

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2019, or fiscal year beginning JUL 1, 2019, and ending JUN 30, 2020

2019

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization NEBRASKA COMMUNITY FOUNDATION	Employer identification number 47-0769903
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Name and title of officer
JEFFREY G YOST
PRESIDENT & CHIEF EXEC 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 one line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b <u>36,819,625.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	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 2019 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 (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) 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

I authorize HBE LLP to enter my PIN 69903
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2019 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 also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2019 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 ▶ Nov. 9 2020

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.

47127877625
Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2019 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 ▶ HBE LLP Date ▶ 11/05/20

ERO Must Retain This Form - See Instructions
Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

923051 10-03-19

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEBRASKA COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 83107 City or town, state or province, country, and ZIP or foreign postal code LINCOLN, NE 68501-3107 F Name and address of principal officer: JEFFREY G YOST SAME AS C ABOVE	D Employer identification number 47-0769903 E Telephone number 402-323-7330 G Gross receipts \$ 36,913,876. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NEBCOMMFOUND.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1993 M State of legal domicile: NE

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 16
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 16
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5 35
	6 Total number of volunteers (estimate if necessary)	6 1500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 216,195.
	7b Net unrelated business taxable income from Form 990-T, line 39	7b 203,714.
Revenue	8 Contributions and grants (Part VIII, line 1h)	54,677,367. 28,955,250.
	9 Program service revenue (Part VIII, line 2g)	1,672,184. 1,929,307.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	966,696. 1,038,424.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	8,737,566. 4,896,644.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,053,813. 36,819,625.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,151,252. 13,501,904.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0. 0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,619,547. 2,873,268.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0. 0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 656,767.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	19,770,883. 21,402,062.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,541,682. 37,777,234.	
19 Revenue less expenses. Subtract line 18 from line 12	33,512,131. -957,609.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	181,756,864. 180,736,716.
	21 Total liabilities (Part X, line 26)	827,221. 764,682.
	22 Net assets or fund balances. Subtract line 21 from line 20	180,929,643. 179,972,034.

Part II Signature Block

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 all information of which preparer has any knowledge.

Sign Here	Signature of officer JEFFREY G YOST, PRESIDENT & CHIEF EXEC OFFICER Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name KILEY A WIECHMAN, CPA	Preparer's signature KILEY A WIECHMAN, CP	Date	Check if self-employed <input type="checkbox"/>	PTIN P00661523
	Firm's name ▶ HBE LLP	Firm's EIN ▶ 47-0677245			
	Firm's address ▶ 7140 STEPHANIE LANE PO BOX 23110 LINCOLN, NE 68542-3110	Phone no. (402) 423-4343			

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III []

1 Briefly describe the organization's mission: THE NEBRASKA COMMUNITY FOUNDATION UNLEASHES ABUNDANT LOCAL ASSETS, INSPIRES CHARITABLE GIVING, AND CONNECTS AMBITIOUS PEOPLE TO BUILD STRONGER COMMUNITIES AND A GREATER NEBRASKA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 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.

4a (Code:) (Expenses \$ 33,599,677. including grants of \$ 13,501,904.) (Revenue \$ 1,929,307.) NEBRASKA COMMUNITY FOUNDATION (NCF) IS A STATEWIDE ORGANIZATION THAT HELPS COMMUNITIES HELP THEMSELVES ENVISION AND CREATE A BETTER FUTURE. NCF WORKS WITH 1,500 VOLUNTEER LEADERS OF 245 AFFILIATED FUNDS LOCATED IN COMMUNITIES ACROSS THE STATE. NCF IS A DECENTRALIZED SYSTEM THAT EMPOWERS LOCAL LEADERSHIP, WHILE PROVIDING CENTRALIZED TECHNICAL SUPPORT AND EDUCATION. NCF TEACHES LOCAL LEADERS HOW TO RAISE THEIR OWN FUNDS AND MAKE THEIR OWN GRANTS BASED ON THEIR LOCAL DEVELOPMENT PRIORITIES. NCF PROVIDES TRAINING, STRATEGY DEVELOPMENT AND GIFT PLANNING ASSISTANCE. PROFESSIONAL STAFF MEMBERS HANDLE ALL THE FINANCIAL AND INVESTMENT MANAGEMENT, RECEIPTING, DISBURSEMENTS, TAX COMPLIANCE - RESPONSIBILITIES THAT COULD OVERWHELM LEADERS OF THE SMALL COMMUNITIES AND ORGANIZATIONS SERVED.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 33,599,677.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4 X	
5 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? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 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? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d 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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f 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)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 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? <i>If "Yes," complete Schedule G, Part I</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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 []

Table with 3 columns: Question, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 16 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.		
	1a 16		
b	Enter the number of voting members included on line 1a, above, who are independent		
	1b 16		
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, 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
b	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 on Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
12c		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	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		
16b			

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 (1024 or 1024-A, 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.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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, address, and telephone number of the person who possesses the organization's books and records **JASON D. KENNEDY - (402) 323-7330**
P.O. BOX 83107, LINCOLN, NE 68501-3107

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LORA DAMME CHAIR	4.00	X		X				0.	0.	0.
(2) AL STEUTER PAST CHAIR	3.00	X						0.	0.	0.
(3) DALE DUELAND VICE CHAIR	2.00	X		X				0.	0.	0.
(4) PAUL MADISON SECRETARY	2.00	X		X				0.	0.	0.
(5) LYNN ROPER TREASURER	1.00	X		X				0.	0.	0.
(6) PAM ABBOTT DIRECTOR	1.00	X						0.	0.	0.
(7) DAN BAHENSKY DIRECTOR	1.00	X						0.	0.	0.
(8) BRAD BAUER DIRECTOR	1.00	X						0.	0.	0.
(9) CASEY GARRIGAN DIRECTOR (UNTIL NOV 2019)	1.00	X						0.	0.	0.
(10) CHUCK HIBBERD NON-VOTING ADVISOR	1.00	X						0.	0.	0.
(11) CINDY HUFF DIRECTOR	1.00	X						0.	0.	0.
(12) KURT KRUSE DIRECTOR	1.00	X						0.	0.	0.
(13) JOHN MIYOSHI DIRECTOR	1.00	X						0.	0.	0.
(14) JANE MORELAND DIRECTOR	1.00	X						0.	0.	0.
(15) JUDY PARKS DIRECTOR (UNTIL NOV 2019)	1.00	X						0.	0.	0.
(16) YESENIA PECK DIRECTOR	1.00	X						0.	0.	0.
(17) SARA COFFEE RADIL DIRECTOR	1.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KIEL VANDERVEEN DIRECTOR	1.00	X					0.	0.	0.	
(19) GREG VASEK DIRECTOR	1.00	X					0.	0.	0.	
(20) JEFFREY G YOST PRESIDENT AND CEO	40.00			X			238,819.	0.	44,161.	
(21) JASON KENNEDY CFAO	40.00			X			197,194.	0.	19,829.	
(22) KERRY BELITZ COO	40.00			X			135,826.	0.	25,961.	
(23) JIM GUSTAFSON DIR OF ADVANCEMENT & GIFT	40.00				X		133,936.	0.	16,666.	
(24) DIANE M WILSON MGR OF PUBLIC/PRIVATE PART/FORMER CF	25.00					X	112,037.	0.	2,994.	
1b Subtotal							817,812.	0.	109,611.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							817,812.	0.	109,611.	

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 **5**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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.

(A) Name and business address	(B) Description of services	(C) Compensation
HEADWATERS CORPORATION 4111 4TH AVE, STE 6, KEARNEY, NE 68845	ENVIRONMENTAL PROGRAM MANAGEMENT	2,606,743.
MYERS CONSTRUCTION INC. 79849 HWY 2, BROKEN BOW, NE 68822	ENVIRONMENTAL MANAGEMENT/ENHANCEME	2,107,967.
BLESSING LLC DBA BLESSING CONSTRUCTION PO BOX 458, KEARNEY, NE 68848	ENVIRONMENTAL MANAGEMENT/ENHANCEME	307,255.
DUCKS UNLIMITED INC. 2525 RIVER ROAD, BISMARCK, ND 58503-9011	ENVIRONMENTAL CONSULTING	274,845.
QUANTUM SPATIAL, INC., 75 REMITTANCE DRIVE, DEPT. 6868, CHICAGO, IL 60675-6868	ENVIORNMENTAL MANAGEMENT/AERIAL PH	186,892.

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 **7**

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	104,065.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	14,570,536.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	14,280,649.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,942,875.				
	h Total. Add lines 1a-1f		28,955,250.				
	Program Service Revenue	2 a SERVICES FOR AFFIL. FUNDS	Business Code				
		900099	1,929,307.	1,929,307.			
b							
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f		1,929,307.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,038,424.		20,876.	1,017,548.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		48,380.			48,380.	
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b					
	c Gain or (loss)	7c					
	d Net gain or (loss)						
8 a Gross income from fundraising events (not including \$ 104,065. of contributions reported on line 1c). See Part IV, line 18	8a		118,874.				
			94,251.				
			24,623.			24,623.	
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a UNREAL & REALIZED GAIN (LOSS)	Business Code					
		900099	4,892,236.		195,319.	4,696,917.	
	b ACTUARIAL GAIN (LOSS)	900099	-68,595.			-68,595.	
	c						
	d All other revenue						
e Total. Add lines 11a-11d		4,823,641.					
12 Total revenue. See instructions		36,819,625.	1,929,307.	216,195.	5,718,873.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	13,047,536.	13,047,536.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	454,368.	454,368.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	682,767.	188,447.	377,699.	116,621.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,707,953.	831,306.	524,844.	351,803.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	61,854.	32,559.	16,742.	12,553.
9 Other employee benefits	259,153.	117,952.	89,548.	51,653.
10 Payroll taxes	161,541.	71,967.	58,677.	30,897.
11 Fees for services (nonemployees):				
a Management				
b Legal	3,809.		3,809.	
c Accounting	22,880.		22,880.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	171,217.		171,217.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	120,224.	75,751.	44,473.	
12 Advertising and promotion	206,114.	165,563.	3,731.	36,820.
13 Office expenses	69,832.	34,581.	26,787.	8,464.
14 Information technology	92,960.	25,514.	67,446.	
15 Royalties				
16 Occupancy	170,324.	130,865.	12,503.	26,956.
17 Travel	91,060.	69,655.	8,562.	12,843.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	100,961.	69,231.	31,730.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	34,593.	1,821.	32,772.	
23 Insurance	69,606.	41,765.	27,841.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNRELATED BUSINESS TAX	29,683.		29,683.	
b AFFIL FUND CHAR DISB	18,045,079.	18,045,079.		
c ADMINISTRATIVE FEES	1,929,841.		1,929,841.	
d CONTRACT PAYMENTS	97,498.	97,498.		
e All other expenses	146,381.	98,219.	40,005.	8,157.
25 Total functional expenses. Add lines 1 through 24e	37,777,234.	33,599,677.	3,520,790.	656,767.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,233,661.	1	1,114,880.
	2 Savings and temporary cash investments	30,282,745.	2	33,949,440.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	972,705.	7	935,189.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	9,354.	9	9,354.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 355,942.		
	b Less: accumulated depreciation	10b 233,478.		
	11 Investments - publicly traded securities	147,597,397.	11	144,203,526.
	12 Investments - other securities. See Part IV, line 11	75,131.	12	48,448.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	428,815.	15	353,415.
16 Total assets. Add lines 1 through 15 (must equal line 33)	181,756,864.	16	180,736,716.	
Liabilities	17 Accounts payable and accrued expenses	86,994.	17	68,599.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	740,227.	25	696,083.
	26 Total liabilities. Add lines 17 through 25	827,221.	26	764,682.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	167,487,112.	27	168,320,770.
	28 Net assets with donor restrictions	13,442,531.	28	11,651,264.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	180,929,643.	32	179,972,034.
33 Total liabilities and net assets/fund balances	181,756,864.	33	180,736,716.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	36,819,625.
2	Total expenses (must equal Part IX, column (A), line 25)	2	37,777,234.
3	Revenue less expenses. Subtract line 2 from line 1	3	-957,609.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	180,929,643.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	179,972,034.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input checked="" type="checkbox"/> Other MODIFIED CASH If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	X	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits	X	

