

Return of Organization Exempt from Income Tax

2003

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2003 calendar year, or tax year beginning 2003, and ending

- B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending

OREGON TRAIL COMMUNITY FOUNDATION, INC. P.O. BOX 1344 SCOTTSBUFF, NE 69361

D Employer Identification Number 47-0596705 E Telephone number F Accounting method: X Other (specify) MOD-CASH

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

G Web site: N/A

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

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

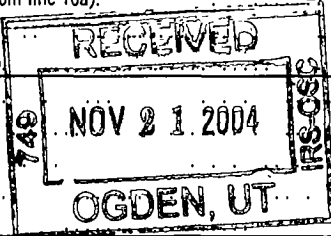
H and I are not applicable to section 527 organizations. H (a) Is this a group return for affiliates? H (b) If 'Yes,' enter number of affiliates. H (c) Are all affiliates included? H (d) Is this a separate return filed by an organization covered by a group ruling? I Group Exemption Number M Check if the organization is not required to attach Schedule B

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 360,949.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

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Table with 21 rows and 4 columns: Description, (A) Securities, (B) Other, and Total. Includes items like Contributions, Program revenue, Membership dues, Interest on savings, Dividends, Rents, Investment income, Special events, and Total revenue/expenses.



613-17 24

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (att sch) See Stmt 3 (cash \$ 72,957. non-cash \$)	72,957.	72,957.		
23	Specific assistance to individuals (att sch)				
24	Benefits paid to or for members (att sch)				
25	Compensation of officers, directors, etc	18,775.		6,258.	12,517.
26	Other salaries and wages				
27	Pension plan contributions				
28	Other employee benefits				
29	Payroll taxes				
30	Professional fundraising fees				
31	Accounting fees	985.	10.	975.	
32	Legal fees				
33	Supplies	1,752.	1,372.	380.	
34	Telephone	659.		330.	329.
35	Postage and shipping	635.	266.	184.	185.
36	Occupancy	2,669.	38.	1,316.	1,315.
37	Equipment rental and maintenance				
38	Printing and publications	13,155.	12,552.	301.	302.
39	Travel	786.	786.		
40	Conferences, conventions, and meetings	542.	405.	69.	68.
41	Interest				
42	Depreciation, depletion, etc (attach schedule)	1,239.	1,239.		
43	Other expenses not covered above (itemize):				
a	See Statement 4	14,915.	7,271.	3,822.	3,822.
b					
c					
d					
e					
44	Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	129,069.	96,896.	13,635.	18,538.

Joint Costs. Check if you are following SOP 98-2
 Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No
 If 'Yes,' enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____; (iii) the amount allocated to Management and general \$ _____, and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? COMMUNITY BETTERMENT	Program Service Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, but optional for others)
a <u>BENEFITTED STUDENTS WHO MIGHT NOT OTHERWISE HAVE AN OPPORTUNITY TO SEEK HIGHER EDUCATION THROUGH GRANTING SCHOLARSHIPS</u> (Grants and allocations \$ 25,357.)	25,357.
b <u>ENHANCE FACILITIES AND PROGRAMS WHICH RAISE THE COMMUNITY'S AWARENESS OF ITS HISTORY, SURROUNDING AND THE ARTS.</u> (Grants and allocations \$ 17,000.)	71,539.
c _____ (Grants and allocations \$ _____)	
d _____ (Grants and allocations \$ _____)	
e Other program services (Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	96,896.

