

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning JUL 1, 2021, and ending JUN 30, 2022

2021

Department of the Treasury
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.
▶ Go to www.irs.gov/Form8879TE for the latest information.

Name of filer NEBRASKA COMMUNITY FOUNDATION	EIN or SSN 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

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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 20,781,363.
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 V, 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
8a Form 5227 check here <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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 entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2021 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 to enter my PIN 69903
 ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 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 entity, I will enter my PIN as my signature on the tax year 2021 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 Nov 7 2022

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 2021 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 ▶ 10/31/22

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions. Form **8879-TE** (2021)

Form **990**

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

2021

Department of the Treasury
Internal Revenue Service

▶ 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.

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEBRASKA COMMUNITY FOUNDATION Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 83107 City or town, state or province, country, and ZIP or foreign postal code LINCOLN, NE 68501-3107	D Employer identification number 47-0769903 E Telephone number 402-323-7330
F Name and address of principal officer: JEFFREY G YOST SAME AS C ABOVE		G Gross receipts \$ 20,961,722. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.NEBCOMMFOUND.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1993 M State of legal domicile: NE

Part I Summary

	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O	
Activities & Governance	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 19
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5 56
	6 Total number of volunteers (estimate if necessary)	6 1500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a -11,608.
	7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b 0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 54,444,952. Current Year 47,420,002.
	9 Program service revenue (Part VIII, line 2g)	2,081,603. 2,647,275.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	479,677. 542,080.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,163,659. -29,827,994.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	96,169,891. 20,781,363.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)
14 Benefits paid to or for members (Part IX, column (A), line 4)		0. 0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		2,895,908. 2,998,868.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0. 0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 695,876.		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		13,746,629. 20,776,033.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	29,883,906. 39,893,971.	
19 Revenue less expenses. Subtract line 18 from line 12	66,285,985. -19,112,608.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 246,726,581. End of Year 227,749,373.
	21 Total liabilities (Part X, line 26)	468,562. 603,962.
	22 Net assets or fund balances. Subtract line 21 from line 20	246,258,019. 227,145,411.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer JEFFREY G YOST, PRESIDENT & CHIEF EXEC OFFICER Type or print name and title	Date _____			
Paid Preparer Use Only	Print/Type preparer's name KILEY A WIECHMAN, CPA	Preparer's signature KILEY A WIECHMAN, CP	Date 10/31/22	Check if self-employed <input type="checkbox"/>	PTIN P00661523
	Firm's name ▶ HBE LLP	Firm's EIN ▶ 47-0677245			
	Firm's address ▶ 7140 STEPHANIE LANE PO BOX 23110 LINCOLN, NE 68542-3110	Phone no. (402) 423-4343			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code:) (Expenses \$ 34,960,431. including grants of \$ 16,119,070.) (Revenue \$ 2,686,551.) 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 253 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 34,960,431.

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>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	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>		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>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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>	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>		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>		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>		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>	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>	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>		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>		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>		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>	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>	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>		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>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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>		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>		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>		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> See instructions		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>	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>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question number, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question number, Yes, No. Rows 1a, 1b, 1c regarding Form 1096 and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax filings, and organizational activities.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
	1a 19		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		X

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **JASON D. KENNEDY - (402) 323-7330**
P.O. BOX 83107, LINCOLN, NE 68501-3107

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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				259,495.	0.	51,656.
(2) JASON KENNEDY CFAO	40.00			X				199,273.	0.	19,114.
(3) KERRY BELITZ COO	40.00			X				146,449.	0.	23,177.
(4) JIM GUSTAFSON DIR OF ADVANCEMENT & GIFT	40.00					X		133,853.	0.	23,220.
(5) DIANE M WILSON MGR OF PUBLIC/PRIVATE PART	25.00					X		130,956.	0.	6,533.
(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) KIM ENGEL DIRECTOR	1.00	X						0.	0.	0.
(14) JEFF GERHART DIRECTOR	1.00	X						0.	0.	0.
(15) MEGAN HELBERG DIRECTOR	1.00	X						0.	0.	0.
(16) CINDY HUFF DIRECTOR	1.00	X						0.	0.	0.
(17) KURT KRUSE 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) PAUL MADISON DIRECTOR	1.00	X						0.	0.	0.
(19) JOHN MIYOSHI DIRECTOR	1.00	X						0.	0.	0.
(20) JANE MORELAND DIRECTOR	1.00	X						0.	0.	0.
(21) KARINA PEREZ DIRECTOR	1.00	X						0.	0.	0.
(22) ADAM PEVELKA DIRECTOR	1.00	X						0.	0.	0.
(23) BETH ROELFS DIRECTOR	1.00	X						0.	0.	0.
(24) AL STEUTER DIRECTOR	1.00	X						0.	0.	0.
(25) KIEL VANDERVEEN DIRECTOR	1.00	X						0.	0.	0.
(26) GREG VASEK DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								870,026.	0.	123,700.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								870,026.	0.	123,700.

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	2,454,685.
OCC BUILDERS LLC 521 SOUTH CENTENNIAL RD, WAYNE, NE 68787	COMMUNITY CENTER DESIGN AND DEVELOPME	1,767,758.
DUCKS UNLIMITED INC. 2525 RIVER ROAD, BISMARCK, ND 58503-9011	ENVIRONMENTAL CONSULTING	327,354.
COOK CONSTRUCTION 1116 AVENUE E, KEARNEY, NE 68847	ENVIRONMENTAL MANAGEMENT	263,558.
QUANTUM SPATIAL, INC. PO BOX 7410156, CHICAGO, IL 60674-0156	AERIAL PHOTOGRAPHY	256,627.

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**

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)		
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c	250,358.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	15,359,904.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	31,809,740.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 4,026,833.					
	h Total. Add lines 1a-1f		47,420,002.					
	Program Service Revenue	2 a SERVICES FOR AFFIL. FUNDS	Business Code					
		900099	2,647,275.	2,647,275.				
b								
c								
d								
e								
f All other program service revenue								
g Total. Add lines 2a-2f		2,647,275.						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		542,080.		-11,608.	553,688.		
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties		32,135.			32,135.		
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
			b Less: rental expenses ...	6b				
			c Rental income or (loss)	6c				
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
			b Less: cost or other basis and sales expenses	7b				
			c Gain or (loss)	7c				
	d Net gain or (loss)							
	8 a Gross income from fundraising events (not including \$ 250,358. of contributions reported on line 1c). See Part IV, line 18	8a		187,817.				
			b Less: direct expenses	8b	180,359.			
c Net income or (loss) from fundraising events				7,458.			7,458.	
9 a Gross income from gaming activities. See Part IV, line 19	9a							
		b Less: direct expenses	9b					
		c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a							
		b Less: cost of goods sold	10b					
		c Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a SECTION 481(A) ADJUSTMENT TO ACCR	Business Code						
	b ACTUARIAL GAIN	900099	39,276.	39,276.				
	c UNREAL & REALIZED GAIN (LOSS)	900099	-19,376.			-19,376.		
	d All other revenue							
	e Total. Add lines 11a-11d		-29,867,587.					
12 Total revenue. See instructions		20,781,363.	2,686,551.	-11,608.	-29,313,582.			

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	15,630,820.	15,630,820.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	488,250.	488,250.		
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	777,232.	218,200.	422,651.	136,381.
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	1,755,622.	835,524.	599,171.	320,927.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	58,101.	28,874.	17,780.	11,447.
9 Other employee benefits	232,388.	107,690.	83,138.	41,560.
10 Payroll taxes	175,525.	77,210.	67,947.	30,368.
11 Fees for services (nonemployees):				
a Management				
b Legal	4,306.	2,806.	1,500.	
c Accounting	24,840.	375.	24,465.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	57,220.		57,220.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	48,212.	29,256.	18,956.	
12 Advertising and promotion	247,292.	135,819.	5,217.	106,256.
13 Office expenses	86,150.	34,601.	43,712.	7,837.
14 Information technology	87,225.	3,194.	81,326.	2,705.
15 Royalties				
16 Occupancy	175,499.	136,558.	13,905.	25,036.
17 Travel	97,288.	76,714.	8,230.	12,344.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	88,971.	50,202.	38,769.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	24,903.		24,903.	
23 Insurance	70,549.	41,872.	28,677.	
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	16,824,826.	16,824,826.		
b ADMINISTRATIVE FEES	2,654,227.		2,654,227.	
c CONTRACT PAYMENTS	149,629.	149,629.		
d MISCELLANEOUS	37,503.	2,997.	34,506.	
e All other expenses	97,393.	85,014.	11,364.	1,015.
25 Total functional expenses. Add lines 1 through 24e	39,893,971.	34,960,431.	4,237,664.	695,876.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	2,720,062.	1	3,130,784.
	2 Savings and temporary cash investments	50,982,287.	2	32,219,402.
	3 Pledges and grants receivable, net	0.	3	2,287,580.
	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	897,776.	7	602,168.
	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 289,765.		
	11 Investments - publicly traded securities	91,080.	10c	66,177.
	12 Investments - other securities. See Part IV, line 11	191,887,973.	11	189,133,074.
	13 Investments - program-related. See Part IV, line 11	48,448.	12	88,246.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	89,601.	14	
16 Total assets. Add lines 1 through 15 (must equal line 33)	246,726,581.	15	212,588.	
		16	227,749,373.	
Liabilities	17 Accounts payable and accrued expenses	112,640.	17	138,705.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	355,922.	25	465,257.
	26 Total liabilities. Add lines 17 through 25	468,562.	26	603,962.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	236,286,004.	27	212,453,172.
	28 Net assets with donor restrictions	9,972,015.	28	14,692,239.
	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	246,258,019.	32	227,145,411.
33 Total liabilities and net assets/fund balances	246,726,581.	33	227,749,373.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,781,363.
2	Total expenses (must equal Part IX, column (A), line 25)	2	39,893,971.
3	Revenue less expenses. Subtract line 2 from line 1	3	-19,112,608.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	246,258,019.
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	227,145,411.

