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CLIENT'S COPY
AUGUST 7, 2014

NONPROFIT ASSOCIATION OF THE MIDLANDS
11205 WRIGHT CIRCLE, STE 210 NO. 210
OMAHA, NE 68144

NONPROFIT ASSOCIATION OF THE MIDLANDS:

ENCLOSED IS THE ORGANIZATION'S 2013 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-EO TO US BY AUGUST 15, 2014.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

HAYES & ASSOCIATES, LLC
Form 8879-EO

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2013, or fiscal year beginning __________, 2013, and ending __________, 2013

Do not send to the IRS. Keep for your records.

Information about Form 8879-EO and its instructions is at www.irs.gov/form8879eo

Name of exempt organization

NONPROFIT ASSOCIATION OF THE MIDLANDS

Employer identification number

47-0778684

Name and title of officer

ANNE HINDERY

CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here [X] b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 267574 1b
2a Form 990-EZ check here [ ] b Total revenue, if any (Form 990-EZ, line 9) 2b
3a Form 1120-POL check here [ ] b Total tax (Form 1120-POL, line 22) 3b
4a Form 990-PF check here [ ] b Tax based on investment income (Form 990-PF, Part VI, line 5) 4b
5a Form 8868 check here [ ] b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) 5b

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2013 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS an acknowledgement of receipt or reason for rejection of the transmission, the reason for any delay in processing the return or refund, and the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

[X] I authorize HAYES & ASSOCIATES, LLC to enter my PIN 12011

ERO firm name

Enter five numbers, but do not enter all zeros

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2013 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature [ ] Date [ ]

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

47002212888 do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2013 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature [ ] BRAD YODER Date [ ] 08/07/14

LHA For Paperwork Reduction Act Notice, see instructions.

ER0 Must Retain This Form - See Instructions Do Not Submit This Form To The IRS Unless Requested To Do So

Form 8879-EO (2013)
### Part I Summary

<table>
<thead>
<tr>
<th>Activities &amp; Governance</th>
<th>Prior Year</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of voting members of the governing body</td>
<td>3, 13</td>
<td>3, 13</td>
</tr>
<tr>
<td>Number of independent voting members of the governing body</td>
<td>4, 13</td>
<td>4, 13</td>
</tr>
<tr>
<td>Total number of individuals employed in calendar year 2013</td>
<td>5, 4</td>
<td>6, 0</td>
</tr>
</tbody>
</table>

#### Revenue

- Contributions and grants (Part VIII, line 1h): 360,373.
- Program service revenue (Part VIII, line 2g): 46,500.
- Investment income (Part VIII, column (A), lines 3, 4, and 7d): 36.

#### Expenses

- Total expenses: 213,902.
- Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e): 7,557.

#### Part II Signature Block

**ANNE HINDERY, CHIEF EXECUTIVE OFFICER**

Signature: ____________________________________________________________________

Date: ____________

**BRAD YODER**

Preparer’s signature: ____________________________________________________________________

Date: 08/07/14

PTIN: 00948709

Phone no. 402-390-2480

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions.
Briefly describe the organization’s mission:
WE STRENGTHEN THE COLLECTIVE VOICE, LEADERSHIP, AND CAPACITY OF NONPROFIT ORGANIZATIONS TO ENRICH THE QUALITY OF COMMUNITY LIFE THROUGHOUT NEBRASKA AND SOUTHWEST IOWA.

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? □ Yes □ No
If “Yes,” describe these new services on Schedule O.

Did the organization cease conducting, or make significant changes in how it conducts, any program services? □ Yes □ No
If “Yes,” describe these changes on Schedule O.

Describe the organization’s program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

<table>
<thead>
<tr>
<th>Code</th>
<th>Expenses</th>
<th>Including Grants</th>
<th>Revenue</th>
</tr>
</thead>
<tbody>
<tr>
<td>4a</td>
<td>244,750</td>
<td>$</td>
<td>57,099</td>
</tr>
<tr>
<td>4b</td>
<td></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>4c</td>
<td></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

Other program services (Describe in Schedule O.)