Part IV Balance Sheets (See Instructions)

		(A) Beginning of year		(B) End of year
Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.				
ASSETS	45 Cash — non-interest-bearing	41,952.	45	2,823.
	46 Savings and temporary cash investments	224,416.	46	251,773.
	47a Accounts receivable	47a 5,000.		
	b Less: allowance for doubtful accounts	47b	2,400.	47c 5,000.
	48a Pledges receivable	48a 107,041.		
	b Less: allowance for doubtful accounts	48b	101,266.	48c 107,041.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)	51a		51c
	b Less: allowance for doubtful accounts	51b		
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments — securities (attach schedule) . See St. 5 <input checked="" type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		775,826.	54 1,003,125.
	55a Investments — land, buildings, & equipment: basis	55a		
	b Less: accumulated depreciation (attach schedule)	55b		55c
56 Investments — other (attach schedule)			56	
57a Land, buildings, and equipment: basis	57a 145,468.			
b Less: accumulated depreciation (attach schedule) Statement 6	57b 11,837.	312,128.	57c 133,631.	
58 Other assets (describe ▶ See Statement 7)		100,025.	58 347,320.	
59 Total assets (add lines 45 through 58) (must equal line 74)		1,558,013.	59 1,850,713.	
LIABILITIES	60 Accounts payable and accrued expenses	27,250.	60	42,750.
	61 Grants payable		61	
	62 Deferred revenue	1,377.	62	1,520.
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ▶)		65	
66 Total liabilities (add lines 60 through 65)		28,627.	66 44,270.	
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	513,019.	67	866,777.
	68 Temporarily restricted	1,016,367.	68	939,666.
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72; column (A) must equal line 19; column (B) must equal line 21)		1,529,386.	73 1,806,443.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		1,558,013.	74 1,850,713.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)			Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return		
a Total revenue, gains, and other support per audited financial statements ▶		N/A	a Total expenses and losses per audited financial statements. ▶		N/A
b Amounts included on line a but not on line 12, Form 990: (1) Net unrealized gains on investments \$ _____ (2) Donated services and use of facilities \$ _____ (3) Recoveries of prior year grants \$ _____ (4) Other (specify): _____ ----- \$ _____ Add amounts on lines (1) through (4) . . . ▶			b Amounts included on line a but not on line 17, Form 990: (1) Donated services and use of facilities \$ _____ (2) Prior year adjustments reported on line 20, Form 990 . . . \$ _____ (3) Losses reported on line 20, Form 990 \$ _____ (4) Other (specify): _____ ----- \$ _____ Add amounts on lines (1) through (4) . . . ▶		
c Line a minus line b ▶			c Line a minus line b ▶		
d Amounts included on line 12, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990 \$ _____ (2) Other (specify): _____ ----- \$ _____ Add amounts on lines (1) and (2) ▶			d Amounts included on line 17, Form 990 but not on line a: (1) Investment expenses not included on line 6b, Form 990 \$ _____ (2) Other (specify): _____ ----- \$ _____ Add amounts on lines (1) and (2) . . ▶		
e Total revenue per line 12, Form 990 (line c plus line d) . . . ▶			e Total expenses per line 17, Form 990 (line c plus line d) ▶		

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated; see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
See Statement 8		18,775.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? Yes No

If 'Yes,' attach schedule – see instructions.

Part VI Other Information (See instructions.)

		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes.		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?		X
80b	If 'Yes,' enter the name of the organization <u>N/A</u> and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct and indirect political expenditures. See line 81 instructions	81a	0.
81b	Did the organization file Form 1120-POL for this year?		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		X
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	N/A
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		N/A
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
85c	Dues, assessments, and similar amounts from members	85c	N/A
85d	Section 162(e) lobbying and political expenditures	85d	N/A
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
86a	501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
86b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
87b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX.	88	X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction	89b	X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.		0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90a	List the states with which a copy of this return is filed <u>None</u>		
90b	Number of employees employed in the pay period that includes March 12, 2003 (See instructions.)	90b	0
91	The books are in care of <u>TRAVIS HINER</u> Telephone number <u>(308) 635-3229</u> Located at <u>115 RAILWAY AVE., SCOTTSBLUFF, NE</u> ZIP + 4 <u>69361</u>		
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>		N/A

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a MDSE SALES			1	1,518.	
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	3,818.	
96 Dividends & interest from securities			14	20,939.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events			1	-1,287.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b UNREAL GAIN ON INVES			18	161,680.	
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))				186,668.	
105 Total (add line 104, columns (B), (D), and (E))					186,668.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
N/A	

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions).

