

Return of Organization Exempt from Income Tax

2004

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 2004 calendar year, or tax year beginning _____, **2004**, and ending _____

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

Please use IRS label or print or type. See specific instructions.
OREGON TRAIL COMMUNITY FOUNDATION, INC.
P.O. BOX 1344
SCOTTSBLUFF, NE 69361

D Employer identification number
47-0596705

E Telephone number

F Accounting method: Cash Accrual
 Other (specify) **MOD-CASH**

H and I are not applicable to section 527 organizations
H (a) Is this a group return for affiliates? Yes No
H (b) If "Yes," enter number of affiliates **▶**
H (c) Are all affiliates included? Yes No
 (If "No," attach a list. See instructions.)
H (d) Is this a separate return filed by an organization covered by a group ruling? Yes No

G Web site: **▶ N/A**

J Organization type (check only one) 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.**

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12. **▶ 851,111.**

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

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

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

1 Contributions, gifts, grants, and similar amounts received:			
a Direct public support	1 a	555,554.	
b Indirect public support	1 b		
c Government contributions (grants)	1 c	159,101.	
d Total (add lines 1a through 1c) (cash \$ <u>714,655.</u> noncash \$ _____)	1 d		714,655.
2 Program service revenue including government fees and contracts (from Part VII, line 93)	2		
3 Membership dues and assessments	3		
4 Interest on savings and temporary cash investments	4		4,724.
5 Dividends and interest from securities	5		31,547.
6a Gross rents	6 a		
b Less: rental expenses	6 b		
c Net rental income or (loss) (subtract line 6b from line 6a)	6 c		
7 Other investment income (describe _____)	7		
8a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
	7,000.	8 a	
b Less: cost or other basis and sales expenses	6,598.	8 b	
c Gain or (loss) (attach schedule)	402.	8 c	
d Net gain or (loss) (combine lines 8c, columns (A) and (B))		8 d	402.
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a Gross revenue (not including _____ of contributions reported on line 1a)	9 a	1,522.	
b Less: direct expenses other than fundraising expenses	9 b		
c Net income or (loss) from special events (subtract line 9b from line 9a)	9 c		1,522.
10a Gross sales of inventory, less returns and allowances	10 a		
b Less: cost of goods sold	10 b		
c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10 c		
11 Other revenue (from Part VII, line 103)	11		91,663.
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12		844,513.
13 Program services (from line 44, column (B))	13		219,615.
14 Management and general (from line 44, column (C))	14		11,798.
15 Fundraising (from line 44, column (D))	15		17,798.
16 Payments to affiliates (attach schedule)	16		
17 Total expenses (add lines 16 and 44, column (A))	17		249,211.
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18		595,302.
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		1,806,443.
20 Other changes in net assets or fund balances (attach explanation)	20		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21		2,401,745.

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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 \$ 213,307. non-cash \$ _____)....	22	213,307.	213,307.		
23 Specific assistance to individuals (att sch) ...	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc.	25	21,194.		7,064.	14,130.
26 Other salaries and wages.....	26				
27 Pension plan contributions.....	27				
28 Other employee benefits.....	28				
29 Payroll taxes	29				
30 Professional fundraising fees.....	30				
31 Accounting fees.....	31	1,000.	100.	900.	
32 Legal fees.	32				
33 Supplies	33	826.	661.	165.	
34 Telephone	34	742.		371.	371.
35 Postage and shipping	35	423.	179.	122.	122.
36 Occupancy	36	2,831.	57.	1,387.	1,387.
37 Equipment rental and maintenance..	37				
38 Printing and publications.....	38				
39 Travel	39	258.	258.		
40 Conferences, conventions, and meetings ..	40	84.	64.	10.	10.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule) ...	42	1,239.	1,239.		
43 Other expenses not covered above (itemize):					
a See Statement 4	43a	7,307.	3,750.	1,779.	1,778.
b -----	43b				
c -----	43c				
d -----	43d				
e -----	43e				
44 Total functional expenses (add lines 22 - 43). Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	249,211.	219,615.	11,798.	17,798.

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? <input type="checkbox"/> 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 \$ 29,722.)	30,746.
b <u>ENHANCE FACILITIES AND PROGRAMS WHICH RAISE THE COMMUNITY'S AWARENESS OF ITS HISTORY, SURROUNDING AND THE ARTS.</u> (Grants and allocations \$ 183,586.)	188,869.
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)	219,615.