Total program service expenses $244,750.
<table>
<thead>
<tr>
<th>Part IV Checklist of Required Schedules</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1</strong> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>1</td>
</tr>
<tr>
<td><strong>2</strong> Is the organization required to complete Schedule B, Schedule of Contributors?</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>2</td>
</tr>
<tr>
<td><strong>3</strong> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If &quot;Yes,&quot; complete Schedule C, Part I</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>3</td>
</tr>
<tr>
<td><strong>4</strong> <strong>Section 501(c)(3) organizations.</strong> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If &quot;Yes,&quot; complete Schedule C, Part II</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>4</td>
</tr>
<tr>
<td><strong>5</strong> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If &quot;Yes,&quot; complete Schedule C, Part III</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>5</td>
</tr>
<tr>
<td><strong>6</strong> 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 &quot;Yes,&quot; complete Schedule D, Part I</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>6</td>
</tr>
<tr>
<td><strong>7</strong> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If &quot;Yes,&quot; complete Schedule D, Part II</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>7</td>
</tr>
<tr>
<td><strong>8</strong> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If &quot;Yes,&quot; complete Schedule D, Part III</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>8</td>
</tr>
<tr>
<td><strong>9</strong> 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 &quot;Yes,&quot; complete Schedule D, Part IV</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>9</td>
</tr>
<tr>
<td><strong>10</strong> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If &quot;Yes,&quot; complete Schedule D, Part V</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>10</td>
</tr>
<tr>
<td><strong>11</strong> If the organization’s answer to any of the following questions is &quot;Yes,&quot; then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.</td>
</tr>
<tr>
<td><strong>a</strong> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If &quot;Yes,&quot; complete Schedule D, Part VI</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>11a</td>
</tr>
<tr>
<td><strong>b</strong> 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 &quot;Yes,&quot; complete Schedule D, Part VII</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>11b</td>
</tr>
<tr>
<td><strong>c</strong> 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 &quot;Yes,&quot; complete Schedule D, Part VIII</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>11c</td>
</tr>
<tr>
<td><strong>d</strong> 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 &quot;Yes,&quot; complete Schedule D, Part IX</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>11d</td>
</tr>
<tr>
<td><strong>e</strong> Did the organization report an amount for other liabilities in Part X, line 25? If &quot;Yes,&quot; complete Schedule D, Part X</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>11e</td>
</tr>
<tr>
<td><strong>f</strong> 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 &quot;Yes,&quot; complete Schedule D, Part X</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>11f</td>
</tr>
<tr>
<td><strong>12a</strong> Did the organization obtain separate, independent audited financial statements for the tax year? If &quot;Yes,&quot; complete Schedule D, Parts XI and XII</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>12a</td>
</tr>
<tr>
<td><strong>b</strong> Was the organization included in consolidated, independent audited financial statements for the tax year? If &quot;Yes, and if the organization answered &quot;No&quot; to line 12a, then completing Schedule D, Parts XI and XII is optional</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>12b</td>
</tr>
<tr>
<td><strong>13</strong> Is the organization a school described in section 170(b)(1)(A)(ii)? If &quot;Yes,&quot; complete Schedule E</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>13</td>
</tr>
<tr>
<td><strong>14a</strong> Did the organization maintain an office, employees, or agents outside of the United States?</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>14a</td>
</tr>
<tr>
<td><strong>b</strong> 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 &quot;Yes,&quot; complete Schedule F, Parts I and IV</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>14b</td>
</tr>
<tr>
<td><strong>15</strong> 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 &quot;Yes,&quot; complete Schedule F, Parts II and IV</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>15</td>
</tr>
<tr>
<td><strong>16</strong> Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? If &quot;Yes,&quot; complete Schedule F, Parts III and IV</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>16</td>
</tr>
<tr>
<td><strong>17</strong> 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 &quot;Yes,&quot; complete Schedule G, Part I</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>17</td>
</tr>
<tr>
<td><strong>18</strong> Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If &quot;Yes,&quot; complete Schedule G, Part II</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>18</td>
</tr>
<tr>
<td><strong>19</strong> Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If &quot;Yes,&quot; complete Schedule G, Part III</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>19</td>
</tr>
<tr>
<td><strong>20a</strong> Did the organization operate one or more hospital facilities? If &quot;Yes,&quot; complete Schedule H</td>
</tr>
<tr>
<td><strong>Yes</strong></td>
</tr>
<tr>
<td>20a</td>
</tr>
<tr>
<td><strong>b</strong> If &quot;Yes&quot; to line 20a, did the organization attach a copy of its audited financial statements to this return?</td>
</tr>
</tbody>
</table>
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 ……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………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Part V  Statements Regarding Other IRS Filings and Tax Compliance

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

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  
Yes  No 1a  10  

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  X  

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  
2a  4  

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)  

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 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  
4a  X  

b If "Yes," enter the name of the foreign country.  


