Filing Instructions

Grand Island Education Foundation, Inc.

Exempt Organization / Private Foundation Tax Return(s)

Taxable Year Ended August 31, 2014

Federal Filing Instructions

None is required. Your Form 990 for the year ended 8/31/14 shows no balance due.

You are using a Personal Identification Number (PIN) for signing your return electronically. Sign the IRS e-file Authorization and mail it as soon as possible to:

Almquist, Maltzahn, Galloway & Luth, PC PO Box 1407 Grand Island, NE 68802-1407

Initial and date the copies of the IRS e-file Signature Authorization and the Form 990. Retain them for your records. If previously signed and returned no further action is required for Form 8879-EO.

Your return is being filed electronically with the IRS and is not required to be mailed. Mailing a paper copy of your return to the IRS will delay the processing of your return.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 2013 Open to Public Inspection

| | | calendar year, or tax year beginning $09/01/13$, and ending $08/31/18$ | | | |
|---------------|---------------------|--|----------------------|------------------|--------------------------------|
| | Check if applicable | C Name of organization Grand Island Education Foundation, | | D Emplo | yer identification number |
| Ц | Address change | Inc. Doing Business As | | 4 17 | 000000 |
| | Name change | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Teleph | 0735201 |
| | Initial return | 123 South Webb Road | Roomisaite | | -385-5900 |
| П | Terminated | City or town, state or province, country, and ZIP or foreign postal code | | | -363-3900 |
| \equiv | Amended return | Grand Island NE 68803 | | 2 C | eipts\$ 1,962,626 |
| H | | F Name and address of principal officer: | | G Gross rec | eipis |
| Ш | Application pending | Terry Sheen | H(a) Is this a gr | oup return for s | subordinates' Yes X No |
| | | 123 South Webb Road | H(b) Are all sub | ordinates inc | luded? Yes No |
| | | Grand Island NE 68803 | If "No, | " attach a list. | (see instructions) |
| ī | Tax-exempt statu | | | | |
| J | Website: | www.gips.org/foundation | H(c) Group exe | emption numb | er > |
| ĸ | Form of organizati | | Year of formation: 1 | | M State of legal domicile: NE |
| P | Part IS | ummary | | | |
| | 1 Briefly | lescribe the organization's mission or most significant activities: | | | |
| õ | То | enhance student educational opportunities through | its supp | ort of | the |
| Governance | Gra | nd Island Public Schools by seeking, securing, an | d managin | g resc | urces |
| Ver | | scholarships, projects, and programs. | | | |
| Ô | 2 Check | his box $lacktriangle$ if the organization discontinued its operations or disposed of more than | n 25% of its net | assets. | |
| ∞ | | r of voting members of the governing body (Part VI, line 1a) | | 3 | 15 |
| Activities | 4 Numbe | r of independent voting members of the governing body (Part VI, line 1b) | | . 4 | 15 |
| ŧi | | ımber of individuals employed in calendar year 2013 (Part V, line 2a) | | | 3 |
| Ac | | ımber of volunteers (estimate if necessary) | | 6 | 342 |
| | 7a Total u | nrelated business revenue from Part VIII, column (C), line 12 | | | 0 |
| | b Net uni | elated business taxable income from Form 990-T, line 34 | Prior Ye | 7b | Current Veer |
| 4 | 8 Contrib | utions and grants (Part VIII, line 1h) | 2,078 | | Current Year 1,121,283 |
| nŭ | 9 Program | n service revenue (Part VIII, line 2g) | 2,070 | <i>,</i> , , , , | 1,121,205 |
| Revenue | 10 Investo | ent income (Part VIII, column (A), lines 3, 4, and 7d) | 12' | 7,238 | 113,017 |
| ď | 11 Other r | evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 6,618 | 150,448 |
| | | venue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 2,327 | 1,384,748 |
| | | and similar amounts paid (Part IX, column (A), lines 1–3) | | 0,635 | 1,162,796 |
| | 14 Benefit | s paid to or for members (Part IX, column (A), line 4) | | | 0 |
| es | 15 Salarie | s, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 92 | 2,218 | 107,554 |
| Expenses | 16aProfess | ional fundraising fees (Part IX, column (A), line 11e) | | | 0 |
| xbe | b Total fu | ndraising expenses (Part IX, column (D), line 25) ▶ 47,773 | | | |
| Ш | 17 Other e | xpenses (Part IX, column (A), lines 11a–11d, 11f–24e) | | 5,668 | 326,400 |
| | 1 | rpenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | | 3,521 | 1,596,750 |
| 느 | 19 Revenu | e less expenses. Subtract line 18 from line 12 | | 3,806 | <u>-212,002</u> |
| Net Assets or | 20 Total a | ssets (Part X, line 16) | Beginning of Cu | 2,389 | End of Year |
| ASS | 20 Total a | hilling (Dark V. ling 90) | | 1,258 | 6,273,593 1,576,998 |
| Net | 22 Net ass | ets or fund balances. Subtract line 21 from line 20 | | 1,131 | 4,696,595 |
| | | ignature Block | | - / | 4,000,000 |
| | | of perjury, I declare that I have examined this return, including accompanying schedules and st | atements and to | the best of | my knowledge and belief it is |
| tr | rue, correct, and | complete. Declaration of preparer (other than officer) is based on all information of which prep | parer has any kno | wledge. | my knowledge and belief, it is |
| | | | | | |
| Sig | gn 🖊 | Signature of officer | | Date | |
| He | ere | Terry Sheen Treas | urer | | |
| _ | | Type or print name and title | | | |
| _ | | pe preparer's name Preparer's signature | Date | Check | if PTIN |
| Pai | FIGE | J. Luth, CPA | | /14 self-em | |
| | eparer Firm's | | h, PC | irm's EIN | 47-0589915 |
| US | e Only | PO Box 1407 | | | 000 004 454 |
| | | address > Grand Island, NE 68802-1407 | F | Phone no. | 308-381-1810 |
| Ma | y the IKS disc | uss this return with the preparer shown above? (see instructions) | | | X Yes No |

| Part III Statement of Program | n Sanuca Accamplichmenta | | |
|--|--|--|-------------|
| | | = | <u> </u> |
| | ontains a response or note to any line | e in this Part III | |
| 1 Briefly describe the organization's mis | | | |
| To enhance student e | educational opportuniti | es through its suppor | ct of the |
| Grand Island Public | Schools by seeking, se | curing, and managing | resources |
| for scholarships, pr | cojects, and programs. | *************************************** | |
| | | | |
| 2 Did the organization undertake any sign | gnificant program services during the year which | ch were not listed on the | |
| prior Form 990 or 990-EZ? | | | Yes X No |
| If "Yes," describe these new services | on Schedule O. | | |
| 3 Did the organization cease conducting | g, or make significant changes in how it conduc | cts, any program | |
| services? | | | Yes X No |
| If "Yes," describe these changes on S | | | |
| | service accomplishments for each of its three la | argest program services, as measured by | |
| | (c)(4) organizations are required to report the a | | |
| the total expenses, and revenue, if an | | mount of grants and anotations to others, | |
| the total expenses, and revenue, it an | y, for each program service reported. | | |
| 4- (Oada: \(\sigma\) | 1 270 156 : | 1 160 706 \ (2) | |
| 4a (Code:) (Expenses \$ | 1,379,156 including grants of\$ | 1,102,196) (Revenue \$ |) |
| | cation Foundation, Inc | | |
| | is engaged primarily in | | |
| | and academic purposes | | |
| of the students at 0 | Frand Island Public Sch | ools. | |
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| | | | |
| | | | |
| 4b (Code:) (Expenses \$ | including grants of\$ | \ (Revenue \$ | |
| 4b (Code:) (Expenses \$ The Executive Direct | including grants of\$ |) (Revenue \$ |) |
| 4b (Code:) (Expenses \$ The Executive Direct | including grants of\$ cor's allocation of wag 30% She spends this |) (Revenue \$ es and time to |) |
| program services is | 30%. She spends this | amount of time |) |
| program services is distributing goods a | 30%. She spends this and services to student | amount of time s and teachers |) |
| program services is distributing goods a of Grand Island Publ | 30%. She spends this and services to student Lic Schools to fulfill | amount of time s and teachers the purpose of |) |
| program services is distributing goods a of Grand Island Publ | 30%. She spends this and services to student | amount of time s and teachers the purpose of |) |
| program services is distributing goods a of Grand Island Publ | 30%. She spends this and services to student Lic Schools to fulfill | amount of time s and teachers the purpose of |) |
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| program services is distributing goods a of Grand Island Publ | 30%. She spends this and services to student Lic Schools to fulfill | amount of time s and teachers the purpose of | |
| program services is distributing goods a of Grand Island Publ | 30%. She spends this and services to student Lic Schools to fulfill | amount of time s and teachers the purpose of | |
| program services is distributing goods a of Grand Island Publ | 30%. She spends this and services to student lic Schools to fulfill ion Foundation, Inc.'s | amount of time s and teachers the purpose of mission. | |
| program services is distributing goods a of Grand Island Publ | 30%. She spends this and services to student lic Schools to fulfill ion Foundation, Inc.'s | amount of time s and teachers the purpose of mission. |) |
| program services is distributing goods a of Grand Island Publ Grand Island Educati | 30%. She spends this and services to student Lic Schools to fulfill | amount of time s and teachers the purpose of mission. | |
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| program services is distributing goods a of Grand Island Publ Grand Island Educati | 30%. She spends this and services to student lic Schools to fulfill ion Foundation, Inc.'s | amount of time s and teachers the purpose of mission. |) |
| program services is distributing goods a of Grand Island Publ Grand Island Educati | 30%. She spends this and services to student lic Schools to fulfill ion Foundation, Inc.'s | amount of time s and teachers the purpose of mission. | |
| program services is distributing goods a of Grand Island Publ Grand Island Educati | 30%. She spends this and services to student lic Schools to fulfill ion Foundation, Inc.'s | amount of time s and teachers the purpose of mission. | |
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| program services is distributing goods a of Grand Island Publ Grand Island Education (Code:)(Expenses) | 30%. She spends this and services to student lic Schools to fulfill ion Foundation, Inc.'s | amount of time s and teachers the purpose of mission. | |
| program services is distributing goods a of Grand Island Publ Grand Island Education of Grand Island Isla | 30%. She spends this and services to student lic Schools to fulfill ion Foundation, Inc.'s including grants of\$ Schedule O.) | amount of time s and teachers the purpose of mission.) (Revenue \$ | |
| program services is distributing goods a of Grand Island Publ Grand Island Education (Code:)(Expenses) | 30%. She spends this and services to student lic Schools to fulfill ion Foundation, Inc.'s | amount of time s and teachers the purpose of mission. |) |

