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Department of the Treasury

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)

OMB No 1545-0047 2009 Open to Public

Inte	rnal Revenue S	ervice	The organization may have to use a copy of this return to satisfy state		rements	Inspection
A	For the 2009	calendar y	ear, or tax year beginning $09/01/09$, and ending $08/31/10$			
В	Check if applicable	Please	C Name of organization Grand Island Education Foundation	,	D Emplo	yer identification number
\neg	Address change	use IRS	Inc.			
\exists	_	label or print or	Doing Business As		47-	0735201
닠	Name change	type.	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Teleph	one number
	Initial return	See	123 South Webb Road		308	-385-5900
	Termination	Specific	City or town, state or country, and ZIP + 4		G Gross rece	405 400
\exists	Amended return	Instruc- tions.	Grand Island NE 68803		G 0.000 1000	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
닠	Amended return		e and address of principal officer		H(a) Is this	a group return for
_}	Application pendi	iu i	aci Skalberg		affiliate	
			3 South Webb Road		H(b) Are all	affiliates 7 . 7
		1			include	~
		177			1 11 100,	' attach a list. (see instructions)
<u>_</u>	Tax-exempt s		501(c) (3) ◀ (insert no) 4947(a)(1) or 527			
			gips.org/foundation	1		exemption number
****	Type of organiza			fear of formation	983	M State of legal domicile NE
	· · · · · · · · · · · · · · · · · · ·	Summa				
			he organization's mission or most significant activities	_		
ě	То		ce student educational opportunities through i			
au	Gr		land Public Schools by seeking, securing, and	managing	resour	ces
er.	fo		larships, projects, and programs.			
Š	2 Checl	this box	If the organization discontinued its operations or disposed of more than 25	5% of its net as:	sets	
ر مع	3 Numb	er of voting	members of the governing body (Part VI, line 1a)		3	15
Se	4 Numb	er of indep	endent voting members of the governing body (Part VI, line 1b)		4	15
Activities & Governance	5 Total		employees (Part V, line 2a)		5	4
Ċţ	6 Total		volunteers (estimate if necessary)		6	110
۷	7a Total		lated business revenue from Part VIII, column (C), line 12		7a	· · · · · · · · · · · · · · · · · · ·
		-	siness taxable income from Form 990-T, line 34		7b	0
_	D NCC u	incluted be	Silvest taxasis internet water and the silvest	Prior Ye	ar	Current Year
	8 Contr	ibutions an	d grants (Part VIII, line 1h)	69	9,928	339,856
Revenue	9 Progr		revenue (Part VIII, line 2g)			
ě	10 Inves		ne (Part VIII, column (A), lines 3, 4, and 7d)	8	3,147	60,747
å	11 Other			2,140	79,283	
			Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) add lines 8 through 11 (must equal Part VIII, column (A), line 12)		5,215	479,886
_			ar amounts paid (Part IX, column (A), lines 1–3)	_	6,521	211,145
	1		or for members (Part IX, column (A), line 4)		-,,,,,,,,	
	45 0-1	•	ompensation, employee benefits (Part IX, column (A), lines 5–10)	5	2,156	59,732
nses	15 Salar		draising fees (Part IX, column (A), line 11e)			07,702
e	16a Proie				-	
Expe	b lotal	-		22	4,328	149,685
		expenses	(Part IX, column (A), lines 11a–11d, 11f–24f)		3,005	420,562
	18 Total	expenses	Add lines 13-17 (must equal Part IX column (At me 25) VED		7,790	59,324
_		nue less ex	openses Subtract line 18 from line 12	Beginning of Cu	rrent Year	End of Year
ts o	20 Total	accete (Da	ort X, line 16) DEC 2 0 2010		7,140	2,858,485
Asse	20 10(a)		Int X, line 16)		5,687	547,207
Net Assets or	21 Total		Part X, line 26) nd balances Subtract line 21 from line 20		1,453	2,311,278
_				2,12		2/322/2/0
_	Part II		TC DIOOK			at of one boundaries
		Under pena and belief	ities of penury, I declare that I have examined this return, including accompanying scheduler t is true, correct, and complete. Declaration of preparer (other than officer) is based on all inf	s and statements, formation of which	preparer has	s any knowledge
_		J				12/14/10
	ign	<u> </u>	Lenfle Warch		- 1/	770710
H	ere		ure of officer		Date	•
			rt Haecker Treas	urer		
_		Type o	r pnnt name and title	 ,		T. B
_		Preparer's	Date	Check	k ıf	Preparer's identifying number (see instructions)
	aid	signature	Marcy 1. Luth, CAA 11/1	.9/10 self-	oyed 🕨 💄	P00078547
	reparer's		Almquist, Maltzahn, Galloway &			47-0589915
U	se Only	Firm's nam if self-empl	e (or yours		Phone	
		address, a				308-381-1810
Λ/	av the IRS di		return with the preparer shown above? (see instructions)		1	Yes No
			erwork Reduction Act Notice, see the separate instructions.			Form 990 (2009)
	or Privacy Ac ₩	,, and rap	general designation of the section o			((((((((((((((((((((