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  

c 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).  

a 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  X  

b If "Yes," did the organization notify the donor of the value of the goods or services provided?  
7b  X  

c 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?  
7f  X  

g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  
7g  

h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  
7h  

8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  
8  

9 Sponsoring organizations maintaining donor advised funds.  

a Did the organization make any taxable distributions under section 4966?  
9a  

did the organization make a distribution to a donor, donor advisor, or related person?  
9b  

10 Section 501(c)(7) organizations. Enter:  
a 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 facilities  
10b  

11 Section 501(c)(12) organizations. Enter:  
a 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.)  
11b  

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  
12a  

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  
12b  

13 Section 501(c)(29) qualified nonprofit health insurance issuers.  
a Is the organization licensed to issue qualified health plans in more than one state?  
13a  

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  
13b  

c Enter the amount of reserves on hand  
13c  

14a Did the organization receive any payments for indoor tanning services during the tax year?  
14a  X  

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O  
14b  

Form 990 (2013)
## Section A. Governing Body and Management

1a. Enter the number of voting members of the governing body at the end of the tax year. 

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>

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.

1b. Enter the number of voting members included in line 1a, above, who are independent.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>13</td>
</tr>
</tbody>
</table>

2. Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

X

3. Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?

X

4. Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

X

5. Did the organization become aware during the year of a significant diversion of the organization’s assets?

X

6. Did the organization have members or stockholders?

X

7a. Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

X

7b. Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

X

8. Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a. The governing body?

X

b. Each committee with authority to act on behalf of the governing body?

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.

X

## Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

10a. Did the organization have local chapters, branches, or affiliates?

X

10b. 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?

X

11a. Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

X

11b. Describe in Schedule O the process, if any, by the organization to review this Form 990.

X

12a. Did the organization have a written conflict of interest policy? If “No,” go to line 13

X

12b. Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

X

12c. Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe in Schedule O how this was done

X

13. Did the organization have a written whistleblower policy?

X

14. Did the organization have a written document retention and destruction policy?

X

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?

a. The organization’s CEO, Executive Director, or top management official

X

b. Other officers or key employees of the organization

X

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?

X

16b. 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?

X

## Section C. Disclosure

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 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

X Own website

X Another’s website

X Upon request

X Other (explain in Schedule O)

19. Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20. State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

ANN HINDERLY - 402-557-5801

11205 WRIGHT CIRCLE, STE 21U, OMAHA, NE 68144

Form 990 (2013)
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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 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 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 organization compensated any current officer, director, or trustee.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ANNE MEYSENBURG</td>
<td>5.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PRESIDENT ELECT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) BECKY GOULD</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) DAVID PANTOS</td>
<td>5.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4) JAMIE SUMMERFELT</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5) JOAN LUKAS</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6) KARA HENNER EASTMAN</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(7) LYNDA SHAFER</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8) PAUL SATHER</td>
<td>4.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>PAST-PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9) ROBERT PATTERSON</td>
<td>5.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>SECRETARY</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(10) THOMAS WARREN</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11) JOHN LEVY</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) JEFF MORAN</td>
<td>3.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) TRACY SHUTT</td>
<td>4.00</td>
<td>X X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>TREASURER</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) ANNE HINDERY</td>
<td>55.00</td>
<td>X</td>
<td>87,049.</td>
<td>0.</td>
<td>15,394.</td>
</tr>
<tr>
<td>CEO</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2013)
### Part VII: Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Individual trustee or director</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Institutional trustee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Officer</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Highest compensated employee</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Key employee</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1b Sub-total  ▶  87,049.  0.  15,394.

c Total from continuation sheets to Part VII, Section A  ▶  0.  0.  0.

d Total (add lines 1b and 1c)  ▶  87,049.  0.  15,394.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 0

3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual ▶ 3  X

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual ▶ 4  X

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person ▶ 5  X

### Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization’s tax year.

