

Form **8879-TE****IRS e-file Signature Authorization  
for a Tax Exempt Entity**

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning JUL 1, 2022, and ending JUN 30, 2023**2022**Department of the Treasury  
Internal Revenue Service

Do not send to the IRS. Keep for your records.

Go to [www.irs.gov/Form8879TE](http://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 <b>51,510,146.</b> |
| 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 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**☒ I authorize **HBE LLP**

ERO firm name

to enter my PIN **69903**Enter five numbers, but  
do not enter all zeros

as my signature on the tax year 2022 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 2022 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 **11/14/2023****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 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **HBE LLP**Date **11/02/23****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** (2022)



Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**Open to Public  
Inspection**A** For the 2022 calendar year, or tax year beginning **JUL 1, 2022** and ending **JUN 30, 2023****B** Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

**C** Name of organization**NEBRASKA COMMUNITY FOUNDATION**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address)

**P.O. BOX 83107**

Room/suite

City or town, state or province, country, and ZIP or foreign postal code

**LINCOLN, NE 68501-3107****F** Name and address of principal officer: **JEFFREY G YOST****SAME AS C ABOVE****D** Employer identification number**47-0769903****E** Telephone number**402-323-7330****G** Gross receipts \$ **51,691,140.****H(a)** Is this a group returnfor subordinates? ☐ Yes ☒ No**H(b)** Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

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

|                                    |  |   |
|------------------------------------|--|---|
| <b>Activities &amp; Governance</b> | <b>1</b>   | Briefly describe the organization's mission or most significant activities: <b>SEE SCHEDULE O</b>                                       |
|                                    | <b>2</b>   | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |
|                                    | <b>3</b>   | Number of voting members of the governing body (Part VI, line 1a) <b>19</b>   |
|                                    | <b>4</b>   | Number of independent voting members of the governing body (Part VI, line 1b) <b>19</b>   |
|                                    | <b>5</b>   | Total number of individuals employed in calendar year 2022 (Part V, line 2a) <b>62</b>  |
|                                    | <b>6</b>   | Total number of volunteers (estimate if necessary) <b>1500</b>  |
|                                    | <b>7a</b>  | Total unrelated business revenue from Part VIII, column (C), line 12 <b>-28,278.</b>  |
| <b>7b</b>                          | Net unrelated business taxable income from Form 990-T, Part I, line 11 <b>0.</b> |   |
| <b>Revenue</b>                     | <b>8</b>   | Contributions and grants (Part VIII, line 1h) <b>47,420,002.</b>  |
|                                    | <b>9</b>   | Program service revenue (Part VIII, line 2g) <b>2,647,275.</b>  |
|                                    | <b>10</b>  | Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>542,080.</b>   |
|                                    | <b>11</b>  | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>-29,827,994.</b>  |
|                                    | <b>12</b>  | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>20,781,363.</b>                                   |
| <b>Expenses</b>                    | <b>13</b>  | Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>16,119,070.</b>   |
|                                    | <b>14</b>  | Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b>   |
|                                    | <b>15</b>  | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>2,998,868.</b>                                     |
|                                    | <b>16a</b>   | Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b>   |
|                                    | <b>b</b>   | Total fundraising expenses (Part IX, column (D), line 25) <b>792,645.</b>   |
|                                    | <b>17</b>  | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>20,776,033.</b>   |
|                                    | <b>18</b>  | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>39,893,971.</b>  |
| <b>19</b>                          | Revenue less expenses. Subtract line 18 from line 12 <b>-19,112,608.</b>         |   |
| <b>Net Assets or Fund Balances</b> | <b>20</b>  | Total assets (Part X, line 16) <b>227,749,373.</b>  |
|                                    | <b>21</b>  | Total liabilities (Part X, line 26) <b>603,962.</b>   |
|                                    | <b>22</b>  | Net assets or fund balances. Subtract line 21 from line 20 <b>227,145,411.</b>  |

