

Form **8868**
(Rev. January 2020)Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

► **File a separate application for each return.**
 ► **Go to www.irs.gov/Form8868 for the latest information.**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NEBRASKA COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 47-0769903
	Number, street, and room or suite no. If a P.O. box, see instructions. P.O. BOX 83107	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LINCOLN, NE 68501-3107	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

JASON D. KENNEDY

- The books are in the care of ► **P.O. BOX 83107 - LINCOLN, NE 68501-3107**

Telephone No. ► **(402) 323-7330**

Fax No. ►

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

- 1 I request an automatic 6-month extension of time until **MAY 16, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► ☐ calendar year _____ or► ☒ tax year beginning **JUL 1, 2020**, and ending **JUN 30, 2021**.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**Form **8868** (Rev. 1-2020)

Form 8879-EO

IRS e-file Signature Authorization
for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning JUL 1, 2020, and ending JUN 30, 2021

2020

Department of the Treasury
Internal Revenue ServiceDo not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879EO for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

NEBRASKA COMMUNITY FOUNDATION

47-0769903

Name and title of officer or person subject to tax

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, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, 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	96,169,891.
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	
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that ☒ I am an officer of the above organization or ☐ I am a person subject to tax with respect to (name of organization) _____, (EIN) _____ and that I have examined a copy

of the 2020 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 electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the 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 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 electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize HBE LLP

ERO firm name

to enter my PIN 69903

Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2020 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 or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 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.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

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

47127877625

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return 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 11/03/21

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 (2020)

EXTENDED TO MAY 16, 2022

Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2020Open to Public
Inspection

▶ 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.**A** For the 2020 calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021****B** Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ 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)

P.O. BOX 83107

Room/suite

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 \$**96,211,533.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

H(c) Group exemption number ▶**I** Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.NEBCOMMFOUND.ORG****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1993****M** State of legal domicile: **NE****Part I Summary**

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
	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)	19
	4	Number of independent voting members of the governing body (Part VI, line 1b)	19
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	48
	6	Total number of volunteers (estimate if necessary)	1500
		7a	Total unrelated business revenue from Part VIII, column (C), line 12
7b		Net unrelated business taxable income from Form 990-T, Part I, line 11	563.
Revenue	8	Contributions and grants (Part VIII, line 1h)	28,955,250.
	9	Program service revenue (Part VIII, line 2g)	1,929,307.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,038,424.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,896,644.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	36,819,625.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,501,904.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,873,268.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 635,261.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	21,402,062.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	37,777,234.
Net Assets or Fund Balances	19	Revenue less expenses. Subtract line 18 from line 12	-957,609.
	20	Total assets (Part X, line 16)	180,736,716.
	21	Total liabilities (Part X, line 26)	764,682.
	22	Net assets or fund balances. Subtract line 21 from line 20	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		Date	
	JEFFREY G YOST, PRESIDENT & CHIEF EXEC OFFICER			
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date
	KILEY A WIECHMAN, CPA		KILEY A WIECHMAN, CP	11/03/21
	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 AccomplishmentsCheck 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 ☒ No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

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 \$ 25,541,545. including grants of \$ 13,241,369.) (Revenue \$ 2,081,603.)

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 249 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 **25,541,545.**

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)

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

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 90	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c X	

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

		Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 48		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country ▶			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			

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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 1a 19 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.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 19		
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?	2	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?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	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?	7a	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?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a X	
b Each committee with authority to act on behalf of the governing body?	8b X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9	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?	10a	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?	11a X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b X	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c X	
13 Did the organization have a written whistleblower policy?	13 X	
14 Did the organization have a written document retention and destruction policy?	14 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	15a X	
b Other officers or key employees of the organization	15b X	
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 ContractorsCheck 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) JEFFREY G YOST PRESIDENT AND CEO	40.00			X				244,784.	0.	52,225.
(2) JASON KENNEDY CFAO	40.00			X				195,905.	0.	18,053.
(3) KERRY BELITZ COO	40.00			X				142,954.	0.	26,817.
(4) JIM GUSTAFSON DIR OF ADVANCEMENT & GIFT	40.00					X		133,803.	0.	23,064.
(5) DIANE M WILSON MGR OF PUBLIC/PRIVATE PART	25.00					X		141,291.	0.	7,053.
(6) DALE DUELAND CHAIR	4.00	X		X				0.	0.	0.
(7) LORA DAMME PAST CHAIR	3.00	X						0.	0.	0.
(8) PAM ABBOTT VICE CHAIR	3.00	X		X				0.	0.	0.
(9) CHUCK HIBBERD SECRETARY	1.00	X		X				0.	0.	0.
(10) LYNN ROPER TREASURER	1.00	X		X				0.	0.	0.
(11) DAN BAHENSKY DIRECTOR	1.00	X						0.	0.	0.
(12) BRAD BAUER DIRECTOR	1.00	X						0.	0.	0.
(13) JEFF GERHART DIRECTOR	1.00	X						0.	0.	0.
(14) MEGAN HELBERG DIRECTOR	1.00	X						0.	0.	0.
(15) CINDY HUFF DIRECTOR	1.00	X						0.	0.	0.
(16) KURT KRUSE DIRECTOR	1.00	X						0.	0.	0.
(17) PAUL MADISON 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) JOHN MIYOSHI DIRECTOR	1.00	X						0.	0.	0.
(19) JANE MORELAND DIRECTOR	1.00	X						0.	0.	0.
(20) ADAM PEVELKA DIRECTOR	1.00	X						0.	0.	0.
(21) YESENIA PECK DIRECTOR (UNTIL AUG 2020)	1.00	X						0.	0.	0.
(22) SARA COFFEE RADIL DIRECTOR (UNTIL NOV 2020)	1.00	X						0.	0.	0.
(23) AL STEUTER DIRECTOR	1.00	X						0.	0.	0.
(24) KIEL VANDERVEEN DIRECTOR	1.00	X						0.	0.	0.
(25) GREG VASEK DIRECTOR	1.00	X						0.	0.	0.
(26) KENT WARNEKE DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								858,737.	0.	127,212.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								858,737.	0.	127,212.

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? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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	2,603,426.
QUANTUM SPATIAL, INC. PO BOX 7410156, CHICAGO, IL 60674-0156	ENV MNGT/AERIAL PHOTOGRAPHY	505,329.
COOK CONSTRUCTION 1116 AVENUE E, KEARNEY, NE 68847	ENVIRONMENTAL MANAGEMENT	286,695.
SANDHILLS TASK FORCE PO BOX 482, BROKEN BOW, NE 68882	ENVIRONMENTAL MANAGEMENT	174,882.
DUCKS UNLIMITED INC. 2525 RIVER ROAD, BISMARCK, ND 58503-9011	ENVIRONMENTAL CONSULTING	117,069.

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 RevenueCheck 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	92,265.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	7,846,225.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	46,506,462.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 26,781,183.			
	h	Total. Add lines 1a-1f		54,444,952.			
Program Service Revenue	2 a	SERVICES FOR AFFIL. FUNDS	Business Code	900099	2,081,603.	2,081,603.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		2,081,603.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		479,677.		-9,186.
4		Income from investment of tax-exempt bond proceeds					
5		Royalties		17,532.			17,532.
6 a		Gross rents	(i) Real				
		Less: rental expenses ...	(ii) Personal				
		Rental income or (loss)					
d		Net rental income or (loss)					
7 a		Gross amount from sales of assets other than inventory	(i) Securities				
		Less: cost or other basis and sales expenses	(ii) Other				
		Gain or (loss)					
d		Net gain or (loss)					
8 a		Gross income from fundraising events (not including \$ 92,265. of contributions reported on line 1c). See Part IV, line 18		49,687.			
		Less: direct expenses		41,642.			
		Net income or (loss) from fundraising events		8,045.			8,045.
9 a		Gross income from gaming activities. See Part IV, line 19					
	Less: direct expenses						
	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
	Less: cost of goods sold						
	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	UNREAL & REALIZED GAIN (LOSS)	Business Code	900099	39,193,239.		39,193,239.
	b	ACTUARIAL GAIN		900099	-55,157.		-55,157.
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		39,138,082.			
	12	Total revenue. See instructions		96,169,891.	2,081,603.	-9,186.	39,652,522.

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	12,799,133.	12,799,133.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	442,236.	442,236.		
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	690,946.	193,287.	379,776.	117,883.
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	1,727,113.	772,321.	614,933.	339,859.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	63,671.	31,001.	19,035.	13,635.
9 Other employee benefits	256,650.	113,063.	91,556.	52,031.
10 Payroll taxes	157,528.	70,176.	57,382.	29,970.
11 Fees for services (nonemployees):				
a Management				
b Legal	7,900.	137.	7,763.	
c Accounting	23,630.		23,630.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	200,465.		200,465.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	110,818.	92,210.	18,608.	
12 Advertising and promotion	177,248.	132,898.	4,720.	39,630.
13 Office expenses	59,835.	28,147.	24,889.	6,799.
14 Information technology	95,893.	14,611.	79,267.	2,015.
15 Royalties				
16 Occupancy	172,399.	133,110.	11,558.	27,731.
17 Travel	34,656.	26,918.	3,095.	4,643.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,278.	15,980.	1,298.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	31,383.	764.	30,619.	
23 Insurance	68,299.	41,765.	26,534.	
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 AFFIL FUND CHAR DISB	10,493,056.	10,493,056.		
b ADMINISTRATIVE FEES	2,085,454.		2,085,454.	
c CONTRACT PAYMENTS	118,117.	118,117.		
d MEMBERSHIPS & DUES	17,819.	15,684.	1,070.	1,065.
e All other expenses	32,379.	6,931.	25,448.	
25 Total functional expenses. Add lines 1 through 24e	29,883,906.	25,541,545.	3,707,100.	635,261.
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 SheetCheck 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	1,114,880.	1	2,720,062.
	2 Savings and temporary cash investments	33,949,440.	2	50,982,287.
	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	935,189.	7	897,776.
	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 264,862.		
	11 Investments - publicly traded securities	122,464.	10c	91,080.
	12 Investments - other securities. See Part IV, line 11	144,203,526.	11	191,887,973.
	13 Investments - program-related. See Part IV, line 11	48,448.	12	48,448.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	353,415.	14	89,601.
16 Total assets. Add lines 1 through 15 (must equal line 33)	180,736,716.	15	246,726,581.	
Liabilities	17 Accounts payable and accrued expenses	68,599.	16	112,640.
	18 Grants payable		17	
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	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		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	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	696,083.	24	355,922.
	26 Total liabilities. Add lines 17 through 25	764,682.	25	468,562.
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.		26	
	27 Net assets without donor restrictions	168,320,770.	27	236,286,004.
	28 Net assets with donor restrictions	11,651,264.	28	9,972,015.
	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	179,972,034.	32	246,258,019.
	33 Total liabilities and net assets/fund balances	180,736,716.	33	246,726,581.