Form 990 (2013) Grand Island Education Foundation, 47-0735201

Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 X Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I X 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 4 X Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, 5 assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, X 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I X 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III X 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 X 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 X If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 11 VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes." complete Schedule D, Part VI X 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII X 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if X the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other X assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) X 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II X 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? X If "Yes," complete Schedule G, Part III 19 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

| _Pa | art IV Checklist of Required Schedules (continued) | | | |
|-----|--|------|----------|--------|
| | | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | | | |
| | government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | X | |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States | | | |
| | on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | Х | |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the | | | |
| | organization's current and former officers, directors, trustees, key employees, and highest compensated | | | |
| | employees? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K. If "No," go to line 25a | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction | | | |
| | with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | х |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any | | | |
| | current or former officers, directors, trustees, key employees, highest compensated employees, or | | | |
| | disqualified persons? If so, complete Schedule L, Part II | 26 | | x |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, | | | |
| | Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | x |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | Lua | | |
| | Schedule L, Part IV | 28b | | х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | 200 | | |
| • | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | v |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified | 29 | | |
| 00 | conservation contributions? If "Yes," complete Schedule M | 20 | | v |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, | 30 | | X |
| J1 | Part I | | | 37 |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." | 31 | | X |
| JZ | complete Schedule N, Part II | | | v |
| 22 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations | 32 | | X |
| 33 | continue 301 7701 2 and 301 7701 22 If "Vac." complete Cabadula D. Dart I | _ | | 47 |
| 24 | sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, | | | |
| 05- | or IV, and Part V, line 1 | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | <u> </u> | X |
| b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a | | | ĺ |
| | controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| | related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | X |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | |
| | Part VI | 37 | | X |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and | | | |
| | 19? Note. All Form 990 filers are required to complete Schedule O | 38 | X | |
| | | Forr | , 99n | (2013) |

| | n 990 (2013) Grand Island Education Foundation, 47-0735201 art V Statements Regarding Other IRS Filings and Tax Compliance | | | age (|
|--------|--|-------|----------------|----------------|
| | Check if Schedule O contains a response or note to any line in this Part V | | | <u> </u> |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | Yes | No |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 | | | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| • | reportable gaming (gambling) winnings to prize winners? | 1c | | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | <u> </u> | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 3 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | x | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | 1 |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | x |
| b | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O | 3b | | |
| 4a | | | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | | |
| | account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ▶ | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | ļ | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year 7d | | ., | |
| e | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | X | - |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7f | ^ | \ |
| g h | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098- | | ł | X |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | C? 7h | | ^ |
| • | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | ļ |
| | organization, have excess business holdings at any time during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | - |
| а | Did the organization make any taxable distributions under section 4966? | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | οι. | | |
| 10 | Section 501(c)(7) organizations. Enter: | | | |
| а | Initiation fees and capital contributions included on Part VIII, line 12 10a | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders 11a | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | |
| 12a | , | 12a | ļ | <u> </u> |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | | | 1 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | - | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | - | +- |
| L | Note. See the instructions for additional information the organization must report on Schedule O. | | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | | | |
| | the organization is licensed to issue qualified health plans | | | 1 |

c Enter the amount of reserves on hand14a Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

X

13c

| | rt VI Governance, Management, and Disclosure For each "Yes" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in | | | or a "l | |
|-----|--|---|-------------|-----------|----------|
| | Check if Schedule O contains a response or note to any line in this Part VI | | | ii ioti u | X |
| Sec | tion A. Governing Body and Management | | | | |
| | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 15 | | | |
| | If there are material differences in voting rights among members of the governing body, or | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | |
| | committee, explain in Schedule O. | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | 15 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with | 1 10 | | | |
| _ | any other officer, director, trustee, or key employee? | | , | | v |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct | • | 2 | | <u>X</u> |
| | supervision of officers, directors, or trustees, or key employees to a management company or other person? | | _ | | 37 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed' | · · · · · · · · · · · · · · · · · · · | 3 | | X |
| 5 | · · · · · · · · · · · · · · · · · · · | | 4 | | X |
| | Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? | | 5 | | X |
| 6 | | | 6 | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | _ | | |
| 1. | one or more members of the governing body? | | _7a | | <u>X</u> |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | |
| _ | stockholders, or persons other than the governing body? | | 7b_ | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year | ar by the follow | ing: | | |
| a | The governing body? | | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | | _8b | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at | | | | |
| | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | <u>X</u> |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Inte | <u>rnal Reven</u> | <u>ue C</u> | ode.) | |
| | | | | Yes | No |
| | Did the organization have local chapters, branches, or affiliates? | | 10a | | <u>X</u> |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | | |
| | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | 10b | | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing | the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise | to conflicts? | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | | | | |
| | describe in Schedule O how this was done | | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | | | |
| а | The organization's CEO, Executive Director, or top management official | | 15a | х | |
| b | Other officers or key employees of the organization | | 15b | | X |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | | | | |
| | with a taxable entity during the year? | | 16a | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | | | | |
| | organization's exempt status with respect to such arrangements? | | 16b | | |
| Sec | tion C. Disclosure | | 100 | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed None | · · · · · · · · · · · · · · · · · · · | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50 | 1(c)(3)s only) | | | |
| | available for public inspection. Indicate how you made these available. Check all that apply. | . (5/(5/5 5/11 y) | | | |
| | X Own website Another's website X Upon request Other (explain in Schedule O) | | | | |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the state of the | est policy and | | | |
| - | financial statements available to the public during the tax year. | ponoy, and | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of | the | | | |
| | organization: Traci Skalberg 123 Webb Road | | | | |
| Gı | rand Island NE 68803 | 308 | -38 | 5-5 | 900 |

308-385-5900

NE 68803

| Form 990 (| 2013) | Grand | Teland | Education | Foundation | , 47-0735201 |
|--------------|-------|-------|---------|-----------|-------------|--------------|
| FUIIII 990 (| 2013) | Grand | ISTAIIG | Education | rounda cron | , 41-0133201 |

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organizations compensated any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per | (do | not c | | ition | than one | (D) Reportable compensation | (E) Reportable compensation from | (F) Estimated amount of |
|--|------------------------|--------------------------------|-----------------------|----------|--------------|---|-----------------------------|----------------------------------|-------------------------------|
| | week | box | , unle | ss pe | rson i | is both an | from | related | other |
| | (list any hours for | | | | | or/trustee) I ⊕ エI ¬⊓ | the organization | organizations (W-2/1099-MISC) | compensation from the |
| | related organizations | divid | ıstitut | Officer | Key employee | Former Highest employe | (W-2/1099-MISC) | | organization and related |
| | below dotted line) | ual ti | ional | · | nploy | r con | | | organizations |
| | line) | Individual trustee or director | Institutional trustee | | /ee | Former Highest compensated employee | | | |
| (1) Patricia Brown | | | | | | - | | | |
| • | 1.00 | | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 |
| (2) George Ayoub | | | | | | | | | |
| | 1.00 | . | | | | | _ | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 |
| (3) Jane Richardson | | | | | | | | | |
| Member | 1.00 | x | | | | | 0 | 0 | 0 |
| (4) Vikki Deuel | 0.00 | Λ | | | | | <u> </u> | U | <u> </u> |
| (+) VIRRI Dedei | 1.00 | | | | | | | | |
| President | 0.00 | X | | х | | | 0 | 0 | 0 |
| (5) Kurt Haecker | | | | | l | | | | |
| . , | 1.00 | | | | | | | | |
| Vice President | 0.00 | X | | Х | | | 0 | 0 | 0 |
| (6)Renee Goble | | | | | | | | | |
| | 1.00 | . | | | | | | | |
| Member | 0.00 | X | | | | | 0 | 0 | 0 |
| (7)Dave Lofgreen | 1 00 | | | | | | | | |
| | 1.00 | | | | 1 | | | | |
| Member (8) Russ Rerucha | 0.00 | X | | | | - | 0 | 0 | 0 |
| (0) Russ Refucila | 1.00 | | | | | | | | |
| Member | 0.00 | x | | | | | 0 | o | 0 |
| (9) Terry Sheen | 0.00 | | | | | | | | |
| (1, 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 | 1.00 | | | | | | | | |
| Treasurer | 0.00 | X | | X | | | 0 | 0 | 0 |
| (10)Kim Dinsdale | | | | | | | | | |
| | 1.00 | | | | | | | | |
| Member | 0.00 | X | | <u> </u> | | | 0 | 0 | 0 |
| (11)Brian Dunagan | 1 | | | | | | | | |
| Special Control Contro | 1.00 | | | | | | | | |
| Member DAA | 0.00 | X | L | <u></u> | | | 0 | 0 | |
| D/V1 | | | | | | | | | Form 990 (2013) |