314,443

Form 990 (2009)

4e Total program service expenses ▶

Pa	It iv Checkist of Required Schedules		V	- Na
	the standard of the section E04(a)(2) as 4047(a)(1) (athors then a provent foundation) 2 if "Voc."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	\mathbf{x}	
_	complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?			
3	Did the drganization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
	candidates for public office? If "Yes," complete Schedule C, Part I	-	 	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4	1	х
_	Schedule C, Part II	-		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	5		
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	3		
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,"	١		X
	complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	-+	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		İ	x
	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	-		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			v
	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	40		X
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	11	х	
	VII, VIII, IX, or X as applicable			
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
•	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
	Did the organization report an amount for other assets 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			
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
40	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
12	Schedule D, Parts XI, XII, and XIII	12	X	<u> </u>
424	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No			
IZA	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	ff and the state of the state o	14a		X
b				
U	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
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	İ	х
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	}	x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
• • •	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	·		
	If "Yes." complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
==			000	(0000

Checklist of Required Schedules (continued) Part IV No Yes Did the organization report more than \$5,000 of grants and other assistance to governments and organizations X in the United States on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II 21 Did the organization report more than \$5,000 of grants and other assistance to individuals in the X United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated Х 23 employees? If "Yes," complete Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines Х 24b through 24d and complete Schedule K If "No," go to line 25 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction Х with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 25b X 990-EZ? If "Yes," complete Schedule L, Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or X disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? Х If "Yes," complete Schedule L, Part III 27 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) X 28a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV 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, 28c Part IV X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X 32 Schedule N. Part II 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Х Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 X organization? If "Yes," complete Schedule R, Part V, line 2 36 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, 37 X Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and Х 38 19? Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009) Grand Island Education Foundation, 47-0735201

Part V Statements Regarding Other IRS Filings and Tax Compliance

	990 (2009) Grand Island Education Foundation, 47-0735. It V Statements Regarding Other IRS Filings and Tax Compliance	201			age 3
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			Yes	No
10	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	I			
Id	U.S. Information Returns. Enter -0- if not applicable	1a 6			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0]		
	Did the organization comply with backup withholding rules for reportable payments to vendors and rep	ortable	1		i
Ü	gaming (gambling) winnings to prize winners?		1c	x	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return	2a 4		.	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	15?	2b	X	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see				
	instructions)				İ
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered	l by			İ
	this return?		3a_		<u>X</u> _
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 a	uthority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ancial			
	account)?		4a		X
b	If "Yes," enter the name of the foreign country				ĺ
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign B	Bank			
	and Financial Accounts				ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?	5b	ļ	Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	rding	1		
	Prohibited Tax Shelter Transaction?		5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th	e			
	organization solicit any contributions that were not tax deductible?		6a	Х	<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or			
	gifts were not tax deductible?		6b	X	ļ
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 g	joods			
	and services provided to the payor?		7a	ļ	X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s	1		
	required to file Form 8282?	i i	7c	ļ	X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	-		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal		١	}
	benefit contract?		7e	X	├──
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri		7f	X	
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g	1	X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C	as		1	•
	required?		7h	1	X
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring		8		
_	organization, have excess business holdings at any time during the year?		-	 	
9	Sponsoring organizations maintaining donor advised funds.		92	1	
a	Did the organization make any taxable distributions under section 4966?		9a 9b	+	+
b	Did the organization make a distribution to a donor, donor advisor, or related person?		30		\vdash
10	Section 501(c)(7) organizations. Enter	10a			
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	1		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	- TOD	-		
11	Section 501(c)(12) organizations. Enter	11a			
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	110	+		1
b		116			
40-	amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		- 12a	1	
12a	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	126	,	1	
0	ii 100, Gitter the difficult of tax exempt interest receives of accorded during the four	<u> </u>	For	m 990	0 (2009)

0/757 11/19/2010	2 31 PM				
Form 990 (200	9) Grand	Island	Education	Foundation,	47-0735201
Part VI	Governan	ce, Manage	ment, and Disc	losure For each "Yes	" response to lines 2 through 7b below, and
	for a "No"	response to	line 8a, 8b, or	10b below, describe t	he circumstances, processes, or changes in
	Schedule	O See insti	ructions		

Sec	ion A. Governing Body and Management		. 1	
	Enter the number of voting members of the governing body		Yes	No
1a	Lines the name of voting months of the		-	
ь	Enter the number of voting members that are interpreted.	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2	İ	x
_	any other officer, director, trustee, or key employee?	-		
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		<u>x</u>
	supervision of officers, directors or trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	6		X
6	Does the organization have members or stockholders?	0		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	70		x
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following		v	
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			v
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		'	
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	ļ	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
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	<u> </u>	<u> </u>
Sec	ction C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization ▶ Traci Skalberg 123 Webb Road			
G	rand Island NE 68803	308-38	<u> 5</u> - 5	900
				(2000)