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>NONE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0
### Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>Contribution, Gifts, Grants, and Other Similar Amounts</th>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f: $</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>h Total. Add lines 1a-1f</strong></td>
<td><strong>210,442.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a PROGRAM SERVICE FEES</td>
<td><strong>541900</strong></td>
<td><strong>53,415.</strong></td>
<td><strong>53,415.</strong></td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2e</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2f All other program service revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>g Total. Add lines 2a-2f</strong></td>
<td><strong>53,415.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td><strong>33.</strong></td>
<td></td>
<td><strong>33.</strong></td>
<td></td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6a Gross rents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6d Net rental income or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d Net gain or (loss)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8c Net income or (loss) from fundraising events</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9c Net income or (loss) from gaming activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10c Net income or (loss) from sales of inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miscellaneous Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11a OTHER REVENUES</td>
<td><strong>541900</strong></td>
<td><strong>3,684.</strong></td>
<td><strong>3,684.</strong></td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>e Total. Add lines 11a-11d</strong></td>
<td><strong>3,684.</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Total revenue. See instructions.</td>
<td><strong>267,574.</strong></td>
<td><strong>57,099.</strong></td>
<td><strong>0.</strong></td>
<td><strong>33.</strong></td>
</tr>
<tr>
<td></td>
<td>(A) Total expenses</td>
<td>(B) Program service expenses</td>
<td>(C) Management and general expenses</td>
<td>(D) Fundraising expenses</td>
</tr>
<tr>
<td>---</td>
<td>-------------------</td>
<td>------------------------------</td>
<td>-----------------------------------</td>
<td>------------------------</td>
</tr>
<tr>
<td>1</td>
<td>Grants and other assistance to governments and organizations in the United States. See Part IV, line 21</td>
<td>87,049</td>
<td>32,208</td>
<td>21,762</td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to individuals in the United States. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td>88,408</td>
<td>68,965</td>
<td>11,476</td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>38,199</td>
<td>22,155</td>
<td>6,258</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>12,027</td>
<td>6,976</td>
<td>2,285</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>12,087</td>
<td>12,031</td>
<td>36.</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (non-employees):</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td>21,333</td>
<td>21,333</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>12,087</td>
<td>12,031</td>
<td>36.</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>28,315</td>
<td>17,430</td>
<td>7,079</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>27,084</td>
<td>18,687</td>
<td>4,063</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>6,448</td>
<td>2,772</td>
<td>2,644</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>3,507</td>
<td>2,365</td>
<td>546</td>
</tr>
<tr>
<td>24</td>
<td>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.)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>TRAINING</td>
<td>51,012</td>
<td>41,556</td>
<td>6,046</td>
</tr>
<tr>
<td>b</td>
<td>WEB DEVELOPMENT</td>
<td>13,099</td>
<td>12,000</td>
<td>532</td>
</tr>
<tr>
<td>c</td>
<td>EQUIPMENT RENTAL AND MA</td>
<td>4,820</td>
<td>3,325</td>
<td>723</td>
</tr>
<tr>
<td>d</td>
<td>OTHER EXPENSE</td>
<td>4,279</td>
<td>4,279</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>398,632</td>
<td>244,750</td>
<td>86,748</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here if following SOP 98-2 (ASC 958-720)
### Balance Sheet

#### Part X

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>49,836.</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>60,542.</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>220,000.</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>1,905.</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees’ beneficiary organizations (see instr). Complete Part II of Sch L</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>7,589.</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td></td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>8,015.</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>8,000.</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td><strong>Total assets.</strong> Add lines 1 through 15 (must equal line 34)</td>
<td>353,572.</td>
</tr>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>10,543.</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>49,415.</td>
</tr>
<tr>
<td>26</td>
<td><strong>Total liabilities.</strong> Add lines 17 through 25</td>
<td>59,958.</td>
</tr>
<tr>
<td>27</td>
<td>Organizations that follow SFAS 117 (ASC 958), check here [X] and complete lines 27 through 29, and lines 33 and 34.</td>
<td>14,092.</td>
</tr>
<tr>
<td>28</td>
<td>Unrestricted net assets</td>
<td>279,522.</td>
</tr>
<tr>
<td>29</td>
<td>Permanently restricted net assets</td>
<td></td>
</tr>
<tr>
<td>30</td>
<td>Capital stock or trust principal, or current funds</td>
<td></td>
</tr>
<tr>
<td>31</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td></td>
</tr>
<tr>
<td>32</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td></td>
</tr>
<tr>
<td>33</td>
<td>Total net assets or fund balances</td>
<td>293,614.</td>
</tr>
<tr>
<td>34</td>
<td>Total liabilities and net assets/fund balances</td>
<td>353,572.</td>
</tr>
</tbody>
</table>
## Part XI Reconciliation of Net Assets

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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses. Subtract line 2 from line 1</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain in Schedule O)</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))</td>
</tr>
</tbody>
</table>