| Form 990 (| (2013) | Grand | Island | Education | Foundation. | 47-0735201 |
|------------|--------|-------|--------|-----------|-------------|------------|
|------------|--------|-------|--------|-----------|-------------|------------|

| (A) Name and title | (B) Average hours per week box, unle (list any officer a | | | | c) ition more | than o | one n an | (D) Reportable compensation from the | (E) Reportable compensation from related organizations | | ed of ation | |
|---|--|-----------------------------------|-----------------------|---------|---------------------|---------------------------------|-------------|---------------------------------------|--|-----------|---|-------------|
| | related organizations below dotted line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | organization (W-2/1099-MISC) | (W-2/1099-MISC) | | from th organizat and relat organizati | tion ted |
| (12)Connie Allen | 1.00 | | | | | | | | | | | |
| Member (13)Lynne Werner | 0.00 | X | | | | | | 0 | 0 | | | 0 |
| (13)HYIME WEIMEL | 1.00 | | | | | | | | | | | |
| Member (14)Todd Enck | 0.00 | X | | | | | | 0 | 0 | | | 0 |
| Member | 1.00 | x | | | | | | 0 | 0 | | | 0 |
| (15)Doug Fargo | | | | | | | | | | | | |
| Member | 1.00 | x | | | | | | o | 0 | | | 0 |
| (16)Traci Skalberg | | | | | | | | | | | | |
| Exec. Dir. | 32.00 0.00 | | | x | | | | 51,085 | 0 | | | 6,000 |
| (17) | 0.00 | | | 21 | | | | 31,003 | <u> </u> | | | 8,000 |
| | | | | | | | | | | | | |
| (18) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (19) | | ļ | | | | | | | | | | |
| | | | | | | | | | | | | |
| 1b Sub-total | | | | | | | > | 51,085 | | | | 6,000 |
| c Total from continuation sh | | | | | | | | 51,085 | | | | <u> </u> |
| d Total (add lines 1b and 1c) Total number of individuals (| including but no | t lim | ited | | | liste | d ab | | than \$100,000 in | <u>I.</u> | | 6,000 |
| reportable compensation from | n the organizat | ion 🕽 | <u> </u> | | | | | | | | Т | Yes No |
| 3 Did the organization list any employee on line 1a? If "Yes | former officer, of | direc | tor, | or tru | uste | e, ke | y er | mployee, or highest comp | ensated | | 3 | х |
| For any individual listed on li organization and related organization | ne 1a, is the su | m of | repo | ortab | le c | omp | ensa | ation and other compensa | tion from the | | | |
| individual | 1a receive or a | ccru | e co | mpe | nsat | ion f | rom | anv unrelated organization | on or individual | | 4 | X |
| for services rendered to the | organization? If | "Yes | s," co | ompl | ete | Sche | dul | e J for such person | | | 5 | X |
| Section B. Independent Contract 1 Complete this table for your | five highest con | npen | sate | d in | depe | ende | nt co | ontractors that received m | ore than \$100,000 of | | | |
| compensation from the organ | nization. Report (A) d business address | con | npen | satio | on fo | r the | cal | | within the organization's (B) tion of services | tax year | | (C) |
| Name and | Dusiness address | | | | | | | Descrip | otion of services | | Con | npensation |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | _ | | | | | |
| | | | | | | | | | | | | |
| 2 Total number of independent received more than \$100,000 | | | | | | | | | ^ | | | |
| DAA | o or compensat | UII I | OIII | iiic (| лyd | ııı∠dı | 1011 | | 0 | | | 990 (2012) |

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated business (D) Revenue excluded from tax (A) (B) Related or Total revenue exempt function under sections 512-514 1a Federated campaigns **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, Service Revenue Contribution and similar amounts not included above 1,121,283 g Noncash contributions included in lines 1a-1f: h Total. Add lines 1a-1f 1,121,283 Busn. Code Program f All other program service revenue g Total, Add lines 2a-2f 3 Investment income (including dividends, interest, and other similar amounts) 130,182 130,182 Income from investment of tax-exempt bond proceed Royalties ... (i) Real (ii) Personal 6a Gross rents **b** Less: rental exps. c Rental inc. or (loss d Net rental income or (loss) ▶ 7a Gross amount from (i) Securities (ii) Other sales of assets 376,280 11 other than inventor **b** Less: cost or other 393,456 basis & sales exps -17,176 11 c Gain or (loss) d Net gain or (loss) -17,165 -17,176 11 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 233,742 b Less: direct expenses 184,422 c Net income or (loss) from fundraising events 49,320 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances **b** Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn. Code 100,804 100,804 11a Administrative Fees 324 Cash Surrender Value Earnings 324 d All other revenue 101,128 e Total. Add lines 11a-11d Total revenue. See instructions. 1,384,748 83,628 130,517 Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (B) Program service (C) Management and general expenses (D) Do not include amounts reported on lines 6b, Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 703,221 703,221 organizations in the U.S. See Part IV. line 21 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 459,575 459,575 3 Grants and other assistance to governments organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors. 63,799 trustees, and key employees 19,140 19,140 25,519 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 7 Other salaries and wages 38,158 13,994 24,164 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 5,597 2,421 Payroll taxes 1,407 1,769 10 Fees for services (non-employees): a Management Legal 4,695 4,695 c Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 76,529 71,943 4,586 Advertising and promotion 6,967 6,967 12 11,222 4,921 Office expenses 13 6,301 Information technology 14 Royalties 15 568 568 Occupancy 16 12,938 17 Travel 11,105 1,833 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 22 Depreciation, depletion, and amortization 665 665 23 Insurance Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Administrative Fees 101,147 101,147 Supplies 86,013 78,352 7,661 8,727 2,173 Food 10,900 Dues & Fees 8,117 4,257 2,540 1,320 e All other expenses <u>6</u>,639 1,500 $1, \overline{415}$ 3,724 1,379,156 1,596,750 169,821 25 Total functional expenses. Add lines 1 through 24e 47,773 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here F if following SOP 98-2 (ASC 958-720)

| art 2 | X Balance Sheet | | | |
|--|---|-------------------|----------|--------------------|
| | Check if Schedule O contains a response or note to any line in this Part X | | | |
| | Check it concedure a contains a responde of note to any line in this fact. | (A) | ······ | (B) |
| | | Beginning of year | | End of year |
| 1 | Cash—non-interest bearing | 50 | 1 | 50 |
| 2 | Savings and temporary cash investments | 1,052,057 | 2 | 791,935 |
| 3 | Pledges and grants receivable, net | 1,269,409 | 3 | 876,778 |
| 4 | Accounts receivable, net | • | 4 | |
| 5 | Loans and other receivables from current and former officers, directors, | | | |
| | trustees, key employees, and highest compensated employees. | | | |
| | Complete Part II of Schedule L | | 5 | |
| 6 | Loans and other receivables from other disqualified persons (as defined under section | 1 | | |
| | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers a | | | |
| | sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary | | | |
| | organizations (see instructions). Complete Part II of Schedule L | | 6 | |
| 7 9 | | | 7 | |
| 8 | | | 8 | |
| 9 | Prepaid expenses and deferred charges | | 9 | |
| 108 | a Land, buildings, and equipment: cost or | | | |
| } | other basis. Complete Part VI of Schedule D 10a | | | |
| l b | Less: accumulated depreciation 10b | | 10c | |
| 11 | | 3,682,768 | 11 | 4,596,404 |
| 12 | Investments—other securities. See Part IV, line 11 | | 12 | |
| 13 | Investments—program-related. See Part IV, line 11 | | 13 | |
| 14 | | | 14 | - |
| 15 | | 8,105 | 15 | 8,426 |
| 16 | | 6,012,389 | 16 | 8,426 6,273,593 |
| 17 | Accounts payable and accrued expenses | | 17 | |
| 18 | | 1,126,838 | 18 | 700,670 |
| 19 | Deferred revenue | | 19 | |
| 20 | Tax-exempt bond liabilities | | 20 | |
| 21 | Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| 22 | Loans and other payables to current and former officers, directors, | | | |
| | trustees, key employees, highest compensated employees, and | | | |
| 22 | disqualified persons. Complete Part II of Schedule L | | 22 | |
| 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | |
| 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| 25 | ` ', ', ' | | | |
| | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | of Schedule D | 614,420 | | 876,328 |
| 26 | | 1,741,258 | 26 | 1,576,998 |
| ١ ا | Organizations that follow SFAS 117 (ASC 958), check here ▶X and | | | |
| <u> </u> | complete lines 27 through 29, and lines 33 and 34. | F00 010 | | 7.00 44 |
| 27 | Unrestricted net assets | 720,813 | | 763,412 |
| 28 | Temporarily restricted net assets | 3,550,318 | | 3,933,183 |
| 29 | *************************************** | | 29 | |
| ; | Organizations that do not follow SFAS 117 (ASC 958), check here ▶ and | | | |
| 3 | complete lines 30 through 34. | | _ | |
| 30 | P. 11. Malayanda and haddless an aminosada ford | | 30 | |
| | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| 31 | | | | |
| 27 28 29 30 31 32 33 | | 4,271,131 | 32 33 | 4,696,595 |

| Forn | 990 (2013) Grand Island Education Foundation, 47-0735201 | | | Pa | ge 12 |
|------------|---|---------|------|-------|------------------|
| | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XI | <u></u> | | | . 🔲 |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 1,38 | 34, | 748 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 1,59 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | -21 | L2, | 002 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 4,2 | 71, | $\overline{131}$ |
| 5 | Net unrealized gains (losses) on investments | 5 | | | 466 |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line | | | | |
| | 33, column (B)) | 10 | 4,69 | 96, | 595 |
| Pa | rt XII Financial Statements and Reporting | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | . 🔲 |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | |
| | Schedule O. | | | | |
| 2 a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or | | | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | X | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a | | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | X Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight | | | | |
| | of the audit, review, or compilation of its financial statements and selection of an independent accountant? | | 2c | X | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in | | | | |
| | Schedule O. | | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in | | | | |
| | the Single Audit Act and OMB Circular A-133? | | 3a | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the | | | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b | | |
| | | | Forr | n 990 | (2013) |

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

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

Infor

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 **2013**

Open to Public Inspection

Name of the organization Grand Island Education Foundation, Inc.

