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 tung benefit trust or private foundation)

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts ess than \$1,000,000 and total assets less than \$2,500,000 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.

, 2008, and ending

January 1

OMB No. 1545-1150

2008

Open to Public Inspection

December 31

, 20 08

A F	or the	2008 calend	ar year	, or tax year beginning	January 1	, 2008, and end	äng	Decembe	er 31	, 20	08
B	Check if ap	pplicable:	Please	C Name of organization				D Employe	r iden	tification n	muper.
=	Address o	*	use IRS label or	MINNECHADUZA FOUNI	DATION			47		082685	<u> </u>
=		e change print or Number and street (or P.O. box, if mail is not delivered to street address) Room.				Room/suite	E Telephor	ne nui	mber		
=	mma recu Terminatio	tital return type. See 148 E 1ST ST						(720)		206-70	D58
-	Amended		Specific Instruc-	City or town, state or country	and ZIP + 4		_	F Group E	xemp	tion	
	Applicatio	on pending	tions.	VALENTINE, NE 69201				Number		>	
-	Section	on 501(c)(3)	organiza	ations and 4947(a)(1) nonexe	mpt charitable trust:	s must attach	G Acco	unting metho	od:	☑ Cash [Accrual
			a con	npleted Schedule A (Form 9	10 or 990-EZ).		Othe	r (specify) 🕨			
				abadan an		!	H Chec	k ▶ 🗹 if	the or	ganization	is not
1	Nebsit	te: Nww	.mmne	chaduza.org				red to attach		dule B (Fo	om 990,
1 (Organiz	zation type (c	check or	nly one) – 🗹 501(c) (3) ∢(i	nsert no.) 4947(a	ı)(1) or 🗌 527	990-1	Z, or 990-P	F).		
K (Check 🕨	► if the org	ganizatio	on is not a section 509(a)(3) su	oporting organization a	end its gross receip	ots are nor	mally not mo	re tha	an \$25,000	. A return is
				ization chooses to file a return							
				ne 9 to determine gross receipts					<u> </u>		
Pá	irt I	Revenue,	, Expe	enses, and Changes in	Net Assets or Fu	<u>ind Balances (</u>	See the	instruction	ns fo	r Part I.)	
	1	Contribution	ns, gifts	s, grants, and similar amoun	ts received			-	1		135630
	2	Program se	ervice r	revenue including governm	ent fees and contra	cts		 	2		
1	3	Membersh	ip dues	s and assessments				ļ	3		
	4	Investment	t incom	ne e				7500	4		
	5a	Gross amo	ount fro	om sale of assets other tha	n inventory	5a					
- 1	ь	Less: cost	or other	er basis and sales expense	ıs	5b					
	C	Gain or (los	s) from	sale of assets other than inv	entory (Subtract line	5b from line 5a) (a	ittach sch	edule)	ic		
ΞĮ	6	Special events	and acti	ivities (complete applicable parts of	Schedule G). If any amour	nt is from garming , ch	eck here 🕨				
Revenue	а	a Gross revenue (not including \$ of contributions							141.7 No. 1		
ď		reported of	n line 1	1)		6a					
1	ь										
	C	(0	ic				
	7a	Gross sale	s of inv	ventory, less retums and al	lowances	7a					
	b	Less: cost	_			7b		3 5			
		1					1.7	<u>'c </u>			
- 1		8 Other revenue (describe ►							8		
-	9			dd lines 1, 2, 3, 4, 5c, 6c,					9		135630
	10	_		r amounts paid (attach sch	edule)			ļ	0		
_	11	•		or for members					1		
8	12	Salaries, other compensation, and employee benefits						<u> </u>	2		70353
ᅙ	13							 -	3		5355
Expenses	14	Occupancy, rent, utilities, and maintenance							4		44408
-	15 16	5,1 mm = m = 1, p = 1 mp = 1, m = 1					-	5		14185	
	16 17			Add lines 10 through 16	EL, EGUIPMENI,	SUPPLIES			6		20727
_					47 6 H 63				7		110620
Net Assets	18	(Printer E	8		25010
8	19	end-of-year figure reported on prior year's return)					e with 🏁	SEC. 182		42220	
=	20							9		42236	
ž	21			d balances at end of year.					0		67246
Pa				s. If Total assets on line 25			e file Fo	▶ 2	ead o	of Form O	67246
				see the instructions for Parl		,		inning of year		(B) End of	
22	Cach	n, savings, a			11-1		full rise?	42236		(a) Litt (i	67246
23		ı, savırıys, a I and buildin		CHICHIC				75547	23		U1 4/1U
24		r and buildir r assets (de		.			—		24		
25			SUIDE)		42236			67946
	Total										
26	Total	ı assets I liabilities (d	describ	 ▶		,		TRESU	26		67246