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Part XI Reconciliation of Net AssetsCheck 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	96,169,891.
2	Total expenses (must equal Part IX, column (A), line 25)	2	29,883,906.
3	Revenue less expenses. Subtract line 2 from line 1	3	66,285,985.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	179,972,034.
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	246,258,019.

Part XII Financial Statements and ReportingCheck 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	

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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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	29,693,297.	40,100,537.	54,677,367.	28,955,250.	54,444,952.	207,871,403.
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	29,693,297.	40,100,537.	54,677,367.	28,955,250.	54,444,952.	207,871,403.
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)						55,109,970.
6 Public support. Subtract line 5 from line 4.						152,761,433.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	29,693,297.	40,100,537.	54,677,367.	28,955,250.	54,444,952.	207,871,403.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	280,212.	544,555.	1,012,602.	1,086,804.	497,209.	3,421,382.
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						211,292,785.
12 Gross receipts from related activities, etc. (see instructions)					12	8,960,499.
13 First 5 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	72.30 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	80.90 %
16a 33 1/3% support test - 2020. 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 - 2019. 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 - 2020. 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 - 2019. 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"/>

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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 line 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 lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described in line 11a above?		
11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
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.		
2		

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).		
1		

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?		
1		
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).		
2		
3 By reason of the relationship described in line 2, above, 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.		
3		

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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
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.			
2a			
b Did the activities described in line 2a, above, 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.			
2b			
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? If "Yes" or "No" provide details in Part VI .			
3a			
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.			
3b			

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 (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 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).		

Schedule A (Form 990 or 990-EZ) 2020

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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions.	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8	
9 Distributable amount for 2020 from Section C, line 6	9	
10 Line 8 amount divided by line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule A (Form 990 or 990-EZ) 2020

Supplemental Information.

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.)

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No. 1545-0047

2020

**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

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) 2020

LHA

032041 12-02-20

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	28,275,064.													
e Total exempt purpose expenditures (add lines 1c and 1d)	28,275,289.													
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="text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="text-align: left;">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) 2017	(b) 2018	(c) 2019	(d) 2020	(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					

Schedule C (Form 990 or 990-EZ) 2020

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

2020**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)	26,801,164.	100.
3 Aggregate value of grants from (during year)	4,830,977.	118,883.
4 Aggregate value at end of year	79,774,995.	6,083,234.
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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (for example, recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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

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Schedule D (Form 990) 2020

032051 12-01-20

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 d ☐ Loan or exchange program
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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	115,407,823.	106,233,881.	87,204,137.	78,837,010.	69,350,415.
b Contributions	13,462,097.	9,012,521.	16,863,816.	5,764,796.	4,268,086.
c Net investment earnings, gains, and losses	34,884,362.	4,410,778.	6,864,707.	6,750,187.	9,005,829.
d Grants or scholarships					
e Other expenditures for facilities and programs	4,083,185.	2,934,210.	3,522,798.	3,285,092.	3,009,670.
f Administrative expenses	1,620,397.	1,315,147.	1,175,981.	862,764.	777,650.
g End of year balance	158,050,700.	115,407,823.	106,233,881.	87,204,137.	78,837,010.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ► 19.5500 %
 b Permanent endowment ► 76.8300 %
 c Term endowment ► 3.6200 %

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:

- (i) Unrelated organizations
 (ii) Related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

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.	31,669.	59,386.
d Equipment		264,887.	233,193.	31,694.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				91,080.

Schedule D (Form 990) 2020

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	355,922.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	355,922.

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... ☒

Schedule D (Form 990) 2020

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	88,617,983.
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	93,982.
e	Add lines 2a through 2d	2e	93,982.
3	Subtract line 2e from line 1	3	88,524,001.
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	200,465.
b	Other (Describe in Part XIII.)	4b	7,445,425.
c	Add lines 4a and 4b	4c	7,645,890.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	96,169,891.

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	28,271,994.
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	90,647.
e	Add lines 2a through 2d	2e	90,647.
3	Subtract line 2e from line 1	3	28,181,347.
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	200,465.
b	Other (Describe in Part XIII.)	4b	1,502,094.
c	Add lines 4a and 4b	4c	1,702,559.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	29,883,906.

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, 2021, THE FOUNDATION RECEIVED INCOME FROM AN S-CORPORATION, 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	41,642.
REVENUE OF THE CONSOLIDATED, CONTROLLED ORGANIZATION	52,340.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	93,982.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

REVENUE OF AGENCY FUNDS	7,393,125.
REVENUE ELIMINATED FOR CONSOLIDATED FINANCIAL STATEMENTS	52,300.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	7,445,425.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

EXPENSES OF THE CONSOLIDATED, CONTROLLED ORGANIZATION	49,005.
FUNDRAISING EXPENSES NETTED ON FORM 990	41,642.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	90,647.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

REVENUE ELIMINATED FOR CONSOLIDATED FINANCIAL STATEMENTS	52,300.
EXPENSES OF AGENCY FUNDS	1,449,794.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,502,094.

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.

		(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)	1 (total number)	
Revenue	1 Gross receipts	95,952.	39,806.	6,194.	141,952.
	2 Less: Contributions	92,265.			92,265.
	3 Gross income (line 1 minus line 2)	3,687.	39,806.	6,194.	49,687.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages		1,447.		1,447.
	8 Entertainment	20,000.	334.		20,334.
	9 Other direct expenses	19,861.			19,861.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				41,642.
11 Net income summary. Subtract line 10 from line 3, column (d)				8,045.	

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.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	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.

Schedule C (Form 990 or 990-EZ) 2011	
Part IV	Supplemental Information (continued)

[illegible]

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

2020

**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
BOONE BEGINNINGS PO BOX 66 ALBION, NE 68620	83-3102498	501(C)(3)	969,415.	0.			GENERAL SUPPORT
COLUMBUS LIBRARY FOUNDATION 2504 14TH ST COLUMBUS, NE 68601	23-7135275	501(C)(3)	775,000.	0.			GENERAL SUPPORT
LEWISTON CONSOLIDATED SCHOOL FOUNDATION - 306 WEST TIGER AVE - LEWISTON, NE 68380	36-3990627	501(C)(3)	700,000.	0.			TRACK PROJECT
VALLEY COUNTY HEALTH SYSTEM FOUNDATION - PO BOX 321 - ORD, NE 68862	36-3766438	501(C)(3)	610,050.	0.			GENERAL SUPPORT
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA OMAHA, NE 68178		170(B)(1)(A)(II)	600,000.	0.			COLLABORATIVE CARE COMPLEX
CITY OF LAUREL 101 W 2ND ST LAUREL, NE 68745		170(B)(1)(A)(V)	513,774.	0.			COMMUNITY CENTER

