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

OMB No 1545-0052 2M11

l	nternal	Revenue Service Note. The foundation may	be able to use a copy of	f this return to satisfy sta	ate reporting requirements	<u> </u>
Ē	For c	alendar year 2010, or tax year beginning		, 2010, and en	nding	, 20
(	G Ch	eck all that apply: Initial return	lnitial return	of a former public ch	narity	Final return
_		Amended return	Addre	ess change	Name change	
ľ	Name	of foundation			A Employer Identi	fication number
		THE STUEVEN CHARITA	BLE FOUNDATI	ON	47-073	2885
١	lumb	er and street (or P O box number if mail is not delivere	ed to street address)	Room/s	SUITE B Telephone numbe	r (see page 10 of the instructions
		5251 W HUSKER HWY			308-38	2-8113
ō	City or	town, state, and ZIP code	<del></del>		C if exemption applic	cation is
	<b>,</b>	ALDA, NE 68810			pending, check her	· · · · · · · · [
		111211, 1111 00010			D 1. Foreign organization	
F	l Che	eck type of organization: X Section 501	(c)(3) exempt private	foundation	85% test, check	here and attach
Ī		Section 4947(a)(1) nonexempt charitable trust		rivate foundation	computation .	
ī		r market value of all assets at end J Acco			I '	on status was terminated b)(1)(A), check here
		year (from Part II, col. (c), line	ther (specify)		1	s in a 60-month termination
	16)	► \$ 538,521 (Part I,	column (d) must be or	n cash basis.)	1	b)(1)(B), check here
I	Part	Analysis of Revenue and Expenses (The	(a) Revenue and	(h) N/-1	(1) Adv1-d1	(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net investment income	(c) Adjusted net income	for charitable purposes
_	,	column (a) (see page 11 of the instructions) )	books			(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule) .	72,000			
	2	Check ► if the foundation is not required to attach Sch B				
	3	Interest on savings and temporary cash investments	975	975	<del></del>	
	4	Dividends and interest from securities	24,505	24,505		
		Gross rents				
	1	Net rental income or (loss)		<u> </u>		
eune		Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a				
ŝ	7	Capital gain net income (from Part IV, line 2) .		0	<u> </u>	
_	8	Net short-term capital gain	·		0	
	9	Income modifications · · · · · · · · · · · · · · · · · · ·				
	ł	and allowances · · · ·				
<b>~</b>		Less Cost of goods sold .				
Ē	ar .	Gross profit or (loss) (attach schedule)				
	111	Other income (attach schedule)	97,480	25,480	0	
2 2	1.5	Compensation of officers, directors, trustees, etc	31,400	23,480	0	· .
2	14	Other employee salaries and wages			-	-
Š	15	Pension plans, employee benefits				
ě	Į.	Legal fees (attach schedule)	2,496	2,496	-	2,496
Ť		Accounting fees (attach schedule)/ED	1,425	1,425		1,425
Š	1	Other professional fees (attach schedule).				
5	17	Interest	·			
2	18	Taxes (attach schedule) (see page 14 of the instructions)	195	195		195
	19	Depreciation (attach_schedule) and depletion.	3			
2	20	Occupancy OCOEN, U.				
2	21	Travel, conferences, and meetings			-	
ם ס	22	Printing and publications				
	23	Other expenses (attach schedule)	91	91	ļ	91
ָ ט	24	Total operating and administrative expenses.	4 007	4 000		4 00-
;		Add lines 13 through 23	4,207	4,207	0	4,207
	ŀ	Contributions, gifts, grants paid	18,250 22,457	4 207	0	18,250
_	26 27	Total expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12		4,207	<u> </u>	22,457
		Excess of revenue over expenses and disbursements	75,023			
		Net investment income (if negative, enter -0-)	13,023	21,273	<del> </del>	<del>                                     </del>
		Adjusted net income (if negative, enter -0-).			0	
_					,	

