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## 990-EZ

# Short Form Return of Organization Exempt From Income Tax

2011

OMB No 1545-1150

Department of the Treasury Internal Revenue Service

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

Sponsoning organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

Open to Public Inspection

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Number and street (or P 0 too. if mail is not delivered to street address)   Room/suite   Telephone number	В							
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G Accounting Metthod:	=		Fullerton NE 68638					
Website:			on partning /	<del></del>				
I Tax-exempt status (check only one) — So1(c)(3)			<u> </u>			_		
K Check   If the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcarrd) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.  L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts are \$200,000 or more, or if total assets (Part II, Impa 25, octume, (B) below) are \$500,000 or more, line Form 990 instead of Form 990-EZ  Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)  Check if the organization used Schedule O to respond to any question in this Part 1  1 Contributions, gifts, grants, and similar amounts received:  1 Program service revenue including, government fees and contracts  3 Membership dues and assessments  4 Investment income  5a Gross amount from sale of assets other than inventory  5b Less: cost or other basis and sales expenses  c Gain or floss) from sale of assets other than inventory (Subtract line 5b from line 5a)  5 c Gain or floss) from sale of assets other than inventory (Subtract line 5b from line 5a)  6 Garning and fundraising events  a Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)  c Less: direct expenses from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  Gross profit or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)  7a Gross sales of inventory, less returns and allowances  7a 1 3 3 3 5 1 1 1 2 3 3 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				<del></del>				
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10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 Other changes in net assets or fund balances (explain in Schedule O) 20 Net assets or fund balances at end of year. Combine lines 18 through 20		8			. 8			
Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors  Printing, publications, postage, and shipping  Other expenses (describe in Schedule O)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20  Professional fees and other payments to independent contractors  APR 1 6. 2012  13  14  54  54  57  15  16  17  18  17  18  19  20  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20			<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	43328,		
Salaries, other compensation, and employee benefits  Professional fees and other payments to independent contractors  Printing, publications, postage, and shipping  Other expenses (describe in Schedule O)  Total expenses. Add lines 10 through 16  Excess or (deficit) for the year (Subtract line 17 from line 9)  Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20  Professional fees and other payments to independent contractors  APR 1 6. 2012  13  14  54  54  57  15  16  17  18  17  18  19  20  Other changes in net assets or fund balances (explain in Schedule O)  Net assets or fund balances at end of year. Combine lines 18 through 20		Į.	Grants and similar amounts paid (list in Schedule O)	-WED.	n			
Professional fees and other payments to independent contractors.  APR 1 6. 2012		1	Benefits paid to or for members					
13 Professional fees and other payments to independent contractors   AFR 1 6. 2012   13   14   5429   15   Printing, publications, postage, and shipping   OGDEN   15   16   Other expenses (describe in Schedule O)   17   Total expenses. Add lines 10 through 16   17   18   Excess or (deficit) for the year (Subtract line 17 from line 9)   18   Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)   19   20   Other changes in net assets or fund balances (explain in Schedule O)   20   Net assets or fund balances at end of year. Combine lines 18 through 20   21   30 9 0 9 3	TS.	1	Salaries, other compensation, and employee benefits	10	12	12950		
	E L	1	Professional fees and other payments to independent contractors AFK 1	<b>6</b> . 2012 - 19	13	<u> </u>		
	20 m	ì	Occupancy, rent, utilities, and maintenance		1	5429		
		,	rinting, publications, postage, and shipping			· /		
			Otner expenses (describe in Schedule O)	41 7	<u> </u>	13487		
			Total expenses. Add lines 10 through 16	<u> </u>		31866_		
	E S	i			18	1146 <del>7</del>		
	SSE	-19			-	コゴルリクースク		
	t.	20				<u> </u>		
	Ne.					<del>-226 2 2</del> 4		
				10842I	-   21	Form 990-EZ (2011)		