## Part XII Financial Statements and Reporting

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

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990:</td>
<td>Cash</td>
<td>X Accrual</td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization's financial statements compiled or reviewed by an independent accountant?</td>
<td>2a</td>
<td>X</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization's financial statements audited by an independent accountant?</td>
<td>2b</td>
<td>X</td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, compilation of its financial statements and selection of an independent accountant?</td>
<td>2c</td>
<td>X</td>
</tr>
<tr>
<td>3a</td>
<td>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?</td>
<td>3a</td>
<td>X</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; 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</td>
<td>3b</td>
<td></td>
</tr>
</tbody>
</table>
## Schedule A (Form 990 or 990-EZ) 2013

### Part I: Reason for Public Charity Status

**Name of the organization**

**NONPROFIT ASSOCIATION OF THE MIDLANDS**

**Employer identification number**

47-0778684

<table>
<thead>
<tr>
<th>Reason for Public Charity Status</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.)</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

### Part II: Description of Supporting Organization

#### (i) Name of supported organization

#### (ii) EIN

#### (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))

#### (iv) Is the organization in col. (i) listed in your governing document?

#### (v) Did you notify the organization in col. (i) of your support?

#### (vi) Is the organization in col. (i) organized in the U.S.?

<table>
<thead>
<tr>
<th>Name of supported organization</th>
<th>EIN</th>
<th>Type of organization</th>
<th>Is listed in governing document?</th>
<th>Did you notify?</th>
<th>Organized in the U.S.?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

### (vii) Amount of monetary support

<table>
<thead>
<tr>
<th>Total</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**LHA For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ) 2013**

**Form 990 or 990-EZ.**

**10490807 767222 00935**

2013.04010 NONPROFIT ASSOCIATION OF TH 00935_1
### 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 7, 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.)

#### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>membership fees received. (Do not</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>include any &quot;unusual grants.&quot;</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Tax revenues levied for the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization's benefit and either paid to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>furnished by a governmental unit to the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Total. Add lines 1 through 3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 The portion of total contributions</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>by each person (other than a governmental</td>
<td></td>
<td></td>
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<td>unit or publicly supported organization)</td>
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<td>included on line 1 that exceeds 2% of the</td>
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#### Section B. Total Support

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<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
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<td>7 Amounts from line 4</td>
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<td>8 Gross income from interest, dividends,</td>
<td></td>
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<tr>
<td>payments received on securities loans,</td>
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<tr>
<td>rents, royalties and income from similar</td>
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<td>sources</td>
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<tr>
<td>9 Net income from unrelated business</td>
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<tr>
<td>activities, whether or not the business</td>
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<tr>
<td>is regularly carried on</td>
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<td>10 Other income. Do not include gain or</td>
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<tr>
<td>loss from the sale of capital assets</td>
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<td>(Explain in Part IV.)</td>
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<td>11 Total support. Add lines 7 through 10</td>
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<td>etc. (see instructions)</td>
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<td>13 First five years. If the Form 990 is</td>
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#### Section C. Computation of Public Support Percentage

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<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
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<td>column (f))</td>
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<td>15 Public support percentage from 2012</td>
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<td>16a 33 1/3% support test - 2013. If the</td>
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<td>qualifies as a publicly supported</td>
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<td>organization</td>
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<td>the &quot;facts-and-circumstances&quot; test, check</td>
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<tr>
<td>this box and stop here. Explain in Part IV</td>
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<tr>
<td>how the organization meets the &quot;facts-and-</td>
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<td>circumstances&quot; test. The organization</td>
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<td>qualifies as a publicly supported</td>
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<td>organization</td>
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<td>18 Private foundation. If the organization</td>
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<tr>
<td>17a, or 17b, check this box and see</td>
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<tr>
<td>instructions</td>
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</table>
### Section A. Public Support