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ **303.**

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) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 GRANT PO BOX 614 GRANT, NE 69140		170(B)(1)(A)(V)	287,757.	0.			POOL PROJECT
CITY OF ST. EDWARD PO BOX 247 ST. EDWARD, NE 68660		170(B)(1)(A)(V)	245,966.	0.			COMMUNITY CENTER CONSTRUCTION
PENDER COMMUNITY DEVELOPMENT INC. % DERWIN ROBERTS PENDER, NE 68047	45-3483464	501(C)(3)	243,000.	0.			GENERAL SUPPORT
CITY OF SIDNEY LB840 FUND ATTN: MELISSA NORGARD SIDNEY, NE 69162		170(B)(1)(A)(V)	216,667.	0.			GENERAL SUPPORT
BOONE COUNTY TREASURER 222 S. 4TH STREET ALBION, NE 68620		170(B)(1)(A)(V)	200,000.	0.			BUILDING SUPPORT
CITY OF RALSTON 5500 SOUTH 77TH STREET RALSTON, NE 68127		170(B)(1)(A)(V)	184,700.	0.			ECONOMIC DEVELOPMENT PLANNING SUPPORT
NEBRASKA STATE CHAMBER FOUNDATION 1320 LINCOLN MALL, SUITE 201 LINCOLN, NE 68508	83-3631043	501(C)(3)	175,909.	0.			GENERAL SUPPORT
KEITH COUNTY HOUSING DEVELOPMENT CORPORATION - PO BOX 830 - OGALLALA, NE 69153-0830	47-0785404	501(C)(3)	167,500.	0.			GENERAL SUPPORT
CITY OF HICKMAN PO BOX 127 HICKMAN, NE 68372		170(B)(1)(A)(V)	145,000.	0.			SKATE PARK CONSTRUCTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 FRIEND 235 MAPLE ST FRIEND, NE 68359		170(B)(1)(A)(V)	130,000.	0.			GENERAL SUPPORT
CITY OF NEBRASKA CITY 1409 CENTRAL AVE NEBRASKA CITY, NE 68410		170(B)(1)(A)(V)	122,863.	0.			SPORTS COMPLEX/CONCESSIONG/DUGOU
WAVERLY SCHOOL DISTRICT 145 PO BOX 426 WAVERLY, NE 68462		170(B)(1)(A)(V)	119,890.	0.			STADIUM UPGRADES
THE WILLA CATHER FOUNDATION 413 N WEBSTER RED CLOUD, NE 68970	47-0485401	501(C)(3)	119,000.	0.			GENERAL SUPPORT
CHEYENNE COUNTY COMMUNITY CENTER FOUNDATION - 627 TOLEDO ST - SIDNEY, NE 69162-2567	36-3604952	501(C)(3)	105,000.	0.			GENERAL SUPPORT
NORRIS INSTITUTE PO BOX 130 MCCOOK, NE 69001	20-5796139	501(C)(3)	99,940.	0.			GENERAL SUPPORT
SYRACUSE LIBRARY FOUNDATION DONALD HARMS, PO BOX 356 SYRACUSE, NE 68446-0356	47-0808068	501(C)(3)	99,038.	0.			GENERAL SUPPORT
SCHOOL DISTRICT OF COLUMBUS FOUNDATION INC. - PO BOX 947 - COLUMBUS, NE 68602-0947	47-0693924	501(C)(3)	85,000.	0.			GENERAL SUPPORT
CITY OF NORTH BEND PO BOX 401 NORTH BEND, NE 68649		170(B)(1)(A)(V)	84,350.	0.			FLOOD RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NEBRASKA BANKERS ASSOCIATION FOUNDATION - 233 S 13TH STREET SUITE 700 - LINCOLN, NE 68508	47-0736003	501(C)(3)	77,173.	0.			FUTURE DISASTER EFFORTS
CITY OF OGALLALA ATTN: JANE SKINNER, CITY CLERK OGALLALA, NE 69153		170(B)(1)(A)(V)	74,581.	0.			GENERAL SUPPORT
DORCHESTER PUBLIC SCHOOL 506 W 9TH ST DORCHESTER, NE 68343		170(B)(1)(A)(V)	73,196.	0.			GENERAL SUPPORT
MIDWEST HOUSING DEVELOPMENT FUND 515 N 162ND AVE, SUITE 202 OMAHA, NE 68118	84-1686593	501(C)(3)	70,000.	0.			HOUSING RESOURCE NETWORK
ST. MICHAELS CATHOLIC SCHOOL OF ALBION - 520 W. CHURCH STREET - ALBION, NE 68620	47-0376534	PAROCHIAL SCHOOL DIS	68,760.	0.			GENERAL SUPPORT
TRUMBULL COMMUNITY CENTER PO BOX 71 TRUMBULL, NE 68980	26-2783402	501(C)(3)	68,737.	0.			GENERAL SUPPORT
VILLAGE OF WINSLOW 308 MAIN ST WINSLOW, NE 68072		170(B)(1)(A)(V)	65,000.	0.			ENVIRONMENTAL ASSESSMENT OF MOVING VILLAGE
BOONE CENTRAL SCHOOLS PO BOX 391 ALBION, NE 68620		170(B)(1)(A)(V)	61,270.	0.			GENERAL SUPPORT
SYNOVATION VALLEY LEADERSHIP ACADEMY - PO BOX 56 - ORD, NE 68862	47-4579113	501(C)(3)	58,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 SPENCER 100 E MAIN ST SPENCER, NE 68777		170(B)(1)(A)(V)	56,971.	0.			GENERAL SUPPORT
EUSTIS-FARNAM PUBLIC SCHOOLS PO BOX 9 EUSTIS, NE 69028		170(B)(1)(A)(V)	54,908.	0.			GENERAL SUPPORT
OGALLALA PUBLIC SCHOOLS FOUNDATION 602 EAST G ST OGALLALA, NE 69153	26-3043298	501(C)(3)	54,000.	0.			GENERAL SUPPORT
SHICKLEY PUBLIC SCHOOL PO BOX 407 SHICKLEY, NE 68436		170(B)(1)(A)(V)	51,400.	0.			GENERAL SUPPORT
VALLEY PERFORMING ARTS THEATER INC PO BOX 56 ORD, NE 68862	46-4291768	501(C)(3)	50,650.	0.			GENERAL SUPPORT
CHILDREN'S SCHOLARSHIP FUND OF OMAHA - 7101 MERCY RD STE 305 - OMAHA, NE 68106	47-0822724	501(C)(3)	50,000.	0.			GENERAL SUPPORT
DECATUR RURAL FIRE DISTRICT 1012 S BROADWAY ST DECATUR, NE 68020		170(B)(1)(A)(V)	50,000.	0.			PUMPER TRUCK
SPARK 1141 N 11TH ST OMAHA, NE 68102	81-3057920	501(C)(3)	50,000.	0.			GENERAL SUPPORT
FILLMORE COUNTY HOSPITAL PO BOX 193 GENEVA, NE 68361		170(B)(1)(A)(V)	49,365.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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 BURWELL 404 GRAND AVE BURWELL, NE 68823		170(B)(1)(A)(V)	46,671.	0.			GENERAL SUPPORT
FRIEND HISTORICAL SOCIETY PO BOX 174 FRIEND, NE 68359	26-0876473	501(C)(3)	45,550.	0.			GENERAL SUPPORT
PENDER PUBLIC SCHOOL 609 WHITNEY STREET PENDER, NE 68047		170(B)(1)(A)(V)	45,192.	0.			GENERAL SUPPORT
THE ZONE 228 BRAASCH AVE NORFOLK, NE 68701	45-4955787	501(C)(3)	43,478.	0.			GENERAL SUPPORT
CITY OF SIDNEY 1115 13TH AVE SIDNEY, NE 69162		170(B)(1)(A)(V)	43,436.	0.			FIRE TRUCK
BLOOMFIELD COMMUNITY SCHOOL FOUNDATION - ATTN: KONNIE THIELE, PO BOX 523 - BLOOMFIELD, NE 68718	47-0745955	501(C)(3)	43,058.	0.			GENERAL SUPPORT
COLUMBUS FAMILY YMCA 3912 38TH ST COLUMBUS, NE 68601	47-0777283	501(C)(3)	42,500.	0.			GENERAL SUPPORT
EAST CENTRAL DISTRICT HEALTH DEPT % BECKY RAYMAN, 4321 41ST AVE COLUMBUS, NE 68601		170(B)(1)(A)(V)	42,500.	0.			GENERAL SUPPORT
THAYER COUNTY HEALTH SERVICES 120 PARK AVE HEBRON, NE 68370	36-3966346	501(C)(3)	42,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CITY OF ST. EDWARD ST. EDWARD MEDICAL CLINIC ST. EDWARD, NE 68660		170(B)(1)(A)(V)	42,093.	0.			FLOOD RESILIENCE STUDY
CHASE COUNTY SCHOOLS PO BOX 577 IMPERIAL, NE 69033		170(B)(1)(A)(V)	41,000.	0.			GENERAL SUPPORT
MCCOOK PUBLIC SCHOOLS 600 WEST 7TH STREET MCCOOK, NE 69001		170(B)(1)(A)(V)	41,000.	0.			GENERAL SUPPORT
NEBRASKA CATTLEMEN 4611 CATTLE DRIVE LINCOLN, NE 68521-4309		501(C)(3)	40,367.	0.			GENERAL SUPPORT
DOUGLAS CO COMM EMERGENCY & NATURAL DISASTER RECOVERY GROUP - 7506 N 285TH AVE CIRCLE - VALLEY, NE 68064	84-2016154	501(C)(3)	40,000.	0.			FLOOD RELIEF
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OMAHA INC - PO BOX 4520 - OMAHA, NE 68104	47-0376612	501(C)(3)	40,000.	0.			MICROBUSINESS & ASSET DEVELOPMENT PROGRAM
HABITAT FOR HUMANITY OF OMAHA 1701 N 24TH STREET OMAHA, NE 68110	36-3283625	501(C)(3)	40,000.	0.			NEIGHBORHOOD REVITALIZATION
NEBRASKA ENTERPRISE FUND 330 NORTH OAKLAND AVE OAKLAND, NE 68045	31-1543695	501(C)(3)	40,000.	0.			INCREASING REACH TO UNDERSERVED ENTREPRENEURS
PROJECT HOUSEWORKS 2316 S 24TH STREET OMAHA, NE 68108	47-0793980	501(C)(3)	40,000.	0.			HOME REPAIR PROGRAM