**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.

|                               |   |                              |                          |   |                  |
|-------------------------------|---|------------------------------|--------------------------|---|------------------|
| <b>Sign Here</b>              | Signature of officer  |                              | Date                     |   |                  |
|                               | <b>JEFFREY G YOST, PRESIDENT &amp; CHIEF EXEC OFFICER</b>                     |                              |                          |   |                  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name  | Preparer's signature         | Date                     | Check <input type="checkbox"/> if self-employed | PTIN             |
|                               | <b>KILEY A WIECHMAN, CPA</b>  | <b>KILEY A WIECHMAN, CP</b>  | <b>11/02/23</b>          | <input type="checkbox"/>                        | <b>P00661523</b> |
|                               | Firm's name <b>HBE LLP</b>  | Firm's EIN <b>47-0677245</b> |                          |   |                  |
|                               | Firm's address <b>7140 STEPHANIE LANE PO BOX 23110 LINCOLN, NE 68542-3110</b> |                              | 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 ☒ No

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

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

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

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ) (Expenses \$ **48,482,373.** including grants of \$ **18,360,826.** ) (Revenue \$ **2,760,454.** )

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

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )**4d** Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses **48,482,373.**

**Part IV Checklist of Required Schedules**

|   | Yes          | No |
|---|--------------|----|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | <b>1</b> X   |    |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions  | <b>2</b> X   |    |
| <b>3</b> 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>  | <b>3</b>     | X  |
| <b>4</b> <b>Section 501(c)(3) organizations.</b> 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>   | <b>4</b> X   |    |
| <b>5</b> 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>  | <b>5</b>     | X  |
| <b>6</b> 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>  | <b>6</b> X   |    |
| <b>7</b> 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>  | <b>7</b>     | X  |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   | <b>8</b>     | X  |
| <b>9</b> 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>            | <b>9</b>     | X  |
| <b>10</b> 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>   | <b>10</b> X  |    |
| <b>11</b> 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.  |              |    |
| <b>a</b> 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>   | <b>11a</b> X |    |
| <b>b</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>  | <b>11b</b>   | X  |
| <b>c</b> 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>  | <b>11c</b>   | X  |
| <b>d</b> 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>   | <b>11d</b>   | X  |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   | <b>11e</b> X |    |
| <b>f</b> 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>  | <b>11f</b> X |    |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | <b>12a</b>   | X  |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  | <b>12b</b> X |    |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  | <b>13</b>    | X  |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?  | <b>14a</b>   | X  |
| <b>b</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> | <b>14b</b>   | X  |
| <b>15</b> 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>   | <b>15</b>    | X  |
| <b>16</b> 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>   | <b>16</b>    | X  |
| <b>17</b> 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. See instructions</i>   | <b>17</b>    | X  |
| <b>18</b> 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>   | <b>18</b> X  |    |
| <b>19</b> 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>   | <b>19</b>    | X  |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   | <b>20a</b>   | X  |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   | <b>20b</b>   |    |
| <b>21</b> 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>  | <b>21</b> X  |    |