Part		Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of year			
_		amounts only. (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	1,957	4,464	4,464		
	2	Savings and temporary cash investments					
	3	Accounts receivable			-		
		Less: allowance for doubtful accounts ▶					
	4	Pledges receivable ▶					
		Less: allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
	-	disqualified persons (attach schedule) (see page 15 of the instructions)					
	7	Other notes and loans receivable (attach schedule)					
	'	Less: allowance for doubtful accounts ▶	19,500	9,750	9,750		
	8	Inventories for sale or use			<u> </u>		
Assets	9	Prepaid expenses and deferred charges					
\ss	10.2	Investments - U S and state government obligations (attach schedule).					
~	1	Investments - corporate stock (attach schedule)	445,483	527,749	524,307		
		Investments - corporate bonds (attach schedule).		321,113	324,301		
	11	Investments - land, buildings, and equipment: basis					
	l	(attach schedule)	···········		<del></del>		
	12	Investments - mortgage loans					
	13 14	Investments - other (attach schedule)  Land, buildings, and equipment: basis					
		equipment: basis Less accumulated depreciation (attach schedule)			<del></del>		
	15	Other assets (describe					
	16	Total assets (to be completed by all filers - see the					
_		instructions. Also, see page 1, item I)	466,940	541,963	538,521		
		Accounts payable and accrued expenses					
	18	Grants payable					
es	19 20 21 22	Deferred revenue					
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons					
盲	21	Mortgages and other notes payable (attach schedule)					
-1	22	Other liabilities (describe )					
				_			
$\dashv$		Total liabilities (add lines 17 through 22)	0	0			
		Foundations that follow SFAS 117, check here					
6		and complete lines 24 through 26 and lines 30 and 31.					
9	24	Unrestricted					
a	25	Temporarily restricted					
ã	25 26 27 28 29 30	Permanently restricted					
틸		Foundations that do not follow SFAS 117,					
듸		check here and complete lines 27 through 31. ▶ ☐☐					
0	27	Capital stock, trust principal, or current funds					
iet	28	Paid-in or capital surplus, or land, bldg, and equipment fund					
\ss	29	Retained earnings, accumulated income, endowment, or other funds	466,940	541,963			
<del>,</del>	30	Total net assets or fund balances (see page 17 of the					
ž		instructions)	466,940	541,963			
ı		Total llabilities and net assets/fund balances (see page 17					
		of the instructions)	466,940	541,963			
		Analysis of Changes in Net Assets or Fund B		ı ı			
		net assets or fund balances at beginning of year - Part I					
	end-c	of-year figure reported on prior year's return)		1	466,940		
2	Enter	amount from Part I, line 27a			75,023		
3	Other	increases not included in line 2 (itemize) ▶		3			
4	Add I	ines 1, 2, and 3			541,963		
		eases not included in line 2 (itemize) ▶		5			
6	Total	net assets or fund balances at end of year (line 4 minus li	ne 5) - Part II, column (b),	line 30 6	541,963		

L	(a) List an	d describe the kind(s) of property sold ( prick warehouse, or common stock, 200	e.g., real estate,	(b) How acquired P-Purchase D-Donation		(d) Date sold (mo., day, yr)
1	a 473.373 FRANKL	P	8-20-07	7-14-10		
	b					
	<u>c</u>					
_	d			ļ		
_	e				<u> </u>	L
_	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	ıs (g)
_;	a 4,800	0	4,999			(199)
لـ	b					0
	<u>c</u>					0
_	<u>d</u>				<del> </del>	0
_	0		4	<u> </u>		0
	Complete only for assets	showing gain in column (h) and owned	•		Gains (Col. (h) ga (k), but not less t	
_	(i) F.M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		Losses (from co	l (h))
_6	a					(199)
_	b		0			0
	<u>c</u>		0			0
_	d		0		<del></del>	0
_	<u> </u>	. 15	on also enter in Bort I line 7			0
2	Capital gain net income or	(not canital loce)	gain, also enter in Part I, line 7 } (loss), enter -0- in Part I, line 7	2		(199)
3	Net short-term capital gain	or (loss) as defined in sections 12				(199)
•		line 8, column (c) (see pages 13 a				
	_	ine 8		3		
E		Inder Section 4940(e) for Red		ncome		
w		the section 4942 tax on the distributed the section 4942 tax on 4940(e).	• •	ase perio	d?	Yes X No
1	Enter the appropriate amo	ount in each column for each year;	see page 18 of the instructions be	fore mak	ing any entries.	
	(a) Base period years	(b)	(c)		(d) Distribution rai	lio.
_ c	Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided by	col. (c))
_	2009	19,590	379,550			0.0516
_	2008	19,438	365,172			0.0532
_	2007	15,598	335,205			0.0465
_	2006	11,009	291,000			0.0378
_	2005	7,506	204,269			0.0367
_	<b>—</b> A 1 - 6 1 - 2 4 - 2 1 - 2 4 5 5 5 6 5 6 5 6 5 6 6 6 6 6 6 6 6 6 6					
	Total of line 1, column (d)			2		0.2258
3		for the 5-year base period - divide lation has been in existence if less	• • •	3		0.0452
4	Enter the net value of non-	charitable-use assets for 2010 from	n Part X, line 5	4		478,924
	Multiply line 4 by line 3			5		21,647
					······································	
		nt income (1% of Part I, line 27b)		6	<del> </del>	213
7	Add lines 5 and 6			7		21,860
8	Enter qualifying distribution If line 8 is equal to or gree Part VI instructions on page	ns from Part XII, line 4	Part VI, line 1b, and complete the	8 hat part	using a 1% tax	22,457 rate. See the