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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STUART PUBLIC SCHOOL PO BOX 99 STUART, NE 68780		170(B)(1)(A)(V)	40,000.	0.			BRIDGING THE LEARNING GAP GRANT
YMCA OF MCCOOK PO BOX 408 MCCOOK, NE 69001-0408	47-0377999	501(C)(3)	39,674.	0.			GENERAL SUPPORT
NORTH CENTRAL DISTRICT HEALTH DEPARTMENT - FBO MILES OF SMILES - O'NEILL, NE 68763		170(B)(1)(A)(V)	39,500.	0.			MILES FOR SMILES PROGRAM
CITY OF OGALLALA/OGALLALA LIBRARY ATTN: JANE SKINNER, CITY CLERK OGALLALA, NE 69153		170(B)(1)(A)(V)	36,030.	0.			NEW LIBRARY
VALLEY CHILD DEVELOPMENT CENTER PO BOX 335 RED CLOUD, NE 68970	81-1174755	501(C)(3)	35,500.	0.			GENERAL SUPPORT
DREAMSPRING 2000 ZEARING AVE., NW ALBUQUERQUE, NM 87104	85-0417347	501(C)(3)	35,000.	0.			COVID19 SMALL BUSINESS RELIEF & RECOVERY PROGRAM
BURWELL PUBLIC SCHOOLS PO BOX 670 BURWELL, NE 68823		170(B)(1)(A)(V)	34,946.	0.			GENERAL SUPPORT
PANHANDLE PUBLIC HEALTH DISTRICT % KIM ENGEL, 1930 EAST 20TH PLACE SCOTTSBLUFF, NE 69361		170(B)(1)(A)(V)	34,600.	0.			MILES FOR SMILES PROGRAM
JOHN & MARIE UKENA CHARITABLE TRUST - PO BOX 302 - GORDON, NE 69343	47-0717764	501(C)(3)	33,500.	0.			PROGRAM DISTRIBUTION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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VILLAGE OF DILLER PO BOX 157 DILLER, NE 68342		170(B)(1)(A)(V)	33,303.	0.			GENERAL SUPPORT
CITY OF WYMORE 115 WEST E WYMORE, NE 68466		170(B)(1)(A)(V)	33,300.	0.			MCCANDLESS PARK PROJECT
NEBRASKA OFFICE OF RURAL HEALTH SLRP PROGRAM - ATTN: DEB STOLTENBERG, PO BOX 94906 - LINCOLN, NE 68509-4906		170(B)(1)(A)(V)	32,094.	0.			SLRP PROGRAM
GOTTA BE ME, INC 5108 PINE STREET OMAHA, NE 68106	47-2153256	501(C)(3)	30,000.	0.			COVID 19 GRANT
HILLCREST NURSING HOME PO BOX 1087 MCCOOK, NE 69001		170(B)(1)(A)(V)	30,000.	0.			CONNECTING ELDERS WITH FAMILY
IOWA WESTERN COMMUNITY COLLEGE IOWA WESTERN SBDC, 2700 COLLEGE RD, ASHLEY HALL 121 - COUNCIL BLUFFS, IA 515		170(B)(1)(A)(V)	30,000.	0.			IOWA WESTERN SMALL BUSINESS DEVELOPMENT CENTER
ESU FBO KEITH CO COMMUNITY FOR KIDS - ATTN: LAURA KEMP - OGALLALA, NE 69153		170(B)(1)(A)(V)	30,000.	0.			KEITH COUNTY COMMUNITIES FOR KIDS GRANT
OLLIE WEBB CENTER INC 1941 S. 42 #122 OMAHA, NE 68105-2942	20-3311641	501(C)(3)	30,000.	0.			COVID 19 GRANT
SEVENTY FIVE NORTH REVITALIZATION CORP - 2112 NORTH 30TH STREET, SUITE 200 - OMAHA, NE 68111	27-3842950	501(C)(3)	30,000.	0.			HIGHLANDER HOMEOWNERSHIP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CITY OF SEWARD FBO SEWARD VOLUNTEER FIRE DEPT SEWARD, NE 68434		170(B)(1)(A)(V)	30,000.	0.			EQUIPMENT AND TRAINING SUPPORT
UNITED WAY OF LARIMER COUNTY 525 WEST OAK STREET, SUITE 101 FORT COLLINS, CO 80521	84-6031503	501(C)(3)	30,000.	0.			GRANT SUPPORT VICTIMS OF COLORADO WILD FIRES
SPENCER COMMUNITY ECONOMIC DEVELOPMENT - 49225 903RD RD - SPENCER, NE 68777	84-1853926	501(C)(3)	28,000.	0.			GENERAL SUPPORT
MILFORD PUBLIC SCHOOLS 1200 W 1ST STREET MILFORD, NE 68405		170(B)(1)(A)(V)	26,800.	0.			BRIDGING THE LEARNING GAP GRANT
DAVID CITY PUBLIC SCHOOLS 826 E STREET DAVID CITY, NE 68632	47-6001506	170(B)(1)(A)(V)	26,385.	0.			GENERAL SUPPORT
PAXTON VOLUNTEER FIRE DEPT % KYLE GARTRELL PAXTON, NE 69155		170(B)(1)(A)(V)	25,500.	0.			GENERAL SUPPORT
ST. PATRICK'S SCHOOL PO BOX 1040 MCCOOK, NE 69001		170(B)(1)(A)(V)	25,190.	0.			GENERAL SUPPORT
CITY OF MCCOOK PO BOX 1059 MCCOOK, NE 69001-1059		170(B)(1)(A)(V)	25,000.	0.			HOUSING PROJECT
HABITAT FOR HUMANITY OF COUNCIL BLUFFS - 1228 SOUTH MAIN ST. - COUNCIL BLUFFS, IA 51503	42-1394987	501(C)(3)	25,000.	0.			2021 HOME BUILDS

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FREMONT AREA HABITAT FOR HUMANITY 701 E. DODGE ST FREMONT, NE 68025	47-0763503	501(C)(3)	25,000.	0.			REPAIRS TO HOMES DUE TO FLOODING/HOME BUILDS
HOLY NAME HOUSING CORPORATION 4324 FORT STREET OMAHA, NE 68111	47-0653390	501(C)(3)	25,000.	0.			CROWN PROGRAM/OPERATING SUPPORT
NEBRASKA HUMANE SOCIETY 8929 FORT STREET OMAHA, NE 68134	47-0378997	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN
NEBRASKA NATIONAL GUARD HISTORICAL SOCIETY INC - FBO NE NATIONAL GUARD MUSEUM, 201 N 8TH ST - SEWARD, NE 68434	61-1749317	501(C)(3)	25,000.	0.			GRANT SUPPORT FOR DISPLAYS
ELKHORN VALLEY COMM DEV CORP DBANEIGHBORWORKS NORTHEAST NE NORFOLK, NE 68701	47-0783310	501(C)(3)	25,000.	0.			HOMEOWNERSHIP PROGRAM
NORTHEAST COMMUNITY COLLEGE PO BOX 469 NORFOLK, NE 68702-0469		170(B)(1)(A)(V)	25,000.	0.			NEXXUS CAMPAIGN VET TECH STUDENTS
OMAHA HEALTHY KIDS ALLIANCE 1425 S 13TH STREET OMAHA, NE 68108	20-5085175	501(C)(3)	25,000.	0.			CHEER PROGRAM
OMAHA MUNICIPAL LAND BANK 1141 NORTH 11TH STREET OMAHA, NE 68102	47-2876433	501(C)(3)	25,000.	0.			ENTREPRENEURSHIP SUPPORT
SIDNEY PUBLIC SCHOOLS 1101 21 AVE SIDNEY, NE 69162		170(B)(1)(A)(V)	25,000.	0.			ESTABLISH/EXPAND AG EDUC & FFA PROGRAM

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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BEAVER CROSSING VOL FIRE DEPT PO BOX 18 BEAVER CROSSING, NE 68313		170(B)(1)(A)(V)	22,937.	0.			BUILDING RENOVATION
CITY OF HEBRON PO BOX 29 HEBRON, NE 68370		170(B)(1)(A)(V)	21,227.	0.			GENERAL SUPPORT
NORFOLK RESCUE MISSION 111 N. 9TH STREET NORFOLK, NE 68701	47-0800815	501(C)(3)	21,104.	0.			GENERAL SUPPORT
VERDIGRE PUBLIC SCHOOL FOUNDATION 201 S. 3RD STREET VERDIGRE, NE 68783	73-1647237	501(C)(3)	21,010.	0.			GENERAL SUPPORT
BYRON COMMUNITY BUILDING DISTRICT 403 WARREN ST BYRON, NE 68325		170(B)(1)(A)(V)	21,000.	0.			COMMUNITY BUILDING GENERAL SUPPORT
VILLAGE OF HALLAM PO BOX 81 HALLAM, NE 68368		170(B)(1)(A)(V)	20,901.	0.			GENERAL SUPPORT
MORTON JAMES PUBLIC LIBRARY ATTN: DONNA KRUSE, 923 1ST CORSO NEBRASKA CITY, NE 68410		170(B)(1)(A)(V)	20,580.	0.			GENERAL SUPPORT
ARAPAHOE PUBLIC LIBRARY JENNIFER EINSPAHR, 306 NEBRASKA AVE ARAPAHOE, NE 68922		170(B)(1)(A)(V)	20,000.	0.			NEW COMMUNITY ROOM, ADA, DULANE, SERVICE WINDOW, SIDEWALKS
CITY OF GIBBON PO BOX 130 GIBBON, NE 68840-0130		170(B)(1)(A)(V)	20,000.	0.			FIRE HALL ADDITION

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COLORADO ENTERPRISE FUND 1888 SHERMAN ST, STE 530 DENVER, CO 80203	84-0837398	501(C)(3)	20,000.	0.			COVID19 RESPONSE PROGRAM
ELGIN PUBLIC LIBRARY 503 S 2ND STREET ELGIN, NE 68636		170(B)(1)(A)(V)	20,000.	0.			NEW MEETING ROOM FOR COMMUNITY INT CONSTR
ELKHORN HILLS METHODIST CHURCH 20227 VETERANS DRIVE ELKHORN, NE 68022		501(C)(3)	20,000.	0.			GENERAL SUPPORT
FRIENDS OF JCDS INC. 10501 LACKMAN ROAD LENEXA, KS 66219	48-1088092	501(C)(3)	20,000.	0.			AFFORDABLE/ACCESSIBLEHOUS LOW INCOME W/DISABILITIES
GESU HOUSING INC. 5008 1/2 B DODGE STREET OMAHA, NE 68132	04-3617019	501(C)(3)	20,000.	0.			CLIFTON HILLS/GIRLS INC AFFORDABLE HOUSING PROJECT
HABITAT FOR HUMANITY OF COLUMBUS PO BOX 1792 COLUMBUS, NE 68602	27-2896995	501(C)(3)	20,000.	0.			2021 HOME BUILDS
NEBRASKA HOUSING DEVELOPERS ASSOCIATION - 3883 NORMAL BLVD # 102 - LINCOLN, NE 68506	47-0798048	501(C)(3)	20,000.	0.			HOMEOWNERSHIP PROGRAM
NEIGHBORHOODS INC. DBA NEIGHBORWORKS LINCOLN - 2530 Q STREET - LINCOLN, NE 68503	36-3430278	501(C)(3)	20,000.	0.			NEIGHBORWORKS LINCOLN REAL ESTATE DEVELOPMENT
CENTER FOR RURAL AFFAIRS FBO RURAL INVESTMENT CORPORATION - PO BOX 136 - LYONS, NE 68038	47-0796719	501(C)(3)	20,000.	0.			SMALL BUSINESS DEVELOPMENT IN RURAL NEBRASKA