Part XII Financial Statements and Reporting

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

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

Form 990 (2021)

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	40,100,537.	54,677,367.	28,955,250.	54,444,952.	47,420,002.	225,598,108.
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	40,100,537.	54,677,367.	28,955,250.	54,444,952.	47,420,002.	225,598,108.
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)						59,034,700.
6 Public support. Subtract line 5 from line 4.						166,563,408.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	40,100,537.	54,677,367.	28,955,250.	54,444,952.	47,420,002.	225,598,108.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	544,555.	1,012,602.	1,086,804.	497,209.	574,215.	3,715,385.
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						229,313,493.
12 Gross receipts from related activities, etc. (see instructions)					12	9,896,043.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	72.64 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	72.30 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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; 19b 33 1/3% support tests - 2020. 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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11a		
11b		
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.		
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.		
1		
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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described on 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.		
1		
2		
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.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described on 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.			
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 .			
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.			
2a			
2b			
3a			
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 (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 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).		

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 - provide details in Part VI)	5
6	Other distributions (describe in Part VI). 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 (provide details in Part VI). See instructions.	8
9	Distributable amount for 2021 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-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

Part VI

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

Multiple horizontal lines for supplemental information.

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization

NEBRASKA COMMUNITY FOUNDATION

Employer identification number

47-0769903

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

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

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

NEBRASKA COMMUNITY FOUNDATION

47-0769903

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>9,187,478.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>8,001,800.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>2,914,750.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>2,725,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>961,162.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

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

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

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

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

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

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

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) 2021

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)	237.													
c	Total lobbying expenditures (add lines 1a and 1b)	237.													
d	Other exempt purpose expenditures	34,961,098.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	34,961,335.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000.													
<table border="1" style="width: 100%;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	250,000.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(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.	237.	912.
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.
f Grassroots lobbying expenditures					

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

Table with 4 columns: Description, (a) Yes, (a) No, (b) Amount. Rows include questions about lobbying activities like volunteers, staff, media, mailings, etc.

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

Table with 4 columns: Question, 1, Yes, No. Rows include questions about dues, lobbying expenditures, and carryover.

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

Table with 4 columns: Question, 1, 2a, 2b, 2c, 3, 4, 5. Rows include questions about dues, lobbying expenditures, and taxable amounts.

Part IV Supplemental Information

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

Blank lines for providing supplemental information as required by the instructions.

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

2021

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	51	7
2 Aggregate value of contributions to (during year)	10,735,300.	35.
3 Aggregate value of grants from (during year)	8,115,278.	112,986.
4 Aggregate value at end of year	72,528,889.	5,028,650.

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

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

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2021

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	158,050,700.	115,407,823.	106,233,881.	87,204,137.	78,837,010.
b Contributions	9,488,671.	13,462,097.	9,012,521.	16,863,816.	5,764,796.
c Net investment earnings, gains, and losses	-25,236,653.	34,884,362.	4,410,778.	6,864,707.	6,750,187.
d Grants or scholarships					
e Other expenditures for facilities and programs	5,111,630.	4,083,185.	2,934,210.	3,522,798.	3,285,092.
f Administrative expenses	1,859,155.	1,620,397.	1,315,147.	1,175,981.	862,764.
g End of year balance	135,331,933.	158,050,700.	115,407,823.	106,233,881.	87,204,137.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 18.6800 %
 - b Permanent endowment 76.1100 %
 - c Term endowment 5.2100 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations | | X |
| (ii) Related organizations | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		91,055.	40,448.	50,607.
d Equipment		264,887.	249,317.	15,570.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				66,177.

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	465,257.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	465,257.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

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

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

1	Total revenue, gains, and other support per audited financial statements	1	22,129,289.
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	231,679.
e	Add lines 2a through 2d	2e	231,679.
3	Subtract line 2e from line 1	3	21,897,610.
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	57,220.
b	Other (Describe in Part XIII.)	4b	-1,173,467.
c	Add lines 4a and 4b	4c	-1,116,247.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	20,781,363.

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	38,158,965.
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	219,223.
e	Add lines 2a through 2d	2e	219,223.
3	Subtract line 2e from line 1	3	37,939,742.
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	57,220.
b	Other (Describe in Part XIII.)	4b	1,897,009.
c	Add lines 4a and 4b	4c	1,954,229.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	39,893,971.

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, 2022, THE FOUNDATION RECIEVED 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:

Table with 2 columns: Description and Amount. Rows include FUNDRAISING EXPENSES NETTED ON FORM 990 (180,359), REVENUE OF THE CONSOLIDATED, CONTROLLED ORGANIZATION (51,320), and TOTAL TO SCHEDULE D, PART XI, LINE 2D (231,679).

PART XI, LINE 4B - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Rows include REVENUE/INVESTMENT LOSS OF AGENCY FUNDS (-1,264,002), REVENUE ELIMINATED FOR CONSOLIDATED FINANCIAL STATEMENTS (51,259), SECTION 481(A) ADJUSTMENT TO ACCRUAL BASIS (39,276), and TOTAL TO SCHEDULE D, PART XI, LINE 4B (-1,173,467).

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Rows include EXPENSES OF THE CONSOLIDATED, CONTROLLED ORGANIZATION (38,864), FUNDRAISING EXPENSES NETTED ON FORM 990 (180,359), and TOTAL TO SCHEDULE D, PART XII, LINE 2D (219,223).

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Table with 2 columns: Description and Amount. Rows include REVENUE ELIMINATED FOR CONSOLIDATED FINANCIAL STATEMENTS (51,259), EXPENSES OF AGENCY FUNDS (1,845,750), and TOTAL TO SCHEDULE D, PART XII, LINE 4B (1,897,009).

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	DINNER & AUCTION	9		
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	124,777.	98,150.	215,248.	438,175.
	2	Less: Contributions	68,541.	55,077.	126,740.	250,358.
	3	Gross income (line 1 minus line 2)	56,236.	43,073.	88,508.	187,817.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs	300.		150.	450.
	7	Food and beverages	5,580.	2,400.	20,452.	28,432.
	8	Entertainment			3,714.	3,714.
	9	Other direct expenses	56,752.	41,334.	49,677.	147,763.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				180,359.
11	Net income summary. Subtract line 10 from line 3, column (d)				7,458.	

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: _____

Part IV Supplemental Information (continued)

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OTOE COUNTY ROAD DEPARTMENT 6150 HIGHWAY 75 NEBRASKA CITY, NE 68410		170(B)(1)(A)(V)	1,967,314.	0.			COUNTY ROAD IMPROVEMENT PROJECT
JOHN & MARIE UKENA CHARITABLE TRUST - PO BOX 302 - GORDON, NE 69343	47-0717764	501(C)(3)	773,578.	0.			GENERAL SUPPORT
LEWISTON CONSOLIDATED SCHOOL FOUNDATION - 306 WEST TIGER AVE, - LEWISTON, NE 68380	36-3990627	501(C)(3)	678,750.	0.			TRACK PROJECT
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLAZA OMAHA, NE 68178		170(B)(1)(A)(II)	650,000.	0.			COLLABORATIVE CARE COMPLEX
RENAISSANCE CHARITABLE FOUNDATION 8910 PURDUE RD, STE 555 INDIANAPOLIS, IN 46268	35-2129262	501(C)(3)	565,753.	0.			GENERAL SUPPORT
CITY OF RALSTON 5500 SOUTH 77TH STREET RALSTON, NE 68127		170(B)(1)(A)(V)	525,135.	0.			ECONOMIC DEVELOPMENT PLANNING SUPPORT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 337.