Employer identification number 47-0735201

| | | | | | | | | | | 0,0 | | | | | |
|--------------|-------|---|---------------------------------|---|------------------|---------------------------------------|--------------|---|---------------------|------------|-------------|-------------|------|-----|--|
| | art l | | | y Status (All organization | | | | s part. |) See | instru | uctions. | | | | |
| The | orga | nization is no | t a private foundation beca | use it is: (For lines 1 through 1 | 1, check | only one | box.) | | | | | | | | |
| 1 | | A church, co | nvention of churches, or as | ssociation of churches describe | ed in sec | tion 170 | (b)(1)(A |)(i). | | | | | | | |
| 2 | | A school des | scribed in section 170(b)(1 |)(A)(ii). (Attach Schedule E.) | | | | | | | | | | | |
| 3 | | A hospital or | a cooperative hospital ser | vice organization described in | section | 170(b)(1) | (A)(iii). | | | | | | | | |
| 4 | | | | ed in conjunction with a hospit | | | | 70(b)(1) | (A)(iii) | . Enter | the hospi | tal's n | ame | | |
| | | city, and sta | re. | | | | | | | | | | umo, | | |
| 5 | X | • | | t of a college or university own | ed or one | erated by | a dove | rnments | t | escribe | ad in | | | | |
| Ĭ | | | (b)(1)(A)(iv). (Complete Pa | | iou or ope | orated by | a gove | iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | ii uiiit u | CSCIDE | ,u III | | | | |
| 6 | | | | | | - 4 7 0/L\/ | 4 \ / A \ /\ | | | | | | | | |
| 6 | H | | | governmental unit described in | | | | | | | | | | | |
| 7 | Ш | 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.) | | | | | | | | | | | | | |
| | | described in section 170(b)(1)(A)(vi). (Complete Part II.) | | | | | | | | | | | | | |
| 8 | Щ | A community trust described in section 170(b)(1)(A)(vi) . (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | |
| | | receipts fron | n activities related to its exe | empt functions—subject to cert | ain excep | otions, ar | id (2) no | more t | han 33 | 1/3% c | of its | | | | |
| | | | | and unrelated business taxable | | | | 1 tax) fr | om bus | inesses | 3 | | | | |
| | | | | 30, 1975. See section 509(a) | | | | | | | | | | | |
| 10 | | An organizat | tion organized and operated | d exclusively to test for public s | safety. Se | e sectio | n 509(a | ı)(4). | | | | | | | |
| 11 | | An organizat | ion organized and operated | d exclusively for the benefit of, | to perfor | m the fur | octions o | of, or to | carry o | ut the | | | | | |
| | | purposes of | one or more publicly suppo | rted organizations described i | n section | 509(a)(1 |) or sec | tion 509 | (a)(2). | See se | ction | | | | |
| | | 509(a)(3). C | heck the box that describes | the type of supporting organiz | zation an | d comple | te lines | 11e thr | ough 1 | 1h. | | | | | |
| | | a Type | b Type II | c Type III–Function | ally integ | rated | d | Тур | e III–N | on-func | tionally in | iteara | ted | | |
| е | | By checking | this box, I certify that the o | rganization is not controlled dir | | | bv one | | | | | | | | |
| | | | | her than one or more publicly s | | | | | | | | | | | |
| | | or section 50 | | . , | | Ü | | | | | - (/(-/ | | | | |
| f | | | ` ' ' ' | termination from the IRS that i | it is a Tvo | e I Type | ll or T | vne III s | unnorti | na | | | | | |
| • | | | , check this box | | | · · · · · · · · · · · · · · · · · · · | , 0 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | аррон | ''9 | | | | | |
| | | _ | | ation accepted any gift or cont | tribution f | rom anv | of the | | | | | | | L | |
| g | | following pe | | dion accepted any gat or com | i ibulion i | TOTT ATTY | or tile | | | | | | | | |
| | | • . | | controls of the release or togeth | م طائند م | | | l in (ii) n | | | | г | | | |
| | | | | controls, either alone or togeth | | | | | | | | | es | No | |
| | | | | | | | | | | | | lg(i) | | | |
| | | | member of a person descr | | | | | | | | | lg(ii) | | | |
| | | | | described in (i) or (ii) above? | | | | | | | [11 | 1g(iii) | | | |
| <u>h</u> | | | | t the supported organization(s) | 1 | | T | | г | | | | | | |
| (i) | | e of supported janization | (ii) EIN | (iii) Type of organization | 1 1 1 | organization | | ou notify nization in | (vi) I organizat | s the | (vii) Amo | | | ary | |
| | org | jai lizatioi i | | (described on lines 1–9 above or IRC section | in col. (i) li | document? | col. (i) | | | zed in the | | support | Į. | | |
| | | | | (see instructions)) | 3-1 | | sup | oort? | U. | S.? | | | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | | | | |
| (A) | | | | | : | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| (B) | | | | | | | | | | | 1 | | | | |
| | | | | | | | | | | | | | | | |
| (C) | | | | | | | | | | | | | | | |
| ` , | | | | | | | | | | | | | | | |
| (D) | | | | | | | | | | | | | | | |
| (- <i>)</i> | | | | | | | | | | | | | | | |
| (E) | | | | | | | | | | | | | | | |
| (<i>L</i>) | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Sec | tion A. Public Support | | | | | | |
|-------|---|----------------------|---------------------|----------------------|-------------------|---------------------------------------|---------------|
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 339,856 | 557,691 | 560,879 | 2,078,471 | 1,121,283 | 4,658,180 |
| 2 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 339,856 | 557,691 | 560,879 | 2,078,471 | 1,121,283 | 4,658,180 |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 4,658,180 |
| Sec | tion B. Total Support | • | • | | | | |
| Caler | ndar year (or fiscal year beginning in) 🕨 | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 7 | Amounts from line 4 | 339,856 | 557,691 | 560,879 | 2,078,471 | 1,121,283 | 4,658,180 |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 61,415 | 75,186 | 89,258 | 125,192 | 130,182 | |
| 9 | Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | -668 | 30,878 | 113,901 | 83,124 | 101,128 | 328,363 |
| 11 | Total support. Add lines 7 through 10 | | | | | | 5,467,776 |
| 12 | Gross receipts from related activities, etc. | c. (see instructions | •) | | | 12 | 233,742 |
| 13 | First five years. If the Form 990 is for th | e organization's fi | rst, second, third, | fourth, or fifth tax | year as a section | 1 501(c)(3) | |
| | organization, check this box and stop he | | | | | · · · · · · · · · · · · · · · · · · · | ▶ |
| Sec | tion C. Computation of Public S | | | | | | |
| 14 | Public support percentage for 2013 (line | 6, column (f) divid | led by line 11, col | umn (f)) | | 14 | 85.19% |
| 15 | Public support percentage from 2012 Sci | | | | | | 86.50% |
| 16a | 33 1/3% support test—2013. If the orga | | | | is 33 1/3% or mo | ore, check this | |
| | box and stop here. The organization qua | | | | | | ▶ X |
| b | 33 1/3% support test—2012. If the orga | | | | | | , — |
| | check this box and stop here. The organ | nization qualifies a | s a publicly supp | orted organizatior | | | ▶ ∐ |
| 17a | 10%-facts-and-circumstances test—20 | - | | | | | |
| | 10% or more, and if the organization med | | | • | • | • | |
| _ | Part IV how the organization meets the "organization | | | | | | > [|
| b | 10%-facts-and-circumstances test—20 | | | | | | |
| | 15 is 10% or more, and if the organization | | | | • | | |
| | Explain in Part IV how the organization n | | | - | · | | . — |
| 40 | supported organization | | | 40h 47c 47' | | | ▶ ∟ |
| 18 | Private foundation. If the organization of | | | | | | . — |
| | instructions | | | | | | ▶ □ |

Schedule A (Form 990 or 990-EZ) 2013 **Grand Island Education Foundation**, **47-0735201**Page