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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SPENCER RURAL FIRE BOARD 48969 908 ROAD SPENCER, NE 68777		170(B)(1)(A)(V)	20,000.	0.			PUMPER TRUCK
MILFORD SCHOOLS FOUNDATION 1200 1ST STREET MILFORD, NE 68405	47-0830054	501(C)(3)	19,824.	0.			SCHOLARSHIP GRANT
THE SALVATION ARMY ATTN: DIANE K. MOORE, 10755 BURT S OMAHA, NE 68114		501(C)(3)	19,241.	0.			GENERAL SUPPORT
CITY OF DESHLER PO BOX 189 DESHLER, NE 68340		170(B)(1)(A)(V)	18,873.	0.			GENERAL SUPPORT
CULTIVATE RURAL LEADERS 1403 W CIRCLE DR MCCOOK, NE 69001	83-1050355	501(C)(3)	17,654.	0.			GENERAL SUPPORT
BRAIN BUILDERS PO BOX 320 STUART, NE 68780-0320	84-4192073	501(C)(3)	17,500.	0.			SUMMER & AFTER SCHOOL PROGRAMS
BRYAN FOUNDATION 1600 S. 48TH STREET LINCOLN, NE 68506-1299	23-7005720	501(C)(3)	16,669.	0.			MARY KAY OWENS PORTREY SCHOLARSHIP
VILLAGE OF DECATUR PO BOX 156 DECATUR, NE 68020-0156		170(B)(1)(A)(V)	16,664.	0.			GENERAL SUPPORT
VILLAGE OF BELLWOOD ATTN: ANGIE WELLMAN BELLWOOD, NE 68624		170(B)(1)(A)(V)	16,640.	0.			BELLWOOD COMMUNITY CENTER HANDICAP SLAB

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DVORACEK MEMORIAL LIBRARY PO BOX 803 WILBER, NE 68465		170(B)(1)(A)(V)	16,126.	0.			GENERAL SUPPORT
COLUMBUS PUBLIC SCHOOLS FOUNDATION ATTN: NICOLE ANDERSON, 2508 27TH S COLUMBUS, NE 68602		170(B)(1)(A)(V)	16,020.	0.			BRIDGING THE HOMEWORK GAP GRANT
THAYER CENTRAL COMMUNITY SCHOOL PO BOX 9 HEBRON, NE 68370		170(B)(1)(A)(V)	15,801.	0.			GENERAL SUPPORT
HYANNIS AREA SCHOOLS PO BOX 286 HYANNIS, NE 69350-0286		170(B)(1)(A)(V)	15,222.	0.			GENERAL SUPPORT
PEOPLE UNITED FOR FAMILIES PARTNERS FOR OTOE COUNTY, 110 N 9TH NEBRASKA CITY, NE 68410	36-3925562	501(C)(3)	15,200.	0.			BRIDGING THE LEARNING GAP GRANT
VILLAGE OF BEE FBO BEE VOLUNTEER FIRE DEPT BEE, NE 68314		170(B)(1)(A)(V)	15,000.	0.			EQUIPMENT AND TRAINING SUPPORT
CEDAR COUNTY 88266 564 AVENUE HARTINGTON, NE 68739		170(B)(1)(A)(V)	15,000.	0.			REPAIRS TO COUNTY FAIR GROUNDS DUE TO FLOODING
VILLAGE OF GARLAND FBO GARLAND VOL FIRE DEPT GARLAND, NE 68360		170(B)(1)(A)(V)	15,000.	0.			EQUIPMENT AND TRAINING SUPPORT
VILLAGE OF GOEHNER FBO GOEHNER VOL FIRE DEPT GOEHNER, NE 68364		170(B)(1)(A)(V)	15,000.	0.			EQUIPMENT AND TRAINING SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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HABITAT FOR HUMANITY OF MCHENRY COUNTY - PO BOX 1166 - MCHENRY, IL 60051		170(B)(1)(A)(V)	15,000.	0.			2021 HOME BUILDS
GREELEY-WELD HABITAT FOR HUMANITY 104 N 16TH AVENUE GREELEY, CO 80631	84-1091487	501(C)(3)	15,000.	0.			2021 HOME BUILDS
WOMEN'S FUND OF GREATER OMAHA FBO I BE BLACK GIRL, 1111 N 13TH ST OMAHA, NE 68102	47-0840885	501(C)(3)	15,000.	0.			GENERAL SUPPORT
INNOSPHERE 320 EAST VINE DRIVE, STE 101 FORT COLLINS, CO 80524	77-0707779	501(C)(3)	15,000.	0.			SCIENCE & TECHNOLOGY STARTUPS TRAINING
METRO AREA CONTINUUM OF CARE FOR THE HOMELESS - 6001 DODGE STREET, UNO CEC #1170 - OMAHA, NE 68182	11-3788955	501(C)(3)	15,000.	0.			HOUSING PROBLEM SOLVING PROGRAM
NORTH CENTRAL DEVELOPMENT CTR NCDC ATTN: DOUG WEISS, PO BOX 6 AINSWORTH, NE 69210	47-0764517	501(C)(3)	15,000.	0.			GRANT FOR GRAND THEATER
NORTHEAST COMMUNITY COLLEGE FINANCIAL AID OFFICE NORFOLK, NE 68702-0469	47-0524851	170(B)(1)(A)(V)	15,000.	0.			SCHOLARSHIPS
OGALLALA PUBLIC SCHOOLS 801 EAST O ST OGALLALA, NE 69153		170(B)(1)(A)(V)	15,000.	0.			BRIDGING THE LEARNING GAP GRANT
PAXTON CONSOLIDATED SCHOOLS PO BOX 368 PAXTON, NE 69155		170(B)(1)(A)(V)	15,000.	0.			BRIDGING THE LEARNING GAP GRANT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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AUDUBON NEBRASKA ROWE SANCTUARY 44450 ELM ISLAND ROAD GIBBON, NE 68840	13-1624102	501(C)(3)	15,000.	0.			GENERAL SUPPORT
SOUTHEAST NEBRASKA DEVELOPMENT INC & SEND INC, 2100 FLETCHER AVE, SUITE LINCOLN, NE 68521	46-2902632	501(C)(3)	15,000.	0.			BUSINESS DEVELOPMENT SUPPORT WITH GROW NE
SEWARD PUBLIC SCHOOL 410 SOUTH STREET SEWARD, NE 68434		170(B)(1)(A)(V)	15,000.	0.			COVID-19 BRIDGING THE LEARNING GAP
ST. JOHN LUTHERAN SCHOOL 877 N COLUMBIA SEWARD, NE 68434		PAROCHIAL SCHOOL DIS	15,000.	0.			BRIDGING THE LEARNING GAP
VILLAGE OF STAPLEHURST FBO STAPLEHURST VOL FIRE DEPT STAPLEHURST, NE 68439		170(B)(1)(A)(V)	15,000.	0.			EQUIPMENT AND TRAINING SUPPORT
VILLAGE OF TAMORA FBO TAMORA VOL FIRE DEPT SEWARD, NE 68434		170(B)(1)(A)(V)	15,000.	0.			EQUIPMENT AND TRAINING SUPPORT
VILLAGE OF UTICA FBO UTICA VOLUNTEER FIRE DEPT UTICA, NE 68456		170(B)(1)(A)(V)	15,000.	0.			EQUIPMENT AND TRAINING SUPPORT
WAYNE COMMUNITY SCHOOLS FOUNDATION ATTN: BILL DICKEY, 1520 CLAYCOMB RD WAYNE, NE 68787	36-3593896	501(C)(3)	15,000.	0.			WAYNE KIDS CLUB
LYNCH VOLUNTEER FIRE DEPT 221 S 5TH ST LYNCH, NE 68746		170(B)(1)(A)(V)	14,948.	0.			ATV FOR RESCUE & FIRE FIGHTING

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
TWO RIVERS PUBLIC HEALTH DEPARTMENT - C/O JEREMY ESHLIMAN, 701 4TH AVE, SUITE 1 - HOLDREGE, NE 68949	81-2027204	170(B)(1)(A)(V)	14,625.	0.			MILES FOR SMILES PROGRAM
CITY OF FULLERTON PO BOX 670 FULLERTON, NE 68638		170(B)(1)(A)(V)	14,410.	0.			GENERAL SUPPORT
KNIGHTS OF AKSARBEN FOUNDATION ATTN: SANDRA REDING, 7101 MERCY RD OMAHA, NE 68106	47-0447496	501(C)(3)	14,250.	0.			GENERAL SUPPORT
RIVERSIDE PUBLIC SCHOOLS 408 W DAYTON ST CEDAR RAPIDS, NE 68627		170(B)(1)(A)(V)	14,196.	0.			BRIDGING THE LEARNING GAP
PRAIRIE PLAINS CASA 322 NORRIS AVE STE 6 MCCOOK, NE 69001-3700	81-1333824	501(C)(3)	14,005.	0.			GENERAL SUPPORT
BRUNING COMMUNITY FOUNDATION PO BOX 100 BRUNING, NE 68322	47-0750505	501(C)(3)	13,819.	0.			GENERAL SUPPORT
DUNDY COUNTY STRATTON SCHOOLS PO BOX 586 BENKELMAN, NE 69022		170(B)(1)(A)(V)	13,778.	0.			GENERAL SUPPORT
PENDER COMMUNITY CENTER PO BOX 614 PENDER, NE 68047	82-0780129	501(C)(3)	13,150.	0.			GENERAL SUPPORT
BERTRAND COMMUNITY SCHOOL PO BOX 278 BERTRAND, NE 68927		170(B)(1)(A)(V)	13,060.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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WYMORE PUBLIC LIBRARY 116 WEST F STREET WYMORE, NE 68466		170(B)(1)(A)(V)	12,863.	0.			GENERAL SUPPORT
HILLCREST NURSING HOME FOUNDATION 309 W. 7TH ST MCCOOK, NE 69001	47-0739732	501(C)(3)	12,664.	0.			GENERAL SUPPORT
SOUTHEAST NEBRASKA CULTURAL CENTER ATTN: MIKE PRICE, 10602 OLIVE STREET LAVISTA, NE 68128-2945	26-2209216	501(C)(3)	12,649.	0.			GENERAL SUPPORT
GRAND ISLAND AREA HABITAT FOR HUMANITY - 502 W 2ND ST - GRAND ISLAND, NE 68801	47-0754122	501(C)(3)	12,500.	0.			2021 HOME BUILDS
MITCHELL REGIONAL HABITAT FOR HUMANITY - PO BOX 1331 - MITCHELL, SD 57301-7331	46-0458649	501(C)(3)	12,500.	0.			2021 HOME BUILDS
HABITAT FOR HUMANITY OF CLAY & YANKTON COUNTIES - 218 CAPITOL ST - YANKTON, SD 57078	46-0441510	501(C)(3)	12,500.	0.			CLAY & YANKTON COUNTIES HOME BUILDS
HIGH PLAINS COMMUNITY DEVELOPMENT CORP INC - 803 E 3RD ST - CHADRON, NE 69337	47-0784065	501(C)(3)	12,500.	0.			AFFORDABLE HOUSING & NEIGHBORHOOD STABILITY
LAKEVIEW EDUCATION FOUNDATION 3744 83RD ST COLUMBUS, NE 68601	36-3671813	501(C)(3)	12,500.	0.			BRIDGING THE LEARNING GAP
PLAINVIEW PUBLIC LIBRARY PO BOX 728 PLAINVIEW, NE 68769		170(B)(1)(A)(V)	12,500.	0.			LASER CUTTER ETCHER FOR MAKERSPACE