Please Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on a review of the data provided to the preparer by the taxpayer.

Signature of officer: *Travis Hener*

Type or print name and title: TRAVIS HENER

Paid Preparer's Use Only

Preparer's signature: *Jannie S. Miller*

Firm's name (or yours if self-employed) address, and ZIP + 4: Dana F. Cole & Company, LLP
P.O. Box 2009
Scottsbluff, NE 69363-2009

SCHEDULE A
(Form 990 or 990-EZ)

**Organization Exempt Under
Section 501(c)(3)**

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information — (See separate instructions.)

2003

Department of the Treasury
Internal Revenue Service

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

OREGON TRAIL COMMUNITY FOUNDATION, INC.

Employer identification number

47-0596705

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None.')

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None -----				

Total number of other employees paid over \$50,000 ▶	0			

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None.')

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
None -----		

Total number of others receiving over \$50,000 for professional services ▶	0	

Part III Statements About Activities (See instructions.)		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ <u>N/A</u> (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3a	Do you make grants for scholarships, fellowships, student loans, etc? (If 'Yes,' attach an explanation of how you determine that recipients qualify to receive payments)	X	
3b	Do you have a section 403(b) annuity plan for your employees?		X
4	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X

Part IV Reason for Non-Private Foundation Status (See instructions.)

- The organization is not a private foundation because it is. (Please check only **ONE** applicable box.)
- 5** A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
 - 6** A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
 - 7** A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
 - 8** A Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
 - 9** A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). **Enter the hospital's name, city, and state ▶** _____
 - 10** An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
 - 11a** An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 11b** A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
 - 12** An organization that normally receives **(1) more than 33-1/3%** of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions – subject to certain exceptions, and **(2) no more than 33-1/3%** of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
 - 13** An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in: **(1)** lines 5 through 12 above; or **(2)** section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)	
(a) Name(s) of supported organization(s)	(b) Line number from above

14 An organization organized and operated to test for public safety. Section 509(a)(4). (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.*

Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.) ..	324,687.	414,975.	538,242.	567,616.	1,845,520.
16 Membership fees received ..					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc, purpose	693.	11,869.	115,328.	34,958.	162,848.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 ..	27,057.	33,992.	44,319.	35,082.	140,450.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf. ..					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge ..					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets ..					
23 Total of lines 15 through 22 ..	352,437.	460,836.	697,889.	637,656.	2,148,818.
24 Line 23 minus line 17 ..	351,744.	448,967.	582,561.	602,698.	1,985,970.
25 Enter 1% of line 23 ..	3,524.	4,608.	6,979.	6,377.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ..					26a 39,719.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ..					26b 538,377.
c Total support for section 509(a)(1) test: Enter line 24, column (e) ..					26c 1,985,970.
d Add: Amounts from column (e) for lines: 18 140,450. 19 ..					26d 678,827.
22 ..					26b 538,377.
e Public support (line 26c minus line 26d total) ..					26e 1,307,143.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ..					26f 65.82 %
27 Organizations described on line 12: N/A					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year (2002) _____ (2001) _____ (2000) _____ (1999) _____					
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2002) _____ (2001) _____ (2000) _____ (1999) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					27c _____
17 _____ 20 _____ 21 _____					27d _____
d Add: Line 27a total _____ and line 27b total _____					27e _____
e Public support (line 27c total minus line 27d total) ..					27e _____
f Total support for section 509(a)(2) test Enter amount from line 23, column (e) ..					27f _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ..					27g _____ %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ..					27h _____ %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See instructions.)
 (To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe; if 'No,' please explain. (If you need more space, attach a separate statement.) ----- ----- -----		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered 'Yes' to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
34a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35	Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4.05 of Rev Proc 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked 'a' and 'limited control' provisions apply.

Limits on Lobbying Expenditures		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
(The term 'expenditures' means amounts paid or incurred.)			
36	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . .	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying) . . .	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table --		
	If the amount on line 40 is -- The lobbying nontaxable amount is --		
	Not over \$500,000 20% of the amount on line 40		
	Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000	41	
	Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000 \$1,000,000		
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	
Caution: If there is an amount on either line 43 or line 44, you must file Form 4720			

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See instructions.)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines **c** through **h**.)