Form	n 990-PF (2010)			Page
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of	the ir	struc	<u>`</u> _
•	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1  Date of ruling or determination letter			213
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2  Add lines 1 and 2			213
3				213
-	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			213
6	Credits/Payments:			<u> </u>
а				
b				
c				
d				
7	Total credits and payments. Add lines 6a through 6d			0
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			<del>_</del>
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			213
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			0
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax ▶ Refunded ▶ 11			0
Pa	rt VII-A Statements Regarding Activities			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a	ļ	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19			
	of the instructions for definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	1c	<del>                                     </del>	X
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
_	(1) On the foundation >\$ (2) On foundation managers. >\$	ł		ļ
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. > \$			İ
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			x
-	If "Yes," attach a detailed description of the activities.	2		<u>^</u>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	$\overline{}$		N/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			ĺ
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	,	1	1
	conflict with the state law remain in the governing instrument?	6_	_X	<u> </u>
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	<u> </u>
8 a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			ĺ
	instructions) ►			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

X

names and addresses . .

the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . . . b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010? .

Form **990-PF** (2010)

3b

4a

N/A

X

5251 W HUSKER HWY ALDA NE 68810	2.0	0	0	0
DONALD D. MOELLER	SEC-TREAS			,
2317 LARIAT LANE GRAND ISLAND N	E1.0	0	0	0
FRITZ ANDERSON	DIRECTOR			
2127 VIKING RD GRAND ISLAND NE	1.0	0	0	0
				-
2 Compensation of five highest-paid employees (ot If none, enter "NONE."	her than those inc	luded on line 1 - se	e page 23 of the ins	tructions).
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	-			
Total number of other employees paid over \$50,000 .				

# 

Form 990-PF (2010)

Pa	Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)	gn foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а	Average monthly fair market value of securities	1a	473,257
b	Average of monthly cash balances	1b	3,210
С	Fair market value of all other assets (see page 25 of the instructions)	1c	9,750
d	Total (add lines 1a, b, and c)	1d	486,217
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	C
3	Subtract line 2 from line 1d	3	486,217
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	7,293
5	the instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	478,924
6	Minimum investment return. Enter 5% of line 5	6	23,946
Pa	Int XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) priva	te operating	
	foundations and certain foreign organizations check here  and do not complete this p	part.)	
1	Minimum investment return from Part X, line 6	1	23,946
2 a	Tax on investment income for 2010 from Part VI, line 5 2a 213		
b	Income tax for 2010. (This does not include the tax from Part VI.)	i i	
С	Add lines 2a and 2b	2c	213
3	Add lines 2a and 2b  Distributable amount before adjustments. Subtract line 2c from line 1	3	23,733
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4  Deduction from distributable amount (see page 25 of the instructions)	5	23,733
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	23,733
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	22,457
b	Program-related investments - total from Part IV-R	1b	0
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	22,457
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	213
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	22,244
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calc		
	qualifies for the section 4940(e) reduction of tax in those years.	<b>5</b>	

Form **990-PF** (2010)