Form 990 (2019)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization: NEBRASKA COMMUNITY FOUNDATION
Employer identification number: 47-0769903

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii).
5 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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture.
10 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 exempt functions.
11 An organization organized and operated exclusively to test for public safety.
12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s).
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s).
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s).
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated.
e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations.
g Provide the following information about the supported organization(s).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,637,814.	29,693,297.	40,100,537.	54,677,367.	28,955,250.	183,064,265.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	29,637,814.	29,693,297.	40,100,537.	54,677,367.	28,955,250.	183,064,265.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						32,510,132.
6 Public support. Subtract line 5 from line 4.						150,554,133.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	29,637,814.	29,693,297.	40,100,537.	54,677,367.	28,955,250.	183,064,265.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	111,450.	280,212.	544,555.	1,012,602.	1,086,804.	3,035,623.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						186,099,888.
12 Gross receipts from related activities, etc. (see instructions)					12	8,129,093.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	80.90 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	80.26 %
16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019			
a From 2014			
b From 2015			
c From 2016			
d From 2017			
e From 2018			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015			
b Excess from 2016			
c Excess from 2017			
d Excess from 2018			
e Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2019

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527
 ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Open to Public Inspection

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

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

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

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

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

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

Name of organization NEBRASKA COMMUNITY FOUNDATION	Employer identification number 47-0769903
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2019

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grassroots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	225.													
c	Total lobbying expenditures (add lines 1a and 1b)	225.													
d	Other exempt purpose expenditures	37,777,009.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	37,777,234.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
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.														
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.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.
c Total lobbying expenditures	225.	225.	225.	225.	900.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization **NEBRASKA COMMUNITY FOUNDATION** Employer identification number **47-0769903**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	52	7
2 Aggregate value of contributions to (during year)	1,378,263.	0.
3 Aggregate value of grants from (during year)	6,066,286.	109,307.
4 Aggregate value at end of year	45,807,906.	5,094,425.

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" on 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 (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB 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.

b If the organization elected, as permitted under FASB 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) Revenue included on 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2019

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 make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 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" on 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	106,233,881.	87,204,137.	78,837,010.	69,350,415.	66,673,068.
b Contributions	9,012,521.	16,863,816.	5,764,796.	4,268,086.	5,674,937.
c Net investment earnings, gains, and losses	4,410,778.	6,864,707.	6,750,187.	9,005,829.	-393,006.
d Grants or scholarships					
e Other expenditures for facilities and programs	2,934,210.	3,522,798.	3,285,092.	3,009,670.	1,839,309.
f Administrative expenses	1,315,147.	1,175,981.	862,764.	777,650.	765,275.
g End of year balance	115,407,823.	106,233,881.	87,204,137.	78,837,010.	69,350,415.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 17.74 %
 - b Permanent endowment 79.91 %
 - c Term endowment 2.35 %
- The percentages on 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:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 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" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		91,055.	22,890.	68,165.
d Equipment		264,887.	210,588.	54,299.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				122,464.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on 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) CHARITABLE GIFT ANNUITY LIABILITY	696,083.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	696,083.

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	35,553,435.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	147,188.
e	Add lines 2a through 2d	2e	147,188.
3	Subtract line 2e from line 1	3	35,406,247.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	171,217.
b	Other (Describe in Part XIII.)	4b	1,242,161.
c	Add lines 4a and 4b	4c	1,413,378.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	36,819,625.

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

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

1	Total expenses and losses per audited financial statements	1	36,948,612.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	147,437.
e	Add lines 2a through 2d	2e	147,437.
3	Subtract line 2e from line 1	3	36,801,175.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	171,217.
b	Other (Describe in Part XIII.)	4b	804,842.
c	Add lines 4a and 4b	4c	976,059.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	37,777,234.

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 V, LINE 4:

ENDOWMENT FUNDS AT THE FOUNDATION WILL BE USED TO BUILD STRONG, PROSPEROUS COMMUNITIES AND CHARITABLE ORGANIZATIONS THROUGHOUT NEBRASKA.

PART X, LINE 2:

NEBRASKA COMMUNITY FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. FOR THE YEAR ENDED JUNE 30, 2020, THE FOUNDATION WAS GIFTED AND SOLD S-CORPORATION STOCK, WHICH IS SUBJECT TO TAX ON UNRELATED BUSINESS ACTIVITY. THE FOUNDATION HAS FILED FORM 990-T FOR THIS UNRELATED BUSINESS ACTIVITY. THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH,

Part XIII Supplemental Information (continued)

DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES NETTED ON FORM 990	94,251.
REVENUE OF THE CONSOLIDATED, CONTROLLED ORGANIZATION	52,937.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	147,188.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE OF AGENCY FUNDS	1,189,261.
REVENUE ELIMINATED FOR CONSOLIDATED FINANCIAL STATEMENTS	52,900.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,242,161.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF THE CONSOLIDATED, CONTROLLED ORGANIZATION	53,186.
FUNDRAISING EXPENSES NETTED ON FORM 990	94,251.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	147,437.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REVENUE ELIMINATED FOR CONSOLIDATED FINANCIAL STATEMENTS	52,900.
EXPENSES OF AGENCY FUNDS	751,942.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	804,842.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DINNER & AUCTION (event type)	DINNER & AUCTION (event type)	18 (total number)	
	1 Gross receipts	99,232.	39,961.	83,746.	222,939.
	2 Less: Contributions	55,860.	4,755.	43,450.	104,065.
	3 Gross income (line 1 minus line 2)	43,372.	35,206.	40,296.	118,874.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	225.		680.	905.
	7 Food and beverages	5,136.	6,300.	4,917.	16,353.
	8 Entertainment			1,675.	1,675.
	9 Other direct expenses	50,616.	788.	23,914.	75,318.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				94,251.
11 Net income summary. Subtract line 10 from line 3, column (d)				24,623.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
a Is the organization licensed to conduct gaming activities in each of these states? Yes No
b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Part IV Supplemental Information *(continued)*

Lined area for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **NEBRASKA COMMUNITY FOUNDATION** Employer identification number **47-0769903**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CITY OF RALSTON 5500 SOUTH 77TH STREET RALSTON, NE 68127		170(B)(1)(A)(V)	2,642,738.	0.			ECONOMIC DEVELOPMENT PLANNING SUPPORT
CREIGHTON UNIVERSITY FBO FINANCIAL HOPE COLLABORATIVE - 2500 CALIFORNIA PLAZA - OMAHA, NE 68178		170(B)(1)(A)(II)	600,000.	0.			BUILDING ADDITION
EUSTIS-FARNAM PUBLIC SCHOOLS PO BOX 9 EUSTIS, NE 69028		170(B)(1)(A)(V)	492,502.	0.			GENERAL SUPPORT
KEARNEY COUNTY HEALTH SERVICES 727 EAST 1ST STREET MINDEN, NE 68959		170(B)(1)(A)(V)	379,662.	0.			GENERAL SUPPORT
BOONE COUNTY TREASURER 222 S. 4TH STREET ALBION, NE 68620		170(B)(1)(A)(V)	320,000.	0.			AGRICULTURAL EDUCATION BUILDING SUPPORT
CENTRAL HIGH SCHOOL FOUNDATION 1823 HARNEY ST SUITE 203 OMAHA, NE 68102	91-1771983	501(C)(3)	275,000.	0.			BUILDING ADDITION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 320.

