

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form

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)

▶ For organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year.

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

OMB No. 1545-1150

2004

Open to Public Inspection

A For the 2004 calendar year, or tax year beginning **January 1**, 2004, and ending **December 31**, 20 04

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization MINNECHADUZA FOUNDATION	D Employer identification number 47 0826851
		Number and street (or P.O. box, if mail is not delivered to street address) Room/suite 148 E 1ST ST	E Telephone number (720) 206-7058
		City or town, state or country, and ZIP + 4 VALENTINE, NE 69201	F Group Exemption Number ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: Cash Accrual
Other (specify) ▶

I Website: ▶ **www.minnechaduza.org**

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Organization type (check only one)— 501(c) (3) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS; but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 37 of the instructions.)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	45802
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)	5c	
	6	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>	6	
	6a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
Expenses	6b	Less: direct expenses other than fundraising expenses	6b	
	6c	Net income or (loss) from special events and activities (line 6a less line 6b)	6c	
	7a	Gross sales of inventory, less returns and allowances	7a	
	7b	Less: cost of goods sold	7b	
	7c	Gross profit or (loss) from sales of inventory (line 7a less line 7b)	7c	
	8	Other revenue (describe ▶ _____)	8	
	9	Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) ▶	9	45802
	10	Grants and similar amounts paid (attach schedule)	10	
	11	Benefits paid to or for members	11	
Net Assets	12	Salaries, other compensation, and employee benefits	12	18081
	13	Professional fees and other payments to independent contractors	13	3000
	14	Occupancy, rent, utilities, and maintenance	14	8300
	15	Printing, publications, postage, and shipping	15	39
	16	Other expenses (describe ▶ ADMIN. TRAVEL. EQUIPMENT. SUPPLIES)	16	14814
	17	Total expenses (add lines 10 through 16) ▶	17	44234
	18	Excess or (deficit) for the year (line 9 less line 17)	18	1568
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	78	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year (combine lines 18 through 20) ▶	21	1646	

Part II Balance Sheets—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 40 of the instructions.)

	(A) Beginning of year	(B) End of year
22	78	22 1646
23		23
24		24
25	78	25 1646
26		26
27	78	27 1646

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form **990-EZ** (2004)

Part III Statement of Program Service Accomplishments (See page 41 of the instructions.)			Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others.)	
What is the organization's primary exempt purpose? COMMUNITY HEALTH IMPROVEMENT				
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.				
28	NE Children Family Foundation: Child abuse prevention through coordinated community programs NE Assoc Child Advocacy Centers: Operation of forensic interviewing and physical abuse exams NE DHHS: Operation of Child Advocacy Centers	(Grants \$ 8702)	28a	8404
29	NRBHS: Coordinated community planning for child and domestic violence prevention NCAFP: Child abuse prevention programs NCFE: Child Abuse Prevention Month mini-grant - brochures	(Grants \$ 1832)	29a	1770
30	Val Youth Planning Commission: Drug abuse prevention events Child and Drug Abuse Prevention Programs: After school program support Central NE Community Services: CNA Training Classes	(Grants \$ 37268)	30a	34060
31	Other program services (attach schedule)	(Grants \$)	31a	
32	Total program service expenses (add lines 28a through 31a)			32 44234

Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 41 of the instructions.)				
(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Timothy Ryschon, HC 13 Box 72, Valentine, NE 69201	Executive Director, 20	0	0	0
Angel Wilson, Soldier Creek Rd, Rosebud, SD 5757	Board Mem, 1	0	0	0
Dale Yound, 902 E 8th St, Valentine, NE 69201	Board Mem, 1	0	0	0
Christian Beckby, 1005 N Queen St, Valentine, NE 69201	Project Manager, 40	18081	0	0

Part V Other Information (Note the attachment requirement in General Instruction V, page 14.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b	Did the organization file Form 1120-POL for this year?		✓
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?		✓
b	If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved. 38b		
39	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation.		✓
c	Amount of tax imposed on organization managers or disqualified persons during the year under 4912, 4955, and 4958 ▶		
d	Enter: Amount of tax on line 40c, above, reimbursed by the organization ▶		
41	List the states with which a copy of this return is filed. ▶ NE		
42	The books are in care of ▶ Timothy Ryschon Telephone no. ▶ (420) 376-1022 Located at ▶ HC 13 Box 72, Valentine, NE ZIP + 4 ▶ 69201		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here

Signature of officer: Timothy Ryschon, Executive Director Date: _____

Type or print name and title.