P	Undistributed Income (see page	e 26 of the instruction	ns)		<del></del>
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				<u>23,196</u>
2	Undistributed income, if any, as of the end of 2010.	ĺ		ľ	
а	Enter amount for 2009 only			3,893	
b	Total for pnor years 20,20,20				
3	Excess distributions carryover, if any, to 2010:				
а	From 2005				
ь	l A				
С	From 2007 0				
ď					
е	From 20090				
	Total of lines 3a through e	0			
4			<del>-</del> "		
	line 4 <sup>.</sup> ▶ \$ 22,457				
а	Applied to 2009, but not more than line 2a			3,893	
	Applied to undistributed income of prior years (Election				
U	required - see page 26 of the instructions)				
_	Treated as distributions out of corpus (Election				
·	required - see page 26 of the instructions)				
d	Applied to 2010 distributable amount				17,814
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2010				
-	(If an amount appears in column (d), the same				
_	amount must be shown in column (a) )			İ	
6	Enter the net total of each column as indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0			
	•	<del></del>			
D	Prior years' undistributed income. Subtract line 4b from line 2b		0	İ	
С	line 4b from line 2b  Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been			İ	
	issued, or on which the section 4942(a) tax has				
	been previously assessed				<del></del>
d	Subtract line 6c from line 6b. Taxable amount - see page 27 of the instructions		o	ĺ	
е	Undistributed income for 2009. Subtract line				<u>-</u>
	4a from line 2a. Taxable amount - see page			0	
	27 of the instructions			<del></del> +	<del></del>
f	Undistributed income for 2010. Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2011.			İ	5,382
7	Amounts treated as distributions out of corpus	·			3,362
•	to satisfy requirements imposed by section			]	
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the		İ	ļ	
8	instructions)				
•	applied on line 5 or line 7 (see page 27 of the				
	instructions)	·			- ·································
9	Excess distributions carryover to 2011.	•			
	Subtract lines 7 and 8 from line 6a	0		<del></del>	<del></del>
	Analysis of line 9.			İ	
	Excess from 2006				
	Excess from 2007 0		ļ		
	Excess from 20080	Į			
	Excess from 2009 O				
e	Excess from 2010 0				

Pa	art XIV Private Oper	rating Foundations	(see page 27 of the	instructions and Par	t VII-A, question 9)	
1 a	If the foundation has					
•	foundation, and the ruling is effective for 2010, enter the date of the ruling					
b	Check box to indicate wh	ether the foundation is a	private operating found	ation described in section	4942(J	(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(6) 7 5 6 6 1
	return from Part X for each					
	year listed					0
Ь	85% of line 2a	0	0	0	0	0
С	Qualifying distributions from Part					•
ď	XII, line 4 for each year listed .  Amounts included in line 2c not					0
ŭ	used directly for active conduct					•
e	of exempt activities					0
•	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c	o	0	ol	0	0
3	Complete 3a, b, or c for the			-		<u> </u>
а	alternative test relied upon  "Assets" alternative test - enter		ı.			
_	(1) Value of all assets					0
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					0
þ	"Endowment" alternative test-					
	enter 2/3 of minimum invest- ment return shown in Part X,					
	line 6 for each year listed					0
C	"Support" alternative test - enter					
	(1) Total support other than gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)).					•
	or royalties) (2) Support from general	-			· · · · · · · · · · · · · · · · · · ·	0
	public and 5 or more exempt organizations as				İ	
	provided in section 4942					0
	(j)(3)(B)(III)					
	port from an exempt organization					0
	(4) Gross investment income			-		
Pa	rt XV Supplementa	ry Information (Co	omplete this part	only if the founda	tion had \$5,000 c	or more in assets
	at any time d	uring the year - see	page 28 of the ins			
	Information Regarding			•		
а	List any managers of t before the close of any	he foundation who ha	ave contributed more	than 2% of the total	contributions receive	d by the foundation
			ey nave contributed in	ore than \$5,000) (Set	s section 507(a)(2).)	
	LBERT G. STUEY		<del></del>			
	List any managers of t					arge portion of the
	ownership of a partners	onip or other entity) of	which the foundation	nas a 10% or greater in	nterest.	
NOI	ar.					
2	Information Regarding	Contribution, Grant.	Gift, Loan, Scholarshi	p. etc Programs:		
				o preselected charita	blo organizations on	d doos not seemt
	unsolicited requests fo	r funds. If the found	ation makes gifts, or	ants, etc. (see page :	28 of the instruction	s) to individuals or
	organizations under oth	er conditions, complet	te items 2a, b, c, and c	i.		-, 15 members of
а	The name, address, an	d telephone number o	of the person to whom	applications should be	addressed:	
	BERT G. STUEVE					HWY ALDA, NE
	The form in which applie					
	• •			,		
SEI	E ATTACHED LIS	ST				
C	Any submission deadlin	es				
	3 15TH IN EACH					
	Any restrictions or lim factors:	nitations on awards,	such as by geograp	ohical areas, charitabl	e fields, kinds of in	stitutions, or other

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid Duri Recipient Name and address (home or business)	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
SEE ATTACHED LIST				
OF SCHOLARSHIP RECIEPIENTS	\$			18,250
			İ	
		i		
		1		
			:	
				†
				İ
Total			▶ 3a	18,250
Total				10,230
b Approved for lattice payment				
				[
Total			▶ 3b	0