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) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERITAGE SERVICES 10050 REGENCY CIRCLE, STE 101 OMAHA, NE 68114	47-0731254	501(C)(3)	500,000.	0.			ECONOMIC DEVELOPMENT PLANNING SUPPORT
OMAHA PERFORMING ARTS 1200 DOUGLAS ST OMAHA, NE 68102	47-0832480	501(C)(3)	400,000.	0.			GENERAL SUPPORT
CITY OF SIDNEY 1115 13TH AVE, LB840 FUND ATTN: ME SIDNEY, NE 69162		170(B)(1)(A)(V)	341,048.	0.			ECONOMIC DEVELOPMENT PLANNING SUPPORT
PENDER COMMUNITY DEVELOPMENT INC. PO BOX 250 PENDER, NE 68047	45-3483464	501(C)(3)	310,000.	0.			COMMUNITY CENTER SUPPORT
OMAHA DISCOVERY TRUST 10050 REGENCY CIRCLE, STE 101 OMAHA, NE 68114	32-0596113	501(C)(3)	300,000.	0.			GENERAL SUPPORT
KIDS PLUS INC. PO BOX 296 SIDNEY, NE 69162	47-0715249	501(C)(3)	220,000.	0.			PARK PROJECT
CITY OF HICKMAN PO BOX 127 HICKMAN, NE 68372		170(B)(1)(A)(V)	203,500.	0.			PARK PROJECT
CITY OF LAUREL 101 W 2ND ST LAUREL, NE 68745		170(B)(1)(A)(V)	202,200.	0.			PARK PROJECT
CHILDREN'S HOSPITAL & MEDICAL CENTER FOUNDATION - 8401 W. DODGE ROAD, SUITE 120 - OMAHA, NE 68114-3493	47-6105603	501(C)(3)	200,760.	0.			FACILITY IMPROVEMENT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF OMAHA 1701 N 24TH STREET OMAHA, NE 68110	36-3283625	501(C)(3)	200,000.	0.			2022 HOME BUILDS
HERITAGE SERVICES 10050 REGENCY CIRCLE, STE 101 OMAHA, NE 68114	47-0731254	501(C)(3)	150,000.	0.			GENERAL SUPPORT
WACHISKA AUDUBON SOCIETY 4547 CALVERT ST., STE 10 LINCOLN, NE 68506-5643	51-0229888	501(C)(3)	145,140.	0.			GENERAL SUPPORT
JOSLYN ART MUSEUM 2200 DODGE ST OMAHA, NE 68102	47-0384577	501(C)(3)	125,000.	0.			CAPITAL CAMPAIGN
THE WILLA CATHER FOUNDATION 413 N WEBSTER RED CLOUD, NE 68970	47-0485401	501(C)(3)	122,048.	0.			GENERAL SUPPORT
HILLCREST NURSING HOME FOUNDATION 309 W. 7TH ST MCCOOK, NE 69001	47-0739732	501(C)(3)	119,859.	0.			GENERAL SUPPORT
NORFOLK PUBLIC SCHOOLS FOUNDATION INC - PO BOX 139 - NORFOLK, NE 68702-0139	47-0742303	501(C)(3)	116,265.	0.			STEM SUPPORT
SYRACUSE LIBRARY FOUNDATION PO BOX 356 SYRACUSE, NE 68446-0356	47-0808068	501(C)(3)	105,778.	0.			GENERAL SUPPORT
CHEYENNE COUNTY COMMUNITY CENTER FOUNDATION - 627 TOLEDO ST - SIDNEY, NE 69162-2567	36-3604952	501(C)(3)	105,000.	0.			PARKS AND RECREATION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOONE COUNTY TREASURER 222 S. 4TH STREET ALBION, NE 68620		170(B)(1)(A)(V)	100,000.	0.			COMMUNITY CENTER SUPPORT
VILLAGE OF DECATUR PO BOX 156 DECATUR, NE 68020-0156		170(B)(1)(A)(V)	85,246.	0.			COMMUNITY CENTER SUPPORT
VILLAGE OF DILLER PO BOX 157 DILLER, NE 68342		170(B)(1)(A)(V)	78,033.	0.			ECONOMIC DEVELOPMENT SUPPORT
CITY OF FRIEND 235 MAPLE ST FRIEND, NE 68359		170(B)(1)(A)(V)	75,900.	0.			POOL PROJECT
NORRIS INSTITUTE PO BOX 130 MCCOOK, NE 69001	20-5796139	501(C)(3)	74,727.	0.			DOWNTOWN REVITALIZATION
THAYER CENTRAL COMMUNITY SCHOOL PO BOX 9 HEBRON, NE 68370		170(B)(1)(A)(V)	71,416.	0.			LOCAL FOODS FOR SCHOOL
NORTHEAST COMMUNITY COLLEGE FOUNDATION - PO BOX 469 - NORFOLK, NE 68702	51-0145185	501(C)(3)	70,000.	0.			GENERAL SUPPORT
VILLAGE OF LYNCH PO BOX 127 LYNCH, NE 68756-0127		170(B)(1)(A)(V)	67,472.	0.			COMMUNITY CENTER IMPROVEMENTS
ST. MICHAELS CATHOLIC SCHOOL OF ALBION - 520 W. CHURCH STREET - ALBION, NE 68620	47-0376534	PAROCHIAL SCHOOL	DIS 64,750.	0.			TUTION ASSISTANCE

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VALLEY PERFORMING ARTS THEATER INC PO BOX 56 ORD, NE 68862	46-4291768	501(C)(3)	62,625.	0.			GENERAL SUPPORT
KEITH COUNTY AREA DEVELOPMENT 204 EAST A STREET OGALLALA, NE 69153	47-0842182	501(C)(3)	62,053.	0.			ECONOMIC DEVELOPMENT SUPPORT
CITY OF HEBRON PO BOX 29 HEBRON, NE 68370		170(B)(1)(A)(V)	61,090.	0.			LIBRARY FACILITY IMPROVEMENTS
CITY OF ST. EDWARD 1302 STATE HWY 39 ST. EDWARD, NE 68660		170(B)(1)(A)(V)	60,000.	0.			COMMUNITY CENTER SUPPORT
MADONNA FOUNDATION 17500 BURKE ST OMAHA, NE 68118	23-7159940	501(C)(3)	60,000.	0.			CAPITAL CAMPAIGN
CITY OF DESHLER PO BOX 189 DESHLER, NE 68340		170(B)(1)(A)(V)	59,177.	0.			LIBRARY YOUTH PROGRAM
FRIEND HISTORICAL SOCIETY PO BOX 174 FRIEND, NE 68359	26-0876473	501(C)(3)	58,900.	0.			FACILITY IMPROVEMENT
SYNOVATION VALLEY LEADERSHIP ACADEMY - PO BOX 40 - ORD, NE 68862	47-4579113	501(C)(3)	58,500.	0.			GENERAL SUPPORT
CITY OF WYMORE 115 WEST E WYMORE, NE 68466		170(B)(1)(A)(V)	57,599.	0.			PARK PROJECT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYD COUNTY SCHOOLS PO BOX 109 SPENCER, NE 68777		170(B)(1)(A)(V)	56,000.	0.			HVAC IMPROVEMENTS
CHILDREN'S SCHOLARSHIP FUND OF OMAHA - 7101 MERCY RD STE 305 - OMAHA, NE 68106	47-0822724	501(C)(3)	50,000.	0.			GENERAL SUPPORT
NEBRASKA NATIONAL GUARD HISTORICAL SOCIETY INC - 201 N 8TH STREET - SEWARD, NE 68434	61-1749317	501(C)(3)	50,000.	0.			GENERAL SUPPORT
SPARK PO BOX 8337 OMAHA, NE 68108-0337	81-3057920	501(C)(3)	50,000.	0.			CAPITAL CAMPAIGN
VILLAGE OF WALTHILL PO BOX 246 WALTHILL, NE 68067		170(B)(1)(A)(V)	50,000.	0.			PARK PROJECT
CITY OF PLAINVIEW PO BOX 757 PLAINVIEW, NE 68769		170(B)(1)(A)(V)	48,182.	0.			PARK PROJECT
COMMUNITY HOSPITAL HEALTH FOUNDATION - PO BOX 1328 - MCCOOK, NE 69001-1328	47-0693261	501(C)(3)	45,918.	0.			GENERAL SUPPORT
NELIGH-OAKDALE PUBLIC SCHOOLS PO BOX 149 NELIGH, NE 68756		170(B)(1)(A)(V)	45,147.	0.			GENERAL SUPPORT
BLOOMFIELD COMMUNITY SCHOOL FOUNDATION - PO BOX 523 - BLOOMFIELD, NE 68718		501(C)(3)	44,266.	0.			SCHOLARSHIPS GRANT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE ZONE PO BOX 1032 NORFOLK, NE 68702	45-4955787	501(C)(3)	44,200.	0.			GENERAL SUPPORT
OPERA OMAHA 1850 FARNAM ST. OMAHA, NE 68102	47-6032795	501(C)(3)	43,000.	0.			GENERAL SUPPORT
TABITHA FOUNDATION 4720 RANDOLPH LINCOLN, NE 68510	47-0636199	501(C)(3)	40,349.	0.			GENERAL SUPPORT
GESU HOUSING INC. 7602 PACIFIC ST STE LL101 OMAHA, NE 68114	04-3617019	501(C)(3)	40,000.	0.			AFFORDABLE HOUSING PROJECT
HABITAT FOR HUMANITY OF COUNCIL BLUFFS - 1228 SOUTH MAIN ST. - COUNCIL BLUFFS, IA 51503	42-1394987	501(C)(3)	40,000.	0.			2022 HOME BUILDS
HEART MINISTRY CENTER INC 2222 BINNEY STREET OMAHA, NE 68110	81-0614816	501(C)(3)	40,000.	0.			NEIGHBORHOOD REVITALIZATION
KEITH COUNTY HOUSING DEVELOPMENT CORPORATION - PO BOX 418 - OGALLALA, NE 69153	47-0785404	501(C)(3)	40,000.	0.			AFFORDABLE HOUSING PROJECT
MIDWEST HOUSING DEVELOPMENT FUND 515 N 162ND AVE, SUITE 202 OMAHA, NE 68118	84-1686593	501(C)(3)	40,000.	0.			AFFORDABLE HOUSING PROJECT
NEBRASKA ENTERPRISE FUND 330 NORTH OAKLAND AVE OAKLAND, NE 68045	31-1543695	501(C)(3)	40,000.	0.			GENERAL SUPPORT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT HOUSEWORKS 2316 S 24TH STREET OMAHA, NE 68108	47-0793980	501(C)(3)	40,000.	0.			NEIGHBORHOOD REVITALIZATION
SEVENTY FIVE NORTH REVITALIZATION CORP - 2112 NORTH 30TH STREET, SUITE 200 - OMAHA, NE 68111	27-3842950	501(C)(3)	40,000.	0.			AFFORDABLE HOUSING
THE COMMUNITY FOUNDATION 1123 SPRUCE STREET BOULDER, CO 80302	84-1171836	501(C)(3)	40,000.	0.			COLORADO WILDFIRES SUPPORT
VILLAGE OF ARNOLD PO BOX 70 ARNOLD, NE 69120-0070		170(B)(1)(A)(V)	40,000.	0.			COMMUNITY CENTER IMPROVEMENT
UNIVERSITY OF NEBRASKA FOUNDATION PO BOX 82555 LINCOLN, NE 68501-2555	47-0379839	501(C)(3)	39,500.	0.			PANCREATIC CANCER CENTER OF EXCELLENCE
LINCOLN COMMUNITY FOUNDATION INC 215 CENTENNIAL MALL S. #100 LINCOLN, NE 68508	47-0458128	501(C)(3)	38,484.	0.			AUDUBON SOCIETY SUPPORT
ELKHORN LOGAN VALLEY PUBLIC HEALTH DEPT FOUNDATION - PO BOX 779 - WISNER, NE 68791	47-1570618	501(C)(3)	37,848.	0.			MILES FOR SMILES PROGRAM
YMCA OF MCCOOK PO BOX 408 MCCOOK, NE 69001-0408	47-0377999	501(C)(3)	36,702.	0.			GENERAL SUPPORT
PANHANDLE PUBLIC HEALTH DISTRICT 18 WEST 16TH STREET SCOTTSBLUFF, NE 69361		170(B)(1)(A)(V)	36,500.	0.			MILES FOR SMILES 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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTH CENTRAL DISTRICT HEALTH DEPARTMENT - 422 E DOUGLAS STREET - O'NEILL, NE 68763		170(B)(1)(A)(V)	36,000.	0.			MILES FOR SMILES PROGRAM
YANKTON THRIVE FOUNDATION 803 E 4TH ST YANKTON, SD 57078	87-3775057	501(C)(3)	36,000.	0.			GENERAL SUPPORT
DREAMSPRING 2000 ZEARING AVE., NW ALBUQUERQUE, NM 87104	85-0417347	501(C)(3)	35,000.	0.			ECONOMIC DEVELOPMENT
GREATER NORFOLK ECONOMIC DEVELOPMENT FOUNDATION - 609 W NORFOLK AVE - NORFOLK, NE 68701	36-3441719	501(C)(3)	35,000.	0.			ECONOMIC DEVELOPMENT
FAIRBURY HIGH SCHOOL 1501 9TH STREET FAIRBURY, NE 68352		170(B)(1)(A)(V)	33,983.	0.			GENERAL SUPPORT
SIDNEY PUBLIC SCHOOLS 1101 21 AVE SIDNEY, NE 69162		170(B)(1)(A)(V)	33,500.	0.			GREEN HOUSE SUPPORT
VILLAGE OF PLEASANT DALE 110 ASH STREET PLEASANT DALE, NE 68423		170(B)(1)(A)(V)	33,452.	0.			GENERAL SUPPORT
OMAHA THEATER COMPANY 2001 FARNAM ST. OMAHA, NE 68102	47-0494912	501(C)(3)	33,000.	0.			GENERAL SUPPORT
KEITH COUNTY HISTORICAL SOCIETY PO BOX 5 OGALLALA, NE 69153	47-0573442	501(C)(3)	31,934.	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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MORTON JAMES PUBLIC LIBRARY 923 1ST CORSO NEBRASKA CITY, NE 68410		170(B)(1)(A)(V)	31,783.	0.			GENERAL SUPPORT
BRAIN BUILDERS EARLY CHILDHOOD & FAMILY DEV INC - PO BOX 322 - STUART, NE 68780	84-4192073	501(C)(3)	31,000.	0.			GENERAL SUPPORT
NEBRASKA CANCER COALITION 5100 N 27TH STREET STE A2 LINCOLN, NE 68521	27-3176291	501(C)(3)	30,472.	0.			GENERAL SUPPORT
ARBOR DAY FOUNDATION 211 N 12TH ST LINCOLN, NE 68508	23-7169265	501(C)(3)	30,000.	0.			GENERAL SUPPORT
BOYS & GIRLS CLUB OF THE MIDLANDS 2610 HAMILTON ST OMAHA, NE 68131	47-0467350	501(C)(3)	30,000.	0.			GENERAL SUPPORT
DAVID CITY PUBLIC SCHOOL 750 D STREET DAVID CITY, NE 68632	47-6001506	170(B)(1)(A)(V)	28,986.	0.			SCIENCE EDUCATION SUPPORT
BIG LITTLE TOWN REVITALIZATION CLUB - PO BOX 25 - SHICKLEY, NE 68436-0025	83-1390212	501(C)(3)	27,250.	0.			PLAYGROUND EQUIPMENT PROJECT
NORTH PLATTE COMMUNITY COLLEGE FOUNDATION - 601 WEST STATE FARM ROAD - NORTH PLATTE, NE 69101	20-2459157	501(C)(3)	27,000.	0.			HEALTH/SCIENCE PROJECT
BURWELL PUBLIC SCHOOLS PO BOX 670 BURWELL, NE 68823		170(B)(1)(A)(V)	26,024.	0.			SCHOLARSHIPS