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<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and</td>
<td>192,462</td>
<td>218,292</td>
<td>493,292</td>
<td>360,373</td>
<td>210,442</td>
<td>1,474,861</td>
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<td>membership fees received. (Do not include</td>
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<tr>
<td>any &quot;unusual grants.&quot;)</td>
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<tr>
<td>2 Gross receipts from admissions,</td>
<td>163,544</td>
<td>111,860</td>
<td>127,990</td>
<td>46,500</td>
<td>53,415</td>
<td>503,309</td>
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<td>merchandise sold or services performed, or</td>
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<tr>
<td>facilities furnished in any activity that</td>
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<td>is related to the organization's tax-exempt</td>
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<td>purpose</td>
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<tr>
<td>3 Gross receipts from activities that</td>
<td></td>
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<tr>
<td>are not an unrelated trade or business</td>
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<td>under section 513</td>
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<td>4 Tax revenues levied for the</td>
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<td>organization's benefit and either paid to</td>
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<tr>
<td>or expended on its behalf</td>
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<tr>
<td>5 The value of services or facilities</td>
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<tr>
<td>furnished by a governmental unit to the</td>
<td></td>
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<td>organization without charge</td>
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</tr>
<tr>
<td>6 Total. Add lines 1 through 5</td>
<td>356,006</td>
<td>330,152</td>
<td>621,282</td>
<td>406,873</td>
<td>263,857</td>
<td>1,978,170</td>
</tr>
<tr>
<td>7a Amounts included on lines 1, 2, and</td>
<td>197,8170</td>
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<tr>
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<td>7b Amounts included on lines 2 and 3</td>
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<td>7c Amounts included on lines 2 and 3</td>
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<tr>
<td>received from other than disqualified</td>
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<td>or 1% of the amount on line 13 for the</td>
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<td>year</td>
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<tr>
<td>8 Public support percentage for 2013 (line</td>
<td>33 1/3%</td>
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<td>18, column (f) divided by line 13, column</td>
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<td>(f)</td>
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<td>9 Public support percentage from 2012</td>
<td>96.94</td>
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### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in)</th>
<th>(a) 2009</th>
<th>(b) 2010</th>
<th>(c) 2011</th>
<th>(d) 2012</th>
<th>(e) 2013</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9 Amounts from line 6</td>
<td>356,006</td>
<td>330,152</td>
<td>621,282</td>
<td>406,873</td>
<td>263,857</td>
<td>1,978,170</td>
</tr>
<tr>
<td>10a Gross income from interest, dividends,</td>
<td>17,345</td>
<td>16,189</td>
<td>2,590</td>
<td>36</td>
<td>33</td>
<td>36,193</td>
</tr>
<tr>
<td>payments received on securities loans,</td>
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<tr>
<td>rents, royalties and income from similar</td>
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<tr>
<td>sources</td>
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<tr>
<td>10b Unrelated business taxable income</td>
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<tr>
<td>(less section 511 taxes) from businesses</td>
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<td>10c Add lines 10a and 10b</td>
<td>17,345</td>
<td>16,189</td>
<td>2,590</td>
<td>36</td>
<td>33</td>
<td>36,193</td>
</tr>
<tr>
<td>11 Net income from unrelated business</td>
<td>3,452</td>
<td>6,132</td>
<td>2,703</td>
<td>2,224</td>
<td>3,684</td>
<td>18,195</td>
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<td>whether or not the business is regularly</td>
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<td>carried on</td>
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<tr>
<td>12 Other income. Do not include gain or</td>
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<tr>
<td>loss from the sale of capital assets</td>
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<td>(Explain in Part IV.)</td>
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<tr>
<td>13 Total support. (Add lines 9, 10c, 11,</td>
<td>376,803</td>
<td>352,473</td>
<td>626,575</td>
<td>409,133</td>
<td>267,574</td>
<td>2,032,558</td>
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<td>and 12.)</td>
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<td>14 First five years. If the Form 990 is for</td>
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<tr>
<td>the organization’s first, second, third,</td>
<td></td>
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</tr>
<tr>
<td>fourth, or fifth tax year as a section</td>
<td></td>
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</tr>
<tr>
<td>501(c)(3) organization, check this box and</td>
<td></td>
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</tr>
<tr>
<td>stop here</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>(f) Total</th>
<th>15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))</th>
<th>15 97.32 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>16 Public support percentage from 2012 Schedule A, Part III, line 15</td>
<td>16 96.94 %</td>
<td></td>
</tr>
</tbody>
</table>

### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>(f) Total</th>
<th>17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))</th>
<th>17 1.78 %</th>
</tr>
</thead>
<tbody>
<tr>
<td>18 Investment income percentage from 2012 Schedule A, Part III, line 17</td>
<td>18 2.24 %</td>
<td></td>
</tr>
</tbody>
</table>

**Stop here.**
Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

2013

Name of the organization

NONPROFIT ASSOCIATION OF THE MIDLANDS

Employer identification number

47-0778684

Organization type (check one):

<table>
<thead>
<tr>
<th>Filers of:</th>
<th>Section:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Form 990 or 990-EZ</td>
<td>501(c)(3) (enter number) organization</td>
</tr>
<tr>
<td>Form 990-PF</td>
<td>501(c)(3) exempt private foundation</td>
</tr>
</tbody>
</table>