Part XV	Analysis of Income-Produ	JCING ACTI	vities			
	ss amounts unless otherwise indicated.		ated business income (b)	Excluded by	section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Progra	am service revenue	Business code		Exclusion code	Amount	(See page 28 of the instructions.)
•						
f						
g Fee	s and contracts from government agencies					
2 Member	ership dues and assessments					
	on savings and temporary cash investments			14	975	<del></del> _
4 Divide	nds and interest from securities			14	24,505	·
5 Net rea	ntal income or (loss) from real estate:					
	ot-financed property					
b Not	debt-financed property					
6 Net ren	tal income or (loss) from personal property .					
7 Other	investment income					
8 Gain or	(loss) from sales of assets other than inventory			<u> </u>		
9 Net inc	come or (loss) from special events			ļ		
10 Gross	profit or (loss) from sales of inventory		<u> </u>	<del>  </del>		
11 Other r	evenue: a			<del>                                     </del>		
b				<b></b>		
			<del> </del>	<del> </del>		
d				<del> </del>		
θ				<del>                                     </del>	05 400	
	al. Add columns (b), (d), and (e)				25,480	0
	Add line 12, columns (b), (d), and (e)				13	25,480
Part XV	Relationship of Activities					
Line No. ▼	Explain below how each activity accomplishment of the foundation instructions.)					
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Part	XVII	Information Exempt Orga		Transfers `	To and Trar	isaci	tions and	d Relat	ionships	With N	lonc	harit	able
1 [	old th	e organization direct		/ engage in a	iny of the follo	wing	with any	other or	ganization de	scribed		Yes	No
II	n sec	ion 501(c) of the C	•	• •	•	_			_		ł		
	•	ations?				_							
		rs from the reporting t									l		
		h									1a(1)		X
		er assets	• • • • • • • •		<del>.</del> .		<i>.</i>	· · · · ·			1a(2)		X
_		ansactions.									ĺ		
		es of assets to a nonc											X
		chases of assets from									1 .		_ <u>X</u>
		ital of facilities, equipm											_ X
		mbursement arrangem									1	-	X
		ns or loan guarantees											_X
		formance of services of											_X
		of facilities, equipmen											_X
		answer to any of				-			-				
		f the goods, other		-									
		any transaction or				) the							
(a) Line	no	(b) Amount involved	(c) Name of	f nonchantable ex	empt organization	-	(a) Descripti	on of trans	fers, transactions	s, and shar	ing arra	ngemer	ıts
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22 16	the	foundation directly	or indurectly a	affiliated with	or related to	000	or more	av-evem	ot organizatio				
		d in section 501(c) of t	•	_	•			DA-CACIII	or organizanc	″ Г	Ye	,	No
		complete the following	•		.(0)(0)) 0 000					••• ∟	∽	• <u> </u>	,
		(a) Name of organization		(b) T	ype of organization			-	(c) Description (	of relationsh	nip		
					<u></u>						<u> </u>		
		· · · · · · · · · · · · · · · · · · ·							•				
									-				
	Under	penalues of penury, I de	clare than I have	examined this ret	tum, including acc	ompan	ying schedules	and state	ments, and to t	he best of	f my kn	owledg	e and
Sign	belief,	penalties of perjury, I de it is true, correct and con	plete Declaration	of preparer (other	r than taxpayer or fi			ill informat	ion of which pre	parer has a	any kno	wledge	
Here		Dellet V.	1) Mu	w	16	ر -ر	7-201	/ 🕟 /	1110	'			
	Sig	nature of officer or trustee	9		Da	ate		— <b>▶</b> ∄	lle				
		Print/Type preparer's	name	Preparer's	signature		D	ate		P	TIN		
Paid				13	()		_	11111 0	Gheck	if			
		ALVIN P. AL	MS	Ill	- Clems	846	P)	JUN 0	1 20 Self-em	ployed	P012	2261	.97
Prepa				ALMS & C	OMPANY,	CPA	'S		Firm's EIN ▶		062		
Use O	nly		BOX 13					·					
	j		RAND ISL		68802				Phone no.	308	-38	2-6	070

#### Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

#### **Schedule of Contributors**

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

OMB No 1545-0047

2010

**Employer Identification number** Name of the organization THE STUEVEN CHARITABLE FOUNDATION 47-0732885 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

of	of Part

Name of organization

Employer Identification number 47-0732885

Page

THE	STUEVEN	CHARITABLE	FOUNDATION

TUE	SIDEVEN CHARITABLE FOUNDATION		47-0732885
Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DELBERT G. STUEVEN 5251 W HUSKER HWY ALDA, NE 68810	\$72,000	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution.)