Yes	No	Amount

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See instructions)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

Table with 3 columns: Question, Yes, No. Rows include: Transfers from the reporting organization to a noncharitable exempt organization of: (i) Cash, (ii) Other assets; Other transactions: (i) Sales or exchanges of assets, (ii) Purchases of assets, (iii) Rental of facilities, (iv) Reimbursement arrangements, (v) Loans or loan guarantees, (vi) Performance of services or membership or fundraising solicitations; Sharing of facilities, equipment, mailing lists, other assets, or paid employees.

d If the answer to any of the above is 'Yes,' complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

Schedule table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements. First row contains 'N/A'.

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If 'Yes,' complete the following schedule:

Schedule table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship. First row contains 'N/A'.

OREGON TRAIL COMMUNITY FOUNDATION, INC.

47-0596705

Statement 1
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

Special Events	Gross Receipts	Less Contri- butions	Gross Revenue	Less Direct Expenses	Net Income (Loss)
NEBRASKA FOOTBALL GAME FUNDRAISER	1,073.	0.	1,073.	2,360.	-1,287.
Total	<u>\$ 1,073.</u>	<u>\$ 0.</u>	<u>\$ 1,073.</u>	<u>\$ 2,360.</u>	<u>\$ -1,287.</u>

Statement 2
Form 990, Part I, Line 20
Other Changes in Net Assets or Fund Balances

ADD BACK PRIOR DEPR OF HISTORIC BLDG	\$ 47,537.
Total	<u>\$ 47,537.</u>

Statement 3
Form 990, Part II, Line 22
Grants and Allocations

Cash Grants and Allocations

Class of Activity:	SCHOLARSHIPS	
Donee's Name:	SEVERAL INDIVIDUALS	
Relationship of Donee:	NONE	
Amount Given:		\$ 25,357.
Class of Activity:	YOUTH PROTECTION	
Donee's Name:	CAPSTONE	
Relationship of Donee:	SCOTTSBLUFF, NE 69361	
Amount Given:		1,000.
Class of Activity:	HISTORICAL PRESERVATION	
Donee's Name:	SEACREST NEWSPAPER LEGACY FUND	
Relationship of Donee:	SCOTTSBLUFF, NE 69361	
Amount Given:		3,000.
Class of Activity:	COMMUNITY DEVELOPMENT	
Donee's Name:	TWIN CITIES DEVELOPMENT	
Donee's Address:	1517 BROADWAY	
Amount Given:	SCOTTSBLUFF, NE 69361	11,270.
Class of Activity:	COMMUNITY PRESERVATION	
Donee's Name:	NORTH PLATTE VALLEY MUSEUM	
Relationship of Donee:	GERING, NE 69341	
Amount Given:	NONE	2,500.
Class of Activity:	HISTORICAL PRESERVATION	
Donee's Name:	FRIENDS OF THE MIDWEST THEATRE	

OREGON TRAIL COMMUNITY FOUNDATION, INC.

47-0596705

Statement 3 (continued)
Form 990, Part II, Line 22
Grants and Allocations

Cash Grants and Allocations

Relationship of Donee:	SCOTTSBLUFF NE 69361		
Amount Given:	NONE	\$	4,000.
Class of Activity:	COMMUNITY DEVELOPMENT		
Donee's Name:	GERING LIBRARY		
Relationship of Donee:	GERING, NEBRASKA 69341		
Amount Given:	NONE		16,330.
Class of Activity:	COMMUNITY DEVELOPMENT		
Donee's Name:	MITCHELL FOUNDATION		
Relationship of Donee:	MITCHELL, NEBRASKA		
Amount Given:	NONE		1,500.
Class of Activity:	YOUTH DEVELOPMENT		
Donee's Name:	GUADALUPE CENTER		
Relationship of Donee:	GERING, NEBRASKA 69341		
Amount Given:	NONE		2,500.
Class of Activity:	COMMUNITY DEVELOPMENT		
Donee's Name:	ROOSEVELT SCHOOL SIGN		
Relationship of Donee:	SCOTTSBLUFF, NEBRASKA 69361		
Amount Given:	NONE		500.
Class of Activity:	YOUTH DEVELOPMENT		
Donee's Name:	SCOTTSBLUFF BOOSTER SOUND SYST		
Relationship of Donee:	SCOTTSBLUFF, NEBRASKA 69361		
Amount Given:	NONE		5,000.