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CITY OF RED CLOUD FBO RED CLOUD HISTORIC PRESERVATION COMMISSION - RED CLOUD, NE 68970		170(B)(1)(A)(V)	12,500.	0.			HISTORIC PRESERVATION COMMISSION
UNIVERSITY OF NEBRASKA FOUNDATION PO BOX 82555 LINCOLN, NE 68501-2555	47-0379839	501(C)(3)	12,500.	0.			GENERAL SUPPORT
MINNIE'S FOOD PANTRY INC. 661 18TH ST PLANO, TX 75074	27-2363211	501(C)(3)	12,400.	0.			GENERAL SUPPORT
DOLLYWOOD FOUNDATION ATTN: OPERATIONS DEPT, 111 DOLLYWOOD LANE - PIGEON FORGE, TN 37863	62-1348105	501(C)(3)	12,300.	0.			GENERAL SUPPORT
VILLAGE OF BENNET PO BOX 255 BENNET, NE 68317		170(B)(1)(A)(V)	12,251.	0.			GENERAL SUPPORT
ELKHORN LOGAN VALLEY PUBLIC HEALTH DEPT FOUNDATION - % GINA UHING, PO BOX 779 - WISNER, NE 68791	47-1570618	501(C)(3)	12,152.	0.			MILES FOR SMILES PROGRAM
LOVELAND HABITAT FOR HUMANITY PO BOX 56 LOVELAND, CO 80537	84-1066816	501(C)(3)	12,000.	0.			2021 HOME BUILDS
KEITH COUNTY SHERIFF'S OFFICE 103 EAST 5TH ST. OGALLALA, NE 69153		170(B)(1)(A)(V)	12,000.	0.			GENERAL SUPPORT
THE UNIVERSITY OF NEBRASKA - LINCOLN - DEPT OF AGRONOMY & HORTICULTURE - LINCOLN, NE 68583-0915		170(B)(1)(A)(V)	12,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SANDHILLS CARE CENTER PO BOX 165 AINSWORTH, NE 69210		170(B)(1)(A)(V)	11,936.	0.			GENERAL SUPPORT
BIG LITTLE TOWN REVITALIZATION CLUB - % BROCK DOMEIER, PO BOX 25 - SHICKLEY, NE 68436	83-1390212	501(C)(3)	11,750.	0.			PARK GENERAL SUPPORT
COMMUNITY HOSPITAL HEALTH FOUNDATION - PO BOX 1328 - MCCOOK, NE 69001-1328	47-0693261	501(C)(3)	11,597.	0.			GENERAL SUPPORT
UNL SCHOLARSHIPS & FIN.AID PO BOX 880411 LINCOLN, NE 68588-0411		170(B)(1)(A)(V)	11,250.	0.			SCHOLARSHIPS
VILLAGE OF STUART PO BOX 177 STUART, NE 68780		170(B)(1)(A)(V)	11,007.	0.			GENERAL SUPPORT
ST. EDWARD PUBLIC SCHOOL 601 CLARK ST. ST. EDWARD, NE 68660		170(B)(1)(A)(V)	10,816.	0.			BRIDGING THE LEARNING GAP
CITY OF FRIEND FBO FRIEND CEMETERY 235 MAPLE ST FRIEND, NE 68359		170(B)(1)(A)(V)	10,800.	0.			CEMETERY GENERAL SUPPORT
UNITED METHODIST CHURCH PO BOX 25 STANTON, NE 68779		501(C)(3)	10,629.	0.			ANNUAL GRANT-BUILDING FUND
VILLAGE OF BERTRAND PO BOX 295 BERTRAND, NE 68927		170(B)(1)(A)(V)	10,501.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COMMUNITY ACTION PARTNERSHIP OF MID-NE - PO BOX 2288 - KEARNEY, NE 68847	47-6039628	501(C)(3)	10,472.	0.			GENERAL SUPPORT
ROCK COUNTY HISTORICAL SOCIETY INC FBO ROCK COUNTY HISTORICAL MUSEUM 4 BASSETT, NE 68714	47-0573560	501(C)(3)	10,470.	0.			BUILDING UPKEEP & REPAIR
ALLIES FOR COMMUNITY BUSINESS 135 N. KEDZIE AVENUE CHICAGO, IL 60612	36-3966573	501(C)(3)	10,000.	0.			SMALL BUSINESS DEVELOPMENT PROGRAM
ARCADIA PUBLIC SCHOOLS 302 WEST OWENS ARCADIA, NE 68815		170(B)(1)(A)(V)	10,000.	0.			BRIDGING THE LEARNING GAP
BASSETT HOUSING AUTHORITY PO BOX 28 BASSETT, NE 68714		170(B)(1)(A)(V)	10,000.	0.			HOUSING SUPPORT
BROWN COUNTY AG SOCIETY PO BOX 31 JOHNSTOWN, NE 69214		170(B)(1)(A)(V)	10,000.	0.			GENERAL SUPPORT
DEKALB COUNTY ECONOMIC DEVELOPMENT CORP - 2179 SYCAMORE RD, UNIT #102 - DEKALB, IL 60115	36-3524353	501(C)(3)	10,000.	0.			ENTREPRENEURIAL TRAINING SUPPORT
DISTRICT OR1/PALMYRA ATTN: KAREN HATCHER, 425 F STREET PALMYRA, NE 68418		170(B)(1)(A)(V)	10,000.	0.			BRIDGING THE LEARNING GAP
FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 83671 LINCOLN, NE 68501		170(B)(1)(A)(V)	10,000.	0.			GENERAL SUPPORT

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Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FRIENDS OF THE BRIDGEPORT CITY LIBRARY - PO BOX 940 - BRIDGEPORT, NE 69336	20-5626745	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.			2021 HOME BUILDS
FLATIRONS HABITAT FOR HUMANITY 201 E SIMPSON STREET LAFAYETTE, CO 80026	30-0174334	501(C)(3)	10,000.	0.			2021 HOME BUILDS
FOX VALLEY HABITAT FOR HUMANITY 1300 SOUTH BROADWAY MONTGOMERY, IL 60538	36-3748805	501(C)(3)	10,000.	0.			2021 HOME BUILDS
KEARNEY AREA HABITAT FOR HUMANITY 1815 1ST AVE KEARNEY, NE 68847	47-0754458	501(C)(3)	10,000.	0.			2021 HOME BUILDS
LINCOLN/LANCASTER COUNTY HABITAT FOR HUMANITY - 4615 ORCHARD ST - LINCOLN, NE 68503	47-0714576	501(C)(3)	10,000.	0.			2021 HOME BUILDS
NORTH PLATTE AREA HABITAT FOR HUMANITY - 420 N COTTONWOOD STREET - NORTH PLATTE, NE 69101	91-1833181	501(C)(3)	10,000.	0.			THE BUFFALO SCHOOL PROJECT
HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY - 303 ATWOOD STREET - LONGMONT, CO 80501	84-1092616	501(C)(3)	10,000.	0.			2021 HOME BUILDS
HASTINGS MEMORIAL LIBRARY FOUNDATION - PO BOX 786 - GRANT, NE 69140	45-0469021	501(C)(3)	10,000.	0.			EQUIPMENT FOR MAKERSPACE

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HOWELLS RURAL FIRE PROTECTION DISTRICT - % BRIAN PRUSA - HOWELLS, NE 68641		170(B)(1)(A)(V)	10,000.	0.			NEW JAWS OF LIFE
COMMUNITY DEVELOPMENT FOUNDATION FBO HURON HOUSING AUTHORITY - 1705 DAKOTA AVE S - HURON, SD 57350	20-8612763	501(C)(3)	10,000.	0.			HOUSING REHAB SPECIALIST
CREIGHTON UNIVERSITY FBO ILAC 2500 CALIFORNIA PLAZA OMAHA, NE 68178	47-0376583	170(B)(1)(A)(II)	10,000.	0.			ILAC MEDICAL MISSION-HERNIA TEAM
KEITH COUNTY SENIOR CENTER 202 WEST 1ST STREET OGALLALA, NE 69153	47-0629921	501(C)(3)	10,000.	0.			CONNECTING ELDERS WITH FAMILY
LINCOLN HOUSING AUTHORITY FBO LINCOLN HOUSING CHARITIES, 5700 LINCOLN, NE 68505	30-0094633	501(C)(3)	10,000.	0.			NORTHEAST HOUSE PROJECT
MI CASA RESOURCE CENTER 345 S GROVE STREET DENVER, CO 80219	84-0867773	501(C)(3)	10,000.	0.			BUSINESS PATHWAYS PROGRAM
MIDLANDS LATINO COMMUNITY DEVELOPMENT CORPORATION - 4923 S. 24TH ST, SUITE 201 - OMAHA, NE 68107	14-1973678	501(C)(3)	10,000.	0.			ENTREPRENEURSHIP FOR LATINO & IMMIGRANT COMMUNITIES
ORD PUBLIC SCHOOLS 320 N 19TH STREET ORD, NE 68862		170(B)(1)(A)(V)	10,000.	0.			BRIDGING THE LEARNING GAP GRANT
PARKVIEW HAVEN NURSING HOME PO BOX 667 DESHLER, NE 68340-0667		170(B)(1)(A)(V)	10,000.	0.			CONNECTING ELDERS WITH FAMILY