Check if your organization is covered by the General Rule or a Special Rule.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) $5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

LHA 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)
### Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>THE HARRY A KOCH CO. 11949 Q STREET OMAHA, NE 68137</td>
<td>$54,750.</td>
<td>Person X, Noncash</td>
</tr>
<tr>
<td>2</td>
<td>THE SHERWOOD FOUNDATION 3555 FARNAM STREET OMAHA, NE 68131</td>
<td>$25,000.</td>
<td>Person X, Noncash</td>
</tr>
<tr>
<td>3</td>
<td>WILLIAM AND RUTH SCOTT FAMILY FOUNDATION 302 SOUTH 36TH STREET, SUITE 100 OMAHA, NE 68131</td>
<td>$30,000.</td>
<td>Person X, Noncash</td>
</tr>
<tr>
<td>4</td>
<td>PARKER FAMILY FOUNDATION 302 S. 36TH ST. OMAHA, NE 68131</td>
<td>$5,000.</td>
<td>Person X, Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
## Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

<table>
<thead>
<tr>
<th>(a) No. from Part I</th>
<th>(b) Description of noncash property given</th>
<th>(c) FMV (or estimate) (see instructions)</th>
<th>(d) Date received</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>No. from</td>
<td>Purpose of gift</td>
<td>Use of gift</td>
<td>Description of how gift is held</td>
</tr>
<tr>
<td>---------</td>
<td>----------------</td>
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<td>---------------------------------</td>
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</tbody>
</table>

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once.) $
**Name of the organization:** NONPROFIT ASSOCIATION OF THE MIDLANDS

**Employer identification number:** 47-0778684

### Part I. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts

Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate contributions to (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate grants from (during year)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [ ] Yes [ ] No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [ ] Yes [ ] No

### Part II. Conservation Easements

Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1. Purpose(s) of conservation easements held by the organization (check all that apply):
   - Preservation of land for public use (e.g., recreation or education)
   - Protection of natural habitat
   - Preservation of open space
   - Preservation of a historically important land area
   - Preservation of a certified historic structure

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

<table>
<thead>
<tr>
<th>Line</th>
<th>Description</th>
<th>Amount Held at the End of the Tax Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Total number of conservation easements</td>
<td></td>
</tr>
<tr>
<td>2b</td>
<td>Total acreage restricted by conservation easements</td>
<td></td>
</tr>
<tr>
<td>2c</td>
<td>Number of conservation easements on a certified historic structure included in (a)</td>
<td></td>
</tr>
<tr>
<td>2d</td>
<td>Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register</td>
<td></td>
</tr>
</tbody>
</table>

3. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year.

4. Number of states where property subject to conservation easement is located.

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6. Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year.

7. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year. $ __________

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9. In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

### Part III. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

1b. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

   (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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

   a. Revenues included in Form 990, Part VIII, line 1 $ __________

   b. Assets included in Form 990, Part X $ __________
### Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3. Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
   - [ ] Public exhibition
   - [ ] Loan or exchange programs
   - [ ] Scholarly research
   - [ ] Other
   - [ ] Preservation for future generations

4. Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?
   - [ ] Yes
   - [ ] No

### Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?
   - [ ] Yes
   - [ ] No

   b. If "Yes," explain the arrangement in Part XIII and complete the following table:

<table>
<thead>
<tr>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
</tr>
<tr>
<td>1d</td>
</tr>
<tr>
<td>1e</td>
</tr>
<tr>
<td>1f</td>
</tr>
</tbody>
</table>

2a. Did the organization include an amount on Form 990, Part X, line 21?
   - [ ] Yes
   - [ ] No

   b. If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

### Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

1a. Beginning of year balance

   b. Contributions

   c. Net investment earnings, gains, and losses

   d. Grants or scholarships

   e. Other expenditures for facilities and programs

   f. Administrative expenses

   g. End of year balance

2. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
   - [ ] Board designated or quasi-endowment
   - [ ] Permanent endowment
   - [ ] Temporarily restricted endowment

   The percentages in lines 2a, 2b, and 2c should equal 100%.

3a. Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
   - [ ] unrelated organizations
   - [ ] related organizations

   b. If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4. Describe in Part XIII the intended uses of the organization's endowment funds.

### Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td></td>
<td>22,551.</td>
<td>8,015.</td>
<td>14,536.</td>
</tr>
<tr>
<td>e Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)  14,536.
### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>(a) Description of security or category (including name of security)</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Financial derivatives</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2) Closely-held equity interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3) Other (A)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(B)</td>
<td></td>
<td></td>
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<td>(C)</td>
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<td>(G)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(H)</td>
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</tr>
</tbody>
</table>

Total. (Col. (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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
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<td>(2)</td>
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<td>(8)</td>
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<tr>
<td>(9)</td>
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<td></td>
</tr>
</tbody>
</table>

Total. (Col. (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.

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
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<td>(3)</td>
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<td>(8)</td>
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<tr>
<td>(9)</td>
<td></td>
</tr>
</tbody>
</table>

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)

### Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability | (b) Book value |
   (1) Federal income taxes |                |
   (2) DEFERRED REVENUES | 50,555 |
   (3) PAYROLL LIABILITIES | 15,463 |
   (4) |                |
   (5) |                |
   (6) |                |
   (7) |                |
   (8) |                |
   (9) |                |

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports 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 [X]
**Part XI**

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue, gains, and other support per audited financial statements</td>
<td>279,578</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part VIII, line 12:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Net unrealized gains on investments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Donated services and use of facilities</td>
<td>12,004</td>
</tr>
<tr>
<td></td>
<td>c Recoveries of prior year grants</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>12,004</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>267,574</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part VIII, line 12, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)</td>
<td>267,574</td>
</tr>
</tbody>
</table>

**Part XII**

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total expenses and losses per audited financial statements</td>
<td>410,636</td>
</tr>
<tr>
<td>2</td>
<td>Amounts included on line 1 but not on Form 990, Part IX, line 25:</td>
<td></td>
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<tr>
<td></td>
<td>a Donated services and use of facilities</td>
<td>12,004</td>
</tr>
<tr>
<td></td>
<td>b Prior year adjustments</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Other losses</td>
<td></td>
</tr>
<tr>
<td></td>
<td>d Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>e Add lines 2a through 2d</td>
<td>12,004</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2e from line 1</td>
<td>398,632</td>
</tr>
<tr>
<td>4</td>
<td>Amounts included on Form 990, Part IX, line 25, but not on line 1:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a Investment expenses not included on Form 990, Part VIII, line 7b</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b Other (Describe in Part XIII.)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>c Add lines 4a and 4b</td>
<td>0</td>
</tr>
<tr>
<td>5</td>
<td>Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)</td>
<td>398,632</td>
</tr>
</tbody>
</table>

**Part XIII**

Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

EXPLANATION: FOR THE YEAR ENDED DECEMBER 31, 2013, THE ORGANIZATION HAD NO TAX LIABILITY ON UNRELATED BUSINESS ACTIVITY. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE QUALITY OF COMMUNITY LIFE THROUGHOUT NEBRASKA.

FORM 990, PART VI, SECTION A, LINE 4:


FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: A COPY OF THE FORM 990 IS REVIEWED BY THE BOARD BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 15A:

EXPLANATION: DURING THE ANNUAL REVIEW PROCESS, MEMBERS OF THE BOARD OF DIRECTORS REVIEW THE PERFORMANCE AND COMPENSATION FOR THE EXEC. DIRECTOR. IN ADDITION, WE COMPARE TO OTHER STATE ASSOCIATION 990S AND CONDUCT AN ANNUAL SALARY AND BENEFITS SURVEY ACROSS THE REGION AND THIS INFORMATION IS AVAILABLE NOT ONLY FOR OUR ORGANIZATION BUT FOR ALL NONPROFIT ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: DOCUMENTS ARE AVAILABLE WHEN REQUESTED AND ON THE ORGANIZATION'S WEBSITE.
Application for Extension of Time To File an Exempt Organization Return

If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box: X

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) - You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only.

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number

Type or print Name of exempt organization or other filer, see instructions.

NONPROFIT ASSOCIATION OF THE MIDLANDS

Employer identification number (EIN) or

47-0778684

Social security number (SSN)

01

02

03

04

05

06

07

08

09

10

11

12

City, town or post office, state, and ZIP code. For a foreign address, see instructions.

OMAHA, NE 68144

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For Return Code Application Is For Return Code

Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07

Form 990-BL 02 Form 1041-A 08

Form 4720 (individual) 03 Form 4720 (other than individual) 09

Form 990-PF 04 Form 5227 10

Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11

Form 990-T (trust other than above) 06 Form 8870 12

ANNE HINDERY

Telephone No. 402-557-5801 Fax No.

11205 WRIGHT CIRCLE, STE 210 - OMAHA, NE 68144

X If the organization does not have an office or place of business in the United States, check this box

If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.

If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.

Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.