3 Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PENDER COMMUNITY DEVELOPMENT INC. % DERWIN ROBERTS PENDER, NE 68047	45-3483464	501(C)(3)	260,000.	0.			GENERAL SUPPORT
UNIVERSITY OF NEBRASKA FOUNDATION PO BOX 82555 LINCOLN, NE 68501-2555	47-0379839	501(C)(3)	229,500.	0.			PANCREATIC CANCER CENTER
METROPOLITAN COMMUNITY COLLEGE FOUNDATION - 5300 N 30TH STREET - OMAHA, NE 68111	47-0596504	501(C)(3)	160,000.	0.			GENERAL SUPPORT
COLUMBUS AREA UNITED WAY INC EAST CENTRAL LTRG COLUMBUS, NE 68601	47-6029411	501(C)(3)	125,000.	0.			FLOOD RELIEF
FREMONT AREA UNITED WAY 445 EAST 1ST STREET, #1 FREMONT, NE 68025	47-6000166	501(C)(3)	125,000.	0.			FLOOD RELIEF
THE WILLA CATHER FOUNDATION 413 N WEBSTER RED CLOUD, NE 68970	47-0485401	501(C)(3)	115,000.	0.			GENERAL SUPPORT
VILLAGE OF SPENCER 100 E MAIN ST SPENCER, NE 68777		170(B)(1)(A)(V)	112,668.	0.			FLOOD RELIEF
HEARTLAND UNITED WAY 1441 NORTH WEBB ROAD GRAND ISLAND, NE 68803	47-0469492	501(C)(3)	110,000.	0.			AFFORDABLE HOUSING ASSISTANCE
HABITAT FOR HUMANITY OF OMAHA 1701 N 24TH STREET OMAHA, NE 68110	36-3283625	501(C)(3)	105,000.	0.			FLOOD RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE OF DORCHESTER 701 WASHINGTON DORCHESTER, NE 68343		170(B)(1)(A)(V)	104,144.	0.			PARKS RENOVATION
OPTION SCHOOL INC % JAGUAR GROUP OMAHA, NE 68154	47-0838951	501(C)(3)	104,000.	0.			GENERAL SUPPORT
CHEYENNE CO COMMUNITY CENTER FOUNDATION INC C/O KIDS KORNER CHILDCARE - % KIDS KORNER CHILDCARE - SIDNEY, NE 69162-2567	36-3604952	501(C)(3)	102,340.	0.			EARLY CHILDHOOD EDUCATION
NORFOLK PUBLIC SCHOOLS FOUNDATION INC - PO BOX 139 - NORFOLK, NE 68702-0139	47-0742303	501(C)(3)	100,810.	0.			GENERAL SUPPORT
CITY OF FRIEND 235 MAPLE ST FRIEND, NE 68359		170(B)(1)(A)(V)	100,500.	0.			GENERAL SUPPORT
SIDNEY PUBLIC SCHOOLS 1101 21 AVE SIDNEY, NE 69162		170(B)(1)(A)(V)	100,000.	0.			AGRICULTUE EDUCATION SUPPORT
CITY OF OGALLALA/OGALLALA LIBRARY 203 W. A STREET OGALLALA, NE 69153		170(B)(1)(A)(V)	95,264.	0.			BUILDING PROJECT
SYRACUSE LIBRARY FOUNDATION DONALD HARMS SYRACUSE, NE 68446-0356	47-0808068	501(C)(3)	93,697.	0.			GENERAL SUPPORT
THE ZONE 228 BRAASCH AVE NORFOLK, NE 68701	45-4955787	501(C)(3)	84,194.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHEYENNE COUNTY CHILD DEVELOPMENT CENTER - * LIANNE HIGGINS - SIDNEY, NE 69162	31-1713031	501(C)(3)	78,664.	0.			EARLY CHILDHOOD EDUCATION
LIFT UP SARPY COUNTY FBO SARPY COUNTY LTRG - 1508 J.F. KENNEDY DRIVE, STE 206 - BELLEVUE, NE 68005	61-1501001	501(C)(3)	75,000.	0.			FLOOD RELIEF
NORRIS INSTITUTE PO BOX 130 MCCOOK, NE 69001	20-5796139	501(C)(3)	75,000.	0.			GENERAL SUPPORT
UNITED WAY OF THE KEARNEY AREA 4009 6TH AVE, SUITE 19 KEARNEY, NE 68845	47-0488294	501(C)(3)	75,000.	0.			FLOOD RELIEF
MCCOOK PUBLIC SCHOOLS 600 WEST 7TH STREET MCCOOK, NE 69001		170(B)(1)(A)(V)	74,065.	0.			GENERAL SUPPORT
ST. MICHAELS CATHOLIC SCHOOL OF ALBION - 520 W. CHURCH STREET - ALBION, NE 68620	47-0376534	PAROCHIAL SCHOOL	DIS 73,000.	0.			GENERAL SUPPORT
NEBRASKA CHILDREN & FAMILIES FOUNDATION - 215 CENTENNIAL MALL SOUTH #200 - LINCOLN, NE 68508	91-1829974	501(C)(3)	63,000.	0.			LEARN TO EARN TO ACHIEVE PROGRAM (LEAP)
CITY OF NORTH BEND PO BOX 401 NORTH BEND, NE 68649		170(B)(1)(A)(V)	62,000.	0.			FLOOD RELIEF
SYNOVATION VALLEY LEADERSHIP ACADEMY - PO BOX 56 - ORD, NE 68862	47-4579113	501(C)(3)	56,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY PERFORMING ARTS THEATER INC PO BOX 56 ORD, NE 68862	46-4291768	501(C)(3)	52,100.	0.			GENERAL SUPPORT
CAREER SERVICES INC FBO DAWSON COUNTY LTRG - 1501 PLUM CREEK PARKWAY - LEXINGTON, NE 68850	47-0869127	501(C)(3)	50,000.	0.			FLOOD RELIEF
CENTRAL NEBRASKA COMMUNITY ACTION PARTNERSHIP INC - 106 N 2ND ST - SARGENT, NE 68874	47-0495122	501(C)(3)	50,000.	0.			FLOOD RELIEF
CHICANO AWARENESS CENTER DBA LATINO CENTER OF THE MIDLANDS - 4821 S 24TH ST - OMAHA, NE 68107	23-7208431	501(C)(3)	50,000.	0.			ADULT EDUCATION & WORKFORCE DEVELOPMENT SUPPORT
CITY OF HAMBURG 1201 MAIN STREET HAMBURG, IA 51640		170(B)(1)(A)(V)	50,000.	0.			FLOOD RELIEF
CITY OF HICKMAN PO BOX 127 HICKMAN, NE 68372		170(B)(1)(A)(V)	50,000.	0.			PARKS RENOVATION
FOOD BANK FOR THE HEARTLAND 10525 J ST OMAHA, NE 68127	47-0637701	501(C)(3)	50,000.	0.			COVID-19 SUPPORT
GOODALL CITY LIBRARY 203 W. A STREET OGALLALA, NE 69153		170(B)(1)(A)(V)	50,000.	0.			GENERAL SUPPORT
NEBRASKA ENTERPRISE FUND 330 NORTH OAKLAND AVE OAKLAND, NE 68045	31-1543695	501(C)(3)	50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIERCE COUNTY 111 W COURT STREET PIERCE, NE 68767		170(B)(1)(A)(V)	50,000.	0.			FLOOD RELIEF
DREAMSPRING 2000 ZEARING AVE., NW ALBUQUERQUE, NM 87104	85-0417347	501(C)(3)	47,000.	0.			ENERGIZING ENTREPRENEURSHIP & JOB CREATION
BOONE CENTRAL SCHOOLS 605 SOUTH 6TH STREET ALBION, NE 68620		170(B)(1)(A)(V)	46,835.	0.			CHILDREN AFTER-SCHOOL/SUMMER PROGRAM
UNITED CHURCH OF CHRIST FBO MILLS COUNTY DISASTER COALITION - 5 N VINE ST - GLENWOOD, IA 51534		501(C)(3)	45,000.	0.			FLOOD RELIEF
CITY OF HEBRON PO BOX 29 HEBRON, NE 68370		170(B)(1)(A)(V)	42,250.	0.			CITY ENTRANCE MARKER
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OMAHA INC - 3300 N 60TH ST - OMAHA, NE 68104	47-0376612	501(C)(3)	40,000.	0.			MICROBUSINESS & ASSET DEVELOPMENT PROGRAM
HOLY NAME HOUSING CORPORATION 3014 NORTH 45TH STREET OMAHA, NE 68104	47-0653390	501(C)(3)	40,000.	0.			GENERAL SUPPORT
PROJECT HOUSEWORKS 2316 S 24TH STREET OMAHA, NE 68108	47-0793980	501(C)(3)	40,000.	0.			GENERAL SUPPORT
TOGETHER INC OF METROPOLITAN OMAHA 812 S 24TH STREET OMAHA, NE 68108	47-0589290	501(C)(3)	40,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URBAN LEAGUE OF NE 3040 LAKE STREET OMAHA, NE 68111-3700	47-0384575	501(C)(3)	40,000.	0.			GENERAL SUPPORT
VILLAGE OF LYNCH PO BOX 127 LYNCH, NE 68746-0127		170(B)(1)(A)(V)	40,000.	0.			ENGINEERING STUDY FOR FLOOD CONTROL EFFORTS
NEBRASKA CATTLEMEN 4611 CATTLE DRIVE LINCOLN, NE 68521-4309		501(C)(3)	39,900.	0.			GENERAL SUPPORT
THE SALVATION ARMY 610 W NORFOLK AVE NORFOLK, NE 68701-5141		501(C)(3)	39,513.	0.			FLOOD RELIEF
VILLAGE OF VERDIGRE PO BOX 330 VERDIGRE, NE 68783		170(B)(1)(A)(V)	39,061.	0.			FLOOD RELIEF
VILLAGE OF BELLWOOD ATTN: ANGIE WELLMAN BELLWOOD, NE 68624		170(B)(1)(A)(V)	38,739.	0.			REMODEL AUDITORIUM
FREMONT AREA HABITAT FOR HUMANITY 701 E. DODGE ST FREMONT, NE 68025	47-0763503	501(C)(3)	38,000.	0.			LOW-INCOME HOUSING
JOHN & MARIE UKENA CHARITABLE TRUST - PO BOX 302 - GORDON, NE 69343	47-0717764	501(C)(3)	37,000.	0.			GENERAL SUPPORT
BURWELL PUBLIC SCHOOLS PO BOX 670 BURWELL, NE 68823		170(B)(1)(A)(V)	36,331.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CONNECTIONS TO SUCCESS 901 N. 8TH ST., STE 201 KANSAS CITY, KS 66101	43-1859283	501(C)(3)	36,000.	0.			TRAINING FOR WOMEN IN JOHNSON COUNTY
IOWA WESTERN COMMUNITY COLLEGE IOWA WESTERN SBDC COUNCIL BLUFFS, IA 51501		170(B)(1)(A)(V)	35,000.	0.			GENERAL SUPPORT
MIDWEST HOUSING DEVELOPMENT FUND 515 N. 162ND AVE, SUITE 202 OMAHA, NE 68118	84-1686593	501(C)(3)	35,000.	0.			FLOOD RELIEF
OMAHA COMMUNITY FOUNDATION 3555 FARNAM S, SUITE 222 OMAHA, NE 68131	47-0645958	501(C)(3)	35,000.	0.			COVID-19 HOUSING STABILITY
UNITED WAY OF THE MIDLANDS 2201 FARNAM STREET OMAHA, NE 68102-1972	47-0376605	501(C)(3)	35,000.	0.			COVID-19 HOUSING STABILITY
MORTON JAMES PUBLIC LIBRARY ATTN: DONNA KRUSE NEBRASKA CITY, NE 68410		170(B)(1)(A)(V)	34,129.	0.			PROGRAM SUPPORT
NORTH CENTRAL DISTRICT HEALTH DEPARTMENT FBO MILES FOR SMILES - FBO MILES OF SMILES - O'NEILL, NE 68763		170(B)(1)(A)(V)	33,000.	0.			MILES OF SMILES PROGRAM SUPPORT
PANHANDLE PUBLIC HEALTH DISTRICT % KIM ENGEL SCOTTSBLUFF, NE 69361		170(B)(1)(A)(V)	33,000.	0.			MILES OF SMILES PROGRAM SUPPORT
BLOOMFIELD COMMUNITY SCHOOL FOUNDATION - ATTN: KONNIE THIELE - BLOOMFIELD, NE 68718		501(C)(3)	32,151.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN HEIGHTS BAPTIST CHURCH PO BOX 1311 NORFOLK, NE 68702-1311		501(C)(3)	30,938.	0.			FLOOD RELIEF
O'NEILL PUBLIC SCHOOLS PO BOX 230 O'NEILL, NE 68763		170(B)(1)(A)(V)	30,567.	0.			GENERAL SUPPORT
NORTHEAST COMMUNITY COLLEGE ATTN: COACH MIKE ROEBER NORFOLK, NE 68702-0469		170(B)(1)(A)(V)	30,200.	0.			GENERAL SUPPORT
CREIGHTON UNIVERSITY FBO ILAC 2500 CALIFORNIA PLAZA OMAHA, NE 68178	47-0376583	170(B)(1)(A)(II)	30,000.	0.			GENERAL SUPPORT
HEART MINISTRY CENTER INC 2222 BINNEY STREET OMAHA, NE 68110	81-0614816	501(C)(3)	30,000.	0.			GENERAL SUPPORT
MOSAIC COMMUNITY DEVELOPMENT DBA INCOMMON COMM DEV - 1340 PARK AVENUE - OMAHA, NE 68105	47-0842143	501(C)(3)	30,000.	0.			GENERAL SUPPORT
NO MORE EMPTY POTS 8511 NORTH 30TH ST OMAHA, NE 68112	27-2427728	501(C)(3)	30,000.	0.			CULINARY WORKFORCE TRAINING PROGRAM SUPPORT
OLLIE WEBB CENTER INC 1941 S. 42 #122 OMAHA, NE 68105-2942	20-3311641	501(C)(3)	30,000.	0.			GENERAL SUPPORT
TRUMBULL COMMUNITY CENTER PO BOX 71 TRUMBULL, NE 68980	26-2783402	501(C)(3)	30,000.	0.			GENERAL SUPPORT