Form 990-EZ (2008)					
Post III Statement of Program Service Accomu	plishments (See the instr	uctions for Part I	II.)	/Da-	Expenses juired for 501(c)(3)
What is the organization's primary exempt purpose? Co	OMMUNITY HEALTH IMPI	ROVEMENT			(4) organizations
Describe what was achieved in carrying out the organiza describe the services provided, the number of persons ben	non s exembly concuses, an	a ucai alla collo	ise manner, rogram title.	and optic	4947(a)(1) trusts; onal for others.)
28 NE Children Family Foundation: Child abuse prev	ention through coordinate	ted community p	rograms		
NE Assoc Child Advocacy Centers: Operation of i	forensic interviewing and	abuse physical	exams		
NE DHHS: Operation of Child Advocacy Centers	•			.	
(Out-way & 25770) If this amount include	ides foreign grants, check	here	▶ □	28a	21018
NRBHS: Coordinated community planning for chi	ld and domestic violence	prevention			
NCAPF: Child Abuse prevention programs					
NFF: Child Abuse Prevention Month mini-grant -	brochures				
(Grants \$ 5425) If this amount inclu		here	▶ □	29a	4425
30 Val Youth Planning Commission: Drug abuse pre	vention events				
Child and Drug Abuse Prevention Programs: Afte	rschool program support	t		!	
Central NE Community Services: CNA Training C					
(Grants \$ 104435) If this amount inclu		here	▶ □	30a	85177
31 Other program services (attach schedule)					
	ides foreign grants, check	here	▶ □	31a	
32 Total program service expenses (add lines 28a thi			>	32	110620
Part IV List of Officers, Directors, Trustees, and Key E	mployees. List each one eve	n if not compensate	d. (See the ins	structio	ons for Part IV.)
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributio employee benefit deferred compe	ns to plans &	(e) Expense
Timoth Ryschon, HC 13 Box 72,	Executive Director, 20				
Valentine, NE 69201		0		0	0
Angel Wilson, Soldier Creek Rd,	Board Member, 1				
Rosebud. SD 57570	,	C		0	0
Dale Young, 902 E 8th St.	Board Member, 1				
Valentine, NE 69201		0		0	0
Christian Beckby, 1005 N Queen St,	Project Manager, 20				
Valentine, NE 69201		15625		0	o
Cliff Peterson, 308 E 3rd St.	Project Manager, 40			- -	-
Valentine, NE 69201	i ioject manager, so	50783	l I	0	o
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33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 4 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 5 If the organization had income from business activities, such as those reported on lines 2, 5a, and 7a (among others), but not reported on from 990-1, ration à statement explaining your reason for not reporting the income on Form 990-T. a Did the organization have unrelated businesses gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tar requirements? b If "Yes," has it filed a tax return on Form 990-T for this year? 6 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule Norm 1120-POL for this year? 7 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule Norm 1120-POL for this year? 8 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," complete Schedule L, Part II and enter the total amount involved Section 501(c)(x) organizations. Enter amount of tax imposed on the organization during the year under: section 4912 yes, included on line 9, for public use of club facilities Section 501(c)(x) and (4) organizations. Enter amount of tax imposed on the organization during the year under: section 4912 yes, included on line 9, for public use of club facilities Section 501(c)(x) and (4) organizations. Enter amount of tax imposed on the organization during the year under: section 4912 yes, included on line 9, for public use of club facilities Section 501(c)(x) organizations and yes organization managers or disqualified persons during the year und	Par	Other Information (Note the statement requirements in the instructions for	Part VI.)		Yes	No
description of each activity Were any changes made to the organizating or governing documents but not reported to the IRS7 If "Yes." attach a conformed copy of the changes If the organization have unrelated business activities, such as those reported on lines 2, 6a, and 7a (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 section 6033(e) notics, reporting, and proxy tax requirements? b If "Yes," has it filed a tax return or Form 990-T for this year? Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N. Did the organization for Form 1120-POL for this year? b 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," complete Schedule L, Part II and enter the total amount involved Section 501((X) organizations. Enter amount of tax imposed on the organization during the year undersection 4911 ▶					103	
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Form 990-EZ (2008) Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 Part VI and complete the tables for lines 50 and 51. Yes No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 46 46 candidates for public office? If "Yes," complete Schedule C, Part I 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 4R 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a 49b b If "Yes," was the related organization(s) a section 527 organization? Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (d) Contributions to (e) Expense account and (c) Compensation (b) Title and average mplayee benefit plans & deferred compensation (a) Name and address of each employee paid more than \$100,000 hours per week devoted to position other allowances Total number of other employees paid over \$100,000 ▶ Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (b) Type of service (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000

			·					
	per of other independent contractors each	reaching over \$100,000	<u> </u>					
TOTAL HUITIK	Under populties of porium, I declare that I have eve	mined this return, including accompanying	ng schedules and	d statements, and to the best of my knowledge				
Sign Here	and belief, it is true, correct, and complete. Declar Signature of officer	ased on all info	mation of which preparer has any knowledge					
	Timothy Ryschon, Executive Director							
	Type or print name and title.							
Paid December	Preparer's signature	Date	Check if self- employed	Preparer's Identifying Number (See instructions				
Preparer's	Firm's name (or yours		EIN Þ					
Use Only	if self-employed), address, and ZIP + 4	Phone no. ► ()						
May the IR	S discuss this return with the preparer sh	own above? See instructions		▶ 🗌 Yes 🗍 No				
				Form 990-EZ (2008				