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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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WAUSA PUBLIC SCHOOL 300 S BISMARK WAUSA, NE 68786		170(B)(1)(A)(V)	25,981.	0.			TECH & EDUCATION CENTER EQUIPMENT
BOULDER CHAMBER FOUNDATION 2440 PEARL ST. BOULDER, CO 80302	83-0563237	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN
BRYAN FOUNDATION 1600 S 48TH STREET LINCOLN, NE 68506-1299	23-7005720	501(C)(3)	25,000.	0.			BRYAN HEALTH CANCER CENTER SUPPORT
IOWA WESTERN COMMUNITY COLLEGE 2700 COLLEGE RD, ASHLEY HALL 121 COUNCIL BLUFFS, IA 51501		170(B)(1)(A)(V)	25,000.	0.			SMALL BUSINESS DEVELOPMENT PROGRAM
LINCOLN CHILDREN'S MUSEUM 1420 P STREET LINCOLN, NE 68508	47-0716636	501(C)(3)	25,000.	0.			AGRICULTURAL EXHIBIT SUPPORT
OMAHA HEALTHY KIDS ALLIANCE 1425 S 13TH STREET OMAHA, NE 68108	20-5085175	501(C)(3)	25,000.	0.			CHEER PROGRAM
SHARE OMAHA 6825 PINE ST M/S B3 OMAHA, NE 68106	83-1281491	501(C)(3)	25,000.	0.			CAPITAL CAMPAIGN
SOUTHSIDE REDEVELOPMENT CORPORATION - 2411 O STREET, STE 1 - OMAHA, NE 68107	84-2173880	501(C)(3)	25,000.	0.			AFFORDABLE HOUSING
STANTON PUBLIC LIBRARY 1009 JACKPINE STREET STANTON, NE 68779		170(B)(1)(A)(V)	24,401.	0.			LIBRARY FACILITY IMPROVEMENTS

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

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KIMBALL HOSPITAL FOUNDATION 301 S HOWARD KIMBALL, NE 69145	47-0713073	501(C)(3)	23,980.	0.			CAPITAL CAMPAIGN
NORFOLK RESCUE MISSION 111 N. 9TH STREET NORFOLK, NE 68701	47-0800815	501(C)(3)	23,603.	0.			GENERAL SUPPORT
VILLAGE OF DORCHESTER 701 WASHINGTON AVE DORCHESTER, NE 68343		170(B)(1)(A)(V)	22,949.	0.			PARK PROJECT
BONE CREEK ART MUSEUM 575 E STREET DAVID CITY, NE 68632	20-8479913	501(C)(3)	22,500.	0.			SUPPORT FOR TEMPORARY EXHIBITIONS
HUMBOLDT COMMUNITY FOUNDATION INC. PO BOX 127 HUMBOLDT, NE 68376	47-0760334	501(C)(3)	20,804.	0.			GENERAL SUPPORT
ACCION CHICAGO INC 135 N KEDZIE AVE CHICAGO, IL 60612-1823	36-3966573	501(C)(3)	20,000.	0.			SMALL BUSINESS DEVELOPMENT PROGRAM
AINSWORTH CHILD DEVELOPMENT CENTER PO BOX 52 AINSWORTH, NE 69210	85-2518517	501(C)(3)	20,000.	0.			GENERAL SUPPORT
BYRON COMMUNITY BUILDING DISTRICT 403 WARREN ST BYRON, NE 68325		170(B)(1)(A)(V)	20,000.	0.			COMMUNITY BUILDING SUPPORT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OMAHA INC - PO BOX 4520 - OMAHA, NE 68104	47-0376612	501(C)(3)	20,000.	0.			MICROBUSINESS & ASSET DEVELOPMENT 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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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
CITY OF IMPERIAL PO BOX 637 IMPERIAL, NE 69033		170(B)(1)(A)(V)	20,000.	0.			ART IN THE PARK PROJECT
COLORADO ENTERPRISE FUND 1888 SHERMAN ST, STE 530 DENVER, CO 80203	84-0837398	501(C)(3)	20,000.	0.			SMALL BUSINESS DEVELOPMENT PROGRAM
CONNECTIONS TO SUCCESS 300 WEST LINWOOD BLVD KANSAS CITY, MO 64111	43-1859283	501(C)(3)	20,000.	0.			GENERAL SUPPORT
DEKALB COUNTY ECONOMIC DEVELOPMENT CORP - 2179 SYCAMORE RD, UNIT #102 - DEKALB, IL 60115	36-3524353	501(C)(3)	20,000.	0.			ECONOMIC DEVELOPMENT
DEKALB COUNTY YOUTH SERVICE BUREAU INC. - 330 GROVE STREET - DEKALB, IL 60115	36-3034427	501(C)(3)	20,000.	0.			CONNECTIONS PROGRAM
ELKHORN HILLS METHODIST CHURCH 20227 VETERANS DRIVE ELKHORN, NE 68022		501(C)(3)	20,000.	0.			GENERAL SUPPORT
FOOD BANK FOR LARIMER COUNTY 1301 BLUE SPRUCE DRIVE FORT COLLINS, CO 80524	74-2336171	501(C)(3)	20,000.	0.			CAPITAL CAMPAIGN
FORT COLLINS HABITAT FOR HUMANITY 4001 S TAFT HILL RD FORT COLLINS, CO 80526	84-1217901	501(C)(3)	20,000.	0.			CAPITAL CAMPAIGN