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WOMEN'S CENTER FOR ADVANCEMENT 3801 HARNEY STREET OMAHA, NE 68131	27-3205476	501(C)(3)	30,000.	0.			GENERAL SUPPORT
VILLAGE OF BEAVER CROSSING PO BOX 116 BEAVER CROSSING, NE 68313		170(B)(1)(A)(V)	29,045.	0.			SWIMMING POOL BATHHOUSE RENOVATION SUPPORT
CITY OF RUSHVILLE 208 CONRAD RUSHVILLE, NE 69360		170(B)(1)(A)(V)	29,000.	0.			NEW FIRE TRUCK SUPPORT
VERDIGRE PUBLIC SCHOOL 201 S 3RD STREET VERDIGRE, NE 68783		170(B)(1)(A)(V)	28,800.	0.			BRIDGING THE HOMEWORK GAP SUPPORT
COMMUNITY ACTION PARTNERSHIP OF MID-NE - PO BOX 2288 - KEARNEY, NE 68847	47-6039628	501(C)(3)	27,443.	0.			ANNUAL BIG GIVE
SHICKLEY PUBLIC SCHOOL PO BOX 407 SHICKLEY, NE 68436		170(B)(1)(A)(V)	27,427.	0.			GENERAL SUPPORT
RAVENNA PUBLIC LIBRARY 121 WEST SENECA STREET RAVENNA, NE 68869		170(B)(1)(A)(V)	26,810.	0.			GENERAL SUPPORT
CITY OF COLUMBUS ATTN: HEATHER LINDSLEY COLUMBUS, NE 68602		170(B)(1)(A)(V)	26,658.	0.			K-9 POLICE SUPPORT
ELKHORN LOGAN VALLEY PUBLIC HEALTH DEPT FOUNDATION - * GINA UHING - WISNER, NE 68791	47-1570618	501(C)(3)	25,500.	0.			MILES OF SMILES PROGRAM SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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ST. JOHN LUTHERAN CHURCH ATTN: JUDY WARNEKE BATTLE CREEK, NE 68715		501(C)(3)	25,500.	0.			FLOOD RELIEF
VILLAGE OF SHICKLEY C/O SHICKLEY CEMETERY ASSN - § SHICKLEY CEMETERY ASSN - SHICKLEY, NE 68436		170(B)(1)(A)(V)	25,423.	0.			GENERAL SUPPORT
DAVID CITY PUBLIC SCHOOLS 750 D STREET DAVID CITY, NE 68632	47-6001506	170(B)(1)(A)(V)	25,065.	0.			GENERAL SUPPORT
NEIGHBORWORKS NORTHEAST NEBRASKA 2554 40TH AVE COLUMBUS, NE 68601		501(C)(3)	25,050.	0.			ANNUAL BIG GIVE
BOYD COUNTY RURAL WATER DIST #2 DISASTER FUND - PO BOX 217 - SPENCER, NE 68777		170(B)(1)(A)(V)	25,000.	0.			FLOOD RELIEF
CITY OF NEWMAN GROVE PO BOX 446 NEWMAN GROVE, NE 68758		170(B)(1)(A)(V)	25,000.	0.			FLOOD RELIEF
GESU HOUSING INC. 5008 1/2 B DODGE STREET OMAHA, NE 68132	04-3617019	501(C)(3)	25,000.	0.			NEIGHBORHOOD AFFORDABLE HOUSING
HABITAT FOR HUMANITY OF COLUMBUS PO BOX 1792 COLUMBUS, NE 68602	27-2896995	501(C)(3)	25,000.	0.			GROWING TOGETHER CAPITAL CAMPAIGN
NEBRASKA HOUSING DEVELOPERS ASSOCIATION - 3883 NORMAL BLVD # 206 - LINCOLN, NE 68506	47-0798048	501(C)(3)	25,000.	0.			HOMEOWNERSHIP PROGRAM

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NEBRASKA HUMANE SOCIETY 8929 FORT STREET OMAHA, NE 68134	47-0378997	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN
OMAHA MUNICIPAL LAND BANK 1299 FARNAM STREET, SUITE 300 OMAHA, NE 68102	47-2876433	501(C)(3)	25,000.	0.			GENERAL SUPPORT
RISE ACADEMY 3555 FARNAM STREET, SUITE 209 OMAHA, NE 68131	83-0583165	501(C)(3)	25,000.	0.			POST-RELEASE AND EMPLOYMENT PROGRAM
TWO RIVERS PUBLIC HEALTH DEPARTMENT - C/O JEREMY ESHLIMAN - HOLDREGE, NE 68949	81-2027204	501(C)(3)	25,000.	0.			MILES OF SMILES PROGRAM SUPPORT
NEBRASKA OFFICE OF RURAL HEALTH SLRP PROGRAM - ATTN: DEB STOLTENBERG - LINCOLN, NE 68509-4906		170(B)(1)(A)(V)	24,548.	0.			GENERAL SUPPORT
VALLEY CHILD DEVELOPMENT CENTER PO BOX 335 RED CLOUD, NE 68970	81-1174755	501(C)(3)	23,360.	0.			EARLY CHILDHOOD EDUCATION
OMAHA HOME FOR BOYS 4343 N 52ND STREET OMAHA, NE 68104	47-0376529	501(C)(3)	23,213.	0.			BRANCHING OUT INDEPENDENT LIVING
BYRON COMMUNITY BUILDING DISTRICT 403 WARREN ST BYRON, NE 68325		170(B)(1)(A)(V)	22,724.	0.			GENERAL SUPPORT
FRIEND PUBLIC SCHOOL 501 S MAIN STREET FRIEND, NE 68359		170(B)(1)(A)(V)	21,784.	0.			STUDENT MEALS DURING COVID-19 BREAK

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YMCA OF MCCOOK PO BOX 408 MCCOOK, NE 69001-0408	47-0377999	501(C)(3)	21,154.	0.			GENERAL SUPPORT
LOURDES CENTRAL CATHOLIC SCHOOLS 412 2ND AVENUE NEBRASKA CITY, NE 68410		PAROCHIAL SCHOOL	DIS 21,070.	0.			ONE BOOK ONE COMMUNITY PROJECT
MCCOOK CHRISTIAN CHURCH 507 W. B STREET MCCOOK, NE 69001		501(C)(3)	21,000.	0.			GENERAL SUPPORT
CENTER FOR RURAL AFFAIRS FBO RURAL INVESTMENT CORPORATION - FBO RURAL INVESTMENT CORPORATION - LYONS, NE 68038	47-0796719	501(C)(3)	20,000.	0.			SMALL BUSINESS DEVELOPMENT IN RURAL NEBRASKA
DOUGLAS CO COMM EMERGENCY & NATURAL DISASTER RECOVERY GROUP - 7506 N 285TH AVE CIRCLE - VALLEY, NE 68064	84-2016154	501(C)(3)	20,000.	0.			FLOOD RELIEF
FATHER FLANAGAN'S BOYS' HOME DBA BOYS TOWN - 14100 CRAWFORD ST - BOYS TOWN, NE 68010	47-0376606	501(C)(3)	20,000.	0.			CAREER CENTER AT BOYS TOWN HIGH SCHOOL
FRIENDS OF AXTELL PUBLIC LIBRARY 305 MAIN ST AXTELL, NE 68924		170(B)(1)(A)(V)	20,000.	0.			LIBRARY RENOVATION
FRIENDS OF JCDS INC. 10501 LACKMAN ROAD LENEXA, KS 66219	48-1088092	501(C)(3)	20,000.	0.			AFFORDABLE/ACCESSIBLE HOUSING LOWINC W/DISABILITIES
FRONT RANGE COMMUNITY COLLEGE FOUNDATION - 3645 WEST 112TH - WESTMINSTER, CO 80031	84-1311148	501(C)(3)	20,000.	0.			ADULT LEARNING

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GENEVA PUBLIC LIBRARY 1043 G STREET GENEVA, NE 68361		170(B)(1)(A)(V)	20,000.	0.			LIBRARY RENOVATION
GOTTA BE ME, INC 2210 SOUTH 50TH STREET OMAHA, NE 68106	47-2153256	501(C)(3)	20,000.	0.			EDUCATIONAL PROGRAMS
HABITAT FOR HUMANITY OF COUNCIL BLUFFS - 1228 SOUTH MAIN ST. - COUNCIL BLUFFS, IA 51503	42-1394987	501(C)(3)	20,000.	0.			HOUSING DEVELOPMENT & HOMEOWNERSHIP PROGRAM
INNOSPHERE 320 EAST VINE DRIVE, STE 101 FORT COLLINS, CO 80524	77-0707779	501(C)(3)	20,000.	0.			GENERAL SUPPORT
KEITH COUNTY HOUSING DEVELOPMENT CORPORATION - PO BOX 830 - OGALLALA, NE 69153-0830	47-0785404	501(C)(3)	20,000.	0.			GENERAL SUPPORT
MICAH HOUSE CORPORATION 1415 AVENUE J COUNCIL BLUFFS, IA 51501	42-1292393	501(C)(3)	20,000.	0.			EMERGENCY SHELTER & SUPPORT SERVICES
MIDLANDS LATINO COMMUNITY DEVELOPMENT CORPORATION - 4923 SOUTH 24TH STREET,, SUITE 20 - OMAHA, NE 68107	14-1973678	501(C)(3)	20,000.	0.			SMALL BUSINESS DEVELOPMENT PROGRAM
NEBRASKA CITY PUBLIC SCHOOLS 1700 14TH AVE NEBRASKA CITY, NE 68410		170(B)(1)(A)(V)	20,000.	0.			BRIDGING THE HOMEWORK GAP
NEW VISIONS HOMELESS SERVICES 1435 N. 15TH STREET COUNCIL BLUFFS, IA 51501	81-2668778	501(C)(3)	20,000.	0.			READY TO WORK

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NORTHSTAR FOUNDATION 4242 NORTH 49TH AVENUE OMAHA, NE 68104	26-0494022	501(C)(3)	20,000.	0.			NORTHSTAR LEADERS AND ACHIEVERS PROGRAM
POTTAWATTAMIE COUNTY DEVELOPMENT CORPORATION DBA THE 712 INITIATIVE - DBA THE 712 INITIATIVE - COUNCIL BLUFFS, IA 51503	42-1459560	501(C)(3)	20,000.	0.			GENERAL SUPPORT
RALSTON PUBLIC SCHOOL 8969 PARK DRIVE RALSTON, NE 68127		170(B)(1)(A)(V)	20,000.	0.			BRIDGING THE HOMEWORK GAP
REBUILDING TOGETHER PLATTE VALLEY EAST - 445 E 1ST ST, STE 2 - FREMONT, NE 68025	77-0695389	501(C)(3)	20,000.	0.			GENERAL SUPPORT
ROCK COUNTY PUBLIC LIBRARY PO BOX 465 BASSETT, NE 68714		170(B)(1)(A)(V)	20,000.	0.			LIBRARY RENOVATION
SIENA FRANCIS HOUSE 1702 NICHOLAS OMAHA, NE 68102	47-0601005	501(C)(3)	20,000.	0.			REHOUSING/REINTEGRATION SERVICES PROGRAM
SOUTHWOOD LUTHERAN CHURCH PO BOX 22767 LINCOLN, NE 68542		501(C)(3)	20,000.	0.			GENERAL SUPPORT
THE ARC OF NEBRASKA 215 CENTENNIAL MALL SOUTH SUITE 508 LINCOLN, NE 68508	47-0495350	501(C)(3)	20,000.	0.			GENERAL SUPPORT
CITY OF DESHLER PO BOX 189 DESHLER, NE 68340		170(B)(1)(A)(V)	19,225.	0.			GENERAL SUPPORT