Part III

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Sec | tion A. Public Support | - quality arrac | THE LEGIC HOLE | od Bolow, pied | oc complete i | are ii. j | |
|-------------|--|-------------------|----------------------|-----------------------|------------------------|--------------------|---------------|
| | ndar year (or fiscal year beginning in) > | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | , , | | , | |
| 2 | Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 | The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| 7a | Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from | | | | | | |
| | line 6.) | | | | | | *** |
| | tion B. Total Support | | 1 | T | T | , | |
| | ndar year (or fiscal year beginning in) | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | ı | | |
| b | Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 | First five years. If the Form 990 is for the | | first, second, third | , fourth, or fifth ta | x year as a sectio | n 501(c)(3) | |
| | organization, check this box and stop he | | | | | <u></u> | <u></u> |
| | tion C. Computation of Public S | | | | | | |
| 15 | Public support percentage for 2013 (line | 8, column (f) div | ided by line 13, co | olumn (f)) | | 15 | %_ |
| 16 | Public support percentage from 2012 Sci | | | ····· | | | % |
| | tion D. Computation of Investm | | | 40 1 (0) | | | |
| 17 | Investment income percentage for 2013 | (line 10c, columi | and III line 47 | | | امدا | <u>%</u> |
| 18 | Investment income percentage from 201 | • | | | 45 in many than 2 | | % |
| 19a | 33 1/3% support tests—2013. If the org | | | | | | ⊾ □ |
| b | 17 is not more than 33 1/3%, check this to 33 1/3% support tests—2012. If the org | | | | | | P 📙 |
| D | line 18 is not more than 33 1/3%, check t | | | | | arted organization | ightharpoonup |
| 20 | Private foundation. If the organization of | | | | | | |
| | is is all addition in the organization of | 110. J. 1001 a D | IT, IDA | , or row, orroor th | > > > 4 4 114 355 1113 | 76 40H0H3 | |

| Part IV Supplemental Information. Provide the Part III, line 12. Also complete this part for | explanations requor any additional in | ired by Part II, line 10 | Part II, line 17a or 17b; and |
|--|---------------------------------------|---|-------------------------------|
| Part II, Line 10 - Other Income | Detail | | |
| Gain from sale of assets | \$ | 227,059 | |
| Capital Gains | \$ | 176 | |
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

OMB No. 1545-0047

2012

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

w/form990 **2013**

Employer identification number

| Grand Island | Education Foundation, | | | | | |
|---|--|---|--|--|--|--|
| Inc. | - Ladou of on Louisacoton, | 47-0735201 | | | | |
| Organization type (check | one): | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (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 | | | | | |
| | | | | | | |
| • | is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Sp | ecial Rule. See | | | | |
| General Rule | | | | | | |
| | n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more one contributor. Complete Parts I and II. | e (in money or | | | | |
| Special Rules | | | | | | |
| under sections 509 | c)(3) organization filing Form 990 or 990-EZ that met the $33^{1}/3$ % support test of the (a)(1) and $170(b)(1)(A)(vi)$ and received from any one contributor, during the year, 5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-E and II. | a contribution of | | | | |
| during the year, tot | c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one al contributions of more than \$1,000 for use exclusively for religious, charitable, so poses, or the prevention of cruelty to children or animals. Complete Parts I, II, and I | cientific, literary, | | | | |
| during the year, co not total to more th year for an exclusiv | c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one ntributions for use exclusively for religious, charitable, etc., purposes, but these co an \$1,000. If this box is checked, enter here the total contributions that were receively religious, charitable, etc., purpose. Do not complete any of the parts unless the nization because it received nonexclusively religious, charitable, etc., contributions ar | ntributions did wed during the e General Rule s of \$5,000 or | | | | |
| 990-EZ, or 990-PF), but it i | hat is not covered by the General Rule and/or the Special Rules does not file Schemust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of, to certify that it does not meet the filing requirements of Schedule B (Form 990, 9 | edule B (Form 990, its Form 990-EZ or on its | | | | |

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) (2013)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Information about Schedule C (Form 990 or 990-EZ) and its Open to Public instructions is at www.irs.gov/form990.

Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

▶ See separate instructions.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III.

| Nan | re of organization Grand Island Educat: Inc. | | | Employer identifica | 01 |
|-------------|--|-------------------------------|------------------------|--|--|
| Pa | rt I-A Complete if the organization is exe | empt under section 50° | l(c) or is a secti | ion 527 organi | zation. |
| 1 2 3 | Provide a description of the organization's direct and inception of the organization of the orga | | | ▶ \$ | 5,000 |
| Pai | rt I-B Complete if the organization is exe | empt under section 50° | l(c)(3). | | |
| 1 | Enter the amount of any excise tax incurred by the orga | nization under section 4955 | | ▶ \$ | |
| 2 | Enter the amount of any excise tax incurred by organiza | ation managers under section | 4955 | ▶ \$ | |
| 3 | If the organization incurred a section 4955 tax, did it file Was a correction made? | | | | Lies A No |
| | If "Yes," describe in Part IV. | | | | Yes X No |
| | rt I-C Complete if the organization is exe | empt under section 50° | (c), except sec | tion 501(c)(3). | |
| 1 | Enter the amount directly expended by the filing organiz | | | | |
| | activities | | | ▶ \$ | |
| 2 | Enter the amount of the filing organization's funds contribution | | | . . | |
| 3 | 527 exempt function activities Total exempt function expenditures. Add lines 1 and 2. I | Enter here and on Form 1120 | | ▶\$ | |
| | line 17b | | • | > \$ | |
| 4 | Did the filing organization file Form 1120-POL for this y | ear? | | ······ | Yes No |
| 5 | Enter the names, addresses and employer identification | number (EIN) of all section 5 | 27 political organizat | tions to which the f | |
| | organization made payments. For each organization list | | | | |
| | the amount of political contributions received that were | | | | |
| | as a separate segregated fund or a political action comm | | | | |
| | (a) Name | (b) Address | | (d) Amount paid from filing organization's unds. If none, enter -0 | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |

DAA

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

| Schedule C (Form 990 or 990-EZ) 2013 Gran | d Island Ec | ducation Fo | undation, | 47-0735201 | Page 2 |
|---|--|---|---|---|-----------------------------|
| Part II-A Complete if the org section 501(h)). | anization is exen | npt under sectio | n 501(c)(3) and | filed Form 5768 | (election under |
| A Check ► ☐ if the filing organi name, address, E B Check ► ☐ if the filing organi | IN, expenses, and | d share of excess | s lobbying expen | | group member's |
| Limits on L (The term "expenditures | obbying Expend " means amounts | itures paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
| 1a Total lobbying expenditures to influer b Total lobbying expenditures to influer c Total lobbying expenditures (add line d Other exempt purpose expenditures e Total exempt purpose expenditures (f Lobbying nontaxable amount. Enter toolumns. | ce public opinion (gras ce a legislative body (s 1a and 1b) add lines 1c and 1d) | ss roots lobbying) direct lobbying) | | 5,000 0 5,000 1,591,750 1,596,750 | |
| If the amount on line 1e, column (a) or (b) is: Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 | \$175,000 plus 10% of | | | 223,030 | |
| Over \$17,000,000 g Grassroots nontaxable amount (ente h Subtract line 1g from line 1a. If zero o i Subtract line 1f from line 1c. If zero o | \$1,000,000. 25% of line 1f) or less, enter -0- | | | 57,460 0 0 | |
| j If there is an amount other than zero reporting section 4911 tax for this year. | on either line 1h or line | e 1i, did the organizat | ion file Form 4720 | | Yes No |
| (Some organization columns | 4-Year Averag s that made a secti s below. See the in: | ing Period Under on 501(h) electior structions for line | Section 501(h) do not have to c s 2a through 2f o | omplete all of the f n page 4.) | ive |
| | _obbying Expendit | ures During 4-Yea | r Averaging Peri | od | T |
| Calendar year (or fiscal year beginning in) | (a) 2010 | (b) 2011 | (c) 2012 | (d) 2013 | (e) Total |

2a Lobbying nontaxable amount 229,838 229,838 **b** Lobbying ceiling amount (150% of line 2a, column(e)) 344,757 c Total lobbying expenditures 5,000 5,000 d Grassroots nontaxable amount 57,460 57,460 e Grassroots ceiling amount 86,190 (150% of line 2d, column (e)) f Grassroots lobbying expenditures 5,000 5,000

Schedule C (Form 990 or 990-EZ) 2013

Grand Island Education Foundation, 47-0735201 Schedule C (Form 990 or 990-EZ) 2013 Page 3 Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 Part II-B (election under section 501(h)). (a) (b) For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. Yes No Amount During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: a Volunteers? b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? c Media advertisements? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? f Grants to other organizations for lobbying purposes? g Direct contact with legislators, their staffs, government officials, or a legislative body? h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? j Total. Add lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6). Yes No 1 Were substantially all (90% or more) dues received nondeductible by members? 1 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carry over lobbying and political expenditures from the prior year? Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes." Dues, assessments and similar amounts from members 1 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year 2a b Carryover from last year 2b 2c 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 3 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) **Supplemental Information** Part IV Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information. Schedule C, Part I-A, Line 1

Political contribution was given to GI Vote Yes for Kids Committee.

election for the Grand Island Public Schools.