Part IV Balance Sheets (See Instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
ASSETS	45 Cash – non-interest-bearing	2,823.	45	
	46 Savings and temporary cash investments	251,773.	46	475,396.
	47a Accounts receivable			
	b Less allowance for doubtful accounts	5,000.	47c	
	48a Pledges receivable	117,075.		
	b Less allowance for doubtful accounts	107,041.	48c	117,075.
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a Other notes & loans receivable (attach sch)			
	b Less: allowance for doubtful accounts		51c	
	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	1,003,125.	54	1,357,422.
	55a Investments – land, buildings, & equipment basis			
	b Less accumulated depreciation (attach schedule)		55c	
	56 Investments – other (attach schedule)		56	
	57a Land, buildings, and equipment: basis..	145,468.		
	b Less accumulated depreciation (attach schedule) Statement 6..	13,077.	57c	132,391.
	58 Other assets (describe ▶ See Statement 7)	347,320.	58	358,571.
59 Total assets (add lines 45 through 58) (must equal line 74)	1,850,713.	59	2,440,855.	
LIABILITIES	60 Accounts payable and accrued expenses	42,750.	60	37,000.
	61 Grants payable		61	
	62 Deferred revenue	1,520.	62	2,110.
	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)	44,270.	66	39,110.	
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	866,777.	67	951,824.
	68 Temporarily restricted	939,666.	68	1,449,921.
	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)	1,806,443.	73	2,401,745.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)	1,850,713.	74	2,440,855.	

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.

BAA

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

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		21,194.	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>		
81a	Enter direct and indirect political expenditures. See line 81 instructions. <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.	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	b Did the organization make only in-house lobbying expenditures of \$2,000 or less?		N/A
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			
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?		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?		N/A
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
86b	b 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	b 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.		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.		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, 2004 (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 and enter the amount of tax-exempt interest received or accrued during the tax year	92	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 _____					
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	4,724.	
96 Dividends & interest from securities			14	31,547.	
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			18	402.	
101 Net income or (loss) from special events			1	1,522.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a _____					
b UNREAL GAIN ON INVES			18	91,663.	
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))				129,858.	
105 Total (add line 104, columns (B), (D), and (E))					129,858.

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	0			
	0			
	0			
	0			

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 furnished to the preparer by the taxpayer. I am not a member of the preparer's firm.

Signature of officer: Lonnie G. Miller

Type or print name and title: LONNIE G. MILLER

Paid Preparer's Use Only

Preparer's signature: Dana E. Cole

Firm's name (or yours if self-employed), address, and ZIP + 4: Dana E. 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

2004

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
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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) 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.		X
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.) See Statement 9	X	
b	Do you have a section 403(b) annuity plan for your employees?		X
4a	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
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		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 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) 2004	(b) 2003	(c) 2002	(d) 2001	(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

Application for Extension of Time to File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.

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

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

Form 990-T corporations requesting an automatic 6-month extension – check this box and complete Part I only

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6-months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization	Employer identification number
	OREGON TRAIL COMMUNITY FOUNDATION, INC.	47-0596705
	Number, street, and room or suite number. If a P.O. box, see instructions	
	P.O. BOX 1344	
	City, town or post office. For a foreign address, see instructions	state ZIP code
	SCOTTSBLUFF, NE 69361	

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

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (section 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

• The books are in the care of ▶ TRAVIS HINER

Telephone No ▶ (308) 635-3229 FAX No ▶ _____

- 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 organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

- I request an automatic 3-month (6-months for a Form 990-T corporation) extension of time until 8/15, 2005, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 - ▶ calendar year 2004 or
 - ▶ tax year beginning _____, 20____, and ending _____, 20____
- If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period
- 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____ 0.
- b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ 0.
- c **Balance Due.** Subtract line 3b from line 3a. 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. \$ _____ 0.

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

BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

OREGON TRAIL COMMUNITY FOUNDATION, INC.

47-0596705

Statement 1
Form 990, Part I, Line 8
Net Gain (Loss) from Noninventory Sales

Publicly Traded Securities

Gross Sales Price: 7,000.
 Cost or Other Basis: 6,598.

Total Gain (Loss) Publicly Traded Securities \$ 402.

Total Net Gain (Loss) From Noninventory Sales \$ 402.