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of
 the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest
 compensated employees, and former such persons

Check this box if the organization (A)	(B)			((C)	-		(D)	(E)	(F)
Name and Title	Average hours per week		Position (check all that apply) Forme Officer Officer Officer				ply) Form	Reportable compensation from the	Reportable compensation from related organizations	Estimated amount of other compensation
		Individual trustee or director	Institutional trustee	7	Key employee	Highest compensated employee	er	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
Linna Dee Donalds										
Vice President	1.00	X	<u> </u>	X	<u> </u>	\sqcup		0	0	0
Brad Fegley		ļ							_	
Member	1.00	X	ļ		_			0	0	0
Ann Marsh		l							_	
Member	1.00	X			<u> </u>	1		0	0	0
Patricia Brown	1							_	_	
Member	1.00	X		_	<u> </u>	1 1		0	0	0
John Hoggatt									_	_
Member	1.00	X		<u> </u>	<u> </u>	.		0	.0	O
Cathleen Allen]			1 1				
President	1.00	X	<u> </u>	X	<u> </u>			0	0	0
George Ayoub										
Member	1.00	X		ऻ—	-	\perp		0	0	0
Jane Richardson				ļ						
Member	1.00	X	-	<u> </u>	-	+		0	0	<u> </u>
Vikki Deuel	1 00	,,							_	
Member	1.00	X	┢	┞	ļ	\vdash		0	0	0
Barbara Anderson	1 00	,								,
Member Kurt Haecker	1.00	X	├-	┝	├	-		0	0	O
	1 00	x		x		1		0	0	1
Treasurer DJ Eihusen	1.00	┿	\vdash	<u> </u>	\vdash	+		0		0
•	1.00	x]				0	o	l
Member Renee Goble	1.00	┿	-	├	┝	+				
Member	1.00	x						o	o	o
Dave Lofgreen	1.00	╬	-	\vdash	\vdash	╂┈┤		<u> </u>		
Member	1.00	x]		0	o	٥
Russ Rerucha		1	<u> </u>	-	+			-		
Member	1.00	x						0	0	l
Traci Skalberg		†		t	T	\top				- ·
	24.00			x		j		35,520	O	4,800
		T	1	T -	T	\top		,		2,300
Exec. Dir.	24.00			. X				35,520	0	4,8

		Grand Is										_ · · · -	1	Page
Part	VII			stees	s, Ke		mplo C)	yees	s, an	d Highest Compensated	(E)		=)	
,	Nam	(A) e and Title	(B) Average hours per week	ndividual trustee	_	(chec		a Highest compensated employee		(D) Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estin amoi ott compe fron organ and re	nated unt of ner nsation the ization	
····				<u> </u>										
	- -			<u> </u>		-								
						_								
				<u> </u>				-	<u> </u>			<u>-</u>		
				<u> </u>										
	· · · · · · · · · · · · · · · · · · ·					<u> </u>								
														
	· · ·													
										0.5.500				
	Total num					thos	se lis	sted a	abov	ab ye) who received more than		<u> </u>	4,	<u>, 80</u>
		compensation from				trueti		ev e	mnlo	oyee, or highest compensa	ated		Yes	s No
4	employee For any ir	e on line 1a? If "Yes, ndividual listed on lin	" complete Sche ne 1a, is the sum	dule of re	J fo eport	r suc table	h ini	dividi npen:	ual satio	on and other compensation	ı from	3		X
	ındıvıdual	1								s," complete Schedule J for ny unrelated organization for		4	-	X
	servic <u>es</u> i	rendered to the orga	nization? If "Yes									5	<u> </u>	<u> </u>
1	Complete		ive highest comp	ensa	ated	ınde	pend	dent (cont	ractors that received more	than \$100,000 of			
			(A) d business address							Descri	(B) ption of services		(C) Compens	sation
						<u> </u>			_					
									-	·		_		
					_								_	
2	Total nur	nber of independent	contractors (inc	ludin	g bu	t not	lımı	ted to	tho	se listed above) who rece	ved	_		
		n \$100.000 in comp	= -		-								0	