The Stueven	Charitable	Foundation
Form 990-PF		

47-0732885 2010

Attached	sheet	to page	1.	Part	ı
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Line 16a - Legal Fees: Dan Bahensky

For legal services rendered and expenses advanced 2496

Line 16b - Accounting Fees - Alvin P. Alms & Company

For preparation of Form 990-PF 1425

Line 18 - Taxes: United States Treasury

Excise tax on investment income 195

Line 23 - Other expenses:

Office Supplies 76
Postage 15

Total Operating Expense 91
4207

### Form 8868

(Rev April 2009)

# Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

OMB No. 1545-1709

If you are	filing for an Automatic 3	-Month Extension, c	omplete only Part Land	check this l	hox			▶ X
	filing for an Additional (							
	lete Part II unless you hav							
Rart I Aut	omatic 3-Month Exte	nsion of Time Only	submit original (no c	onies need	ed)			<del></del>
	required to file Form 99					ox and com	nlete	
		•				•		<b>▶</b> □
	porations (including 112 come tax retums.	?0-C filers), partnerst	nips, REMICs, and trus	sts must use	Form 70	004 to requ	uest an exte	nsion of
one of the re electronically returns, or a	ling (e-file). Generally, yo eturns noted below (6 if (1) you want the add composite or consolidate ore details on the electror	months for a corpor ditional (not automati ed From 990-T. Instea	ation required to file c) 3-month extension ad, you must submit the	Form 990-T or (2) you fi e fully comp	). Howevo le Forms leted and	er, you can 990-BL, 60 I signed pag	nnot file Forr 169, or 8870 ge 2 (Part II)	n 8868 ), group
Type or	Name of Exempt Organiz						dentification n	umber
print	THE STUEVEN C		NOTTACINUC		Į	47-073		
File by the	Number, street, and room					3.7 0.75		
due date for	5251 W HUSKER	R HWY						
filing your return See			r a foreign address, see ins	tructions.		<del></del>		
instructions	ALDA, NE 68810	)						
Check type	of return to be filed (file		n for each return):					
Form 99		Form 990-T (cor			For	m 4720		
Form 99	0-BL	Form 990-T (sec	401(a) or 408(a) trust)		For	m 5227		
Form 990	D-EZ	Form 990-T (trus	st other than above)		For	m 6069		
X Form 990	)-PF	Form 1041-A			For	m 8870		
The books     Telephone	are in the care of ► T	HE STUEVEN C	HARITABLE FOU	NDATION	1			
• *If this is for for the whole	nization does not have at r a Group Return, enter th group, check this box . I Ns of all members the e	he organization's four If it is for par	digit Group Exemption	Number (GE	N)		If this i	▶
until <u>8-</u> for the or	rganization's return for:	111 , to file the exe	or a corporation re mpt organization returi					
	calendar year 2010 of tax year beginning	,,	, and end	ing		·	·	
2 If this tax	year is for less than 12	months, check reasor	: Initial return	Final re	eturn	Change ir	accounting	period
3a If this ap	oplication is for Form 99	90-BL, 990-PF, 990-1	T, 4720, or 6069, ent	er the tenta	tive tax,	ess any		
nonrefun	dable credits See instru	ctions					3a \$	0
b If this ap	plication is for Form 990	0-PF or 990-T, enter	any refundable credits	and estima	ted tax pa	ayments		
	clude any prior year over						3b \$	0
	Due. Subtract line 3b fr							
with FT	D coupon or, if requir	ed, by using EFTP:	S (Electronic Federal	Tax Payme	nt Syster	n) See		
instructio							3c \$	0
Caution. If you	are going to make an e	lectronic fund withdra	wal with this Form 886	88, see Form	8453-EC	and Form	8879-EO	
for payment in	structions.							
For Privacy A	ct and Paperwork Redu	ction Act Notice, see	Instructions.			F	orm <b>8868</b> (Rev	4-2009)

ALVIN P. ALMS & COMPANY
CERTIFIED PUBLIC ACCOUNTANTS
P.O. BOX 1393 I.D. 47-0625865
GRAND ISLAND, NE 68802

2011-2012 Stueven and Harding Scholarship Julie Stueven Scholarship for Tomarrow Julie stueven Acedemic Accoplishment Award

(Wood River High School)
Athen Carlie
10335 Shoemaker Island Road
Wood River, INT 68883 308 -379-4297
\$500.00

Bolles Dana 402 W. 3rd. St. Alda, NE 68810 308-380-3318 \$500.00

(Doniphan-Trumbull High School) Glover Erik 38 Lillian Lane Doniphan NE68832 402-845-2043 \$500.00