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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FOX VALLEY HABITAT FOR HUMANITY 1300 SOUTH BROADWAY MONTGOMERY, IL 60538	36-3748805	501(C)(3)	20,000.	0.			2022 HOME BUILDS
FRIENDS OF JCDS INC. 10501 LACKMAN ROAD LENEXA, KS 66219	48-1088092	501(C)(3)	20,000.	0.			AFFORDABLE HOUSING
FRIENDS OF MCHENRY COUNTY COLLEGE FOUNDATION - 8900 US HIGHWAY 14 - CRYSTAL LAKE, IL 60012	23-7418071	501(C)(3)	20,000.	0.			PRE-APPRENTICESHIP PROGRAM
HABITAT FOR HUMANITY OF CLAY & YANKTON COUNTIES - 218 CAPITOL ST - YANKTON, SD 57078	46-0441510	501(C)(3)	20,000.	0.			2022 HOME BUILDS
HABITAT FOR HUMANITY OF THE ST. VRAIN VALLEY - 303 ATWOOD STREET - LONGMONT, CO 80501	84-1092616	501(C)(3)	20,000.	0.			2022 HOME BUILDS
HIGH PLAINS COMMUNITY DEVELOPMENT CORP INC - 803 E 3RD ST STE 4 - CHADRON, NE 69337	47-0784065	501(C)(3)	20,000.	0.			AFFORDABLE HOUSING & NEIGHBORHOOD STABILITY
HOLY NAME HOUSING CORPORATION 4324 FORT STREET OMAHA, NE 68111	47-0653390	501(C)(3)	20,000.	0.			GENERAL SUPPORT
HOME OF THE SPARROW INC 4209 W. SHAMROCK LANE, UNIT B MCHENRY, IL 60050	36-3494491	501(C)(3)	20,000.	0.			WORK READINESS FOR HOMELESS WOMEN
INCLUSION CONNECTIONS 2073 E. SANTA FE OLATHE, KS 66062	46-2754831	501(C)(3)	20,000.	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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KEARNEY COUNTY HEALTH SERVICES 727 EAST 1ST STREET MINDEN, NE 68959		170(B)(1)(A)(V)	20,000.	0.			GENERAL SUPPORT
LITTLE DISCIPLES CHRISTIAN CHILDCARE - 1320 N 8TH STREET - O'NEILL, NE 68763	45-4026012	501(C)(3)	20,000.	0.			CHILD CARE SUPPORT
LOVELAND HABITAT FOR HUMANITY PO BOX 56 LOVELAND, CO 80537	84-1066816	501(C)(3)	20,000.	0.			2022 HOME BUILDS
METRO AREA CONTINUUM OF CARE FOR THE HOMELESS - 6001 DODGE STREET, UNO CEC #1170 - OMAHA, NE 68182	11-3788955	501(C)(3)	20,000.	0.			HOUSING PROBLEM SOLVING PROGRAM
NEBRASKA HOUSING DEVELOPERS ASSOCIATION - 3883 NORMAL BLVD # 102 - LINCOLN, NE 68506	47-0798048	501(C)(3)	20,000.	0.			AFFORDABLE HOUSING
NEIGHBORHOODS INC. DBA NEIGHBORWORKS LINCOLN - 2530 Q STREET - LINCOLN, NE 68503	36-3430278	501(C)(3)	20,000.	0.			NEIGHBORWORKS LINCOLN REAL ESTATE DEVELOPMENT
NEIGHBORWORKS NORTHEAST NEBRASKA 213 SOUTH 1ST STREET NORFOLK, NE 68701	47-0783310	501(C)(3)	20,000.	0.			GENERAL SUPPORT
OMAHA SYMPHONY ASSOCIATION 1905 HARNEY ST STE 400 OMAHA, NE 68102	47-6039304	501(C)(3)	20,000.	0.			GENERAL SUPPORT
SPENCER RURAL FIRE BOARD 48969 908 ROAD SPENCER, NE 68777		170(B)(1)(A)(V)	20,000.	0.			NEW PUMPER TRUCK

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THE NEIGHBOR PROJECT 32 S BROADWAY AURORA, IL 60505	36-3753248	501(C)(3)	20,000.	0.			FINANCIAL EMPOWERMENT CENTER PROGRAM
THE SIMPLE FOUNDATION 3220 FARNAM ST, STE 2517 OMAHA, NE 68131	46-5272775	501(C)(3)	20,000.	0.			CAPITAL CAMPAIGN
WAUBONSEE COMMUNITY COLLEGE FOUNDATION - RT. 47 AT WAUBONSEE DR. - SUGAR GROVE, IL 60554	36-2990533	501(C)(3)	20,000.	0.			SMALL BUSINESS DEVELOPMENT CENTER
YOUTH FRONTIERS 5215 EDINA INDUSTRIAL BLVD STE 400 MINNEAPOLIS, MN 55439	41-1598977	501(C)(3)	20,000.	0.			BE KIND INITIATIVE
ZION LUTHERAN CHURCH PO BOX 1199 IMPERIAL, NE 69033		501(C)(3)	20,000.	0.			EXPANSION OF PRESCHOOL & DAYCARE FACILITIES
OGALLALA PUBLIC SCHOOLS FOUNDATION PO BOX 104 OGALLALA, NE 69153	26-3043298	501(C)(3)	19,144.	0.			KEITH COUNTY BIG GIVE GRANT
CENTENNIAL PUBLIC SCHOOL 1301 CENTENNIAL AVE UTICA, NE 68456		170(B)(1)(A)(V)	19,000.	0.			LOCAL FOOD IN THE SCHOOL PROGRAM
PAXTON CONSOLIDATED SCHOOLS FOUNDATION INC - PO BOX 81 - PAXTON, NE 69155	74-3040101	170(B)(1)(A)(V)	18,957.	0.			KEITH COUNTY BIG GIVE GRANT
KEARNEY FAMILY YMCA PO BOX 308 KEARNEY, NE 68848	47-0720055	501(C)(3)	18,750.	0.			CAPITAL CAMPAIGN

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NORTHEAST COMMUNITY COLLEGE 201 SHERWOOD RD NORFOLK, NE 68702	47-0524851	170(B)(1)(A)(V)	18,750.	0.			SCHOLARSHIP GRANT
READ ALOUD NORFOLK PO BOX 411 NORFOLK, NE 68702	20-3509969	501(C)(3)	18,720.	0.			IMAGINATION LIBRARY START-UP FUNDING
VILLAGE OF BERTRAND PO BOX 295 BERTRAND, NE 68927		170(B)(1)(A)(V)	17,692.	0.			FIELD RENOVATION & NEW BATTING CAGES
HEARTLAND COUNSELING SERVICES INC. PO BOX 355 SOUTH SIOUX CITY, NE 68776	47-0763769	501(C)(3)	17,625.	0.			SCHOOL BASED MENTAL HEALTH PROGRAM
KEITH-ARTHUR COUNTY FOOD PANTRY INC - PO BOX 13 - OGALLALA, NE 69153	05-0891487	501(C)(3)	17,018.	0.			GENERAL SUPPORT
SCHOOL DISTRICT OF COLUMBUS FOUNDATION INC. - PO BOX 947 - COLUMBUS, NE 68602	47-0693924	501(C)(3)	17,000.	0.			KRAMER EDUCATION CENTER PROGRAM
CITY OF RED CLOUD 540 N. WEBSTER RED CLOUD, NE 68970		170(B)(1)(A)(V)	16,025.	0.			BALLFIELDS PROJECT
OLLIE WEBB CENTER INC 1941 S. 42 #122 OMAHA, NE 68105-2942	20-3311641	501(C)(3)	15,769.	0.			GENERAL SUPPORT
AMERICAN RED CROSS 2912 SOUTH 80TH AVENUE OMAHA, NE 68124	53-0196605	501(C)(3)	15,760.	0.			GENERAL SUPPORT

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MCCOOK ARTS COUNCIL PO BOX 123 MCCOOK, NE 69001	47-0761296	501(C)(3)	15,692.	0.			2021 PRAIRIE ROOT FESTIVAL
FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 83671 LINCOLN, NE 68501		170(B)(1)(A)(V)	15,500.	0.			NORTHEAST NEBRASKA FCA
VILLAGE OF BEAVER CROSSING PO BOX 116 BEAVER CROSSING, NE 68313		170(B)(1)(A)(V)	15,500.	0.			RESURFACE/REPAIR TENNIS COURT AT PARK
ST. PATRICK'S SCHOOL PO BOX 1040 MCCOOK, NE 69001		PAROCHIAL SCHOOL DIS	15,493.	0.			GENERAL SUPPORT
PRAIRIE PLAINS CASA 322 NORRIS AVE STE 6 MCCOOK, NE 69001-3700	81-1333824	501(C)(3)	15,122.	0.			GENERAL SUPPORT
OGALLALA WOMEN'S RESOURCE CENTER 1008 W 1ST, SUITE 1 OGALLALA, NE 69153	20-0378766	501(C)(3)	15,093.	0.			GENERAL SUPPORT
AGAPE RESOURCE & ASSISTANCE CENTER INC - 1315 19TH ST, UNIT 3A - PLANO, TX 75074	75-2942035	501(C)(3)	15,000.	0.			AGAPE EDUCATION TO SELF-SUFFICIENCY
COMMUNITY FOUNDATION OF NORTHERN COLORADO - 4745 WHEATON DR, #100 - FORT COLLINS, CO 80521	84-0699243	501(C)(3)	15,000.	0.			CAPITAL CAMPAIGN
FLATIRONS HABITAT FOR HUMANITY 603 S. PUBLIC ROAD #1003 LAFAYETTE, CO 80026	30-0174334	501(C)(3)	15,000.	0.			2022 HOME BUILDS

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FOOI INC PO BOX 246 EUSTIS, NE 69028	47-0757708	501(C)(3)	15,000.	0.			RURAL WORKFORCE HOUSING DEVELOPMENT
FREMONT AREA HABITAT FOR HUMANITY 701 E. DODGE ST FREMONT, NE 68025	47-0763503	501(C)(3)	15,000.	0.			2022 HOME BUILDS
GOTTA BE ME, INC 5108 PINE STREET OMAHA, NE 68106	47-2153256	501(C)(3)	15,000.	0.			GENERAL SUPPORT
GROW GRAND ISLAND 309 WEST 2ND ST GRAND ISLAND, NE 68801	81-3977921	501(C)(3)	15,000.	0.			EDGE SUPPORT
HABITAT FOR HUMANITY OF BOONE COUNTY - PO BOX 1222 - BELVIDERE, IL 61008	41-2231092	501(C)(3)	15,000.	0.			2022 HOME BUILDS
MOSAIC COMMUNITY DEVELOPMENT DBA INCOMMON COMM DEV - 1340 PARK AVENUE - OMAHA, NE 68105	47-0842143	501(C)(3)	15,000.	0.			COMMONS COMMUNITY RESOURCE CENTER PROJECT
NEBRASKA CITY PUBLIC SCHOOLS 1700 14TH AVE NEBRASKA CITY, NE 68410		170(B)(1)(A)(V)	15,000.	0.			SCHOOL BASED COUNSELING SERVICES
NORFOLK AREA CHAMBER OF COMMERCE FOUNDATION - 609 WEST NORFOLK AVENUE - NORFOLK, NE 68701	27-1441871	501(C)(3)	15,000.	0.			JOHNNY CARSON STATUE PROJECT
OMAHA MUNICIPAL LAND BANK 1141 NORTH 11TH STREET OMAHA, NE 68102	47-2876433	501(C)(3)	15,000.	0.			GENERAL SUPPORT