art V	III Stater	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
1a	Federated car	npaigns	1a		-			
1a b c d e f g h	Membership d	ues	1b					
, c	Fundraising e	vents	1c					
d	Related organ	ızatıons	1d					
е	Government grants	(contributions)	1e					
o f	All other contribution							
		not included above	1f	339,856		İ		
2 a	Noncash contribution	ns included in lines 1a-1	f \$	<u> </u>				
₹ h	Total. Add line			<u> </u>	339,856			
				Busn. Code				
2a b c d e								
b								
C						·		
d								
e								
o f	All other progr	ram service rever	nue					
0	Total. Add line			<u> </u>				
		come (including o	lividen	ds, interest, and				
-	other similar a			•	61,591			61,59
4	Income from	nvestment of tax	-exem	ot bond proceeds				
5	Royalties		·	•				
1	,	(ı) Real		(II) Personal				
62	Gross Rents							
l l	Less rental exps				1			
"		,	$\neg \uparrow$		1			
d				•				
	Gross amount from			(II) Other				
	sales of assets other than inventor		378		1			
h	Less cost or other							
~	basis & sales exps	6.	222					
_	Gain or (loss)		844		1			
d				•	-844			-844
	_	rom fundraising eve	nts [
?	(not including \$							
	•	reported on line 1c)			İ			
ь	See Part IV, line		а					
i h	Less direct e		ь		1			
ءَ ڏ		r (loss) from fund		events >	1			
1		rom gaming activitie	1					
"	See Part IV, line		а					
Ь	Less direct e		ь					
		r (loss) from gam	,	tivities				
		of inventory, less	ا ت				-	
.00	returns and a		a					
h	Less. cost of		b		1			
		r (loss) from sale	'	ventory	1			
<u> </u>		cellaneous Revenue		Busn. Code				
11a					35,470	35,470		
b	_	rative Fees			24,567		-	24,56
- 1					17,806			
l c	d All other reve				1,440			1,44
- 1	Total. Add lir				79,283			
12			ne		479,886			0 86,75
11/	rotal Reven	ue. See instruction	113		1,3,000	33,270		Form 990 (200

Form 990 (2009)

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 con	mplete column (A) but are			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				·····
1	organizations in the U.S. See Part IV, line 21	95,120	95,120		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	116,025	116,025		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	40,320	12,096	8,064	20,160
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	16 117	C 014	0 202	
7	Other salaries and wages	16,117	6,814	9,303	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	3,295	1,339	592	1,364
10	Payroll taxes	3,295	1,339		1,301
11	Fees for services (non-employees)				
a	Management	1,462		1,462	
b c	LegalAccounting	2,125		2,125	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other	33,653	23,394	10,259	
12	Advertising and promotion				
13	Office expenses				· · · · · · · · · · · · · · · · · · ·
14	Information technology				
15	Royalties				
16	Occupancy	634	1 450	634	
17	Travel	2,707	1,460	1,247	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				· - · · · · · · · · · · · · · · · · · ·
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses litemize expenses not				
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
а	G	46,215	45,042	1,173	 ,
a b	Administrative Fees	26,878	,	26,878	
c	Food	9,504	1,363		8,141
d	Special Projects	7,271	7,271		
е		5,423			5,423
f	All other expenses	13,813	4,519	4,240	5,054
25	Total functional expenses. Add lines 1 through 24f	420,562	314,443	65,977	40,142
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				
DAA	fundraising solicitation		1		Form 990 (2009

Form 990 (2009) Grand Island Education Foundation, 47-0735201

art)	Balance Sheet		(4)		(B)
			(A) Beginning of year		End of year
	Cook non interest hooring			1	
1	Cash—non-interest bearing		581,659	2	571,959
2	Savings and temporary cash investments		385,679	3	342,850
3	Pledges and grants receivable, net			4	
4	Accounts receivable, net				
5	Receivables from current and former officers, director				
	employees, and highest compensated employees. Co Schedule L	implete rait ii oi		5	
_	Receivables from other disqualified persons (as define	ad under section			
6	4958(f)(1)) and persons described in section 4958(c)(
1	Part II of Schedule L	o)(b) Complete	j	6	
۱.	Notes and loans receivable, net			7	
7				8	
8	Inventories for sale or use			9	
9	Prepaid expenses and deferred charges				
10a	Land, buildings, and equipment cost or	10a			
١.	other basis Complete Part VI of Schedule D	10b	 	10c	
1	Less accumulated depreciation	100	1,745,922	11	1,924,215
11	Investments—publicly traded securities Investments—other securities See Part IV, line 11		27,13,522	12	
12				13	
13	Investments—program-related See Part IV, line 11			14	
14	Intangible assets	3,880	_	19,461	
15	Other assets See Part IV, line 11	2,717,140		2,858,485	
16	Total assets. Add lines 1 through 15 (must equal line	1,526		450	
17			425,025		362,881
18	Grants payable		5,000		002,002
19	Deferred revenue		37000	20	
20	Tax-exempt bond liabilities	/ of Cabadula D		21	
21 22					
22	•				
	employees, highest compensated employees, and di	squaimed		22	
1	persons Complete Part II of Schedule L Secured mortgages and notes payable to unrelated ti	hird partice		23	
23				24	
24		a parties	164,136		183,876
25	Total liabilities. Add lines 17 through 25		595,687		547,207
_	Organizations that follow SFAS 117, check here ▶	X and			
27 28 29	complete lines 27 through 29, and lines 33 and 34.				
27	Unrestricted net assets		409,274	27	457,137
28			1,712,179		1,854,141
29				29	
23	Organizations that do not follow SFAS 117, check	here ▶ □			
:	and complete lines 30 through 34.				
30				30	
3 30		nent fund		31	·
31				32	
30 31 32 33 34		-, -: -::-:	2,121,453	+	2,311,278
34 2 34			2,717,140		2,858,485