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REBUILDING TOGETHER PLATTE VALLEY EAST - 445 E 1ST ST - FREMONT, NE 68025	77-0695389	501(C)(3)	10,000.	0.			GENERAL SUPPORT
VALLEY CHILD DEVELOPMENT CENTER INC. - PO BOX 335 - RED CLOUD, NE 68970	81-1174755	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
ST. MARY'S CATHOLIC SCHOOL 527 N 20TH ST ORD, NE 68862		PAROCHIAL SCHOOL	DIS 10,000.	0.			BRIDGING THE LEARNING GAP
SAINTS PETER & PAUL CATHOLIC CHURCH - 614 CENTER ST - HOWELLS, NE 68641		PAROCHIAL SCHOOL	DIS 10,000.	0.			LITTLE ANGELS DAYCARE CENTER
POTTAWATTAMIE COUNTY DEVELOPMENT CORPORATION - DBA THE 712 INITIATIVE, 1228 S MAIN STREET - COUNCIL BLUFFS, IA 51503	42-1459560	501(C)(3)	10,000.	0.			ROCK THE BLOCK
UNIVERSITY OF NORTHERN COLORADO FOUNDATION - 1620 RESERVOIR RD - GREELEY, CO 80639	84-6044833	501(C)(3)	10,000.	0.			EAST CO SMALL BUSINESS DEVELOPMENT CENTER
UNIVERSITY OF NEBRASKA LINCOLN DR. CLINT KREHBIEL UNL ANIMAL SCIEN LINCOLN, NE 68583	47-0491233	170(B)(1)(A)(V)	10,000.	0.			SCHOLARSHIP GRANT
WAUBONSEE COMMUNITY COLLEGE FOUNDATION - RT. 47 AT WAUBONSEE DR. - SUGAR GROVE, IL 60554	36-2990533	501(C)(3)	10,000.	0.			WCC SMALL BUSINESS DEVELOPMENT CENTER

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LIED PIERCE PUBLIC LIBRARY PO BOX 39 PIERCE, NE 68767		170(B)(1)(A)(V)	9,900.	0.			GENERAL SUPPORT
MCCOOK EDUCATION FOUNDATION INC. PO BOX 782 MCCOOK, NE 69001-0782	47-0771196	501(C)(3)	9,762.	0.			GENERAL SUPPORT
VILLAGE OF LYNCH LYNCH COMMUNITY CLUB LYNCH, NE 68746-0181		170(B)(1)(A)(V)	9,500.	0.			LYNCH COMMUNITY HALL IMPROVEMENTS
NORTH LOUP UNITED METHODIST CHURCH ATTN: CRYSTAL WRIGHT, PO BOX 15 SCOTIA, NE 68875		501(C)(3)	9,419.	0.			GENERAL SUPPORT
VILLAGE OF ARNOLD PO BOX 70 ARNOLD, NE 69120-0070		170(B)(1)(A)(V)	9,025.	0.			10 PICNIC TABLES RECREATION AREA
UNIVERSITY OF NEBRASKA FOUNDATION DR CLINT KREBBIEL UNL ANIMAL SC, C203G ANIMAL SCIENCE BLDG - LINCOLN, NE 685	47-0379839	501(C)(3)	9,000.	0.			GENERAL SUPPORT
PLATTE VALLEY HUMANE SOCIETY 2124 13TH STREET COLUMBUS, NE 68601	47-0659715	501(C)(3)	8,891.	0.			GENERAL SUPPORT
VALLEY COUNTY HISTORICAL SOCIETY PO BOX 101 ORD, NE 68862	47-0600915	501(C)(3)	8,790.	0.			GENERAL SUPPORT
BAYARD PUBLIC LIBRARY 509 AVENUE A BAYARD, NE 69334		170(B)(1)(A)(V)	8,500.	0.			LIGHTING & CEILING TILE, REMODEL FRONT ENTRANCE

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BUTLER COUNTY SENIOR SERVICES 592 D STREET DAVID CITY, NE 68632	47-6006438	501(C)(3)	8,308.	0.			GENERAL SUPPORT
VILLAGE OF BYRON PO BOX 53 BYRON, NE 68325		170(B)(1)(A)(V)	8,052.	0.			CLEAN UP OF ABANDONED PROPERTY
AKSARBEN FOUNDATION 7101 MERCY ROAD, SUITE 320 OMAHA, NE 68106	47-0447496	501(C)(3)	8,000.	0.			STUDY OF NORTHEAST NEBRASKA ALUMNI
CENTENNIAL PUBLIC SCHOOL 1301 CENTENNIAL AVE UTICA, NE 68456		170(B)(1)(A)(V)	8,000.	0.			GENERAL SUPPORT
RED CLOUD COMMUNITY SCHOOLS 121 W 7TH RED CLOUD, NE 68970		170(B)(1)(A)(V)	8,000.	0.			GENERAL SUPPORT
HTRS PUBLIC SCHOOLS 810 CENTRAL AVE HUMBOLDT, NE 68376		170(B)(1)(A)(V)	7,875.	0.			BRIDGING THE LEARNING GAP
MCCOOK K-9 CORNER DOG PARK % KELLIE SODEN, 1307 COUNTRY CLUB D MCCOOK, NE 69001	83-4124911	501(C)(3)	7,731.	0.			GENERAL SUPPORT
CONCORDIA UNIVERSITY 800 NORTH COLUMBIA AVENUE SEWARD, NE 68434	47-0378777	170(B)(1)(A)(V)	7,680.	0.			GENERAL SUPPORT
EMERSON PUBLIC LIBRARY 110 N MAIN STREET EMERSON, NE 68733		170(B)(1)(A)(V)	7,575.	0.			GENERAL SUPPORT

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CHASE COUNTY HOSPITAL FOUNDATION INC - PO BOX 819 - IMPERIAL, NE 69033	47-0839293	501(C)(3)	7,500.	0.			TRAINING & EDUCATION PROGRAMS
FRIEND PUBLIC SCHOOL 501 S MAIN STREET FRIEND, NE 68359		170(B)(1)(A)(V)	7,500.	0.			GREENHOUSE PROJECT EQUIPMENT & MATERIALS
ROCK COUNTY PUBLIC SCHOOLS PO BOX 448 BASSETT, NE 68714		170(B)(1)(A)(V)	7,500.	0.			GENERAL SUPPORT
WAYNE STATE COLLEGE 1111 MAIN STREET WAYNE, NE 68787		170(B)(1)(A)(V)	7,500.	0.			SCHOLARSHIPS
WAUSA PUBLIC SCHOOL 300 S. BISMARCK STREET WAUSA, NE 68786		170(B)(1)(A)(V)	7,480.	0.			GENERAL SUPPORT
GARFIELD CO. FRONTIER FAIR ASSOCIATION - PO BOX 711 - BURWELL, NE 68823	47-0385725	501(C)(3)	7,184.	0.			GENERAL SUPPORT
DOMESTIC ABUSE/SEXUAL ASSAULT SERVICES - 407 W 5TH ST - MCCOOK, NE 69001	47-0615934	501(C)(3)	7,107.	0.			GENERAL SUPPORT
NORFOLK PUBLIC SCHOOLS FOUNDATION INC - PO BOX 139 - NORFOLK, NE 68702-0139	47-0742303	501(C)(3)	7,020.	0.			GENERAL SUPPORT
AXTELL COMMUNITY SCHOOL 500 MAIN STREET AXTELL, NE 68924		170(B)(1)(A)(V)	7,000.	0.			GENERAL SUPPORT