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VILLAGE OF BRULE PO BOX 100 BRULE, NE 69127		170(B)(1)(A)(V)	18,850.	0.			GENERAL SUPPORT
BOONE COUNTY HEALTH CENTER FOUNDATION - 723 W. FAIRVIEW - ALBION, NE 68620	47-0707315	501(C)(3)	17,500.	0.			GENERAL SUPPORT
INCLUSION CONNECTIONS 15738 W. 148TH TERRACE OLATHE, KS 66062	46-2754831	501(C)(3)	17,000.	0.			EMPLOYABILITY SUPPORT
GIRL SCOUTS SPIRIT OF NEBRASKA 8230 BEECHWOOD DR LINCOLN, NE 68510	47-0432299	501(C)(3)	16,528.	0.			GENERAL SUPPORT
UNIVERSITY OF NEBRASKA DENNIS BRINK LINCOLN, NE 68583-0908	47-0491233	170(B)(1)(A)(V)	16,500.	0.			GENERAL SUPPORT
NEWMAN GROVE PUBLIC SCHOOLS PO BOX 370 NEWMAN GROVE, NE 68758		170(B)(1)(A)(V)	16,225.	0.			GENERAL SUPPORT
CITY OF BURWELL FBO COTTONWOOD CEMETERY - FBO COTTONWOOD CEMETERY - BURWELL, NE 68823		170(B)(1)(A)(V)	16,160.	0.			GENERAL SUPPORT
ST. PATRICK'S SCHOOL PO BOX 1040 MCCOOK, NE 69001		PAROCHIAL SCHOOL	DIS 15,763.	0.			ANNUAL BIG GIVE
CITY OF NORFOLK 309 N. 5TH STREET NORFOLK, NE 68701		170(B)(1)(A)(V)	15,500.	0.			FLOOD RELIEF

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CUSTER COUNTY FOUNDATION 403 S. 9TH BROKEN BOW, NE 68822	47-0752656	501(C)(3)	15,029.	0.			GENERAL SUPPORT
AINSWORTH COMMUNITY SCHOOLS PO BOX 65 AINSWORTH, NE 69210		170(B)(1)(A)(V)	15,000.	0.			SCHOOL PLAYGROUND RENOVATION
BRIDGE HOUSE 5345 ARAPAHOE AVE UNIT 5 BOULDER, CO 80303	84-1440292	501(C)(3)	15,000.	0.			READY TO WORK PROGRAM - BOULDER
CHILD SAVING INSTITUTE INC 4545 DODGE STREET OMAHA, NE 68132	45-0489204	501(C)(3)	15,000.	0.			INDEPENDENT LIVING SKILLS
CITY OF OGALLALA ATTN: JANE SKINNER, CITY CLERK OGALLALA, NE 69153		170(B)(1)(A)(V)	15,000.	0.			GENERAL SUPPORT
COLLEGE POSSIBLE 900 S 74TH PLAZA SUITE 403 OMAHA, NE 68114	41-1968798	501(C)(3)	15,000.	0.			COLLEGE POSSIBLE OMAHA
COLORADO ENTERPRISE FUND 1888 SHERMAN ST, STE 530 DENVER, CO 80203	84-0837398	501(C)(3)	15,000.	0.			ENTREPRENEURSHIP & SM BUSINESS DEVELOPMENT NORTHERN COLORADO
COMPLETELY KIDS 2566 SAINT MARY'S AVENUE OMAHA, NE 68105	27-5111197	501(C)(3)	15,000.	0.			EMPOWERING LATINO FAMILIES THROUGH ADULT EDUCATION
ELKHORN HILLS METHODIST CHURCH 20227 VETERANS DRIVE ELKHORN, NE 68022		501(C)(3)	15,000.	0.			GENERAL SUPPORT

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FLATIRONS HABITAT FOR HUMANITY 1455 DIXIE AVENUE LAFAYETTE, CO 80026	30-0174334	501(C)(3)	15,000.	0.			2020 HOME BUILD
FOX VALLEY ENTREPRENEURSHIP CENTER 140 SOUTH FIRST STREET BATAVIA, IL 60510	45-2779311	501(C)(3)	15,000.	0.			ACCELERATOR AND BUSINESS GROWTH ACADEMY
FOX VALLEY HABITAT FOR HUMANITY 250 SOUTH HIGHLAND, SUITE 2 AURORA, IL 60506	27-2617181	501(C)(3)	15,000.	0.			2020 HOME BUILD
FRIEND HISTORICAL SOCIETY PO BOX 174 FRIEND, NE 68359	26-0876473	501(C)(3)	15,000.	0.			GENERAL SUPPORT
GREELEY AREA HABITAT FOR HUMANITY 104 N 16TH AVENUE GREELEY, CO 80631		501(C)(3)	15,000.	0.			2020 HOME BUILD
HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY - 1833 SUNSET PL STE A - LONGMONT, CO 80501	84-1092616	501(C)(3)	15,000.	0.			2020 HOME BUILD
HOMEWARD ALLIANCE 242 CONIFER STREET FORT COLLINS, CO 80524	27-4641606	501(C)(3)	15,000.	0.			HAND UP EMPLOYMENT PROGRAM
HOPE CENTER INC 2200 N. 20TH ST. OMAHA, NE 68110	47-0826512	501(C)(3)	15,000.	0.			THE HOPE-FREMONT
KEARNEY AREA HABITAT FOR HUMANITY 1815 1ST AVE KEARNEY, NE 68847	47-0754458	501(C)(3)	15,000.	0.			2020 HOME BUILD

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NEBRASKA FFA FOUNDATION PO BOX 94942 LINCOLN, NE 68509-4942	47-0741774	501(C)(3)	15,000.	0.			FFA PROGRAM SUPPORT
NORTH CENTRAL DEVELOPMENT CTR NCDC ATTN: DOUG WEISS AINSWORTH, NE 69210	47-0764517	501(C)(3)	15,000.	0.			GRAND THEATER RENOVATION SUPPORT
NORTH PLATTE COMMUNITY COLLEGE FOUNDATION - ATTN: BONNIE KRUSE / SOUTH CAMPUS - NORTH PLATTE, NE 69101	20-2459157	501(C)(3)	15,000.	0.			IMPERIAL CAMPUS BUILDING EXPANSION
NORTHEAST COMMUNITY COLLEGE FOUNDATION - PO BOX 469 - NORFOLK, NE 68702	51-0145185	501(C)(3)	15,000.	0.			AG & WATER NEXUS SUPPORT
OUTLOOK NEBRASKA INC. 4125 S 72ND ST OMAHA, NE 68127	36-4348793	501(C)(3)	15,000.	0.			OUTLOOK BLIND ASSOCIATE DEVELOPMENT PROGRAM
PENDER COMMUNITY CENTER PO BOX 614 PENDER, NE 68047	82-0780129	501(C)(3)	15,000.	0.			GENERAL SUPPORT
PROJECT SELF-SUFFICIENCY OF LOVELAND-FORT COLLINS - 2001 SOUTH SHIELDS D-203 - FORT COLLINS, CO 80526	84-1206341	501(C)(3)	15,000.	0.			EDUC&CAREER DEVELOPMENT FOR SINGLEPARENT FAMILIES
DVORACEK MEMORIAL LIBRARY PO BOX 803 WILBER, NE 68465		170(B)(1)(A)(V)	13,927.	0.			PROGRAM SUPPORT
ROCK COUNTY HOSPITAL 102 E SOUTH ST BASSETT, NE 68714		170(B)(1)(A)(V)	13,340.	0.			GENERAL SUPPORT

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DEBORAH'S LEGACY INC 705 N. POPLAR NORTH PLATTE, NE 69101	45-5163406	501(C)(3)	13,000.	0.			RESTORATION PROGRAM
OMAHA CONSERVATORY OF MUSIC 7023 CASS OMAHA, NE 68132	47-0834657	501(C)(3)	13,000.	0.			GENERAL SUPPORT
HASTINGS FOUNDATION INC 800 W 3RD STREET, SUITE 232 HASTINGS, NE 68901	36-3569968	501(C)(3)	12,527.	0.			GENERAL SUPPORT
NORFOLK FAMILY COALITION INC 123 N 4TH ST NORFOLK, NE 68701	47-5426763	501(C)(3)	12,500.	0.			GENERAL SUPPORT
NEWMAN GROVE COMMUNITY CLUB & CHRISTIE WALLIN NEWMAN GROVE, NE 68578	47-0690205	501(C)(3)	12,150.	0.			GENERAL SUPPORT
BOONE COUNTY AGRICULTURAL SOCIETY 2875 170TH ST ALBION, NE 68620		170(B)(1)(A)(V)	12,070.	0.			BOONE COUNTY AG ED CENTER SUPPORT
PLATTE VALLEY LITERACY ASSOCIATION 3020 18TH STREET BOX#3 COLUMBUS, NE 68601	36-3727077	501(C)(3)	12,057.	0.			ANNUAL BIG GIVE
CHASE COUNTY HOSPITAL FOUNDATION INC - PO BOX 819 - IMPERIAL, NE 69033	47-0839293	501(C)(3)	12,000.	0.			WOUND CARE EDUC & TRNG PROGRAM
CITY OF FULLERTON VOLUNTEER FIRE DEPT - FULLERTON VOLUNTEER FIRE DEPT - FULLERTON, NE 68638		170(B)(1)(A)(V)	12,000.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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MULTICULTURAL COALITION 325 WEST FOURTH STREET GRAND ISLAND, NE 68801	38-3683695	501(C)(3)	12,000.	0.			CONVERSATIONAL ENGLISH FOR IMMIGRANTS
ST. JOHN LUTHERAN SCHOOL 877 N COLUMBIA SEWARD, NE 68434		PAROCHIAL SCHOOL	DIS 12,000.	0.			COVID 19 DISTANCE LEARNING PROGRAM
CITY OF MILFORD NE LB840 FUND 402 1ST STREET MILFORD, NE 68405		170(B)(1)(A)(V)	11,500.	0.			COVID-19 SUPPORT
THE UNIVERSITY OF NEBRASKA - LINCOLN DEPT OF AGRONOMY & HORTICULTURE - DEPT OF AGRONOMY & HORTICULTURE - LINCOLN, NE		170(B)(1)(A)(V)	11,500.	0.			GENERAL SUPPORT
MCCOOK COMMUNITY COLLEGE & BRANDON LENHART MCCOOK, NE 69001		170(B)(1)(A)(V)	11,121.	0.			GENERAL SUPPORT
CITY OF NEBRASKA CITY 1409 CENTRAL AVE NEBRASKA CITY, NE 68410		170(B)(1)(A)(V)	11,093.	0.			SOFTBALL COMPLEX RENOVATION SUPPORT
ROCK COUNTY GROWTH INC PO BOX 548 BASSETT, NE 68714	48-1266296	501(C)(3)	11,093.	0.			LEADERSHIP ACADEMY SUPPORT
GENOA PUBLIC LIBRARY PO BOX 279 GENOA, NE 68640		170(B)(1)(A)(V)	11,000.	0.			GENERAL SUPPORT
THEDFORD PUBLIC SCHOOLS PO BOX 248 THEDFORD, NE 69166		170(B)(1)(A)(V)	11,000.	0.			GENERAL SUPPORT

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BOONE COUNTY AG SOCIETY 2875 170TH ST ALBION, NE 68620		170(B)(1)(A)(V)	10,854.	0.			CONCESSION AREA RENOVATION
SEWARD PUBLIC SCHOOL 410 SOUTH STREET SEWARD, NE 68434		170(B)(1)(A)(V)	10,700.	0.			BRIDGING THE HOMEWORK GAP
BOONE COUNTY FITNESS CENTER 527 SOUTH 5TH STREET ALBION, NE 68620	47-0667375	501(C)(3)	10,620.	0.			GENERAL SUPPORT
KIMBALL PUBLIC LIBRARY 208 S. WALNUT KIMBALL, NE 69145		170(B)(1)(A)(V)	10,330.	0.			GENERAL SUPPORT
BRIGHT HORIZONS 601 E NORFOLK AVE NORFOLK, NE 68701	47-0605938	501(C)(3)	10,300.	0.			FLOOD RELIEF
PRAIRIE PLAINS CASA 322 NORRIS AVE STE 6 MCCOOK, NE 69001-3700	81-1333824	501(C)(3)	10,181.	0.			ANNUAL BIG GIVE
VALLEY CHILD DEVELOPMENT CENTER INC. - PO BOX 335 - RED CLOUD, NE 68970	81-1174755	501(C)(3)	10,150.	0.			CHILDCARE AT VISIONING SESSION
ABBOTT HOUSE 909 COURT MERRILL MITCHELL, SD 57301	46-0229822	501(C)(3)	10,000.	0.			BRIDGES BY ABBOTT HOUSE
ACCION CHICAGO INC 1436 W RANDOLPH ST, STE 300 CHICAGO, IL 60607	36-3966573	501(C)(3)	10,000.	0.			SMALL BUSINESS DEVELOPMENT SUPPORT