Paid Preparer's Use Only

Preparer's signature: _____ Date: _____ Check if self-employed: Preparer's SSN or PTIN (See Gen. Inst. W): _____

Firm's name (or, if self-employed, address, and ZIP + 4): _____ EIN: _____ Phone no.: () _____

TMF
Income Statement
For the Twelve Months Ending December 31, 2003

	Current Month		Year to Date	
Revenues				
Contributions-Unre M ADM	\$ 4,462.86	91.69	\$ 4,462.86	91.69
Contributions-Unre M DIAB	<u>404.71</u>	8.31	<u>404.71</u>	8.31
Total Revenues	<u>4,867.57</u>	100.00	<u>4,867.57</u>	100.00
Cost of Sales				
Total Cost of Sales	<u>0.00</u>	0.00	<u>0.00</u>	0.00
Gross Profit	<u>4,867.57</u>	100.00	<u>4,867.57</u>	100.00
Expenses				
ADVERT M ADM	4,313.85	88.62	4,313.85	88.62
BANK FEE M ADM	26.00	0.53	26.00	0.53
Supplies Expense M DIAB	160.21	3.29	160.21	3.29
Postage M ADM	38.00	0.78	38.00	0.78
Meetings Expense M DIAB	227.73	4.68	227.73	4.68
TAX OTHER M ADM	<u>30.00</u>	0.62	<u>30.00</u>	0.62
Total Expenses	<u>4,795.79</u>	98.53	<u>4,795.79</u>	98.53
Net Income	<u>\$ 71.78</u>	1.47	<u>\$ 71.78</u>	1.47

TMF
Income Statement
For the Twelve Months Ending December 31, 2002

	Current Month		Year to Date	
Revenues				
Contributions-Unre M ADM	\$ 4,251.77	100.00	\$ 4,251.77	100.00
Total Revenues	<u>4,251.77</u>	<u>100.00</u>	<u>4,251.77</u>	<u>100.00</u>
Cost of Sales				
Total Cost of Sales	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Gross Profit	<u>4,251.77</u>	<u>100.00</u>	<u>4,251.77</u>	<u>100.00</u>
Expenses				
ADVERT M ADM	4,000.00	94.08	4,000.00	94.08
BANK FEE M ADM	10.00	0.24	10.00	0.24
Accounting M ADM	365.00	8.58	365.00	8.58
Postage M ADM	19.00	0.45	19.00	0.45
Conferences Expense M ADM	200.00	4.70	200.00	4.70
TAX OTHER M ADM	<u>28.77</u>	<u>0.68</u>	<u>28.77</u>	<u>0.68</u>
Total Expenses	<u>4,622.77</u>	<u>108.73</u>	<u>4,622.77</u>	<u>108.73</u>
Net Income	<u>\$ (371.00)</u>	<u>(8.73)</u>	<u>\$ (371.00)</u>	<u>(8.73)</u>

For Management Purposes Only

TMF
Income Statement
For the Twelve Months Ending December 31, 2001

	Current Month		Year to Date	
Revenues				
Contributions-Unre M ADM	\$ 365.00	100.00	\$ 732.50	100.00
Total Revenues	<u>365.00</u>	<u>100.00</u>	<u>732.50</u>	<u>100.00</u>
Cost of Sales				
Total Cost of Sales	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
Gross Profit	<u>365.00</u>	<u>100.00</u>	<u>732.50</u>	<u>100.00</u>
Expenses				
BANK FEE M ADM	1.00	0.27	3.00	0.41
Accounting M ADM	0.00	0.00	325.00	44.37
Postage M ADM	0.00	0.00	22.50	3.07
TAX OTHER M ADM	0.00	0.00	20.00	2.73
Total Expenses	<u>1.00</u>	<u>0.27</u>	<u>370.50</u>	<u>50.58</u>
Net Income	<u>\$ 364.00</u>	<u>99.73</u>	<u>\$ 362.00</u>	<u>49.42</u>

For Management Purposes Only