Committee was to educate voters on a \$69.9 million mail-in bond issue

Schedule C, Part II-A, Explanation of Four Year Averaging

| Part IV Supplemental Information (continued) |
|--|
| The Grand Island Education Foundation did not participate in any grassroom |
| lobbying activities in prior years. |
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Employer identif

OMB No. 1545-0047

Open to Public Inspection

| | or the organization | | Employer identification number |
|----|---|---|---|
| | rand Island Education Foundation, | | 47 0725001 |
| | AC. | Funda or Other Similar Funda | 47-0735201 |
| F | ort I Organizations Maintaining Donor Advised Complete if the organization answered "Yes" | to Form 990 Part IV line 6 | or Accounts. |
| | Complete if the organization answered Tes | | The French of the State of the |
| | Tatal would are at and of years | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in writing | • | |
| | funds are the organization's property, subject to the organization's | | |
| 6 | Did the organization inform all grantees, donors, and donor adviso | | l |
| | only for charitable purposes and not for the benefit of the donor or | | |
| | conferring impermissible private benefit? | | Yes No |
| Pá | irt II Conservation Easements. | (- F 000 B- (D / P - 7 | |
| | Complete if the organization answered "Yes" | | |
| 1 | Purpose(s) of conservation easements held by the organization (cl | | |
| | Preservation of land for public use (e.g., recreation or education | n) Preservation of an historically i | mportant land area |
| | Protection of natural habitat | Preservation of a certified histo | ric structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified co | onservation contribution in the form of a | conservation |
| | easement on the last day of the tax year. | | Held at the End of the Tax Yea |
| а | Total number of conservation easements | | 2a |
| b | Total acreage restricted by conservation easements | | |
| С | Number of conservation easements on a certified historic structure | included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after 8 | 3/17/06, and not on a | |
| | Attack to the Partition Name of Decision | | 2d |
| 3 | Number of conservation easements modified, transferred, release | | |
| | tax year ▶ | | ŭ |
| 4 | Number of states where property subject to conservation easemer | it is located ▶ | |
| 5 | Does the organization have a written policy regarding the periodic | | |
| | violations, and enforcement of the conservation easements it holds | | ☐ Yes ☐ No |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, and e | nforcing conservation easements during | the year |
| • | > | merenig eeneerranen eaeamente aannig | , |
| 7 | Amount of expenses incurred in monitoring, inspecting, and enforce | ing conservation easements during the | vear |
| • | ▶ \$ | mig concertation eacontonic daring the j | , |
| 8 | Does each conservation easement reported on line 2(d) above sat | isfuthe requirements of section 170(h)(A | I)(R) |
| ٠ | (i) and section 170(h)(4)(B)(ii)? | | |
| 9 | In Part XIII, describe how the organization reports conservation ea | | |
| J | balance sheet, and include, if applicable, the text of the footnote to | - | |
| | organization's accounting for conservation easements. | The organization o interior statements t | anat describes the |
| P | art III Organizations Maintaining Collections of A | Art Historical Treasures or Otl | har Similar Assats |
| • | Complete if the organization answered "Yes" | to Form 990. Part IV. line 8. | nei Onimai Assets. |
| 10 | If the organization elected, as permitted under SFAS 116 (ASC 95 | | and balance sheet |
| 10 | works of art, historical treasures, or other similar assets held for pu | | |
| | public service, provide, in Part XIII, the text of the footnote to its fir | | |
| h | | | |
| b | If the organization elected, as permitted under SFAS 116 (ASC 95 | | |
| | works of art, historical treasures, or other similar assets held for pu | | Turmerance or |
| | public service, provide the following amounts relating to these item | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | ► \$ |
| _ | (ii) Assets included in Form 990, Part X | | , \$ |
| 2 | If the organization received or held works of art, historical treasure | _ | in, provide the |
| | following amounts required to be reported under SFAS 116 (ASC | | |
| а | Revenues included in Form 990, Part VIII, line 1 | | • \$ |
| h | Assets included in Form 990 Part X | | b ¢ |

| | dule D (Form 990) 2013 GLANG IS. | | | | | | | | | | Page 2 |
|----------|---|---|--------------|-----------------|------------------|---------------------------|----------|---------|---------------|-------------|-----------|
| Pa | ırt III — Organizations Maintainir | | | | | | | | | ets (cor | ntinued) |
| 3 | Using the organization's acquisition, access collection items (check all that apply): | sion, and other rec | ords, che | eck any of th | e following tha | at are a sigi | nifican | t use o | of its | | |
| а | Public exhibition | d 🗌 | Loan or | exchange p | rograms | | | | | | |
| b | Scholarly research | | | | | | | | | | |
| С | Preservation for future generations | - [_] | | | | | | | | | |
| 4 | Provide a description of the organization's | collections and evo | lain how | they further | the organizat | ion's evem | nt nurr | oco ir | Dort | | |
| • | XIII. | concentoris and exp | naiii iiow | they further | ine organizat | ion s exem | pr puit |)05E II | ran | | |
| 5 | During the year, did the organization solicit | | | | | | | | | | |
| Da | assets to be sold to raise funds rather than | | is part of | the organiza | ation's collecti | on? | | | | Yes | No |
| Pa | Complete if the organization | | es" to | Form 990, | Part IV, lin | e 9, or re | eporte | ed an | amoı | unt on F | orm |
| | 990, Part X, line 21. | | | | | | | | | | |
| 1a | Is the organization an agent, trustee, custo | dian or other intern | nediary f | or contribution | ons or other as | ssets not | | | | | |
| | included on Form 990, Part X? | | | | | | | | | Yes | No |
| b | If "Yes," explain the arrangement in Part X | | | | | | | | | | |
| | | | | | | | | | | Amount | |
| С | Beginning balance | | | | | | Ī | 1c | | | |
| | Additions during the year | • | | | | | ····· | 1d | | | |
| - | Distributions during the year | | | | | • • • • • • • • • • • • • | ····· | 1e | | | |
| f | Ending halance | | | | | • • • • • • • • • • • • | ····· | 1f | ~~~ | Innea du | |
| | Ending balance | Form 000 Dort V | Iina 212 | | | | L | | | | |
| 2a h | If "Ves " explain the arrangement in Port Vi | II Chook boro if the | nne zir | | | | | | | Yes | |
| | If "Yes," explain the arrangement in Part XI Irt V Endowment Funds. | ii. Check here ii the | explan | auon nas be | en provided in | Part XIII . | | | | | |
| | Complete if the organization | an answered "V | oo" to l | Form 000 | Dort IV lin | - 10 | | | | | |
| | Complete if the organization | | | | | | | | | | |
| | | (a) Current year | (b |) Prior year | (c) Two year | 's back | (d) Thre | e years | back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | | | |
| b | Contributions | | | | | | | | | | |
| С | Net investment earnings, gains, and | | | | | | | | | | |
| | losses | | | | | | | | | | |
| d | Grants or scholarships | 117.1 | | | | | | | | | |
| | Other expenditures for facilities and | | | | | | | | | | |
| | programs | | | | | | | | ĺ | | |
| f | Administrative expenses | | | | **** | | | | | | |
| | End of year balance | | | | | | | | | | |
| 2 | | irrent vear end bala | nce (line | 1a. column | (a)) held as: | | | | I | | |
| а | Board designated or quasi-endowment ▶ | % | | 0 , | (,, | | | | | | |
| b | Permanent endowment ▶ % | | | | | | | | | | |
| | Temporarily restricted endowment ▶ | % | | | | | | | | | |
| | The percentages in lines 2a, 2b, and 2c sh | | | | | | | | | | |
| 3a | Are there endowment funds not in the poss | | nization t | hat are held | and administr | arad for the | | | | | |
| • | organization by: | occion of the organ | nzation (| nat are neid | and administ | sied for the | , | | | L. | es No |
| | | | | | | | | | | | es No |
| | (ii) valated executations | | | | | | | | | 3a(i) | |
| h | | | | | | | | | | 3a(ii) | |
| 4 | If "Yes" to 3a(ii), are the related organization | ins listeu as require | ia on Sci | iedule R? | | | | | | 3b | |
| | Describe in Part XIII the intended uses of the land, Buildings, and Equ | | naowme | nt tunas. | | | | | | | |
| Га | , , , , , | | " 4- [| | D = 10 / 15 | . 44 - 0 | _ | _ | | | |
| | Complete if the organization | | | | | | | | <u>90, Pa</u> | | |
| | Description of property | (a) Cost or other | | | other basis | ` ' | umulated | Ė | | (d) Book va | lue |
| | | (investment) | | (oth | ner) | depre | eciation | | | | |
| | Land | | | | | | | | | | |
| b | Buildings | | | | | | | | | | |
| С | Leasehold improvements | | | | | | | | | | |
| d | Equipment | | | | | | | | | | |
| е | Other | | | | | | | | | | |
| Tota | L Add lines 1a through 1e (Column (d) mus | t equal Form 990. F | Part X c | olumn (B) lii | ne 10(c)) | | | | | | |

Schedule D (Form 990) 2013 Grand Island Education Foundation, 47-0735201

| | Complete if the organization answered "Yes" | to Form 990, Part IV, | line 11b. See Form 990, Part X, line 12. |
|----------------|--|-----------------------|--|
| | (a) Description of security or category | (b) Book value | (c) Method of valuation: |
| | (including name of security) | | Cost or end-of-year market value |
| (1) Financial | | | |
| (2) Closely-ne | eld equity interests | | |
| (3) Other | | | |
| | | | 141 |
| | | | |
| () | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| Total. (Colum | n (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |
| Part VIII | Investments—Program Related. | | |
| | Complete if the organization answered "Yes" | to Form 990, Part IV, | line 11c. See Form 990, Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) | | | |
| (2) | 1948 M. Arriva de la companya de la | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| | ın (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |
| Part IX | Other Assets. | | |
| | Complete if the organization answered "Yes" | to Form 990. Part IV. | line 11d See Form 990 Part X line 15 |
| | (a) Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | in (b) must equal Form 990, Part X, col. (B) line 15.) | | <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |
| Part X | Other Liabilities. | to Form OOO Dort IV | line 44e en 44f Cee Ferre 000 De 4 V |
| | Complete if the organization answered "Yes" line 25. | | line Tie or Tit. See Form 990, Part X, |
| 1. | (a) Description of liability | (b) Book value | |
| | income taxes | 000 511 | |
| | larships Payable | 863,511 | |
| | r Payable oll Liabilities | 12,378 | |
| | ATT HIGHTIT CTG2 | 439 | |
| (5) | | | |
| (6) (7) | | | |
| (8) | | | |
| (9) | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 25.) | 876,328 | |
| | uncertain tax positions. In Part XIII, provide the text of the | | |