**Part IV Checklist of Required Schedules** (continued)

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

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

**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 ☐

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



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

|  | Yes        | No |
|--|------------|----|
| <b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  | <b>2a</b>  | 62 |
| <b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  | <b>2b</b>  | X  |
| <b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?  | <b>3a</b>  | X  |
| <b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O   | <b>3b</b>  |    |
| <b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | <b>4a</b>  | X  |
| <b>b</b> If "Yes," enter the name of the foreign country<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  |            |    |
| <b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | <b>5a</b>  | X  |
| <b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  | <b>5b</b>  | X  |
| <b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?   | <b>5c</b>  |    |
| <b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?                                    | <b>6a</b>  | X  |
| <b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   | <b>6b</b>  | X  |
| <b>7 Organizations that may receive deductible contributions under section 170(c).</b>   |            |    |
| <b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   | <b>7a</b>  | X  |
| <b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?   | <b>7b</b>  | X  |
| <b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  | <b>7c</b>  | X  |
| <b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year   | <b>7d</b>  | 0  |
| <b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   | <b>7e</b>  | X  |
| <b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  | <b>7f</b>  | X  |
| <b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  | <b>7g</b>  |    |
| <b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  | <b>7h</b>  |    |
| <b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?   | <b>8</b>   | X  |
| <b>9 Sponsoring organizations maintaining donor advised funds.</b>   |            |    |
| <b>a</b> Did the sponsoring organization make any taxable distributions under section 4966?  | <b>9a</b>  | X  |
| <b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?   | <b>9b</b>  | X  |
| <b>10 Section 501(c)(7) organizations.</b> Enter:  |            |    |
| <b>a</b> Initiation fees and capital contributions included on Part VIII, line 12  | <b>10a</b> |    |
| <b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities   | <b>10b</b> |    |
| <b>11 Section 501(c)(12) organizations.</b> Enter:   |            |    |
| <b>a</b> Gross income from members or shareholders   | <b>11a</b> |    |
| <b>b</b> Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)   | <b>11b</b> |    |
| <b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?  | <b>12a</b> |    |
| <b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year   | <b>12b</b> |    |
| <b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>   |            |    |
| <b>a</b> Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.  | <b>13a</b> |    |
| <b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans   | <b>13b</b> |    |
| <b>c</b> Enter the amount of reserves on hand  | <b>13c</b> |    |
| <b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?  | <b>14a</b> | X  |
| <b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O   | <b>14b</b> |    |
| <b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?<br>If "Yes," see the instructions and file Form 4720, Schedule N.               | <b>15</b>  | X  |
| <b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income?<br>If "Yes," complete Form 4720, Schedule O.   | <b>16</b>  | X  |
| <b>17 Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?<br>If "Yes," complete Form 6069.      | <b>17</b>  |    |

**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**

|  | 1a | 1b | Yes | No |
|--|----|----|-----|----|
| <b>1a</b> Enter the number of voting members of the governing body at the end of the tax year  | 19 |    |     |    |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.          |    |    |     |    |
| <b>b</b> Enter the number of voting members included on line 1a, above, who are independent  |    | 19 |     |    |
| <b>2</b> 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  |
| <b>3</b> 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  |
| <b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?  |    |    |     | X  |
| <b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?  |    |    |     | X  |
| <b>6</b> Did the organization have members or stockholders?  |    |    |     | X  |
| <b>7a</b> 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>b</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  |
| <b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:   |    |    |     |    |
| <b>a</b> The governing body?   |    |    | X   |    |
| <b>b</b> Each committee with authority to act on behalf of the governing body?   |    |    | X   |    |
| <b>9</b> 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 |
|---|-----|----|
| <b>10a</b> Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</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?   |     |    |
| <b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b> Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done   | X   |    |
| <b>13</b> Did the organization have a written whistleblower policy?   | X   |    |
| <b>14</b> Did the organization have a written document retention and destruction policy?  | X   |    |
| <b>15</b> 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?  |     |    |
| <b>a</b> The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</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.  |     |    |
| <b>16a</b> 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>b</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? |     |    |

