expense Certain Property Under Section 179** Part 1 Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount. See the instructions for a higher limit for certain businesses. 250,000 Total cost of section 179 property placed in service (see instructions) 2 800,000 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 (a) Description of property (b) Cost (business use only) (c) Elected cost Listed property Enter the amount from line 29 7 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 204 during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election 15 16 Other depreciation (including ACRS) 744 16 Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2009 212 17 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System Month and year (c) Basis for depreciation (d) Recovery (business/investment use (a) Classification of property placed in (e) Convention (f) Method (a) Depreciation deduction period service only-see instructions) 19a 3-year property 5-year property 7-year property d 10-year property 15-year property 20-year property 25-year property 25 yrs S/I Residential rental 27.5 yrs S/L MM property 27 5 yrs MM S/L ММ Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs S/L 40-year 40 yrs ММ S/L Part IV Summary (See instructions.) 21 Listed property Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions 22 1,160 23 For assets shown above and placed in service during the current year, enter the

23

47-0652320

Federal Asset Report

11/09/2010 12:36 PM

Form 990, Page 1

FYE: 8/31/2010

Asset	Description	Date I <u>n Service</u>	Cost	Bus %	Sec 179Bonus	Basis for Depr	<u>Per</u>	Conv Meth	Prior	Current
	<u>r GDS Property:</u> PAM'S COMPUTER	7/01/10	1,716		X	1,630	5	MQ200DB	0	86
		=	1,716		-	1,630			0	86
	COPIER	7/20/10	3,317		х	3,199	7	MQ200DB	0	118
		=	3,317			3,199	·	420022	0	118
Prior 2	MACRS: (2) TELEPHONES	1/01/90	490			400	5	UV 2000D	400	
3	ROYAL SAT 4 TYPEWRITER	8/01/91	453			490 453		HY 200DB HY 200DB	490 453	0 0
4	QUASAR 4458 MICROWAVE	10/01/91	138			138		HY 200DB	138	0
5 6	(2) GUEST CHAIRS BLK/MAHOGANY EXEC CHAIR GRAY	8/01/92 8/01/92	466 255			466 255		HY 200DB HY 200DB	466 255	0
7	FILE CABINET	1/18/94	197			197	5	HY 200DB	197	0
8	MINOITA 4902 COPIER Sold/Scrapped. 8/31/10	10/03/94	2,663			2,663	5	HY 200DB	2,663	0
9	TV & VCR	12/15/95	431			431		HY 200DB	431	0
10	BOOKCASE, 84" 7 SHF	3/16/96	362			362		HY 200DB	362	0
11 12	FILE CABINET 4DWR CANON 6050 COPIER	7/06/98 5/11/00	200 5,165			200 5,165		HY 200DB HY 200DB	200 5,165	0 0
	Sold/Scrapped. 7/19/10					•				
13 14	RICOH 1700 L FAX MACHINE MONITORS, CPUC PRINTER & SCANN	7/28/00	1,246 1,036			1,246 1,036		HY 200DB HY 200DB	1,246 1,036	0
15	COMPUTER EQUIP-TIP'S OFFICE	1/16/02	606		X	424		HY 200DB	606	ŏ
16	DELL COMPUTER-PAM Sold/Scrapped 8/31/10	8/24/04	2,132		X	1,066	5	HY 200DB	2,132	0
17	REFRIGERATOR	10/28/04	569		Х	284	7	HY 200DB	442	51
18	DELL COMPUTER-TIP	1/03/05	1,792			1,792	5	HY 200DB	1,689	103
19	OFFICE CHAIR	6/30/05	651		-	651	7	HY 200DB	506	58
		=	18,852		=	17,319		:	18,477	212
Other	Depreciation:									ļ
1	FULLY DEPRECIATED ITEMS	9/06/83	8,695			8,695		MO S/L	8,695	0
20 21	LAP TOP COMPUTER TELEVISION	2/04/08 10/08/08	2,206 619			2,206 619		MO S/L MO S/L	699	441
22	EQUIPMENT	1/29/09	896			896		MO S/L MO S/L	114 104	123 180
	Total Other Depreciation	-	12,416			12,416			9,612	744
	Total ACRS and Other Depre	ciation	12,416			12,416			9,612	744
		=			I	,		:		
	Grand Totals		36,301			34,564			28,089	1,160
	Less: Dispositions and Transfe	ers	9,960			8,894			9,960	0
	Less: Start-up/Org Expense	-	26.241			0 25 670			0	0
	Net Grand Totals	=	26,341		:	25,670		:	18,129	1,160

A8010 ASSOCIATION OF INDEPENDENT COLLEGES
47-0652320 Bonus Depreciation Report

11/09/2010 12:36 PM

FYE: 8/31/2010

<u>Asset</u>	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activity	y: Form 990, Page 1							
16 1 17 1 23 1	COMPUTER EQUIP-TIP'S OFFICE DELL COMPUTER-PAM REFRIGERATOR PAM'S COMPUTER COPIER	1/16/02 8/24/04 10/28/04 7/01/10 7/20/10	606 2,132 569 1,716 3,317		0 0 0 0	0 0 0 86 118	182 1,066 285 0 0	424 1,066 284 1,630 3,199
	Form 99 *Less: Dispositions and	00, Page 1 Transfers	8,340 2,132		0	204 0	1,533 1,066	6,603 1,066
	Net Form 99	00, Page 1	6,208		0	204	467	5,537
	Less: Dispositions and	•	8,340 2,132		0 0	204	1,533 1,066	6,603 1,066
	Net Gr	and Total	6,208		0	204	467	5,537

A8010 ASSOCIATION OF INDEPENDENT COLLEGES
47-0652320 Federal Statements

47-0652320

11/9/2010 12:36 PM

FYE: 8/31/2010

**Taxable Interest on Investments** 

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INTEREST INCOME	\$ 260		14		
Total	\$ 260				

11/9/2010 12:36 PM Fund Raising 348 356 Management & General ጭ Form 990, Part IX, Line 24f - All Other Expenses 39 Program Service A8010 ASSOCIATION OF INDEPENDENT COLLEGES

Federal Statements S 395 387 Total Expenses ₹Ç} Description FYE: 8/31/2010 POSTAGE OTHER TAXES ROUNDING Total