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PENDER COMMUNITY CENTER PO BOX 614 PENDER, NE 68047	82-0780129	501(C)(3)	15,000.	0.			COMMUNITY OUTREACH PROGRAMS
ROCKY MOUNTAIN INNOVATION INITIATIVE DBA INNOSPHERE - 320 EAST VINE DR., STE. 101 - FORT COLLINS, CO 80524	77-0707779	501(C)(3)	15,000.	0.			GENERAL SUPPORT
ST. JOSEPH'S CHURCH PO BOX 220 ATKINSON, NE 68713		501(C)(3)	15,000.	0.			CEMETERY SPRINKLER SYSTEM PROJECT
UNIVERSITY OF NEBRASKA BOARD OF REGENTS - 6708 PINE STREET, MH 200 - OMAHA, NE 68182	47-0049123	501(C)(3)	15,000.	0.			NEBRASKA BUSINESS DEVELOPMENT CENTER
UNL SCHOLARSHIPS & FIN.AID PO BOX 880411 LINCOLN, NE 68588-0411		170(B)(1)(A)(V)	15,000.	0.			SCHOLARSHIP GRANT
VALLEY CHILD DEVELOPMENT CENTER PO BOX 335 RED CLOUD, NE 68970	81-1174755	501(C)(3)	15,000.	0.			GENERAL SUPPORT
WOMEN'S FUND OF GREATER OMAHA 1111 N 13TH ST., SUITE 106 OMAHA, NE 68102	47-0840885	501(C)(3)	15,000.	0.			I BE BLACK GIRL CATALYST
KNIGHTS OF AKSARBEN FOUNDATION 7101 MERCY ROAD, SUITE 320 OMAHA, NE 68106	47-0447496	501(C)(3)	14,250.	0.			GENERAL SUPPORT
NEWMAN GROVE COMMUNITY CLUB 82379 HWY 45 NEWMAN GROVE, NE 68758	47-0690205	501(C)(3)	14,150.	0.			NEW ROOF FOR COMMUNITY CENTER

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VILLAGE OF SHICKLEY PO BOX 93 SHICKLEY, NE 68436		170(B)(1)(A)(V)	13,899.	0.			GENERAL SUPPORT
AUBURN PUBLIC SCHOOLS FOUNDATION INC - 1713 J ST - AUBURN, NE 68305	36-3631061	501(C)(3)	13,848.	0.			SCHOLARSHIP GRANT
DVORACEK MEMORIAL LIBRARY PO BOX 803 WILBER, NE 68465		170(B)(1)(A)(V)	13,461.	0.			GENERAL SUPPORT
THOMAS COUNTY AG SOCIETY PO BOX 14 THEDFORD, NE 69166		170(B)(1)(A)(V)	13,000.	0.			SUPPORT FOR ENTERTAINMENT AT THE FAIR
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL, STE 300 LINCOLN, NE 68508		501(C)(3)	13,000.	0.			BLOCK & BRIDLE CLUB ACTIVITIES SUPPORT
BOONE CENTRAL SCHOOLS 605 S 6TH STREET ALBION, NE 68620		170(B)(1)(A)(V)	12,700.	0.			YOUTH ENGAGEMENT GRANT
THE SALVATION ARMY 10755 BURT ST OMAHA, NE 68114		501(C)(3)	12,698.	0.			GENERAL SUPPORT
NEBRASKA OFFICE OF RURAL HEALTH SLRP PROGRAM - PO BOX 94906 - LINCOLN, NE 68509-4906		170(B)(1)(A)(V)	12,547.	0.			GENERAL SUPPORT
GRAND ISLAND PUBLIC SCHOOLS FOUNDATION - PO BOX 4904 - GRAND ISLAND, NE 68802	47-0735201	501(C)(3)	12,500.	0.			CAPITAL CAMPAIGN

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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WILD HORSES BUILDING CHAMPIONS, INC. - 1824 ROAD 207 - BIG SPRINGS, NE 69122	83-1755906	501(C)(3)	12,500.	0.			GENERAL SUPPORT
NEBRASKA FFA FOUNDATION PO BOX 94942 LINCOLN, NE 68509-4942	47-0741774	501(C)(3)	12,100.	0.			GENERAL SUPPORT
NORTH LOUP POPCORN ASSOCIATION INC. - PO BOX 6 - NORTH LOUP, NE 68859	84-2587781	501(C)(3)	12,100.	0.			GENERAL SUPPORT
CITY OF FULLERTON PO BOX 670 FULLERTON, NE 68638		170(B)(1)(A)(V)	12,000.	0.			BASEBALL FIELD RENOVATIONS
VILLAGE OF WALLACE PO BOX 40 WALLANCE, NE 69169		170(B)(1)(A)(V)	11,694.	0.			DRIVE-IN MOVIE SCREEN AT BALLPARK
NEBRASKA CATTLEMEN 4611 CATTLE DRIVE LINCOLN, NE 68521-4309		501(C)(3)	11,550.	0.			GENERAL SUPPORT
ANIMAL SHELTER OF NORTHEAST NEBRASKA - 1000 E. OMAHA AVE - NORFOLK, NE 68701	47-0792814	501(C)(3)	11,510.	0.			GENERAL SUPPORT
THE UNIVERSITY OF NEBRASKA - LINCOLN - 279C PLANT SCIENCE BUILDING - LINCOLN, NE 68583-0915		170(B)(1)(A)(V)	11,500.	0.			GENERAL SUPPORT
VILLAGE OF CEDAR RAPIDS VILLAGE OF CEDAR RAPIDS CEDAR RAPIDS, NE 68627		170(B)(1)(A)(V)	11,500.	0.			MEL'S LANDING BATHHOUSE PROJECT

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

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HOUSE MEMORIAL LIBRARY PO BOX 519 PENDER, NE 68047		170(B)(1)(A)(V)	11,254.	0.			CHILDREN'S CHRISTMAS STORY TIME
VILLAGE OF EXETER PO BOX 96 EXETER, NE 68351		170(B)(1)(A)(V)	11,253.	0.			GENERAL SUPPORT
BOONE BEGINNINGS EARLY CHILDHOOD & FAMILY DEV CENTER - PO BOX 66 - ALBION, NE 68620	83-3102498	501(C)(3)	10,817.	0.			GENERAL SUPPORT
MILFORD SCHOOLS FOUNDATION 1200 1ST STREET MILFORD, NE 68405	47-0830054	501(C)(3)	10,502.	0.			SCHOLARSHIP GRANT
MCCOOK PUBLIC SCHOOLS 600 WEST 7TH STREET MCCOOK, NE 69001		170(B)(1)(A)(V)	10,500.	0.			GENERAL SUPPORT
CITY OF RED CLOUD 540 N WEBSTER ST RED CLOUD, NE 68970		170(B)(1)(A)(V)	10,250.	0.			HISTORIC PRESERVATION SUPPORT
NEBRASKA HUMANE SOCIETY 8929 FORT STREET OMAHA, NE 68134	47-0378997	501(C)(3)	10,250.	0.			GENERAL SUPPORT
100 BLACK MEN OF OMAHA INC 2221 NORTH 24TH STREET OMAHA, NE 68110	47-0785487	501(C)(3)	10,000.	0.			17TH MEN OF HONOR SUPPORT
BLUEBARN THEATRE 1106 S 10TH ST OMAHA, NE 68108	47-0742394	501(C)(3)	10,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BUTLER MEMORIAL LIBRARY 621 PENN STREET CAMBRIDGE, NE 68361		170(B)(1)(A)(V)	10,000.	0.			GENERAL SUPPORT
CITY OF WAVERLY PO BOX 427 WAVERLY, NE 68462		170(B)(1)(A)(V)	10,000.	0.			LAWSON PARK SUPPORT
CREDIT & HOMEOWNERSHIP EMPOWERMENT SERVICES INC - 3125 GILLHAM PLAZA - KANSAS CITY, MO 64109	27-3693233	501(C)(3)	10,000.	0.			HOMEOWNERSHIP OPPORTUNITY INITIATIVE
CROFTON GOLDEN AGE SENIOR CENTER PO BOX 175 CROFTON, NE 68730	47-0661418	501(C)(3)	10,000.	0.			GRANT
FAITH UNITED CHURCH PO BOX 159 GIBBON, NE 68840-0159		501(C)(3)	10,000.	0.			ROOF PROJECT
FOX VALLEY OLDER ADULT SERVICES 1406 SUYDAM RD SANDWICH, IL 60548	36-2738669	501(C)(3)	10,000.	0.			FACILITY IMPROVEMENT
FREMONT AREA COMMUNITY FOUNDATION INC. - 1005 E 23RD STREET, SUITE 2 - FREMONT, NE 68025	47-0629642	501(C)(3)	10,000.	0.			GENERAL SUPPORT
FRIEND PUBLIC SCHOOL 501 S MAIN STREET FRIEND, NE 68359		170(B)(1)(A)(V)	10,000.	0.			FFA GREENHOUSE PROJECT
GAMBLING WITH THE GOOD LIFE 2221 S. 141 CT #6 OMAHA, NE 68144	47-0799923	501(C)(3)	10,000.	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.)