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service Employer identification number Name of the organization 0826851 MINNECHADUZA FOUNDATION Reason for Public Charity Status (All organizations must complete this part.) (see instructions) Part I The organization is not a private foundation because it is: (Please check only one organization.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). (Attach Schedule H.) 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.) An organization that normally receives: (1) more than 331/4 % 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 331/2 % 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). (see instructions) ☐ 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 **b** ☐ Type II e Dy 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? No Yes A person who directly or indirectly controls, either alone or together with persons described in (ii) 119(1) and (iii) below, the governing body of the supported organization? 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 organizations the organization supports. Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (v) Did you notify (vi) Is the (vii) Amount of organization (described on lines 1-9 in col. (i) listed in your rganization in col. the organization in organized in the above or IRC section governing document? col. (ii) of your U.S.7 (see instructions)) support? Yes No Yes No Yes No

Total

Sched	ule A (Form 990 or 990-EZ) 2008						Page Z	
Par		anizations D	escribed in on line 5, 7, c	Sections 170 or 8 of Part I.))(b)(1)(A)(iv)	and 170(b)(1)	(A)(VI)	
Sec	tion A. Public Support					Т	40 75 1 1	
Cal	endar year (or fiscal year beginning in) >	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	45802	72111	39553	147126	135630	440222	
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	45802	72111	39553	147126	135630	440222	
4 5	Total. Add lines 1-3 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)			Silver on the silver of the si			440222	
6	Public support. Subtract line 5 from line 4.					ATTENDED		
	tion B. Total Support lendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total	
		45802	72111	39553	147126	135630	440222	
7	Amounts from line 4				-1.71			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on				-1	***************************************		
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)				varienas visas provincijas kalendarija		440222	
11	Total support. Add lines 7 through 10	PROPERTY SECTION AND ASSESSMENT ASSESSMENT AND ASSESSMENT ASS		10 - 20 - 20 - 20			440222	
12	Gross receipts from related activities, etc	:. (see instructio	ns)			12		
13	First five years. If the Form 990 is for organization, check this box and stop he	эге		nd, third, fourth	, or fifth tax y	ear as a sectio	n 501(c)(3)	
	tion C. Computation of Public Su			1 column (6)		14	%	
14	Public support percentage for 2008 (line			i, column (i))		15	%	
15	Public support percentage from 2007 Sc	nedule A, Part I	V-A, line 201	on line 12 and l	lina 1.4 ia 33166			
16a	331/6 % support test—2008. If the organization did not check the box on line 13, and line 14 is 33/6 % or more, check this box							
	and stop here. The organization qualifies as a publicly supported organization 33%% support test—2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33%% or more, check this							
b	33% % support test—2007. If the organization guard stop here. The organization guard	zation did not c alifies as a publi	civ supported	organization	and line 15 is	3373 76 OF HIGHE,	▶ □	
17a	box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization							
b 18	10%-facts-and-circumstances test—2007 more, and if the organization meets the "organization meets the "facts-and-circumst Private foundation. If the organization did	facts-and-circum ances" test. The	istances" test, o organization qua	check this box a diffes as a public	and stop here. By supported or	Explain in Part ganization	IV how the ►	

	Support Schedule for Orga (Complete only if you checke	nizations De ed the box or	scribed in S line 9 of Pa	ection 509(a rt l.))(2)	<u> </u>	
Sec	tion A. Public Support					1 (1) 0000	6 Total
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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		<u> </u>				
6	Total. Add lines 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
C	Add lines 7a and 7b].		.	
8	Public support (Subtract line 7c from line 6.)					and the streets	
Sec	tion B. Total Support						
	elendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	Amounts from line 6						
-	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
ь	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b 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 organization, check this box and stop	the organization	on's first, seco	nd, third, fourt	h, or fifth tax y	ear as a sect	ion 501(c)(3)
Sec	tion C. Computation of Public Su	pport Perce	ntage			,	
15	Public support percentage for 2008 (lir Public support percentage from 2007)	ne 8, column (f) divided by line 2	ne 13, column	(f))	15 16	<u>%</u>
16 Sec	tion D. Computation of Investmen			· 3		<u> </u>	70
				d by line 12 o	olumn (fi)	17	%
17	Investment income percentage for 200				Olumin (i))	18	%
18	Investment income percentage from 20 331/2 % support tests—2008. If the org	ron Juneaule A	n, Fari IV-M, III of chack the b	ne 2711 ov on lina 1/1 /	and line 15 ie r		
19a	17 is not more than 331/2 %, check this b	ox and stop h	ere. The organ	ization qualifies	s as a publicly	supported org	anization ▶ □
b	331/2 % support tests - 2007. If the organ line 18 is not more than 331/2 %, check thi	nization did not is box and stop	check a box or here. The orga	n line 14 or line inization qualifie	19a, and line 1 s as a publicly	6 is more than supported org	33%%, and anization ► □
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this b	ox and see ins	structions 🕨 🔲

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)