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FRIENDS OF DAVID CITY FBO LIGHT IT UP DAVID CITY, NE 68632	84-4516568	501(C)(3)	7,000.	0.			GENERAL SUPPORT
SOUTHEAST COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 301 S 68TH ST PLACE - LINCOLN, NE 68510	51-0168407	501(C)(3)	7,000.	0.			WORKFORCE DEVELOPMENT SKILLS SUPPORT
VILLAGE OF CRAIG PO BOX 85 CRAIG, NE 68019		170(B)(1)(A)(V)	6,964.	0.			GENERAL SUPPORT
CITY OF KIMBALL 223 S. CHESTNUT KIMBALL, NE 69145		170(B)(1)(A)(V)	6,781.	0.			DOG PARK UPGRADES
VILLAGE OF STRATTON PO BOX 332 STRATTON, NE 69043		170(B)(1)(A)(V)	6,751.	0.			GENERAL SUPPORT
NEWMAN GROVE COMMUNITY CLUB % CHRISTIE WALLIN, 82379 HWY 45 NEWMAN GROVE, NE 68758	47-0690205	501(C)(3)	6,625.	0.			GENERAL SUPPORT
LOURDES CENTRAL CATHOLIC SCHOOLS 412 2ND AVENUE NEBRASKA CITY, NE 68410		PAROCHIAL SCHOOL DIS	6,600.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 2912 SOUTH 80TH AVENUE OMAHA, NE 68124	53-0196605	501(C)(3)	6,533.	0.			GENERAL SUPPORT
GRANT COUNTY RESCUE PO BOX 164 HYANNIS, NE 69350		170(B)(1)(A)(V)	6,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
THEDFORD GOLF ASSOCIATION PO BOX 33 THEDFORD, NE 69166	47-0819045	501(C)(3)	6,500.	0.			GENERAL SUPPORT
THOMAS COUNTY AIRPORT PO BOX 22 THEDFORD, NE 69166		170(B)(1)(A)(V)	6,500.	0.			IMPROVEMENTS TO AIR STRIP
FAMILY RESOURCES INC. PO BOX 222 MCCOOK, NE 69001	47-0846255	501(C)(3)	6,316.	0.			GENERAL SUPPORT
ELWOOD CARE CENTER ATTN: KATE REINERS, ADMINISTRATOR, PO BOX 315 - ELWOOD, NE 68937		170(B)(1)(A)(V)	6,268.	0.			GENERAL SUPPORT
NORTH LOUP POPCORN ASSOCIATION INC. - PO BOX 6 - NORTH LOUP, NE 68859	84-2587781	501(C)(3)	6,106.	0.			GENERAL SUPPORT
BOONE COUNTY DEVELOPMENT AGENCY 233 SOUTH 4TH STREET ALBION, NE 68620	46-4245843	501(C)(3)	6,000.	0.			LEADERSHIP ACADEMY
SOUTH SIOUX CITY HIGH SCHOOL ODELL SANTOS, PRINCIPAL SOUTH SIOUX CITY, NE 68776		170(B)(1)(A)(V)	5,965.	0.			GENERAL SUPPORT
WACHISKA AUDUBON SOCIETY 4547 CALVERT ST., STE 10 LINCOLN, NE 68506-5643	51-0229888	501(C)(3)	5,936.	0.			GENERAL SUPPORT
VILLAGE OF CALLAWAY PO BOX 157 CALLAWAY, NE 68825		170(B)(1)(A)(V)	5,898.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NORFOLK AREA YMCA 301 W BENJAMIN AVE NORFOLK, NE 68701	46-5709553	501(C)(3)	5,850.	0.			GENERAL SUPPORT
MCCOOK HUMANE SOCIETY PO BOX 13 MCCOOK, NE 69001	36-3257066	501(C)(3)	5,750.	0.			GENERAL SUPPORT
JEFFERSON COMMUNITY HEALTH & LIFE ATTN: LANA LIKENS FAIRBURY, NE 68352-0277	47-0468078	501(C)(3)	5,749.	0.			CONNECTING ELDERS WITH FAMILY
OMAHA HOME FOR BOYS 4343 N 52ND STREET OMAHA, NE 68104	47-0376529	501(C)(3)	5,733.	0.			GENERAL SUPPORT
BRIGGS & BARRETT PROJECT 2812 PINNACLE DRIVE NORFOLK, NE 68701	83-1781321	501(C)(3)	5,668.	0.			GENERAL SUPPORT
SANDHILLS PUBLIC SCHOOL PO BOX 29 DUNNING, NE 68833		170(B)(1)(A)(V)	5,656.	0.			GENERAL SUPPORT
ST. JOSEPH'S SCHOOL PO BOX 69 ATKINSON, NE 68713		PAROCHIAL SCHOOL	DIS 5,592.	0.			MACBOOK AIR COMPUTERS
PERU STATE COLLEGE FOUNDATION KELLY COLE, PO BOX 10 PERU, NE 68421	47-0495359	501(C)(3)	5,500.	0.			GENERAL SUPPORT
ORD UNITED METHODIST CHURCH 304 S. 16TH STREET ORD, NE 68862		501(C)(3)	5,324.	0.			GENERAL SUPPORT

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
EUSTIS RESCUE SQUAD C/O VILLAGE CLERK EUSTIS, NE 69028		170(B)(1)(A)(V)	5,320.	0.			EQUIPMENT AND TRAINING SUPPORT
AMERICAN CANCER SOCIETY 9850 NICHOLAS ST STE 200 OMAHA, NE 68114		501(C)(3)	5,315.	0.			GENERAL SUPPORT
AMERICAN HEART ASSOCIATION ATTN: SHARI LAYNE, PO BOX 22249 ST. PETERSBURG, FL 33742	13-5613797	501(C)(3)	5,315.	0.			GENERAL SUPPORT
STANTON PUBLIC LIBRARY 1009 JACKPINE STREET STANTON, NE 68779		170(B)(1)(A)(V)	5,315.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH FBO ORD AREA FOOD PANTRY, 304 S 16TH ORD, NE 68862		501(C)(3)	5,290.	0.			GENERAL SUPPORT
VILLAGE OF UNADILLA PO BOX 87 UNADILLA, NE 68454		170(B)(1)(A)(V)	5,242.	0.			GENERAL SUPPORT
SENIOR CLASSICS OF VALLEY COUNTY 206 N 16TH STREET ORD, NE 68862	47-0718721	501(C)(3)	5,145.	0.			GENERAL SUPPORT
BRIGHT HORIZONS 601 E NORFOLK AVE NORFOLK, NE 68701	47-0605938	501(C)(3)	5,045.	0.			GENERAL SUPPORT
AUBURN PUBLIC SCHOOLS 1713 J STREET AUBURN, NE 68305		170(B)(1)(A)(V)	5,000.	0.			BRIDGING THE LEARNING GAP

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BOONE COUNTY HEALTH CENTER PO BOX 151 ALBION, NE 68620	47-6000611	501(C)(3)	5,000.	0.			SCHOLARSHIP GRANT
CITY OF IMPERIAL PO BOX 637 IMPERIAL, NE 69033		170(B)(1)(A)(V)	5,000.	0.			GENERAL SUPPORT
FRIEND RESCUE 511 2ND ST FRIEND, NE 68359		170(B)(1)(A)(V)	5,000.	0.			NEW AMBULANCE
GAMBLING WITH THE GOOD LIFE 2221 S. 141 CT #6 OMAHA, NE 68144	47-0799923	501(C)(3)	5,000.	0.			GENERAL SUPPORT
IMMANUEL LUTHERAN CHURCH 500 S CENTER STREET TILDEN, NE 68781		501(C)(3)	5,000.	0.			LITTLE LAMBS DAYCARE PLAYGROUND PROJECT
CITY OF IMPERIAL FBO IMPERIAL VOLUNTEER FIRE DEPT IMPERIAL, NE 69033		170(B)(1)(A)(V)	5,000.	0.			GENERATOR FOR FIRE DEPT BUILDING
KEARNEY COUNTY HEALTH SERVICES 727 EAST 1ST STREET MINDEN, NE 68959		170(B)(1)(A)(V)	5,000.	0.			CONNECTING ELDERS WITH FAMILY
KIDS PLUS INC. PO BOX 296 SIDNEY, NE 69162	47-0715249	501(C)(3)	5,000.	0.			SIDNEY PLAYGROUND
LATINO CENTER OF THE MIDLANDS 4821 S 24TH ST OMAHA, NE 68107	23-7208431	501(C)(3)	5,000.	0.			COVID RELIEF

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MCCOOK COMMUNITY COLLEGE 1205 EAST 3RD ST MCCOOK, NE 69001		170(B)(1)(A)(V)	5,000.	0.			HORMEL BUSINESS PLAN COMPETITION
MID NEBRASKA LUTHERAN HOME 109 NORTH 2ND ST NEWMAN GROVE, NE 68758	47-0458374	501(C)(3)	5,000.	0.			CONNECTING ELDERS WITH FAMILY
NET FOUNDATION FOR TELEVISION 1800 N. 33RD STREET LINCOLN, NE 68503	23-7122088	501(C)(3)	5,000.	0.			GENERAL SUPPORT
NORFOLK FAMILY COALITION INC 1800 W. PASEWALK AVE SUITE 200 NORFOLK, NE 68701	47-5426763	501(C)(3)	5,000.	0.			EARLY CHILDHOOD PROFESSIONAL DEVELOPMENT
OREGON TRAIL COMMUNITY FOUNDATION 115 W RAILWAY ST #A108 SCOTTSBLUFF, NE 69361	47-0596705	501(C)(3)	5,000.	0.			GENERAL SUPPORT
ROCK COUNTY PUBLIC LIBRARY PO BOX 465 BASSETT, NE 68714		170(B)(1)(A)(V)	5,000.	0.			RENOVATION SUPPORT
SANDHILLS AREA FOUNDATION INC. PO BOX 444 VALENTINE, NE 69201	71-0882380	501(C)(3)	5,000.	0.			GENERAL SUPPORT
STUART ATHLETIC CLUB PO BOX 261 STUART, NE 68780	47-0753732	501(C)(3)	5,000.	0.			UPGRADE TO BASKETBALL COURTS
WEBSTER COUNTY NATURAL RESOURCES FOUNDATION - 1240 RIVER RD - RED CLOUD, NE 68970-7035	23-7168368	501(C)(3)	5,000.	0.			CEMETERY DIRECTORY

Schedule I (Form 990)

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	251	442,236.	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

PAYMENT FOR ITS INTENDED PURPOSE.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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.

OMB No. 1545-0047

2020

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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) 2020

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)	244,534.	250.	0.	0.	52,225.	297,009.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JASON KENNEDY CFAO	(i)	195,655.	250.	0.	0.	18,053.	213,958.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KERRY BELITZ COO	(i)	142,704.	250.	0.	0.	26,817.	169,771.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JIM GUSTAFSON DIR OF ADVANCEMENT & GIFT	(i)	133,553.	250.	0.	0.	23,064.	156,867.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

[illegible]

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2020

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- ▶ **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	20	26,652,547.	QUOTED MARKET PRICES
10 Securities - Closely held stock				
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	26	128,636.	QUOTED MARKET PRICES
26 Other ▶ ()				
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 V, Donee Acknowledgement

29

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?

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?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

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.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) 2020

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

2020

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) 2020

032211 11-20-20

Name of the organization

NEBRASKA COMMUNITY FOUNDATION

Employer identification number

47-0769903

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 ALL OFFICERS OF THE FOUNDATION, THE PRESIDENT/CEO, THE CHIEF FINANCIAL AND ADMINISTRATIVE OFFICER, AND CHIEF OPERATION 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 XII, 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

2020

**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) 2020

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.

[illegible]

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.

[illegible]

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