Statement 2
Form 990, Part I, Line 9
Net Income (Loss) from Special Events

<u>Special Events</u>	<u>Gross Receipts</u>	<u>Less Contributions</u>	<u>Gross Revenue</u>	<u>Less Direct Expenses</u>	<u>Net Income (Loss)</u>
NEBRASKA FOOTBALL GAME FUNDRAISER					
	1,522.	0.	1,522.	0.	1,522.
Total	<u>\$ 1,522.</u>	<u>\$ 0.</u>	<u>\$ 1,522.</u>	<u>\$ 0.</u>	<u>\$ 1,522.</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: \$ 16,221.

Class of Activity: COMMUNITY DEVELOPMENT
 Donee's Name: TWIN CITIES DEVELOPMENT
 Donee's Address: 1517 BROADWAY
 SCOTTSBLUFF, NE 69361
 Amount Given: 3,920.

Class of Activity: GOVERNMENT - RECREATION
 Donee's Name: CITY OF SCOTTSBLUFF
 Donee's Address: 1818 AVE A
 SCOTTSBLUFF, NE 69361
 Relationship of Donee: NONE
 Amount Given: 100,000.

Class of Activity: COMMUNITY HISTORICAL EVEN
 Donee's Name: OREGON TRAIL DAYS
 GERING, NE 69341
 Relationship of Donee: NONE
 Amount Given: 2,500.

OREGON TRAIL COMMUNITY FOUNDATION, INC.

47-0596705

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

Cash Grants and Allocations

Class of Activity:	HISTORICAL PRESERVATION	
Donee's Name:	FRIENDS OF THE MIDWEST THEATRE SCOTTSBLUFF NE 69361	
Relationship of Donee:	NONE	
Amount Given:		\$ 13,500.
Class of Activity:	COMMUNITY DEVELOPMENT	
Donee's Name:	RIVERSIDE ZOO SCOTTSBLUFF, NEBRASKA 69361	
Relationship of Donee:	NONE	
Amount Given:		1,000.
Class of Activity:	COMMUNITY DEVELOPMENT	
Donee's Name:	CENTENNIAL 2000 GRANTS SCOTTSBLUFF, NEBRASKA 69361	
Relationship of Donee:	NONE	
Amount Given:		37,332.
Class of Activity:	COMMUNITY DEVELOPMENT	
Donee's Name:	WESTERN NEBRASKA ARTS CENTER SCOTTSBLUFF, NEBRASKA 69361	
Relationship of Donee:	NONE	
Amount Given:		10,000.
Class of Activity:	COMMUNITY DEVELOPMENT	
Donee's Name:	TAILS OF LOVE SCOTTSBLUFF, NEBRASKA 69361	
Relationship of Donee:	NONE	
Amount Given:		1,739.
Class of Activity:	YOUTH DEVELOPMENT	
Donee's Name:	UNIVERSITY OF NEBRASKA FOUNDAT LINCOLN, NEBRASKA	
Relationship of Donee:	NONE	
Amount Given:		5,000.
Class of Activity:	COMMUNITY DEVELOPMENT	
Donee's Name:	COSMOPOLITAN CLUB SCOTTSBLUFF, NEBRASKA 69361	
Relationship of Donee:	NONE	
Amount Given:		3,980.
Class of Activity:	COMMUNITY PROTECTION	
Donee's Name:	SCOTTSBLUFF FIREFIGHTER'S UNIO SCOTTSBLUFF, NEBRASKA 69361	
Relationship of Donee:	NONE	
Amount Given:		500.
Class of Activity:	YOUTH DEVELOPMENT	
Donee's Name:	WESTERN NEBRASKA COMMUNITY COL SCOTTSBLUFF, NEBRASKA 69361	
Relationship of Donee:	NONE	
Amount Given:		8,500.
Class of Activity:	COMMUNITY DEVELOPMENT	

OREGON TRAIL COMMUNITY FOUNDATION, INC.

47-0596705

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

Cash Grants and Allocations

Donee's Name: INVENTIVE MEDIA
SCOTTSBLUFF, NEBRASKA 69361
Relationship of Donee: NONE
Amount Given: \$ 1,800.

Class of Activity: COMMUNITY DEVELOPMENT
Donee's Name: COMMSOURCE, INC.
SCOTTSBLUFF, NEBRASKA 69361
Relationship of Donee: NONE
Amount Given: 7,315.