Form **990** (2009)

orm	1 990 (2009) Grand Island Education Foundation, 47-0735201		Pag	ge 12
_	art XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	Х	
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a	<u></u>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or guidte, explain why in Schedule O and describe any stens taken to undergo such audits	3b		

SCHEDULE A (Form 990 or 990-EZ) **Public Charity Status and Public Support**

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

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

2009 Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Grand Island Education Foundation,

Employer identification number 47 - 0735201

Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c | Type III-Functionally integrated Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (iii) below, the governing body of the supported organization? 11g(ı) 11g(II) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s) (vi) Is the (vii) Amount of (i) Name of supported (III) Type of organization (iv) Is the organization (v) Did you notify ganization in col (described on lines 1-9 in col (i) listed in your the organization in support organization coi (i) of your (i) organized in the above or IRC section governing document? บรว support? (see instructions)) Yes Yes

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Sect	tion A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	568,662	304,032	607,624	699,928	339,856	2,520,102
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	568,662	304,032	607,624	699,928	339,856	2,520,102
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						2,520,102
	tion B. Total Support		/F.\ 2000	(-) 2007	(d) 2008	(e) 2009	(f) Total
	lendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007		339,856	2,520,102
7	Amounts from line 4	568,662	304,032	607,624	699,928	339,830	2,520,102
8	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar sources	53,634	72,105	83,563	82,392	61,415	353,109
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	38,548	67,562	95,025	755	-668	201,222
11	Total support. Add lines 7 through 10						3,074,433
12	Gross receipts from related activities, etc					12	876,408
13	First five years. If the Form 990 is for the		, second, third, for	urth, or fifth tax yea	r as a section 501	(c)(3)	
	organization, check this box and stop her	e					P
_	tion C. Computation of Public Su					144	81.97%
14	Public support percentage for 2009 (line 6			ın (t))		14	85.61%
15	Public support percentage from 2008 Sch 33 1/3 % support test—2009. If the organ			13 and line 14 is 1	33 1/3 % or more		65.0176
16a	and stop here. The organization qualifies				55 175 70 51 more,	CHECK THIS BOX	▶ [X]
ь	33 1/3 % support test—2008. If the organ	ization did not che	ck a box on line 13	3 or 16a, and line 1	15 is 33 1/3 % or n	nore, check this	
J	box and stop here. The organization qual					,	▶ □
17a					ia, or 16b, and line	14 іѕ 10% ог	_
	more, and if the organization meets the "fi						
	organization meets the "facts-and-circums						▶ ∐
b	10%-facts-and-circumstances test—200	8. If the organizati	on did not check a	box on line 13, 16	ia, 16b, or 17a, an	d line 15 is 10% or	
	more, and if the organization meets the "f						
	organization meets the "facts-and-circums						▶
18	Private foundation. If the organization did	d not check a box of	on line 13, 16a, 16	b, 17a, or 17b, che	eck this box and se	e instructions	

Sche	dule A (Form 990 or 990-EZ) 2009 Gra	nd Island	l Education	on Founda		7-0735201	Page 3
Pa	rt III Support Schedule for Or				2)		
	(Complete only if you che	cked the box	on line 9 of Pa	art I.)			
	tion A. Public Support					_	
Cal	endar year (or fiscal year beginning ın) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					:	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total, Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the			:			
	amount on line 13 for the year						
С	Add lines 7a and 7b				ļ . <u>—</u> —		
8	Public support (Subtract line 7c from				‡		
	line 6)		<u> </u>	<u> </u>	<u> </u>		
	tion B. Total Support	<u>.</u>		,	·		
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b				ļ. —		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	·					
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for the organization, check this box and stop her	•	t, second, third, fo	ourth, or fifth tax ye	ar as a section 5	01(c)(3)	▶ [
Sec	ction C. Computation of Public Su		tage				
15	Public support percentage for 2009 (line 8			nn (f))		15	%
16	Public support percentage from 2008 Sch			(7)		16	%
	ction D. Computation of Investme						
17	Investment income percentage for 2009 (I			3, column (f))		17	%
18	Investment income percentage from 2008			`''		18	%
19a	33 1/3 % support tests—2009 if the orga			ie 14, and line 15 i	s more than 33 1	·	
	17 is not more than 33 1/3 %, check this t						▶ [
ь	33 1/3 % support tests—2008. If the orga						-
	line 18 is not more than 33 1/3 %, check t	his box and stop l	here. The organiza	ation qualifies as a	publicly supporte	ed organization	• [
<u>20</u>	Private foundation. If the organization die	not check a box	on line 14, 19a, 61	190, Check this bo	ox and see instru	CUONS	. •