Total Grants and Allocations \$ 72,957.

Statement 4
Form 990, Part II, Line 43
Other Expenses

	(A)	(B)	(C)	(D)
	Total	Program Services	Management & General	Fundraising
ADVERTISING	4,043.	250.	1,897.	1,896.
BOARD EXPENSE	93.		46.	47.
DUES	126.		63.	63.
INSURANCE	2,165.		1,083.	1,082.
MISCELLANEOUS	8,472.	7,021.	725.	726.
OFFICE EXPENSE	16.		8.	8.
Total	<u>\$ 14,915.</u>	<u>\$ 7,271.</u>	<u>\$ 3,822.</u>	<u>\$ 3,822.</u>

OREGON TRAIL COMMUNITY FOUNDATION, INC.

47-0596705

Statement 5
Form 990, Part IV, Line 54
Investments - Securities

Corporate Stocks	Valuation Method	Amount
VANGUARD INDEX TRUST 500	Market Value	\$ 161,877.
VANGUARD INDEX TRUST SMALL CAPS	Market Value	170,401.
VANGUARD INDEX TRUST TOTAL STOCK MKT	Market Value	285,795.
VANGUARD GROWTH & INCOME FUND	Market Value	82,279.
	Total	\$ 700,352.

Corporate Bonds	Valuation Method	Amount
VANGUARD S-T BOND INDEX FUND	Market Value	35,980.
VANGUARD INTERMEDIATE-TERM BOND INDEX FU	Market Value	94,679.
VANGUARD INDEX TRUST TOTAL BOND MARKET	Market Value	134,514.
	Total	\$ 265,173.

Other Securities	Valuation Method	Amount
50% INTEREST IN FARMING VENTURE	Cost	37,600.
	Total	\$ 37,600.

Total Investments - Securities \$ 1,003,125.

Statement 6
Form 990, Part IV, Line 57
Land, Buildings, and Equipment

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 25,468.	\$ 11,837.	\$ 13,631.
Land	120,000.		120,000.
	Total	\$ 145,468.	\$ 133,631.

Statement 7
Form 990, Part IV, Line 58
Other Assets

HISTORIC STRUCTURE	\$ 224,795.
SCULPTURES	122,500.
SECURITY DEPOSIT	25.
	Total <u>\$ 347,320.</u>

OREGON TRAIL COMMUNITY FOUNDATION, INC.

47-0596705

Statement 8
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
JOE CRAIG P O BOX 1709 SCOTTSBLUFF, NE 69361	Director None	\$ 0.	\$ 0.	\$ 0.
JAMALEE CLARK P.O. BOX 531 GERING, NE 69341	DIRECTOR None	0.	0.	0.
ANN BAKER 2213 4TH AVENUE SCOTTSBLUFF, NE 69361	DIRECTOR None	0.	0.	0.
CATHERINE SIMMONS 1920 AVENUE O SCOTTSBLUFF, NE 69361	Vice Chairman None	0.	0.	0.
KENNETH M. GREEN 220283 E. 42ND SCOTTSBLUFF, NE 69361	DIRECTOR None	0.	0.	0.
BETTY HENDERSON 1906 7TH AVENUE SCOTTSBLUFF, NE 69361	DIRECTOR None	0.	0.	0.
TRAVIS HINER 1214 MEADOWLARK DRIVE SCOTTSBLUFF, NE 69361	Pres/Treas None	0.	0.	0.
DOUG KENT 1402 AVENUE B SCOTTSBLUFF, NE 69361	DIRECTOR None	0.	0.	0.
JOHN MASSEY P O BOX 1648 SCOTTSBLUFF, NE 69361	Vice President None	0.	0.	0.
JIM REINHARDT P O BOX 1099 SCOTTSBLUFF, NE 69361	DIRECTOR None	0.	0.	0.
H. HOD KOSMAN 1620 BROADWAY SCOTTSBLUFF, NE 69361	DIRECTOR None	0.	0.	0.
MARVIN HEFTI 3301 VERBENA PL SCOTTSBLUFF, NE 69361	Director None	0.	0.	0.