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GREELEY-WELD HABITAT FOR HUMANITY 104 N 16TH AVENUE GREELEY, CO 80631	84-1091487	501(C)(3)	10,000.	0.			2022 HOME BUILDS
KEARNEY AREA HABITAT FOR HUMANITY 1815 1ST AVE KEARNEY, NE 68847	47-0754458	501(C)(3)	10,000.	0.			2022 HOME BUILDS
KICKS FOR A CURE INC. PO BOX 241603 OMAHA, NE 68124	20-8105379	501(C)(3)	10,000.	0.			CAPITAL CAMPAIGN
LINCOLN COUNTY COMMUNITY DEVELOPMENT CORP - 303 S JEFFERS ST - NORTH PLATTE, NE 69101	47-0798426	501(C)(3)	10,000.	0.			AFFORDABLE HOUSING
LINCOLN/LANCASTER COUNTY HABITAT FOR HUMANITY - 4615 ORCHARD ST - LINCOLN, NE 68503	47-0714576	501(C)(3)	10,000.	0.			2022 HOME BUILDS
MCCOOK CHAMBER FOUNDATION 402 NORRIS AVE SUITE 320 MCCOOK, NE 69001	85-1811142	501(C)(3)	10,000.	0.			2021 FALL EARLY CHILDHOOD EDUCATION PROGRAM
METROPOLITAN COMMUNITY COLLEGE FOUNDATION - PO BOX 3777 - OMAHA, NE 68103-0777	47-0596504	501(C)(3)	10,000.	0.			SCHOLARSHIP GRANT
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
MID-PLAINS COMMUNITY COLLEGE 512 EAST B STREET SOUTH OGALLALA, NE 69153		170(B)(1)(A)(V)	10,000.	0.			YOUTH ENTREPRENEURSHIP 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOUNT MARTY UNIVERSITY 1105 W 8TH ST YANKTON, SD 57078	46-0283336	501(C)(3)	10,000.	0.			FIELDHOUSE PROJECT
NEBRASKA MEDICINE GUILD 987509 NEBRASKA MEDICAL CENTER OMAHA, NE 68198-7509	47-0591991	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NEBRASKA PEACE FOUNDATION PO BOX 83466 LINCOLN, NE 68501	36-3347131	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NEBRASKA STATE HISTORICAL SOCIETY FOUNDATION - 128 N 13TH, #1010 - LINCOLN, NE 68508	47-6000332	501(C)(3)	10,000.	0.			PRESERVATION FT ALKALI/ALKALI STATION
NEBRASKA WILDLIFE FEDERATION 4547 CALVERT LINCOLN, NE 68506	23-7401528	501(C)(3)	10,000.	0.			GENERAL SUPPORT
NEW COMMUNITY DEVELOPMENT CORP 222 S 6TH STREET COUNCIL BLUFFS, IA 51501	47-0754453	501(C)(3)	10,000.	0.			HOUSING REVITALIZATION
OMAHA BOTANICAL CENTER INC 2001 SOUTH 6TH ST OMAHA, NE 68108	47-0659701	501(C)(3)	10,000.	0.			GENERAL SUPPORT
POTTAWATTAMIE COUNTY DEVELOPMENT CORPORATION - 1228 S MAIN STREET - COUNCIL BLUFFS, IA 51503	42-1459560	501(C)(3)	10,000.	0.			GENERAL SUPPORT
SANDHILLS CARE CENTER PO BOX 165 AINSWORTH, NE 69210		170(B)(1)(A)(V)	10,000.	0.			INSTALLMENT HEATING & AIR IMPROVEMENT

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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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SHICKLEY RURAL FIRE DISTRICT PO BOX 172 SHICKLEY, NE 68436		170(B)(1)(A)(V)	10,000.	0.			NEW AMBULANCE
TABLE OF GRACE MOBILE FOOD PANTRY INC. - 1414 JACKSON ST - SIDNEY, NE 69162	46-5512548	501(C)(3)	10,000.	0.			GENERAL SUPPORT
UNITED WAY OF THE MIDLANDS FBO JAG NEBRASKA - 2201 FARNAM ST., #200 - OMAHA, NE 68102	47-0376605	501(C)(3)	10,000.	0.			JOBS FOR AMERICA'S GRADUATES (JAG) PROGRAM
UNIVERSITY OF NEBRASKA LINCOLN C203H ANIMAL SCIENCE BLDG LINCOLN, NE 68583	47-0491233	170(B)(1)(A)(V)	10,000.	0.			SCHOLARSHIP GRANT
UNIVERSITY OF NORTHERN COLORADO FOUNDATION - 1620 RESERVOIR RD - GREELEY, CO 80639	84-6044833	501(C)(3)	10,000.	0.			EAST COLORADO SMALL BUSINESS DEV CENTER PROJECT
VILLAGE OF HOWELLS PO BOX 218 HOWELLS, NE 68641		170(B)(1)(A)(V)	10,000.	0.			RENOVATION OF BALLROOM RESTROOMS
NORTH LOUP UNITED METHODIST CHURCH PO BOX 15 SCOTIA, NE 68875		501(C)(3)	9,976.	0.			GENERAL SUPPORT
SEWARD COUNTY BRIDGES INC 616 BRADFORD STREET SEWARD, NE 68434	47-0815646	501(C)(3)	9,804.	0.			GENERAL SUPPORT
HYANNIS AREA SCHOOLS PO BOX 286 HYANNIS, NE 69350-0286		170(B)(1)(A)(V)	9,748.	0.			LECTURE HALL IMPROVEMENT PROJECT

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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TRAILS WEST CASA INC 511 N SPRUCE ST STE 105 OGALLALA, NE 69153	47-0778007	501(C)(3)	9,704.	0.			KEITH COUNTY BIG GIVE GRANT
COMMUNITY ACTION PARTNERSHIP OF MID-NE - PO BOX 2288 - KEARNEY, NE 68847	47-6039628	501(C)(3)	9,695.	0.			GENERAL SUPPORT
UNIVERSITY OF NEBRASKA FOUNDATION C203H, ANIMAL SCIENCE BLDG LINCOLN, NE 68583		501(C)(3)	9,200.	0.			LIVESTOCK JUDGING TEAM SUPPORT
VILLAGE OF VENANGO PO BOX 95 VENANGO, NE 69168		170(B)(1)(A)(V)	9,200.	0.			EASTER EGG HUNT SUPPORT
PLATTE VALLEY HUMANE SOCIETY 2124 13TH STREET COLUMBUS, NE 68601	47-0659715	501(C)(3)	9,195.	0.			GENERAL SUPPORT
MCCOOK EDUCATION FOUNDATION INC. PO BOX 782 MCCOOK, NE 69001-0782	47-0771196	501(C)(3)	9,057.	0.			GENERAL SUPPORT
CALLAWAY PUBLIC SCHOOLS PO BOX 280 CALLAWAY, NE 68825		170(B)(1)(A)(V)	9,000.	0.			MUSIC PROGRAM SUPPORT
OGALLALA BASEBALL ASSOCIATION 2 WEST HILLS OGALLALA, NE 69153	47-0700631	501(C)(3)	8,572.	0.			GENERAL SUPPORT
DESHLER PUBLIC SCHOOLS PO BOX 547 DESHLER, NE 68340		170(B)(1)(A)(V)	8,500.	0.			GREENHOUSE PROJECT

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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WILBER-CLATONIA HIGH SCHOOL PO BOX 487 WILBER, NE 68465-0487		170(B)(1)(A)(V)	8,495.	0.			ATHLETIC PROGRAM SUPPORT
OGALLALA OPTIMIST CLUB 4494 LINDELL BLVD ST. LOUIS, MO 63108	23-7102928	501(C)(3)	8,342.	0.			GENERAL SUPPORT
VILLAGE OF SPENCER 100 E MAIN ST SPENCER, NE 68777		170(B)(1)(A)(V)	8,249.	0.			MARTIAL ARTS PROGRAM
HIGH PLAINS HISTORICAL SOCIETY 423 NORRIS AVE MCCOOK, NE 69001	47-6082190	501(C)(3)	8,134.	0.			GENERAL SUPPORT
CITY OF LONG PINE PO BOX 398 LONG PINE, NE 69217		170(B)(1)(A)(V)	8,090.	0.			COMMUNITY CENTER IMPROVEMENTS
VILLAGE OF WAUNETA PO BOX 95 WAUNETA, NE 69045		170(B)(1)(A)(V)	8,057.	0.			COMMUNITY BUILDING IMPROVEMENTS
FAITH REGIONAL HEALTH SERVICES 1500 KOENIGSTEIN AVE NORFOLK, NE 68701	47-0796875	501(C)(3)	8,000.	0.			GENERAL SUPPORT
EUSTIS-FARNAM PUBLIC SCHOOLS PO BOX 9 EUSTIS, NE 69028		170(B)(1)(A)(V)	7,964.	0.			POOL IMPROVEMENTS
CITY OF NEBRASKA CITY 1409 CENTRAL AVE NEBRASKA CITY, NE 68410		170(B)(1)(A)(V)	7,864.	0.			BATTING SCREENS FOR BALL FIELDS

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

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DOLLYWOOD FOUNDATION 111 DOLLYWOOD LANE PIGEON FORGE, TN 37863	62-1348105	501(C)(3)	7,700.	0.			LIBRARY PROGRAM SUPPORT
SHICKLEY PUBLIC SCHOOL PO BOX 407 SHICKLEY, NE 68436		170(B)(1)(A)(V)	7,576.	0.			AG CURRICULUM SUPPORT
VILLAGE OF PALISADE PO BOX 288 PALISADE, NE 69040		170(B)(1)(A)(V)	7,560.	0.			MAIN STREET BUSINESS SIGNS PROJECT
AXTELL RURAL FIRE DISTRICT #4 PO BOX 96 AXTELL, NE 68924		170(B)(1)(A)(V)	7,500.	0.			CADET PROGRAM
BOONE CENTRAL SCHOOLS PO BOX 391 ALBION, NE 68620		170(B)(1)(A)(V)	7,500.	0.			CARDINAL KIDS CLUB
DESHLER PUBLIC SCHOOL FFA 1402 THIRD STREET DESHLER, NE 68340		170(B)(1)(A)(V)	7,500.	0.			YOUTH ENGAGEMENT SUPPORT
FIRST UNITED METHODIST CHURCH 341 WEST 7TH AVENUE RED CLOUD, NE 68970		501(C)(3)	7,500.	0.			GENERAL SUPPORT
KEEP COLUMBUS BEAUTIFUL INC. 3020 18TH ST. #16 COLUMBUS, NE 68601	47-0721057	501(C)(3)	7,500.	0.			GENERAL SUPPORT
NEWPORT RURAL FIRE DEPARTMENT 45372 861ST RD BASSETT, NE 68714		170(B)(1)(A)(V)	7,500.	0.			FIRE TRUCK REBUILD PROJECT