(Northwest High School)
Blender Artc 4117 Driftwood Dreve Grand Island NE68860
308-382-860 \$1000.00

Gross Jordan 2936 Goldenrod Drive Grand Island NE. 308-384-2078 \$1660.00

Hall Alex 4241 Vermont Ave. Grand Island NE 308-382-8535 \$1000.00

Willides TyRee 4140 West Ridge In Grand Island NE. 308-380-8278 \$500.00

(Centura)
Roth Zachry
3421 N. 130TH. RD. Cairo NE 68824
308-485-4735 \$1000.00

O'Neill Anna 2426 N. Custer Grand Island NE 68803 \$1000.00

(Grand Island Senior High)

Rech Chelsea 1218 West 1St. Street Grand Island NE.68801 308-382-9435 \$1000.00

Williams Stephanie 818 West 16Th. Street Grand Tsland NE.68801 308-380-8803 \$1000.00

(Central Catholic)
Maginnis Kate
4205 Vermont Ave. Grand Island NE
308-381-8050 \$1000.00

Onnor Tyler
2227 Macron Street Grand Island NE
308-389-4976 \$1000.00

Ostdiek Michaela 4057 Craig Dr. Grand Island, NE. 68803 308-390-9795 \$1000.00

(Alternate)
Dinan Sarah 309 N. 4th St Doniphan NE
Glade Bailee 2022 Barbara Ave. Grand Island,
Lienemann Erica 105 E. Brooklyn Ave Doniphan 1
McGray Jenna 535 Johnson Drive Grand Island Ni
Swanson Matthew 578 Stagecoach Rd. Grand Island

2011-2012 Stueven and Harding Scholarship Julie Stueven Scholarship for Tomorrow Julie stueven Acedemic Accoplishment Award

•

#### (ERMER)

Bombeck Megan 2129 Macron St. Grand Island NE 68803 308-382-6333 \$2000.00

Boshart McKenzie 4038 Orbig Drive Grand Island NE 66803 308-390-7544 \$1000.00

Fierstein Emily 328 Redwood Road, Grand Island, NE 68803 308390-1901 \$1000.00

Gregg Abhley 2320 W 1817. Grand Island NE 68803 308-390-4387 \$750.00

Heise Madison 104 East Green St. Wood River, NE 68883 308-380-9369 \$500.00

Jensen Timothy 821 West STh. Grand Island NE 68801 308-390-5685 \$1000.00

Kistler Daniel 4094 Zola Lane Grand Island NE 68803 308-384-4698 \$1000.00

McCoun Sydney 206 West 13Th. St. Wood River NE 308-583-2036 \$1000.00 Schuett Anna 3801 E Airport RD. Grand Island NE 68801 308-850-5570 \$\*000.00

Schutte Sara 2850 Fletcher Ave. 107 Lincoln, NE.68803 308-380-2536 \$1000.00

Valalik Natalie 2503 W. Phoenix Ave. Grand Island NE. 308-381-1784 \$1500.00

Whiteley Karen 2420 Goshin St. Grand Island NE. 68801 308-390-4089 \$1000.00 Attached sheet to page 10, Part XV, line 2b

## THE STUEVEN CHARITABLE FOUNDATION APPLICATION FOR STUEVEN AND HARDING SCHOLARSHIP

1.	Name:
2.	Address:
3.	Telephone Number:
4.	Name and address of parent or guardian:
5.	High school information:
	a. Applicants high school
	b. Date of graduation
6.	Attach a copy of your high school grades transcript.
7.	Have you attended any college or university?
	a. If so,
	(1) Name:
	(2) Attach a copy of your college or university grades transcript.
8.	Are you now a candidate for a college degree? Yes [ ] No [ ]
9.	Do you intend to become a candidate for a college degree? Yes [ ] No [ ]
	TE: If you answered no to both question 8 and question 9 you are not eligible for a ven and Harding Scholarship.
10.	If you answered yes to either question 8 or question 9,
	a. Name and location of college or university:
	b. Name and degree for which you are or will be a candidate:

NOTE: You may apply for a Stueven and Harding Scholarship prior to your acceptance by

d. Attach a copy of the schedule of tuition and fees for the college you desire to

c. Have you been accepted for enrollment? Yes [] No [] If so, attach a copy of your acceptance notification.

a college or university; however, all scholarship awards will be contingent upon your acceptance and enrollment at the college you designate in this application.