OREGON TRAIL COMMUNITY FOUNDATION, INC.

47-0596705

Statement 8 (continued)
Form 990, Part V
List of Officers, Directors, Trustees, and Key Employees

<u>Name and Address</u>	<u>Title and Average Hours Per Week Devoted</u>	<u>Compen- sation</u>	<u>Contri- bution to EBP & DC</u>	<u>Expense Account/ Other</u>
RON VANVOAST 3426 17TH AVENUE SCOTTSBLUFF, NE 69361	Director None	\$ 0.	\$ 0.	\$ 0.
TODD SORENSEN 4021 AVENUE B SCOTTSBLUFF, NE 69361	DIRECTOR None	0.	0.	0.
BEV OVERMAN P O BOX 1344 SCOTTSBLUFF, NE 69361	Executive Sec None	18,775.	0.	0.
HOWARD OLSEN 1502 2ND AVENUE SCOTTSBLUFF, NE 69361	DIRECTOR None	0.	0.	0.
JUDY CHALOUPKA 311 E 37TH SCOTTSBLUFF, NE 69361	DIRECTOR None	0.	0.	0.
LONNIE MILLER P O BOX 2009 SCOTTSBLUFF, NE 69361	Treasurer None	0.	0.	0.
MARILYN RAHMIG 2770 MONUMENT VALLEY DR GERING, NE 69341	Chairman None	0.	0.	0.
		Total \$ 18,775.	\$ 0.	\$ 0.

If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box

Note: Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).

Part II Additional (not automatic) 3-Month Extension of Time - Must File Original and One Copy.

Name of Exempt Organization: OREGON TRAIL COMMUNITY FOUNDATION, INC.
Employer identification number: 47-0596705
P.O. BOX 1344
SCOTTSBLUFF, NE 69361

Check type of return to be filed (file a separate application for each return)

Form 990 [checked], Form 990-EZ, Form 990-T (Section 401(a) or 408(a) trust), Form 1041-A, Form 5227, Form 8870, Form 990-BL, Form 990-PF, Form 990-T (trust other than above), Form 4720, Form 6069

Stop: Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

If the organization does not have an office or place of business in the United States, check this box. If this is for a Group Return, enter the organizations four digit Group Exemption Number (GEN). If this is for the whole group, check this box. If it is part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

I request an additional 3-month extension of time until 11/15, 2004. For calendar year 2003, or other tax year beginning 2003 and ending 2004. State in detail why you need the extension: TAXPAYER RESPECTFULLY REQUESTS ADDITIONAL TIME TO GATHER INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. 8b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. 8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form including accompanying schedules and statements and to the best of my knowledge and belief, it is true correct and complete, and that I am authorized to prepare this form.

Signature: Jennie S. Miller, Title: CPA, Date: 8/15/04

Notice to Applicant - To be Completed by the IRS

We have approved this application. Please attach this form to the organization's return. We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely filed return. Please attach this form to the organization's return. We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period. We cannot consider this application because it was filed after the due date of the return for which an extension was requested. Other.

Director: _____ By: _____ Date: _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Name: DANA F. COLE & COMPANY, LLP
Number and street (include suite, room, or apartment number) or a P.O. box number: P.O. BOX 2009
City or town, province or state, and country (including postal or ZIP code): SCOTTSBLUFF, NE 69363-2009