FORITI	990-52 (2011)				_	Page 2
Pa	rt II Balance Sheets. (see the instructions					,
	Check if the organization used Schedule	O to respond to a	ny question in this	Part II		
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			22,447, 32	22	22,447.32
23	Land and buildings				23	, t <u> </u>
- 24	Other assets (describe in Schedule O)				24	
25	Total assets			22,447.32		<u>aa, 447.32</u>
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			33, 909.3L	27	33,909.3.
Par	Statement of Program Service Accom	•				Expenses
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III	(Red	ured for section
Wha	t is the organization's primary exempt purpose?				501	(c)(3) and 501(c)(4) Inizations and section
	cribe the organization's program service accompli				494	7(a)(1) trusts, optional
	neasured by expenses. In a clear and concise nons benefited, and other relevant information for each		e services provide	d, the number of		others.)
<u></u> -	ons benefited, and other relevant information for e	ach program title.	<del></del>			<del></del>
28	- `					
				·		
	/O	· · · · · · · · · · · · · · · · · · ·				}
		includes foreign gra			28a	1
29						
	/Courte &	indudes fersion and			~~-	
20		includes foreign gra			29a	<del> </del>
30						
	(Grants \$ ) If this amount	includes foreign are	note about here		20-	
24	Other program services (describe in Schedule O)	includes foreign gra			30a	·
31		includes foreign gra			31a	-
32	Total program service expenses (add lines 28a	through 31a)	ints, check here .		32	
Pali						ctions for Part IV )
	Check if the organization used Schedule	O to respond to a	ny question in this	Part IV		· · · ·
		(b) Title and average	(c) Reportable	(d) Health benefits,	Ť	
	(a) Name and address	hours per week	compensation (Forms W-2/1099-MISC	contributions to employe		
	·	devoted to position	(if not paid, enter -0-)			other compensation
Bo	b Voichahoske	President	-0-		+	
	ullerton NE 68638		-		•	
	direction no occor				+	
		1				
Ca	rry Shively	Secretary	-0-		+	<del></del>
<del></del>	llerton NEbraska 68638	beeretary				
	TIELCON HUDLASKA VOVOV				<b>†</b>	
		†				
Pa	ul Bialas	Treasurer	-0-			····
Fu	llerton NE 68638					
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Fairt	Other Information (Note the Schedule A and personal benefit contract statement requirement			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in thi	s-Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	. 34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		
c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		V
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 27a  Did the organization file Form 1120-POL for this year?	37b 38a		
	If "Yes," complete Schedule L, Part II and enter the total amount involved			,
39	Section 501(c)(7) organizations. Enter:	:		
	Initiation fees and capital contributions included on line 9	-		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4915 ► ; section 4955 ►			
<b>b</b> -	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.	40b		<b>✓</b>
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization		i	
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
	List the states with which a copy of this return is filed. ▶			
	The organization's books are in care of ► Telephone no. ►			
b	Located at ► ZIP + 4 ►  At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	420	.:	
	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	· ·	Yes	No.
	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		
	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
<b>d</b> 	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a 45b		

D	- 4
Page	-

							Yes	No
46	Did the organization engage, directly or in	ndirectly, in political o	ampaign activities of	n behalf of	or in opposi	tion		
	to candidates for public office? If "Yes,"						<u> </u>	<u></u>
Part \	Section 501(c)(3) organizations 501(c)(3) organizations and sect							h
	and 52, and complete the tables	for lines 50 and 51	kempt chantable t	iusis iliusi	answer qu	163110115 4	1-49	U
	Check if the organization used Sc			this Part V	١			
				· · · · · · · · · · · · · · · · · · ·	<del>i-</del>	<del></del>	Yes	No
	Did the organization engage in lobbying		section 501(h) elect	on in effect	during the	tax		1
	year? If "Yes," complete Schedule C, Par					47	<u>.                                    </u>	<b>V</b>
	Is the organization a school as described i							J
	Did the organization make any transfers t						ļ	1
	If "Yes," was the related organization a se						Ļ	
50	Complete this table for the organization's employees) who each received more than	s five nighest compen s \$100,000 of compen	sated employees (or	tner than of anization If	ricers, direc there is non	iors, truste e enter "N	es an	id key
	employees, who each received more than	<del>,</del>	T		th benefits,	e, enter i	ione.	
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC	contribution benefit plan	s to employee s, and deferred	(e) Estimate other con		
				Comp	ensation			
	<del></del>					·		
			, ,					
					<del></del>			
	***************************************							
	Total number of other employees paid ov	er \$100 000	<u> </u>					
51	Complete this table for the organization \$100,000 of compensation from the organization	's five highest compe	ensated independen	t contracto	rs who eacl	n received	more	than
(a) N	lame and address of each independent contractor pa	ed more than \$100 000	(b) Type of se	rvice	(0	) Compensati	On.	
			(2) () (50		,,	, compensati		
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			4400.055	<del>_</del>	L		<u>.</u>	
	Total number of other independent contra	_		. •				
	Did the organization complete Schedule A nonexempt charitable trusts must attach					► ☐ Yes		No
	nattres of perjury, I declare that I have examined this i							
	ect, and complete. Declaration of preparer (other than					ionicago ai	2 00,101,	,
	Haul Bralas	Treasure	<u>۔                                      </u>					
Sign	Poul Pieles Trees	011202		Da	ite 411	1111		
Here		surer						
	Type or print name and title	Drenavada		lota .		i nome		
Paid	Print/Type preparer's name	Preparer's signature	"	ate	Check			
Prepa	m			1-	self-emplo	уес		
Use C	nly Firm's name ►	<del> </del>	<del></del>		m's EIN ► lone no.	<del></del>		<del>-</del>
May the	e IRS discuss this return with the preparer	shown above? See i	nstructions			► ☐ Yes		No.
						Form 99		

### F.O.E. 1981

#47-0386450

### Form 990-EZ- Line 16- Other Expenses: 2011

Supplies	\$ 3248.00
Licenses	\$ 967.00
Donations	\$ 225.00
Insurance	\$ 3011.00
Aerie Fees	\$ 1355.00
Aerie Expenses	\$ 1317.00
Repairs	\$ 549.00
Misc.	\$ 516.00
Computer	\$ 689.00
	•
Taxes	
Real Estate	\$ 193.00
Social-Security	-··· \$- 991 <del>-</del> .00
Sales Tax	\$3098.00

Total Other Expenses

\$13,487.00