11	Have you applied for any other scholarships, grants or other financial aid for the next school year? Yes No [] If so, state name of provider I type of aid applied for:
12.	Give the date on which you took any college ability or aptitude tests and the name of the test taken. If none, so state. For each test taken attach a photocopy of your written official test results.
13	List the extra curriculum activities in which you participated during high school and indicate by number (10), (11) or (12) behind the year in school when you participated.
14.	Attach your handwritten statement explaining in not more than 1,500 words (i) why you have selected the degree you identified in your response to question 10b, and (ii) why you should be selected as the recipient of a Stueven Harding Scholarship.
15.	Attach a letter to the committee from your parent or guardian explaining their support of your application and your need for financial support, if any such need exists.
16.	Give the names and addresses of three other persons you have asked to send the committee a letter of recommendation on your behalf.
	A.
	В.
	C.
well school know your colle	TE: You should ask for letters of recommendation from three persons who know you but who are not related to you. No more than two of them should be teachers or ol administrators. The letter should tell the committee (i) how long the writer has you; (ii) in what capacity the writer has know you; (iii) the writer's assessment of mental ability and work ethic; (iv) the writer's assessment of your desire to complete a ge education, and (v) any other information the writer believes we should consider in ating your application for a Stueven and Harding Scholarship.
16.	Do you understand and agree that if you are selected as a recipient of a Stueven and Harding Scholarship you will be required to use the money only for tuition and qualified expenses, to submit reports to the foundation concerning your performance and progress and to repay to the foundation any funds not used for their intended purpose? Yes [] No []
17.	Do you certify and represent that all of your answers submitted on this application and all statements made by you on all attachments to this application are true and correct? Yes [] No []
	(Signature of applicant)
	Type or printed name of applicant
	Address
	Phone number

#### LETTER AGREEMENT

Board of Directors
The Stueven Charitable Foundation
5253 W. Husker Highway
Alda, NE 68810

Dear Board of Directors:

In c	onsiderati:	on of your hav	ing awarded n	ne a Stueven	and Harding	Scholarship	for	the
20	20	school year, I	do hereby pro	omise and ag	ree as follows	:		

- 1. There has been no material change in the information which I furnished you in and with my application for a Stueven and Harding Scholarship.
- 2. I will use the money I have received from the Stueven Charitable Foundation only for (i) tuition and fees for my enrollment during the school year as a full-time student in \_\_\_\_\_\_\_ for which I (Name and address of educational institution) have been accepted and (ii) fees, books, supplies and equipment required for those courses of instruction. I will send you a copy of my receipt showing my payment of tuition within ten days after I complete my enrollment.
- 3. I understand and agree that my scholarship award is in the amount of 
  \$\_\_\_\_\_\_ and that one-half of that amount will be paid for the fall term and one-half of that amount will be paid for the following term. I FURTHER 
  UNDERSTAND AND AGREE THAT IF I DO NOT MAINTAIN A 2.0 GRAD 
  AVERAGE ON A SCALE WHERE 4.0 IS THE HIGHEST GRAD GIVEN (OR 
  THE EQUIVALENT THEREOF IF MY COLLEGE USES A DIFFERENT GRADING 
  SCALE) THEN I SHALL FORFEIT MY SCHOLARSHIP FOR THE SECOND 
  SEMESTER AND YOU WILL NOT PAY ME ANY MONEY FOR THAT SECOND 
  SEMESTER.
- 4. As soon as it is available after the close of each school term for which I am enrolled I will obtain and deliver to you a record of my hours taken and grades received certified by an official of the school I attend.
- 5. At the close of each term for which I am enrolled and again upon my graduation I will obtain and deliver to you from my academic advisor or from the head of the academic department in which I am enrolled a signed letter to you reporting upon my performance and progress toward the academic degree of:

(Name	of	degre	e)

- 6. I hereby irrevocably authorize any college or university in which I am enrolled to furnish you with any information you request concerning my enrollment, my grades, my performance and my progress. And, with respect thereto I hereby waive any rights of confidentiality I would otherwise have and release each such school and any employee thereof from any liability to me on account of furnishing such information to you.
- 7. I promise that if the statement contained in paragraph 1 of this letter is not true, or I breach the agreements, or any of them contained in paragraphs 2, 3, 4, or 5 of this letter or if I attempt to revoke any provision of paragraph 6 hereof then I will immediately repay to The Stueven Charitable Foundation all money that has thereof been paid to me by the Stueven Charitable Foundation.

	Agreed this _	 day of	<del></del>	, 20
WITNESS:				