Schedule A (Form 990 or 990-EZ) 2009 Grand Island Education Foundation, 47-0735201 Page 4

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

Part II, Line 10 - Other Income Detail

Gain from sale of assets \$ -2,941

Capital Gains \$ 204,163

Form 99	00		Special Eve	nts Schedu	le			2009
Form 93	,0	For calendar year 2009, or	tax year beginning	09/01/0	9 , and ending	08/3	1/10	
	Islan	d Education Fou	ndation,				nployer Ide 7 - 0735	ntification Numb
Inc.		/A)	(B)	(C)		Others	7-0733	Total
,		(A) 148,390	(B) 70,240	(0)	0)(IICIS	0	218,63
Gross receipt Less contri			0				<u> </u>	
Gross revenu		148,390	70,240	· · · · · · · · · · · · · · · · · · ·	0		- -	218,63
Less direct		100 504	34,770				0	165,35
let income (l		17,806	35,470		0		0	53,27
	(B)	Hoops Mania						
	(C)		<u></u>					
	Others							

07757 Grand Island Education Foundation, 11/19/2010 2:31 PM 47-0735201 Federal Statements

FYE: 8/31/2010

Taxable	Interest on	Investments
---------	-------------	-------------

. Description		Amount	Unrelated Business Code		Postal Code	Acquired after 6/30/75
Interest Income	\$	4,696		14	NE	
Total	\$ <u></u>	4,696				

Taxable Dividends from Securities

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
Dividend Income	\$ 56,719		14	NE	
Total	\$ 56,719				

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Federal Statements

07757 Grand Island Education Foundation, 47-0735201 FYE: 8/31/2010	Ĭ,	Federal Statements	tement	S.			11/19/20	11/19/2010 2:31 PM
Fc	orm 990, P	Form 990, Part IX, Line 24f - All Other Expenses	f - All Othe	er Expenses				
Description	Ú)	Total Expenses	₽ 03	Program Service	Man	Management & General		Fund Raising
Dues & Fees	৵	3,426	৵	480	₩	2,931	s.	1,470
Foscage Printing & Publications Miscellaneous		2,078		2,078		452		825
Volunteer Recognition Planned Giving		1,445 1,400		101				1,344
Insurance Cultivation		447				447	Ì	
Total	w	13,813	w	4,519	₩.	4,240	₹V.	5,054

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07757 Grand Island Education Foundation,
47-0735201 Federal Statements

47-0735201

FYE: 8/31/2010

Special Events Direct Expenses

Description	Amount
	\$
Column Others	
Program Sales	10 571
Printing/Programs Cost of Goods Sold	19,571 111,013
Cost of Goods Sold	
SubTotal	130,584
SubTotal (Others)	130,584
Total	130,584

Direct expenses other than fundraising expenses reported on Form 990, page 1, line 9b.

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 2009

Open to Public Inspection

Employer identification number Name of the organization Grand Island Education Foundation, Inc. 47-0735201 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I 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) 3 Aggregate grants from (during year) Aggregate value at end of year 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 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 2a Total number of conservation easements 2b b Total acreage restricted by conservation easements 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year 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 violations, and enforcement of the conservation easements it holds? Yes No 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 7 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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 a Revenues included in Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

Sche (dule D (Form 990) 2009 Grand Isla				<u>47-073</u>			Page 2
Pa	rt III Organizations Maintaining							(continued)
3	Using the organization's acquisition, accession collection items (check all that apply)	, and other records, ch	eck any of the follow	ng that are	a significa	nt use of its	S	
а	Public exhibition	d 🗌 Loar	or exchange program	ms				
b	Scholarly research	e 🗌 Othe	er	- - -				
С	Preservation for future generations							
4	Provide a description of the organization's colle Part XIV	ections and explain hov	v they further the orga	anization's	exempt pur	rpose in		
5	During the year, did the organization solicit or rassets to be sold to raise funds rather than to be	pe maintained as part o	of the organization's c	ollection?				Yes No
Pa	rt IV Escrow and Custodial Arrai				swered "	'Yes" to	Form 9	90, Part
	IV, line 9, or reported an am							
1a	Is the organization an agent, trustee, custodiar	or other intermediary	for contributions or ot	ther assets	not			
	included on Form 990, Part X?							Yes No
b	If "Yes," explain the arrangement in Part XIV a	nd complete the follow	ng table					
							<u> </u>	Amount
С	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					<u>1e</u>		
f	Ending balance					1f		
2a	Did the organization include an amount on For	m 990, Part X, line 217	•					Yes No
b	If "Yes," explain the arrangement in Part XIV							
Pa	rt V Endowment Funds. Comple	ete if organization	answered "Yes"	to Form	990, Pa	rt IV, line	10	
		(a) Current year	(b) Prior year	(c) Two	years back	(d) Three ye	ears back	(e) Four years back
1a	Beginning of year balance							
b	Contributions			<u> </u>				
С	Net investment earnings, gains,							
	and losses		_	ļ				
d	Grants or scholarships			<u> </u>				
е	Other expenditures for facilities							
	and programs			<u> </u>			***************************************	
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	end balance held as						
а	Board designated or quasi-endowment ▶	%						
b	Permanent endowment ▶ %							
С	Term endowment ▶ %							
3a	Are there endowment funds not in the possess	sion of the organization	that are held and ad	mınıstered	for the			
	organization by							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations			•				3a(iı)
b	If "Yes" to 3a(II), are the related organizations	listed as required on S	chedule R?					3b
_4	Describe in Part XIV the intended uses of the				<u></u>			
Pa	art VI Investments—Land, Buildi	ngs, and Equipme	ent. See Form 99	<u>90, Part</u>	X, line 10	0		
	Description of investment	(a) Cost or other basi	1 ' '			umulated	ŀ	(d) Book value
		(investment)	basis (othe	er)	depre	eciation		
1a	Land							
b	Buildings							
c	Leasehold improvements							
d	Equipment						_ _	
	Other	<u></u>						
Tota	il. Add lines 1a through 1e (Column (d) must ed	ual Form 990, Part X,	column (B), line 10(c))			>	