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ATTENTION INC DBA ATTENTION HOMES 1443 SPRUCE STREET BOULDER, CO 80302	84-0571145	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AUDUBON NEBRASKA ROWE SANCTUARY 44450 ELM ISLAND ROAD GIBBON, NE 68840	13-1624102	501(C)(3)	10,000.	0.			GENERAL SUPPORT
AUTISM ACTION PARTNERSHIP 10110 NICHOLAS ST, STE 202 OMAHA, NE 68114	20-6892034	501(C)(3)	10,000.	0.			PARTNERSHIP FOR AUTISM CAREER EMPLOYMENT (PACE)
BOYS & GIRLS CLUB OF WELD COUNTY 2400 1ST AVE GREELEY, CO 80631	84-0529902	501(C)(3)	10,000.	0.			ACADEMIC SUCCESS: PREPARING TOMORROW'S WORKFORCE
CARE CORPS INC DBA LIFEHOUSE 723 N. BROAD STREET FREMONT, NE 68025	47-0792729	501(C)(3)	10,000.	0.			WORKFORCE & LIFE SKILL DEVELOPMENT
CENTRAL CITY PUBLIC LIBRARY 1604 15TH AVENUE CENTRAL CITY, NE 68826		170(B)(1)(A)(V)	10,000.	0.			GENERAL SUPPORT
CITY OF SEWARD NE LB840 FUND 537 MAIN STREET STE 2 SEWARD, NE 68434		170(B)(1)(A)(V)	10,000.	0.			COVID-19 RELIEF SUPPORT
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTIE - 210 O STREET - LINCOLN, NE 68508	47-0491162	501(C)(3)	10,000.	0.			FINANCIAL WELL-BEING PROGRAM
COMMUNITY DEVELOPMENT FOUNDATION FBO HURON HOUSING AUTHORITY - 1705 DAKOTA AVE S - HURON, SD 57350	20-8612763	501(C)(3)	10,000.	0.			GENERAL SUPPORT

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DEKALB BEHAVIORAL HEALTH FOUNDATION - 12 HEALTH SERVICES DRIVE - DEKALB, IL 60115	47-4579189	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FREMONT PUBLIC SCHOOL FOUNDATION 130 EAST 9TH STREET FREMONT, NE 68025	45-0515246	501(C)(3)	10,000.	0.			GENERAL SUPPORT
GRAND ISLAND AREA HABITAT FOR HUMANITY - 502 W 2ND ST - GRAND ISLAND, NE 68801	47-0754122	501(C)(3)	10,000.	0.			2020 HOME BUILD
GREATER NORFOLK ECONOMIC DEVELOPMENT FOUNDATION - 609 W NORFOLK AVE - NORFOLK, NE 68701	36-3441719	501(C)(3)	10,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY OF BOONE COUNTY - PO BOX 1222 - BELVIDERE, IL 61008	41-2231092	501(C)(3)	10,000.	0.			2020 HOME BUILD
HABITAT FOR HUMANITY OF CLAY & YANKTON COUNTIES - 218 CAPITOL ST - YANKTON, SD 57078	46-0441510	501(C)(3)	10,000.	0.			CLAY & YANKTON COUNTIES HOME BUILDS
HABITAT FOR HUMANITY OF DEKALB COUNTY - PO BOX 503 - DEKALB, IL 60115	36-4128593	501(C)(3)	10,000.	0.			2020 HOME BUILD
HARVESTERS THE COMMUNITY FOOD NETWORK - 3801 TOPPING AVE - KANSAS CITY, MO 64129	43-1208665	501(C)(3)	10,000.	0.			COVID-19 HOUSING STABILITY SUPPORT
HIGH PLAINS COMMUNITY DEVELOPMENT CORP INC - 803 E 3RD ST - CHADRON, NE 69337	47-0784065	501(C)(3)	10,000.	0.			HOMEOWNERSHIP PROGRAM

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HIGH PLAINS HOUSING DEVELOPMENT CORP. - 814 9TH STREET - GREELEY, CO 80631	84-1300818	501(C)(3)	10,000.	0.			GENERAL SUPPORT
I HAVE A DREAM FOUNDATION OF BOULDER COUNTY - 5390 MANHATTAN CIRCLE #200 - BOULDER, CO 80303	84-1150542	501(C)(3)	10,000.	0.			PATHWAYS TO COLLEGE & CAREER
INTERCULTURAL SENIOR CENTER 5545 CENTER STREET OMAHA, NE 68106	27-2460810	501(C)(3)	10,000.	0.			COVID-19 HOUSING STABILITY SUPPORT
KISHWAUKEE COLLEGE 21193 MALTA RD MALTA, IL 60150		170(B)(1)(A)(V)	10,000.	0.			GENERAL SUPPORT
KISHWAUKEE UNITED WAY 115 NORTH 1ST STREET DEKALB, IL 60115	36-6158489	501(C)(3)	10,000.	0.			COVID-19 HOUSING STABILITY SUPPORT
LARIMER COUNTY FOUNDATION FBO NOCO PARTNERSHIP - 200 WEST OAK ST - FORT COLLINS, CO 80521	26-3014337	501(C)(3)	10,000.	0.			EDUCATION FOR IMPROVING ECONOMIC SELF-SUFFICIENCY FOR YOUNG ADULTS
LINCOLN COUNTY COMMUNITY DEVELOPMENT CORP - 220 S DEWEY ST - NORTH PLATTE, NE 69101	47-0798426	501(C)(3)	10,000.	0.			WORKFORCE HOUSING
LINCOLN/LANCASTER COUNTY HABITAT FOR HUMANITY - 4615 ORCHARD ST - LINCOLN, NE 68503	47-0714576	501(C)(3)	10,000.	0.			AFFORDABLE HOUSING PROGRAM SUPPORT
LITERACY VOLUNTEERS FOX VALLEY ONE SOUTH SIXTH AVENUE ST. CHARLES, IL 60174	36-3490254	501(C)(3)	10,000.	0.			LITERACY VOLUNTEERS FOX VALLEY

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LIVE THE VICTORY INC DBA THE MATTHEWS HOUSE - 415 MASON COURT, SUITE 1 - FORT COLLINS, CO 80524-4422	20-2894339	501(C)(3)	10,000.	0.			EMPOWERING YOUTH: JOB READINESS/INDEPENDENT LIVING
LOVELAND HABITAT FOR HUMANITY PO BOX 56 LOVELAND, CO 80537	84-1066816	501(C)(3)	10,000.	0.			2020 HOME BUILD
MITCHELL REGIONAL HABITAT FOR HUMANITY - PO BOX 1331 - MITCHELL, SD 57301-7331	46-0458649	501(C)(3)	10,000.	0.			2020 HOME BUILD
NEBRASKA MAINTENANCE ACADEMY INC 4862 S 96TH STREET OMAHA, NE 68127	83-2809579	501(C)(3)	10,000.	0.			NEBRASKA MAINTENANCE ACADEMY INC
NEIGHBORHOODS INC. DBA NEIGHBORWORKS LINCOLN - 2240 Q ST - LINCOLN, NE 68503	36-3430278	501(C)(3)	10,000.	0.			AFFORDABLE HOUSING PROGRAM SUPPORT
OVERTON PUBLIC SCHOOLS PO BOX 310 OVERTON, NE 68863		170(B)(1)(A)(V)	10,000.	0.			BRIDGING THE HOMEWORK GAP
PERKINS COUNTY SCHOOLS 740 SHERMAN AVE GRANT, NE 69140		170(B)(1)(A)(V)	10,000.	0.			BRIDGING THE HOMEWORK GAP
PIONEER CENTER FOR HUMAN SERVICES 4001 DAYTON ST MCHENRY, IL 60142	36-2480845	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SHICKLEY RURAL FIRE DISTRICT % JEFF ROW, SECRETARY SHICKLEY, NE 68436		170(B)(1)(A)(V)	10,000.	0.			NEW AMBULANCE SUPPORT

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STRATTON INDUSTRIAL COMMISSION INC. - PO BOX 81 - STRATTON, NE 69043	47-0643549	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE FAMILY LEARNING CENTER 3164 34TH STREET BOULDER, CO 80301	74-2240341	501(C)(3)	10,000.	0.			FAMILY DEVELOPMENT & ADULT EDUCATION PROGRAM
THE GREELEY DREAM TEAM INC. 1025 9TH AVENUE, SUITE 336 GREELEY, CO 80631-4039	84-1070282	501(C)(3)	10,000.	0.			GENERAL SUPPORT
THE MISSION PROJECT INC 5960 DEARBORN, SUITE 225 MISSION, KS 66202	83-0393426	501(C)(3)	10,000.	0.			WORKFORCE FOR LIFE SUPPORT
THRIVE - TRANSFORMATION AT WORK 400 W. SOUTH BOULDER RD, SUITE 1700 LAFAYETTE, CO 80026	47-5039508	501(C)(3)	10,000.	0.			GENERAL SUPPORT
TURNING POINTE AUTISM FOUNDATION 1500 W OGDEN AVE NAPERVILLE, IL 60540	26-1286022	501(C)(3)	10,000.	0.			CAREER COLLEGE
UNITED WAY & VOLUNTEER SERV OF GREATER YANKTON - 610 W 23RD STREET, SUITE 11 - YANKTON, SD 57078	46-0252854	501(C)(3)	10,000.	0.			COVID-19 HOUSING STABILITY SUPPORT
UNIVERSITY OF NEBRASKA BOARD OF REGENTS - 6708 PINE STREET, MH 200 - OMAHA, NE 68182	47-0049123	501(C)(3)	10,000.	0.			NEBRASKA BUSINESS DEVELOPMENT CENTER
UNIVERSITY OF NORTHERN COLORADO FOUNDATION - 800 17TH STREET - GREELEY, CO 80639	84-6044833	501(C)(3)	10,000.	0.			EASTERN CO SMALL BUSINESS DEVELOPMENT SUPPORT

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VILLAGE OF STRATTON PO BOX 332 STRATTON, NE 69043		170(B)(1)(A)(V)	10,000.	0.			NEW LIBRARY BUILDING SUPPORT
WAUBONSEE COMMUNITY COLLEGE FOUNDATION - RT. 47 AT WAUBONSEE DR. - SUGAR GROVE, IL 60554	36-2990533	501(C)(3)	10,000.	0.			SMALL BUSINESS DEVELOPMENT CENTER SUPPORT
WEBSTER COUNTY NATURAL RESOURCES FOUNDATION - 1240 RIVER RD - RED CLOUD, NE 68970-7035	23-7168368	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NELIGH-OAKDALE PUBLIC SCHOOLS PO BOX 149 NELIGH, NE 68756		170(B)(1)(A)(V)	9,720.	0.			GENERAL SUPPORT
POPE JOHN XXIII CENTRAL CATHOLIC HIGH SCHOOL - PO BOX 179 - ELGIN, NE 68636		PAROCHIAL SCHOOL	DIS 9,720.	0.			GENERAL SUPPORT
HUMBOLDT COMMUNITY FOUNDATION INC. PO BOX 127 HUMBOLDT, NE 68376	47-0760334	501(C)(3)	9,717.	0.			GENERAL SUPPORT
BERTRAND NURSING HOME & ASSISTED LIVING - PO BOX 97 - BERTRAND, NE 68927		170(B)(1)(A)(V)	9,494.	0.			GENERAL SUPPORT
NORFOLK RESCUE MISSION 111 N. 9TH STREET NORFOLK, NE 68701	47-0800815	501(C)(3)	9,121.	0.			GENERAL SUPPORT
WAUSA PUBLIC SCHOOL 300 S. BISMARCK STREET WAUSA, NE 68786		170(B)(1)(A)(V)	9,000.	0.			GENERAL SUPPORT