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

DAA

| | edule D (Form 990) 2013 Grand Island Education Found | dation | <u>, 47-073520</u> | 1 | Page 4 |
|---------------|--|----------------------------------|------------------------|------------|---------------|
| Pa | art XI Reconciliation of Revenue per Audited Financial State | | | Reti | ırn. |
| | Complete if the organization answered "Yes" to Form 990 |), Part IV, I | ine 12a. | | 2 000 014 |
| 1 2 | Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | _1 | 2,022,214 |
| | Net unrealized gains on investments | 2a | 637,466 | | |
| b | Donated services and use of facilities | 2b | 037,400 | | |
| С | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | - All I | | |
| е | Add lines 2a through 2d | | | 2e | 637,466 |
| 3 | | | | 3 | 1,384,748 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | |
| b | Other (Describe in Part XIII.) | 4b | | | |
| | Add lines 4a and 4b Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | | 4c 5 | 1 204 740 |
| | art XII Reconciliation of Expenses per Audited Financial State | | | | 1,384,748 |
| | Complete if the organization answered "Yes" to Form 990 | | | ei K | eturn. |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 1,596,750 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| а | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| С | Other losses | 2c | | | |
| d | Other (Describe in Part XIII.) | 2d | | | |
| е | Add lines 2a through 2d | | | 2e | |
| 3 | Subtract line 2e from line 1 | | | 3 | 1,596,750 |
| | Amounts included on Form 990, Part IX, line 25, but not on line 1: | 1, | | | |
| a h | Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) | 4a 4b | | | |
| C | Add lines 42 and 4b | . Lan L | | 4- | |
| | | | | 40 | |
| 5 | | | | 4c | 1,596,750 |
| | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information | | | | 1,596,750 |
| Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa | art IV, lines 1 | b and 2b; Part V, line | 5 | |
| Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information | art IV, lines 1 | b and 2b; Part V, line | 5 | |
| Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |
| Prov 2; Pa | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) art XIII Supplemental Information ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove | art IV, lines 1 vide any addi | b and 2b; Part V, line | 5 4; Pa | rt X, line |

Schedule D (Form 990) 2013

| Schedule D (I | Form 990) 2013 G | rand Isla | nd Educatio | n Foundati | on, 47-07352 | 201 P | age 5 |
|---|---|-----------------|-------------|---|---------------------------------------|---------------------------------------|--------------|
| Part XIII | Supplementa | i information (| continued) | | | | |
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SCHEDULE G (Form 990 or 990-EZ

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

| ame o | of the organization Grand ISLAND EQUE Inc. | ation Fo | una | atı | on, | 47-07352 | |
|-------|---|-------------------|-------------------|--------------------|---------------------------------------|--|----------------------------------|
| Pa | Fundraising Activities. Complete | if the organiz | ation | ans | wered "Yes" to For | m 990, Part IV, | line 17. |
| | Form 990-EZ filers are not require | d to complete | this | oart. | | | |
| 1 | Indicate whether the organization raised funds throug | | | | | <i>'</i> . | |
| а | ☐ Mail solicitations | | | - | vernment grants | | |
| b | Internet and email solicitations | | | | ment grants | | |
| С | Phone solicitations | g Special fu | ındrais | sing e | vents | | |
| d | In-person solicitations | | | | | | |
| | Did the organization have a written or oral agreemen or key employees listed in Form 990, Part VII) or entil f "Yes," list the ten highest paid individuals or entities compensated at least \$5,000 by the organization. | ity in connection | with pr rsuant | ofess to ag | ional fundraising service | es? | Yes N |
| | | | | id fund- r have | | (v) Amount paid to | (vi) Amount paid to |
| | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | cust | ody or trol of | (iv) Gross receipts from activity | (or retained by) fundraiser listed in | (or retained by) organization |
| | | | | utions? | | col. (i) | organization |
| | | | Yes | No | | | |
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| otal | | <u> </u> | | | | | |
| | List all states in which the organization is registered of | | cit cor | tribut | ions or has been notifie | d it is exempt from | |
| - | registration or licensing. | | J. CO1 | iaibul | iono or has been notine | a it is exempt nom | |
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Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported Part II more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events Program Sales Hoops Mania 2 (add col. (a) through (event type) (event type) (total number) col. (c)) Revenue 105,630 1 Gross receipts 69,914 58,198 233,742 2 Less: Contributions 3 Gross income (line 1 minus 105,630 69,914 58,198 233,742 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 125,343 9 Other direct expenses 15,437 43,642 184,422 10 Direct expense summary. Add lines 4 through 9 in column (d) 184,422 49,320 11 Net income summary. Subtract line 10 from line 3, column (d) ... Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more Part III than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) 1 Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct 4 Rent/facility costs 5 Other direct expenses Yes % Yes 6 Volunteer labor No No No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes." explain:

Schedule G (Form 990 or 990-EZ) 2013 Grand Island Education Foundation, 47-0735201

| Sche | edule G (Form 990 or 990-EZ) 2013 Grand Island Education Foundation, 47-0 | 73520 | 1 | Page 3 |
|------|---|---|------------|--------|
| 11 | Does the organization operate gaming activities with nonmembers? | | Yes | |
| 2 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity | | | |
| | formed to administer charitable gaming? | | Yes | No |
| 13 | Indicate the percentage of gaming activity operated in: | | | |
| а | The organization's facility | 13a | | % |
| b | An outside facility | 13b | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and | [| | |
| | records: | | | |
| | | | | |
| | Name ► | | | |
| | | | | |
| | Address ▶ | | | |
| | | | | |
| 15a | Does the organization have a contract with a third party from whom the organization receives gaming | | | |
| | revenue? | | Yes | No |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the | | | |
| | amount of gaming revenue retained by the third party ▶\$ | | | |
| С | If "Yes," enter name and address of the third party: | | | |
| | | | | |
| | Name ▶ | | | |
| | | | | |
| | Address ► | | | |
| 16 | Coming manager information. | | | |
| 16 | Gaming manager information: | | | |
| | Name ► | | | |
| | Name ► | | | |
| | Gaming manager compensation ▶\$ | | | |
| | Culture Manager Compensation P Q | | | |
| | Description of services provided ▶ | | | |
| | | | | |
| | Director/officer Employee Independent contractor | | | |
| | | | | |
| 17 | Mandatory distributions: | | | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| | retain the state gaming license? | | Yes | No |
| b | Enter the amount of distributions required under state law to be distributed to other exempt organizations or | | | |
| _ | spent in the organization's own exempt activities during the tax year | | | |
| Pai | Supplemental Information. Provide the explanations required by Part I, line 2b, column | າຣ (iii) an | ıd (v), ar | nd |
| | Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to | provide | any | |
| | additional information (see instructions). | | | |
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SCHEDULE I (Form 990)

Governments, and Individuals in the United States Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Grants and Other Assistance to Organizations,

| Department of the Treasury | Infor | ► Information about S | chedule I (| Attach to Form 990. chedule I (Form 990) and its instructions is at www.irs.gov/form990. | 990. istructions is at w | ww.irs.gov/form9 | 90. | Open to Public Inspection |
|-----------------------------------|---|-----------------------|-------------------------|--|-----------------------------|--|--|------------------------------------|
| | nd Island Ed | Four | dation | n, | | | | Employer identification number |
| | Inc. | | | | | | 7 | 4.7-0.735201 |
| Part General | General Information on Grants and Assistance | Assistance | | | | | | |
| | Does the organization maintain records to substantiate the amount of the the selection criteria used to award the grants or assistance? | he amount of the | | grants or assistance, the grantees' eligibility for the grants or assistance, and | ses' eligibility for the | grants or assistar | nce, and | X Yes No |
| cribe | Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. | nitoring the use | of grant fun | ds in the United State | Inited States | Complete if th | organizatio | or spewered "Yes" to Form |
| Part III Oranius a Part IV, II | Part IV, line 21, for any recipient that received mor | received mor | e than \$ | e than \$5,000. Part II can be duplicated if additional space is needed | be duplicated if | additional spa | ce is needed | J. |
| 1 (a) Name and a | (a) Name and address of organization | (p) EIN | (c) IRC section | (d) Amount of cash grant | (e) Amount of non- | (f) Method of valuation (book, FMV, appraisal, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| (1) Grand Island Public | Public Schools | | II applicable | | | (in) | | |
| 123 S | | 0216002-6 | | 316 | | | | Athletic equipment |
| (2) Grand Tsland Public Schools | Public Schools | 6015000-7 | | ~ I | | | | |
| 123 S Webb Rd | | | | | | | | Classroom mini grant |
| Island | NE 68802-4904 47-6003169 | 7-6003169 | | 61,218 | | | | |
| (3) Grand Island Public | Public Schools | | | | | | | |
| 123 S Webb Rd | : | | , | | | | | Theatre renovations |
| Grand Island | NE 68802-4904 47-6003169 | 7-6003169 | | 465,096 | | | | |
| (4) Grand Island 1 | Public Schools | | | | | | | |
| 123 S Webb Rd | | | | | | | | Gym renovations |
| Grand Island | NE 68802-4904 47-6003169 | 7-6003169 | | 60,000 | | | | |
| nd Island | Public Schools | | | | | | | |
| | | | | | | | | Program assistance |
| Grand Island | NE 68802-4904 47-6003169 | 7-6003169 | | 17,486 | | | | |
| (6) Grand Island Public | Public Schools | | | | | | | |
| | | | | | | | | Special education |
| Grand Island | NE 68802-4904 47-6003169 | 7-6003169 | | 17,105 | | | | |
| (7) | | | | | | | | |
| (8) | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| (6) | | | | | | | | |
| | | | | | | | | |
| 2 Enter total number of | Enter total number of section 501(c)(3) and government organizations list | organizations list | ted in the line 1 table | ne 1 table | | | | ⊢ |
| 3 Enter total number of | Enter total number of other organizations listed in the line 1 table | e 1 table | | | | | | 0 🛦 |
| For Paperwork Reduction DAA | For Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA | for Form 990. | | | | | | Schedule I (Form 990) (2013) |