	vestments-Other Securities. See Form 99		
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
inancial derivative			
Closely-held equity	/ interests		
Other `_			
- 			
- 			
- -			
otal. (Column (b)	must equal Form 990, Part X, col (B) line 12)		
Part VIII In	vestments—Program Related. See Form 9		
	(a) Description of investment type	(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
			
			
fotal. (Column (b)) must equal Form 990, Part X, col (B) line 13)	· .	
Total. (Column (b)) must equal Form 990, Part X, col. (B) line 13.) Other Assets. See Form 990, Part X, line 15.		
Fotal. (Column (b) Part IX O	must equal Form 990, Part X, col. (B) line 13.) > other Assets. See Form 990, Part X, line 15.		(b) Book value
Fotal. (Column (b) Part IX O	ther Assets. See Form 990, Part X, line 15.		(b) Book value
Fotal. (Column (b) Part IX O	ther Assets. See Form 990, Part X, line 15.		(b) Book value
Fotal. (Column (b) Part IX O	ther Assets. See Form 990, Part X, line 15.		(b) Book value
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Fotal. (Column (b) Part IX O	ther Assets. See Form 990, Part X, line 15.		(b) Book value
Part IX O	ther Assets. See Form 990, Part X, line 15.		(b) Book value
Part IX O	ther Assets. See Form 990, Part X, line 15.		(b) Book value
Part IX O	ther Assets. See Form 990, Part X, line 15.		(b) Book value
Part IX O	Other Assets. See Form 990, Part X, line 15. (a) Description		(b) Book value
Part IX O	ther Assets. See Form 990, Part X, line 15.		
Part IX O	Other Assets. See Form 990, Part X, line 15. (a) Description (b) Must equal Form 990, Part X, col (B) line 15.)		
Part IX O) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, line (a) Description of liability	25 (b) Amount	
Total. (Column (b) Part X C 1 Federal income ta Scholars	Other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col (B) line 15.) (c) Description of liability (d) Description of liability (e) Esset Ships Payable	25 (b) Amount 165,770	
Total. (Column (b) Part X Column (b) Part X Column (compart X) Scholars Due to column (column	other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. See Form 990, Part X, line (a) Description of liability axes Ships Payable other funds	25 (b) Amount 165,770 15,555	
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Total. (Column (b) Part X Column (b) Part X Column (compart X) Scholars Due to column (compart X) Other Part X Column (compart X) Other X Column (compart X) Other X Column (compart X) Other X Column (compart X) Other X Column (compart X) Other X Column (compart X) Other X Column (compart X) Other X Column (compart X)	other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. See Form 990, Part X, line (a) Description of liability axes Ships Payable other funds	25 (b) Amount 165,770 15,555	
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Total. (Column (b) Part X Column (b) Part X Column (compart X) Scholars Due to column (compart X) Other Part X Column (compart X) Other X Column (compart X) Other X Column (compart X) Other X Column (compart X) Other X Column (compart X) Other X Column (compart X) Other X Column (compart X) Other X Column (compart X)	other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col (B) line 15.) Other Liabilities. See Form 990, Part X, line (a) Description of liability axes Ships Payable other funds ayable	25 (b) Amount 165,770 15,555 2,375	
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Total. (Column (b) Part X O 1 Federal income ta Scholars Due to c Other Pa Payroll	other Assets. See Form 990, Part X, line 15. (a) Description (b) must equal Form 990, Part X, col (B) line 15. (c) Description of liability (d) Description of liability (exessible Payable (b) ther funds (a) ayable Liabilities	25 (b) Amount 165,770 15,555 2,375	