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PLATTE VALLEY HUMANE SOCIETY 2124 13TH STREET COLUMBUS, NE 68601	47-0659715	501(C)(3)	8,720.	0.			ANNUAL BIG GIVE
CITY OF KIMBALL 223 S. CHESTNUT KIMBALL, NE 69145		170(B)(1)(A)(V)	8,500.	0.			PUBLIC TRAILS SUPPORT
VILLAGE OF CALLAWAY PO BOX 157 CALLAWAY, NE 68825		170(B)(1)(A)(V)	8,500.	0.			CEMETERY FLAG POLES
CULTIVATE RURAL LEADERS 1403 W CIRCLE DR MCCOOK, NE 69001	83-1050355	501(C)(3)	8,151.	0.			COMMUNITY LEADERSHIP PROGRAM SUPPORT
BRIDGEPORT PUBLIC LIBRARY 722 MAIN STREET BRIDGEPORT, NE 69336		170(B)(1)(A)(V)	8,000.	0.			LASER CUTTER
LUTHERAN SOCIAL SERVICES OF SOUTH DAKOTA - 610 W. 23RD ST. #4 - YANKTON, SD 57078	46-0224731	501(C)(3)	8,000.	0.			GENERAL SUPPORT
UNIVERSITY OF NEBRASKA LINCOLN UNL ANIMAL SCIENCE - DR. CLINT KREHBIEL UNL ANIMAL SCIENCE - LINCOLN, NE 68583	47-0491233	170(B)(1)(A)(V)	8,000.	0.			GENERAL SUPPORT
WACHISKA AUDUBON SOCIETY 4547 CALVERT ST., STE 10 LINCOLN, NE 68506-5643	51-0229888	501(C)(3)	7,967.	0.			GENERAL SUPPORT
OUR SAVIOR LUTHERAN CHURCH 2420 W OMAHA AVE NORFOLK, NE 68701		501(C)(3)	7,925.	0.			COVID-19 SUPPORT

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COMMUNITY HOSPITAL HEALTH FOUNDATION - PO BOX 1328 - MCCOOK, NE 69001-1328	47-0693261	501(C)(3)	7,735.	0.			GENERAL SUPPORT
MILFORD PUBLIC SCHOOLS 1200 W 1ST STREET MILFORD, NE 68405		170(B)(1)(A)(V)	7,510.	0.			BRIDGING THE HOMEWORK GAP
ELGIN PUBLIC SCHOOLS PO BOX 399 ELGIN, NE 68636		170(B)(1)(A)(V)	7,500.	0.			GENERAL SUPPORT
EWING PUBLIC SCHOOLS 416 N SPRUCE STREET EWING, NE 68735		170(B)(1)(A)(V)	7,500.	0.			GENERAL SUPPORT
LIED SENIOR CENTER 1010 MANOR DRIVE SEWARD, NE 68434		170(B)(1)(A)(V)	7,500.	0.			COVID 19 GRANT MEAL PROGRAM SUPPORT
VILLAGE OF PENDER 222 MAIN STREET PENDER, NE 68047		170(B)(1)(A)(V)	7,500.	0.			BASEBALL FIELD RENOVATION
VIRGIL BIEGERT PUBLIC LIBRARY PO BOX 412 SHICKLEY, NE 68436-0412		170(B)(1)(A)(V)	7,371.	0.			LIBRARY RENOVATION
UNITED METHODIST CHURCH PO BOX 25 STANTON, NE 68779		501(C)(3)	7,280.	0.			GENERAL SUPPORT
MCCOOK EDUCATION FOUNDATION INC. PO BOX 782 MCCOOK, NE 69001-0782	47-0771196	501(C)(3)	7,275.	0.			GENERAL SUPPORT

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CLAY CENTER PUBLIC LIBRARY 117 W. EDGAR CLAY CENTER, NE 68933		170(B)(1)(A)(V)	7,191.	0.			PROGRAM SUPPORT
HILLCREST NURSING HOME FOUNDATION 309 W. 7TH ST MCCOOK, NE 69001	47-0739732	501(C)(3)	7,165.	0.			GENERAL SUPPORT
KEYA PAHA COUNTY LIBRARY PO BOX 134 SPRINGVIEW, NE 68778		170(B)(1)(A)(V)	7,000.	0.			GENERAL SUPPORT
MIDPLAINS COMMUNITY COLLEGE 601 STATE FARM ROAD NORTH PLATTE, NE 69101		170(B)(1)(A)(V)	7,000.	0.			KEITH COUNTY AREA DEVELOPMENT-BUSINESS LAUNCH
SOUTHEAST COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 301 S 68TH ST PLACE - LINCOLN, NE 68510	51-0168407	501(C)(3)	7,000.	0.			GENERAL SUPPORT
VALLEY COUNTY HISTORICAL SOCIETY PO BOX 101 ORD, NE 68862	47-0600915	501(C)(3)	7,000.	0.			GENERAL SUPPORT
TRAILS WEST CASA INC 511 N SPRUCE ST STE 105 OGALLALA, NE 69153	47-0778007	501(C)(3)	6,900.	0.			GENERAL SUPPORT
PENDER PUBLIC SCHOOL 609 WHITNEY STREET PENDER, NE 68047		170(B)(1)(A)(V)	6,560.	0.			GENERAL SUPPORT
LEWISTON CONSOLIDATED SCHOOLS % RICK KENTFIELD LEWISTON, NE 68380		170(B)(1)(A)(V)	6,525.	0.			EXPLORATION STUDY FOR TRACK & FIELD RENOVATION

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CENTENNIAL PUBLIC SCHOOL 1301 CENTENNIAL AVE UTICA, NE 68456		170(B)(1)(A)(V)	6,500.	0.			BRIDGING THE HOMEWORK GAP
NEBRASKA CITY PUBLIC SCHOOLS FOUNDATION - 1700 14TH AVE - NEBRASKA CITY, NE 68410	47-0746454	501(C)(3)	6,500.	0.			GENERAL SUPPORT
ROCK COUNTY HOSPITAL AUXILIARY 102 E SOUTH ST BASSET, NE 68714-5508	68-0494054	501(C)(3)	6,500.	0.			GENERAL SUPPORT
THE GRUMBLE PROJECT 3601 CALVERT ST STE 1 LINCOLN, NE 68506-5798	83-1198339	501(C)(3)	6,500.	0.			GENERAL SUPPORT
CITY OF IMPERIAL SOCCER PROGRAM FBO SOCCER PROGRAM IMPERIAL, NE 69033		170(B)(1)(A)(V)	6,472.	0.			SOCCER PROGRAM EQUIPMENT SUPPORT
PARKVIEW HAVEN NURSING HOME PO BOX 667 DESHLER, NE 68340-0667		170(B)(1)(A)(V)	6,330.	0.			WINDOW COVERINGS IN RESIDENTS DINING ROOM
DILLER-ODELL FFA ALUMNI & ANDREA HUMPHREYS ODELL, NE 68415		170(B)(1)(A)(V)	6,287.	0.			GENERAL SUPPORT
ELWOOD CARE CENTER ATTN: KATE REINERS, ADMINISTRATOR ELWOOD, NE 68937		170(B)(1)(A)(V)	6,096.	0.			GENERAL SUPPORT
DAVID CITY LIBRARY FOUNDATION 399 5TH STREET DAVID CITY, NE 68632	47-0629531	501(C)(3)	6,000.	0.			NEW AUDIOVISUAL SYSTEM EQUIPMENT

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BURWELL RURAL FIRE DISTRICT PO BOX 263 BURWELL, NE 68823		170(B)(1)(A)(V)	5,900.	0.			NEW AMBULANCE AND HYDRAULIC COT
SOUTH SIOUX CITY HIGH SCHOOL ODELL SANTOS, PRINCIPAL SOUTH SIOUX CITY, NE 68776		170(B)(1)(A)(V)	5,765.	0.			GENERAL SUPPORT
DOMESTIC ABUSE/SEXUAL ASSAULT SERVICES - 407 W 5TH ST - MCCOOK, NE 69001	47-0615934	501(C)(3)	5,725.	0.			ANNUAL BIG GIVE
FAMILY RESOURCES INC. PO BOX 222 MCCOOK, NE 69001	47-0846255	501(C)(3)	5,706.	0.			ANNUAL BIG GIVE
WALLACE PUBLIC SCHOOL ART DEPT FBO WALLACE SCHOOL ART DEPT WALLACE, NE 69169		170(B)(1)(A)(V)	5,606.	0.			ART DEPARTMENT KILN PURCHASE AND INSTALLATION
NEBRASKA 4-H FOUNDATION RED WILLOW CO 4-H - RED WILLOW CO 4-H - MCCOOK, NE 69001	47-0574574	501(C)(3)	5,500.	0.			GENERAL SUPPORT
PERU STATE COLLEGE FOUNDATION KELLY COLE PERU, NE 68421	47-0495359	501(C)(3)	5,500.	0.			GENERAL SUPPORT
MCCOOK HUMANE SOCIETY PO BOX 13 MCCOOK, NE 69001	36-3257066	501(C)(3)	5,418.	0.			ANNUAL BIG GIVE
VALLEY COUNTY HEALTH SYSTEM FOUNDATION - PO BOX 321 - ORD, NE 68862	36-3766438	501(C)(3)	5,400.	0.			NEW CT SCANNER