| Schedule I (Form 990) (2013) Grand Island Education For Part III Grants and Other Assistance to Individuals in the Leart III can be duplicated if additional space is needed | 1 - Y | Foundation, 47 he United States. Coded. | 47-0735201 Complete if the organi | Foundation, 47-0735201 the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 eded. | Page 2 orm 990, Part IV, line 22. |
|--|----------------------------|---|--------------------------------------|---|--|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, (f) FMV, appraisal, other) | (e) Method of valuation (book, (f) Description of non-cash assistance FMV, appraisal, other) |
| 1 Scholarships | 94 | 459,575 | | | |
| 2 | | | | | |
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| ro. | | | | | |
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| 7 | | | | | |
| Part IV Supplemental Information. Provide the informati | ovide the information | required in Part I, II | ne 2, Part III, colum | on required in Part I, line 2, Part III, column (b), and any other additional information | nal information. |
| Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds | ss for Monito | ring the Use | of Grant Fu | nds | |
| The Grand Island Education Foundation works with the Grand Island Public | Foundation | works with t | he Grand Isl | and Public | |
| Schools grants department to monitor | to monitor g | rants that a | re awarded t | grants that are awarded to the school | |
| district through the Foundation. All such grants are passed through to the | lation. All | such grants | are passed t | hrough to the | |
| appropriate school district program and grant reports are filed by the GIPS | t program an | d grant repo | rts are file | d by the GIPS | |
| grants administrator. Any grants tha | grants that | t are held at the Foundation are | the Foundat | ion are | |
| accounted for by the executive direct | tive directo | r. Most suc | h grants are | or. Most such grants are scholarship | |
| awards and are expended an | annually to award winners. | ard winners. | | | |
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Schedule I (Form 990) (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

2013 Attach to Form 990 or 990-EZ. Open to Public

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form99d. Inspection

Name of the organization Grand Island Education Foundation. Inc.

Employer identification number 47-0735201

OMB No. 1545-0047

Form 990, Part I, Line 6

Volunteers perform duties such as office work, concession sales, event planning and execution and scholarship application review.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The 990 is reviewed by the audit committe and then recommended to the board for their approval.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy At the bottom of each board agenda there is a notification to the board members indicating that if they have a conflict of interest on the agenda they should contact the Board President. At the begining of every board meeting, they discuss the agenda to see if anyone has a conflict of interest. If an interested person exists, they may make a presentation at the governing board or committee meeting, but after the presentation, he/she shall leave the meeting during the discussion of, and the vote on, the transaction or arrangement involving the possible conflict. The chairperson of the governing board or committee shall, if appropriate, appoint a disinterested person or committee to investigate alternatives to the proposed transaction or arrangement. After exercising due diligence, the governing board or committee shall determine whether the Organization can obtain with reasonable efforts a more advantageous transaction or arrangement from a person or entity that would not give rise to a conflict of interest. If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of

Name of the organization

Employer identification number

Grand Island Education Foundation,

47-0735201

interest, the governing board or committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in the Organization's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination it shall make its decision as to whether to enter into the transaction or arrangement. If the governing board or committee has reasonable cause to believe a member has failed to disclose actual or possible conflicts of interest, it shall inform the member of the basis for such belief and afford the member an opportunity to explain the alleged failure to disclose. If, after hearing the member's response and after making further investigation as warranted by the circumstances, the governing board or committee determines the member has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

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

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation
The Grand Island Education Foundation has recently posted their governing
policies on their website and will be posting the most recent 990 on their
website once it is filed.

| | CHEDULE G | F | undraising Other Ev | ents | | |
|-----------------|--|-----------------------------------|-----------------------|---------------------|--------|--|
| | Form 990 or 90-EZ) | For calendar year 2013, or tax ye | ear beginning 09/01/1 | .3 , and ending 08, | /31/14 | 2013 |
| Nan | | | | | | lentification Number |
| | rand Islan nc. | d Education Found | ation, | | 47-073 | 5201 |
| | | (a) Other event | (b) Other event | (c) Other event | | |
| | | Husker Harvest | Hall of Honor | | | (d) Total other events (add col. (a) through |
| ne | | (event type) | (event type) | (event type) | | col. (c)) |
| Revenue | 1 Gross receipts | 45,388 | 12,810 | | | 58,198 |
| | 2 Less: Charitable contributions | | | | | |
| | 3 Gross income (line 1 minus line 2 | 45,388 | 12,810 | | | 58,198 |
| | 4 Cash prizes | | | | | |
| | 5 Noncash prizes | | | | | M |
| | 3 Noncash prizes | | | | | |
| enses | 6 Rent/facility cos | ts | | | | |
| Direct Expenses | 7 Food/beverages | 3 | | | | |
| Direct | 8 Entertainment | | | | | |
| | 9 Other expenses | 34,357 | 9,285 | | | 43,642 |

07757 Grand Island Education Foundation,
47-0735201 Federal Statements

FYE: 8/31/2014

11/14/2014 7:07 AM

Taxable Interest on Investments

| Descript | ion | | | | | | |
|-----------------|-----|----------------|----------------------------|-----|----|------------------------|---------------------|
| | | Amount | Unrelated Business Code | | | Acquired after 6/30/75 | US Obs (\$ or %) |
| Interest Income | Ġ | 2 705 | | 1.4 | | | |
| | ۶ | 2,785 | | 14 | NE | | |
| Total | \$ | 2 , 785 | | | | | |

Taxable Dividends from Securities

| Descript | ion | · | | | | | |
|-----------------|-----|---------|----------------------------|----|----|------------------------|---------------------|
| | | Amount | Unrelated Business Code | | | Acquired after 6/30/75 | US Obs (\$ or %) |
| Dividend Income | | | | | | | |
| | \$ | 127,397 | | 14 | NE | | |
| Total | \$ | 127,397 | | | | | |

| | | Fund Raising | | Fund Raising 2,324 1,400 3,724 | |
|--|---|-------------------------------------|--|--|--|
| WK 10.1 +102/+1/11 | | | | | |
| | -employee) | Management & General | ဖျ | Management & General \$ 1,001 \$ 375 \$ 415 | |
| ements | 11g - Other Fees for Service (Non-employee) | Program Service \$ 71,943 \$ 71,943 | Part IX, Line 24e - All Other Expenses | Program Service \$ 1,500 | |
| Federal Statements | Line 11g - Other Fe | Total Expenses \$ 76,529 | | Total Expenses \$ 2,501 2,324 1,400 375 375 \$ 6,639 | |
| רoundation, | Form 990, Part IX, | | Form 990, | | |
| 07757 Grand Island Education Foundation, 47-0735201 FYE: 8/31/2014 | | Description Professional Fees Total | | Miscellaneous Wolunteer Recognition Planned Giving Cultivation Quickbooks Fees Total | |

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| 11/14/2014 7:07 AM | | Amount | \$ 707,283 | 30,000 | 30,000 | 30,000 | 24,000 | 250,000 | 20,000 | \$ 1,121,283 | | Amount | \$ 2,785 127,397 \$ 130,182 | | Amount | \$ 324 100,804 \$ 101,128 |
|--|--------------------------------|-------------|------------|--|--|-------------------|---|---------|---|--------------|--------------------------------|-------------|---|---------------------------------|-------------|---|
| on, Federal Statements | Schedule A, Part II, Line 1(e) | Description | | | no. | | | | | | Schedule A, Part II, Line 8(e) | Description | : | Schedule A, Part II, Line 10(e) | Description | |
| 07757 Grand Island Education Foundation, 47-0735201 FYE: 8/31/2014 | | | Other | 1 Einusen Foundation ash Contribution | Edgar & Frances Reynolds Foundation Cash Contribution | Cash Contribution | Kauimann-Cummings Foundation Cash Contribution | | Tom and Kim Dinsdale Cash Contribution | Total | | | Interest Income Dividend Income Total | | | Cash Surrender Value Earnings Administrative Fees Total |

| | 317.0 | | | |
|--|------------------------------|---|--|--|
| 11/14/2014 7:07 AM | | \$ 69,914 105,630 45,388 12,810 \$ 233,742 | | |
| Federal Statements | Schedule A, Part II, Line 12 | no | | |
| 07757 Grand Island Education Foundation, 47-0735201 FYE: 8/31/2014 | | Hoops Mania Program Sales Husker Harvest Days Hall of Honor Total | | |