Total Grants and Allocations \$ 213,307.

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

	(A) Total	(B) Program Services	(C) Management & General	(D) Fundraising
ADVERTISING	903.	55.	424.	424.
BOARD EXPENSE	50.		25.	25.
DUES	129.		65.	64.
INSURANCE	1,764.		882.	882.
MISCELLANEOUS	4,451.	3,695.	378.	378.
OFFICE EXPENSE	10.		5.	5.
Total	\$ <u>7,307.</u>	\$ <u>3,750.</u>	\$ <u>1,779.</u>	\$ <u>1,778.</u>

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

<u>Corporate Stocks</u>	<u>Valuation Method</u>	<u>Amount</u>
VANGUARD INDEX TRUST 500	Market Value	\$ 179,415.
VANGUARD INDEX TRUST SMALL CAPS	Market Value	204,509.
VANGUARD INDEX TRUST TOTAL STOCK MKT	Market Value	428,523.
VANGUARD GROWTH & INCOME FUND	Market Value	91,422.
VANGUARD ST CORP	Market Value	151,723.
Total		\$ <u>1,055,592.</u>

<u>Corporate Bonds</u>	<u>Valuation Method</u>	<u>Amount</u>
VANGUARD S-T BOND INDEX FUND	Market Value	35,490.
VANGUARD INTERMEDIATE-TERM BOND INDEX FU	Market Value	94,591.

OREGON TRAIL COMMUNITY FOUNDATION, INC.

47-0596705

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

Corporate Bonds	Valuation Method	Amount
VANGUARD INDEX TRUST TOTAL BOND MARKET	Market Value	\$ 134,149.
	Total	\$ 264,230.
Other Securities	Valuation Method	Amount
50% INTEREST IN FARMING VENTURE	Cost	37,600.
	Total	\$ 37,600.
Total Investments - Securities		\$ 1,357,422.

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

Category	Basis	Accum. Deprec.	Book Value
Furniture and Fixtures	\$ 25,468.	\$ 13,077.	\$ 12,391.
Land	120,000.		120,000.
Total	\$ 145,468.	\$ 13,077.	\$ 132,391.

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

HISTORIC STRUCTURE	\$ 224,795.
Rounding	1.
SCULPTURES	133,750.
SECURITY DEPOSIT	25.
Total	\$ 358,571.

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.
ANN BAKER 2213 4TH AVENUE SCOTTSBLUFF, NE 69361	Director None	0.	0.	0.
TOM FLAHERTY 1903 E 33RD SCOTTSBLUFF, NE 69361	Director None	0.	0.	0.
BARB SCHLOTHAUER 4502 AVENUE I SCOTTSBLUFF, NE 69361	Director None	0.	0.	0.
LEE GLENN 3425 CHEROKEE COURT SCOTTSBLUFF, NE 69361	Director None	0.	0.	0.
TOM HOLYOKE 211 E 37TH SCOTTSBLUFF, NE 69361	Director None	0.	0.	0.
CATHERINE SIMMONS 1920 AVENUE O SCOTTSBLUFF, NE 69361	Vice Chairman None	0.	0.	0.
JOANNE KRIEG 525 VALLEY VIEW DRIVE SCOTTSBLUFF, NE 69361	Director None	0.	0.	0.
KENNETH M. GREEN 220283 E. 42ND SCOTTSBLUFF, NE 69361	DIRECTOR None	0.	0.	0.
GAYLE ROJAS 3533 SPRUCE DRIVE SCOTTSBLUFF, NE 69361	Director None	0.	0.	0.
TRAVIS HINER 1214 MEADOWLARK DRIVE SCOTTSBLUFF, NE 69361	President None	0.	0.	0.
DOUG KENT 1402 AVENUE B 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>
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.
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	21,194.	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 \$ 21,194.	\$ 0.	\$ 0.

Statement 9
Schedule A, Part III, Line 3
Qualifications of Recipients Receiving Grants or Loans

RECIPIENTS MUST MEET GENERAL REQUIREMENTS OF THE RESPECTIVE SCHOLARSHIP PROGRAMS.
THEREAFTER RECIPIENTS ARE SELECTED BASED UPON GRADE POINT AVERAGE AND COMMUNITY
INVOLVEMENT.