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHIEF DULL KNIFE COLLEGE % LESLIE EVERTZ LAME DEER, MT 59043		170(B)(1)(A)(V)	5,312.	0.			REDSTONE PROJECT DEVELOPMENT AT FT ROBINSON
DILLER/ODELL PUBLIC SCHOOLS PO BOX 188 ODELL, NE 68415		170(B)(1)(A)(V)	5,288.	0.			SCIENCE AND FFA GARDEN TOWER
SOUTHEAST NEBRASKA COMMUNITY ACTION PARTNERSHIP INC - PO BOX 646 - HUMBOLDT, NE 68376	47-0497102	501(C)(3)	5,250.	0.			NURSES AID JOB SKILL PROGRAM
ORD UNITED METHODIST CHURCH 304 S. 16TH STREET ORD, NE 68862		501(C)(3)	5,177.	0.			GENERAL SUPPORT
VILLAGE OF DILLER PO BOX 157 DILLER, NE 68342		170(B)(1)(A)(V)	5,073.	0.			SUPPORT FOR CHRISTMAS LIGHTS ON MAIN STREET
CENTRAL COMMUNITY COLLEGE FOUNDATION - 201 FOUNDATION PLACE #200 - HASTINGS, NE 68901	47-0728813	501(C)(3)	5,005.	0.			ANNUAL BIG GIVE
AUBURN PUBLIC SCHOOLS 1713 J STREET AUBURN, NE 68305		170(B)(1)(A)(V)	5,000.	0.			BRIDGING THE HOMEWORK GAP
BOONE COUNTY HEALTH CENTER PO BOX 151 ALBION, NE 68620	47-6000611	501(C)(3)	5,000.	0.			GENERAL SUPPORT
CITY OF ELGIN PO BOX 277 ELGIN, NE 68636		170(B)(1)(A)(V)	5,000.	0.			DOWNTOWN IMPROVEMENTS SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF GENOA VOLUNTEER FIRE DEPT GENOA VOLUNTEER FIRE DEPT GENOA, NE 68640		170(B)(1)(A)(V)	5,000.	0.			GENERAL SUPPORT
CITY OF MCCOOK PO BOX 1059 MCCOOK, NE 69001-1059		170(B)(1)(A)(V)	5,000.	0.			ATHLETIC FIELD IMPROVEMENTS SUPPORT
CITY OF WAVERLY PO BOX 427 WAVERLY, NE 68462		170(B)(1)(A)(V)	5,000.	0.			GENERAL SUPPORT
CREIGHTON UNIVERSITY ATTN: ILAC OMAHA, NE 68178		170(B)(1)(A)(II)	5,000.	0.			MEDICAL MISSION HERNIA TEAM SUPPORT
FLOOD AID NEBRASKA 2019 BLUE NE FOUNDATION - BLUE NE FOUNDATION - FREMONT, NE 68025	84-2165811	501(C)(3)	5,000.	0.			GENERAL SUPPORT
LIBERTY CENTRE 900 E NORFOLK AVE NORFOLK, NE 68701	47-0692185	501(C)(3)	5,000.	0.			COVID-19 SUPPORT
LITERACY COUNCIL OF GRAND ISLAND 312 N ELM ST, STE 101 GRAND ISLAND, NE 68801	47-0808504	501(C)(3)	5,000.	0.			ENGLISH FOR WORKFORCE READINESS SUPPORT
MCCOOK K-9 CORNER DOG PARK % KELLIE SODEN MCCOOK, NE 69001	83-4124911	501(C)(3)	5,000.	0.			GENERAL SUPPORT
NE DEPARTMENT OF HEALTH & HUMAN SERVICES - % RYAN DALY 301 CENTENNIAL MALL S - LINCOLN, NE 68509		170(B)(1)(A)(V)	5,000.	0.			TEETH FOREVER PROGRAM SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NET FOUNDATION FOR TELEVISION 1800 N. 33RD STREET LINCOLN, NE 68503	23-7122088	501(C)(3)	5,000.	0.			GENERAL SUPPORT
NVMA CENTENNIAL SCHOLARSHIP FOUNDATION INC - GROTELUESCHEN FUND - ALLIANCE, NE 69301	47-0777801	501(C)(3)	5,000.	0.			GENERAL SUPPORT
OVERTON UNITED METHODIST CHURCH PO BOX 267 OVERTON, NE 68863		501(C)(3)	5,000.	0.			GENERAL SUPPORT
RALSTON GIRLS SOFTBALL ASSOCIATION 6503 DALY CIRCLE RALSTON, NE 68127	37-1770078	501(C)(3)	5,000.	0.			RENOVATION OF BASEBALL AND SOFTBALL FIELDS
RURAL FIRE DIST #4 BELGRADE FIRE DEPT - BELGRADE FIRE DEPT - BELGRADE, NE 68623		170(B)(1)(A)(V)	5,000.	0.			GENERAL SUPPORT
SANDHILLS AREA FOUNDATION INC. PO BOX 444 VALENTINE, NE 69201	71-0882380	501(C)(3)	5,000.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER MCHENRY COUNTY - 4508 PRIME PARKWAY - MCHENRY, IL 60050	36-6147909	501(C)(3)	5,000.	0.			COVID-19 HOUSING STABILITY SUPPORT
VILLAGE OF STUART PO BOX 177 STUART, NE 68780		170(B)(1)(A)(V)	5,000.	0.			DUPLEX PROJECT-LOW INCOME HOUSING SUPPORT

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
COLLEGE SCHOLARSHIPS FOR NEBRASKA STUDENTS	274	454,368.	0.	N/A	N/A

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

GRANTS TO INDIVIDUALS MADE BY THE FOUNDATION ARE IN THE FORM OF
 SCHOLARSHIPS, AS SET FORTH IN PART III TO THIS SCHEDULE. SCHOLARSHIP
 REPORTING FORMS ARE COMPLETED BY THE SCHOLARSHIP SELECTION COMMITTEE
 SETTING FORTH THE IDENTITY OF THE STUDENT RECEIVING THE SCHOLARSHIP AND THE
 COLLEGE OR UNIVERSITY THAT THE STUDENT WILL ATTEND. ALL SCHOLARSHIP
 PAYMENTS ARE MADE PAYABLE TO AND MAILED DIRECTLY TO THE EDUCATIONAL
 INSTITUTION RATHER THAN TO THE RECIPIENT. THE CHECK NOTES THE NAME OF THE
 RECIPIENT SO THAT THE EDUCATIONAL INSTITUTION CAN PROPERLY APPLY THE

Part IV Supplemental Information

PAYMENT FOR ITS INTENDED PURPOSE.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2019

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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Department of the Treasury
Internal Revenue Service

Name of the organization

NEBRASKA COMMUNITY FOUNDATION

Employer identification number

47-0769903

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2019

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JEFFREY G YOST PRESIDENT AND CEO	(i)	236,569.	2,250.	0.	0.	44,161.	282,980.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JASON KENNEDY CFAO	(i)	194,944.	2,250.	0.	0.	19,829.	217,023.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KERRY BELITZ COO	(i)	134,576.	1,250.	0.	0.	25,961.	161,787.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JIM GUSTAFSON DIR OF ADVANCEMENT & GIFT	(i)	131,686.	2,250.	0.	0.	16,666.	150,602.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DIANE M WILSON MGR OF PUBLIC/PRIVATE PART/FORMER CF	(i)	110,615.	1,422.	0.	0.	2,994.	115,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **NEBRASKA COMMUNITY FOUNDATION** Employer identification number **47-0769903**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	83	1,432,754.	QUOTED MARKET PRICES
10	Securities - Closely held stock	X	2	246,732.	APPRAISAL
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (AG COMMODITIE)	X	36	195,047.	QUOTED MARKET PRICES
26	Other ▶ (EVENT ITEMS)	X	183	69,092.	FAIR MARKET VALUE
27	Other ▶ ()				
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 2

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

STOCK GIFTS ARE SOLD BY A STOCK BROKER OR BROKERAGE FIRM. AGRICULTURE

COMMODITY GIFTS ARE SOLD BY A GRAIN ELEVATOR OR LIVESTOCK SALE BARN.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Name of the organization

NEBRASKA COMMUNITY FOUNDATION

Employer identification number

47-0769903

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE NEBRASKA COMMUNITY FOUNDATION UNLEASHES ABUNDANT LOCAL ASSETS,
INSPIRES CHARITABLE GIVING, AND CONNECTS AMBITIOUS PEOPLE TO BUILD
STRONGER COMMUNITIES AND A GREATER NEBRASKA.

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

THE FOUNDATION'S CFAO AND CONTROLLER PERFORM A THOROUGH REVIEW OF THE FORM
990 PREPARED BY THE CPA FIRM WHILE IT IS IN DRAFT FORM. THE CFAO REVIEWS
THE RETURN WITH THE PRESIDENT/CEO. THE BOARD OF DIRECTORS HAS DELEGATED
RESPONSIBILITY FOR REVIEW OF THE FORM 990 TO THE AUDIT COMMITTEE, WHICH
HOLDS A MEETING TO WALK THROUGH THE FORM 990 WITH THE CFAO. A COPY OF THE
COMPLETE FORM 990 IS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS
PRIOR TO FILING THE RETURN.

FORM 990, PART VI, SECTION B, LINE 12C:

ALL BOARD MEMBERS, OFFICERS, AND EMPLOYEES COMPLETE A CONFLICT OF INTEREST
DISCLOSURE STATEMENT ANNUALLY. THE AUDIT COMMITTEE OF THE BOARD OF
DIRECTORS REVIEWS THE BOARD AND CEO'S CONFLICT OF INTEREST DISCLOSURE
STATEMENTS AND ANY OTHER POTENTIAL CONFLICTS AND TAKES APPROPRIATE ACTION.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS RESPONSIBLE FOR
REVIEWING AND MAKING RECOMMENDATIONS TO THE FULL BOARD RELATED TO THE
COMPENSATION AND PERFORMANCE OF THE FOUNDATION'S OFFICERS. A COMPENSATION
COMMITTEE OF THE BOARD SUMMARIZES CURRENT COMPENSATION OF THE OFFICERS;
COMPILES COMPARABLE INFORMATION FOR EACH POSITION (USING BOTH NATIONAL

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

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

Name of the organization NEBRASKA COMMUNITY FOUNDATION	Employer identification number 47-0769903
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SURVEY DATA AND REGIONAL INFORMATION FOR SIMILARLY-SITUATED ORGANIZATIONS); AND MAKES A RECOMMENDATION TO THE EXECUTIVE COMMITTEE AND FULL BOARD REGARDING OFFICERS' COMPENSATION FOR THE UPCOMING YEAR. THE BOARD OF DIRECTORS DISCUSSES THE RECOMMENDATION IN EXECUTIVE SESSION (I.E., WITHOUT OFFICERS OR STAFF PRESENT) AND TAKES ACTION TO ADOPT OFFICERS' COMPENSATION AMOUNTS. THE COMPENSATION DATA AND ACTION TAKEN IS DOCUMENTED IN WRITING. ALL MEMBERS OF THE EXECUTIVE COMMITTEE, COMPENSATION COMMITTEE, AND BOARD ARE INDEPENDENT AND FREE OF CONFLICTS OF INTEREST WITH REGARD TO OFFICERS' COMPENSATION.

THIS PROCESS WAS USED FOR BOTH OFFICERS OF THE FOUNDATION, THE PRESIDENT/CEO AND THE CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER; THERE ARE NO OTHER OFFICERS OR KEY EMPLOYEES AS DEFINED FOR PURPOSES OF FORM 990.

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

THE FOUNDATION'S ANNUAL REPORT, WHICH INCLUDES SUMMARY FINANCIAL INFORMATION, AND FORM 990 ARE AVAILABLE ON THE FOUNDATION'S WEBSITE. THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AT THE FOUNDATION'S OFFICE.

FORM 990, PART XI, LINE 1, ACCOUNTING METHOD:

THE FOUNDATION USES THE MODIFIED CASH METHOD OF ACCOUNTING.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Name of the organization **NEBRASKA COMMUNITY FOUNDATION** Employer identification number **47-0769903**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
NCF LLC 1 PO BOX 83107 LINCOLN, NE 68501-3107	INACTIVE	NEBRASKA			NEBRASKA COMMUNITY FOUNDATION

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
PLATTE RIVER RECOVERY IMPLEMENTATION FOUNDATION - 26-2433808, P.O. BOX 83107, LINCOLN, NE 68501-3107	LAND INTEREST HOLDING ENTITY TRUSTEE-PLATTE RIVER RECOVERY PROGRAM	NEBRASKA	501(C)(3)	170(B)(1) (A)(VI)	NEBRASKA COMMUNITY FOUNDATION	X	

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

Schedule R (Form 990) 2019

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) NO TRANSACTIONS EXCEEDING \$50,000	C	0.	
(2) NO TRANSACTIONS EXCEEDING \$50,000	L	0.	
(3) NO TRANSACTIONS EXCEEDING \$50,000	Q	0.	
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.