organization's liability for uncertain tax positions under FIN 48

<u>Sche</u>	dule D (Form 990) 2009 Grand Island Education Founda				Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audi</u>	ted Financial Staten	nents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	479,886
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	420,562
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	59,324
4	Net unrealized gains (losses) on investments			4	130,501
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	130,501
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	189,825
Pa	rt XII Reconciliation of Revenue per Audited Financial Stateme	ents V	lith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	610,387
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1		1	
а	Net unrealized gains on investments	2a	130,501		
b	Donated services and use of facilities	2b		.	
С	Recoveries of prior year grants	2c_]]	
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	130,501
3	Subtract line 2e from line 1	r	1	3	479,886
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a_		j	
b	Other (Describe in Part XIV)	4b			
С	Add lines 4a and 4b			4c	
_5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	479,886
P≇	rt XIII Reconciliation of Expenses per Audited Financial Statem	ents_	With Expenses per I	Retur	
1	Total expenses and losses per audited financial statements			1	420,562
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1	ı	1 1	
а	Donated services and use of facilities	2a		-	
b	Prior year adjustments	2b		-	
С	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
е	Add lines 2a through 2d			2e	100 500
3	Subtract line 2e from line 1	ſ	I	3	420,562
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
þ	Other (Describe in Part XIV)	4b		┨.	
c	Add lines 4a and 4b			4c	420 562
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	420,562
	art XIV Supplemental Information				
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, I				
	2b, Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, I	ines zu	and 40 Also complete		
tnis	part to provide any additional information				
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Sched	ule C) (Fc	rm 9	90) 20	009	Gı	rar	<u>ıd</u>	Is	la	ind	E	luc	at	io	n :	For	ınc	<u>lat</u>	tic	n,	4	:7 -	<u>07</u>	<u>35</u> 2	<u>20</u>	1_						Page 5
Sched	t XI	V	Su	ple	men	tal l	Info	rm	atic	n (con	itinue	ed)																				
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SCHEDULE

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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	plete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22
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▶ Attach to Form 990. Grand Island Education Foundation, 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

General Information on Grants and Assistance

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

the selection criteria used to award the grants or assistance?

Employer Identification number

47-0735201

OMB No 1545-0047	2009	Open to Public Inspection

≗ □

X Yes

grant classroom assistance athletic equipment special education Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant classroom mini or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to (g) Description of non-cash assistance (e) Amount of non-cash (book, FMV, appraisa, assistance other) (d) Amount of cash grant 8,632 52,299 11,350 20,134 (c) IRC section if applicable NE 68802-4904 47-6003169 NE 68802-4904 47-6003169 NE 68802-4904 47-6003169 NE 68803-4904 47-6003169 (p) EIN Enter total number of section 501(c)(3) and government organizations (a) Name and address of organization Grand Island Public Schools Grand Island Public Schools Grand Island Public Schools Grand Island Public Schools or government 123 S Webb Rd 123 S Webb Rd 123 S Webb Rd 123 S Webb Rd Grand Island Grand Island Grand Island Grand Island Part |

Enter total number of other organizations

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

Schedule I (Form 990) 2009

Schedule 1 (F.	Schedule I (Form 990) 2009 Grand Island Education Foundation, 47-0735201	Education Fo	undation, 47	47-0735201	ion answered "Yes" to For	Page 2 m 990. Part IV. line 22
Far E	Grants and Other Assistance to individuals in the Other Use Part IV and Schedule I-1 (Form 990) if additional	(Form 990) if addition	nal space is needed.			
	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
Schola	Scholarships	86	116,025			
Part IV	Supplemental Information. Complete this part to prov	omplete this part to p	provide the information	on required in Part I,	ide the information required in Part I, line 2, and any other additional information.	onal information.

Schedule I (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.

OMB No 1545-0047

2009
Open to Public

Inspection

Internal Revenue Service
Name of the organization

Department of the Treasury

Grand Island Education Foundation, Inc.

Employer identification number 47 - 0735201

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990

The 990 is reviewed by the audit committe and then recommended to the board for their approval.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy At the bottom of each board agenda there is a notification to the board members indicating that if they have a conflict of interest on the agenda they should contact the Board President. At the begining of every board meeting, they discuss the agenda to see if anyone has a conflict of If an interested person exists, they may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict. chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement. After exercising due diligence, the governing board or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

Form 990, Part VI, Line 15a - Compensation Process for Top Official
The Grand Island Education Foundation Board reviews the compensation of the
executive director on an annual basis. A market analysis of executive
salaries for other fundraising organizations is compiled for both the
immediate area and the state of Nebraska. Upon review of this analysis and
review of the director's performance, the Foundation Board recommends and
approves compensation.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Form 990 and other governing documents are made available to the public upon request. Grand Island Education Foundation is also a member of the Guidestar organization, which is a massive database of 990's.