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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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LONG PINE HERITAGE SOCIETY INC. PO BOX 333 LONG PINE, NE 69217	47-0688126	501(C)(3)	7,053.	0.			GENERAL SUPPORT
CHRIST LUTHERAN 511 SOUTH 5TH STREET NORFOLK, NE 68701		501(C)(3)	7,000.	0.			GENERAL SUPPORT
FRIENDS OF DAVID CITY PO BOX 301 DAVID CITY, NE 68632	84-4516568	501(C)(3)	7,000.	0.			RENOVATE JACYEE'S PARK
ARCADIA SAFETY AND PRESERVATION FUND INC. - PO BOX 158 - ARCADIA, NE 68815-0158	88-1185882	501(C)(3)	6,800.	0.			GENERAL SUPPORT
GRANT COUNTY RESCUE PO BOX 164 HYANNIS, NE 69350		170(B)(1)(A)(V)	6,800.	0.			NEW AMBULANCE
ELWOOD CARE CENTER PO BOX 315 ELWOOD, NE 68937		170(B)(1)(A)(V)	6,502.	0.			GENERAL SUPPORT
BOONE COUNTY DEVELOPMENT AGENCY 233 SOUTH 4TH STREET ALBION, NE 68620	46-4245843	501(C)(3)	6,500.	0.			LEADERSHIP ACADEMY
CITY OF IMPERIAL FBP EMERGENCY MEDICAL SERVICES - PO BOX 637 - IMPERIAL, NE 69033		170(B)(1)(A)(V)	6,500.	0.			PROTECTIVE GEAR FOR PERSONNEL
SANDHILLS PUBLIC SCHOOL PO BOX 29 DUNNING, NE 68833		170(B)(1)(A)(V)	6,359.	0.			SCHOLARSHIP 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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KEITH COUNTY SENIOR CENTER 202 WEST 1ST STREET OGALLALA, NE 69153	47-0629921	501(C)(3)	6,317.	0.			GENERAL SUPPORT
CHIEF DULL KNIFE COLLEGE PO BOX 98 LAME DEER, MT 59043	81-0351900	501(C)(3)	6,279.	0.			GENERAL SUPPORT
SOUTH SIOUX CITY HIGH SCHOOL 3301 G STREET SOUTH SIOUX CITY, NE 68776		170(B)(1)(A)(V)	6,186.	0.			GENERAL SUPPORT
MCCOOK HUMANE SOCIETY PO BOX 13 MCCOOK, NE 69001	36-3257066	501(C)(3)	6,165.	0.			GENERAL SUPPORT
VILLAGE OF UNADILLA PO BOX 87 UNADILLA, NE 68454		170(B)(1)(A)(V)	6,141.	0.			PARK, ARBORETUM AND BALLFIELD MAINTENANCE
AGNES ROBINSON WATERLOO PUBLIC LIBRARY - 23704 CEDAR DRIVE - WATERLOO, NE 68069		170(B)(1)(A)(V)	6,000.	0.			LIBRARY PATION PROJECT
HOWELLS HISTORICAL SOCIETY 4155 4TH STREET HOWELLS, NE 68641	84-3755642	501(C)(3)	6,000.	0.			HEATING & COOLING SYSTEM UPGRADE
KEEP KEITH COUNTY BEAUTIFUL INC PO BOX 673 OGALLALA, NE 69153	81-3725842	501(C)(3)	6,000.	0.			GENERAL SUPPORT
PARKVIEW HAVEN FACILITIES FOUNDATION - 1203 4TH STREET - DESHLER, NE 68340	27-4818143	501(C)(3)	6,000.	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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PERU STATE COLLEGE FOUNDATION PO BOX 10 PERU, NE 68421	47-0495359	501(C)(3)	6,000.	0.			GENERAL SUPPORT
PLATTSMOUTH BASEBALL & SOFTBALL ASSOCIATION - PO BOX 54 - PLATTSMOUTH, NE 68048	83-2373459	501(C)(3)	6,000.	0.			GENERAL SUPPORT
ROCK COUNTY HISTORICAL SOCIETY INC 45276 888TH RD BASSETT, NE 68714	47-0573560	501(C)(3)	6,000.	0.			BUILDING REPAIR AND RENOVATIOIN
DOMESTIC ABUSE/SEXUAL ASSAULT SERVICES - 407 W 5TH ST - MCCOOK, NE 69001	47-0615934	501(C)(3)	5,982.	0.			GENERAL SUPPORT
SEWARD ARTS COUNCIL 1693 224TH ROAD SEWARD, NE 68434	23-7345127	501(C)(3)	5,930.	0.			GENERAL SUPPORT
CITY OF NEWMAN GROVE PO BOX 446 NEWMAN GROVE, NE 68758		170(B)(1)(A)(V)	5,854.	0.			BALL FIELD IMPROVEMENT
TEAMMATES MENTORING PROGRAM 600 WEST 7TH MCCOOK, NE 69001	20-1395116	501(C)(3)	5,840.	0.			GENERAL SUPPORT
CITY OF OGALLALA 411 EAST 2ND STREET OGALLALA, NE 69153		170(B)(1)(A)(V)	5,838.	0.			GENERAL SUPPORT
OMAHA HOME FOR BOYS 4343 N 52ND STREET OMAHA, NE 68104	47-0376529	501(C)(3)	5,760.	0.			OHB VALLEY VIEW 4-H CLUB 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOURDES CENTRAL CATHOLIC SCHOOLS 412 2ND AVENUE NEBRASKA CITY, NE 68410		PAROCHIAL SCHOOL	DIS 5,700.	0.			PURCHASE LIBRARY BOOKS
ORD UNITED METHODIST CHURCH 304 S 16TH ST ORD, NE 68862		501(C)(3)	5,527.	0.			GENERAL SUPPORT
BUTLER COUNTY HISTORICAL SOCIETY PO BOX 133 DAVID CITY, NE 68632	23-7428972	501(C)(3)	5,500.	0.			GENERAL SUPPORT
LIED LINCOLN TOWNSHIP LIBRARY PO BOX H WAUSA, NE 68786		170(B)(1)(A)(V)	5,500.	0.			LANDSCAPING PROJECT
FAMILY RESOURCES INC. 526 WEST B ST MCCOOK, NE 69001	47-0846255	501(C)(3)	5,495.	0.			GENERAL SUPPORT
BUTLER COUNTY SENIOR SERVICES 592 D STREET DAVID CITY, NE 68632	47-6006438	501(C)(3)	5,350.	0.			KITCHEN UPGRADE SUPPORT
UNIVERSITY OF SOUTH DAKOTA FOUNDATION - 1110 N. DAKOTA STREET - VERMILLION, SD 57069	46-6018891	501(C)(3)	5,301.	0.			SCHOLARSHIP GRANT
WAYNE STATE FOUNDATION 1111 MAIN STREET WAYNE, NE 68787	47-6032870	501(C)(3)	5,301.	0.			SCHOLARSHIP GRANT
CITY OF FULLERTON PO BOX 578 FULLERTON, NE 68638-0578		170(B)(1)(A)(V)	5,217.	0.			LIBRARY TECHNOLOGY & EARLY CHILDHOOD LITERACY 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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF THE LIBRARY FOUNDATION INC. - PO BOX 938 - ATKINSON, NE 68713	47-0791328	501(C)(3)	5,100.	0.			LIGHTING PROJECT
LINCOLN COMMUNITY FOUNDATION FBO SOUTH DOWNTOWN CDO - 215 CENTENNIAL MALL S, STE 10 - LINCOLN, NE 68508	47-0458128	501(C)(3)	20,000.	0.			SOUTH DOWNTOWN LINCOLN REVITALIZATION

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	288	488,250.	0.	N/A	N/A

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

PART I, LINE 2:

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

Part IV Supplemental Information

PAYMENT FOR ITS INTENDED PURPOSE.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2021

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.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

NEBRASKA COMMUNITY FOUNDATION

Employer identification number

47-0769903

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- 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? **5a**
- b** Any related organization? **5b**
- 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? **6a**
- b** Any related organization? **6b**
- 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) 2021

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 and/or 1099-NEC 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)	259,195.	300.	0.	0.	51,656.	311,151.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) JASON KENNEDY CFAO	(i)	198,973.	300.	0.	0.	19,114.	218,387.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KERRY BELITZ COO	(i)	146,149.	300.	0.	0.	23,177.	169,626.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JIM GUSTAFSON DIR OF ADVANCEMENT & GIFT	(i)	133,553.	300.	0.	0.	23,220.	157,073.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	26	3,582,989.	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	44	255,936.	QUOTED MARKET PRICES
26 Other (PERSONAL PROP)	X	5	245,000.	FAIR MARKET VALUE
27 Other (EVENT AUCTION)	X	301	118,636.	FAIR MARKET VALUE
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**

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

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

Schedule M (Form 990) 2021

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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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) 2021

132211 11-11-21

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

THIS PROCESS WAS USED FOR 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 CHANGED ITS METHOD OF ACCOUNTING FROM MODIFIED CASH TO ACCRUAL.

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

2021

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) 2021

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.

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?

	Yes	No
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 VII Supplemental Information

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

Multiple horizontal lines for supplemental information.