**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, box 6 of 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)<br>Name and title                            | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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<br>PRESIDENT AND CEO          | 40.00   |   |                       | X       |              |                              |        | 308,681.  | 0.   | 54,268.   |
| (2) JASON KENNEDY<br>CFAO                        | 40.00   |   |                       | X       |              |                              |        | 212,945.  | 0.   | 31,179.   |
| (3) KERRY BELITZ<br>COO                          | 40.00   |   |                       | X       |              |                              |        | 171,567.  | 0.   | 29,981.   |
| (4) LES LONG<br>CONTROLL                         | 40.00   |   |                       |         |              | X                            |        | 112,867.  | 0.   | 23,542.   |
| (5) KEVIN WARNEKE<br>DIRECTOR OF ADVANCEMENT     | 40.00   |   |                       |         |              | X                            |        | 118,825.  | 0.   | 12,773.   |
| (6) CARRIE MALEK-MADANI<br>DIRECTOR OF MARKETING | 40.00   |   |                       |         |              | X                            |        | 110,502.  | 0.   | 12,620.   |
| (7) DIANE M WILSON<br>MGR OF PUBLIC/PRIVATE PART | 25.00   |   |                       |         |              | X                            |        | 112,541.  | 0.   | 5,612.  |
| (8) JAMES GUSTAFSON<br>DIR OF ADVANCEMENT & GIFT | 40.00   |   |                       |         |              | X                            |        | 102,530.  | 0.   | 0.  |
| (9) DALE DUELAND<br>IMMEDIATE PAST CHAIR         | 3.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (10) PAM ABBOTT<br>CHAIR                         | 4.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (11) CHUCK HIBBERD<br>VICE CHAIR                 | 3.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (12) CINDY HUFF<br>SECRETARY                     | 2.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (13) KIEL VANDERVEEN<br>TREASURER                | 2.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (14) NICOLE SEDLACEK<br>DIRECTOR                 | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) KIM ENGEL<br>DIRECTOR                       | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (16) JEFF GERHART<br>DIRECTOR                    | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) MEGAN HELBERG<br>DIRECTOR                   | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>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) BEV HANSEN<br>DIRECTOR                                    | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) KURT KRUSE<br>DIRECTOR                                    | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) PAUL MADISON<br>DIRECTOR                                  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (21) JOHN MIYOSHI<br>DIRECTOR                                  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) JANE MORELAND<br>DIRECTOR                                 | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) KARINA PEREZ<br>DIRECTOR                                  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (24) ADAM PAVELKA<br>DIRECTOR                                  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (25) BETH ROELFS<br>DIRECTOR                                   | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (26) LYNN ROPER<br>DIRECTOR                                    | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 1,250,458.  | 0.   | 169,975.  |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 1,250,458.  | 0.   | 169,975.  |

**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

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- 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
- 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
- 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

|   | Yes | No |
|---|-----|----|
| 3 |     | X  |
| 4 | X   |    |
| 5 |     | 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)<br>Name and business address                                 | (B)<br>Description of services           | (C)<br>Compensation |
|--|--|---------------------|
| HEADWATERS CORPORATION<br>4111 4TH AVE, STE 6, KEARNEY, NE 68845 | ENVIRONMENTAL<br>PROGRAM MANAGEMENT      | 2,968,360.          |
| QUANTUM SPATIAL, INC.<br>PO BOX 7410156, CHICAGO, IL 60674-0156  | AERIAL PHOTOGRAPHY                       | 614,937.            |
| DUCKS UNLIMITED INC.<br>2525 RIVER ROAD, BISMARCK, ND 58503-9011 | ENVIRONMENTAL<br>CONSULTING              | 613,560.            |
| MYERS CONSTRUCTION INC<br>79849 HWY 2, BROKEN BOW, NE 68822      | ENVIRONMENTAL<br>MANAGEMENT              | 258,870.            |
| OCC BUILDERS LLC<br>521 SOUTH CENTENNIAL RD, WAYNE, NE 68787     | COMMUNITY CENTER<br>DESIGN AND DEVELOPME | 254,344.            |

**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

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SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)



**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 |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>  | <b>1 a</b> Federated campaigns  | <b>1a</b>   |                           |               |                                    |                            |  |
|  | <b>b</b> Membership dues  | <b>1b</b>   |                           |               |                                    |                            |  |
|  | <b>c</b> Fundraising events   | <b>1c</b>   | 406,543.                  |               |                                    |                            |  |
|  | <b>d</b> Related organizations  | <b>1d</b>   |                           |               |                                    |                            |  |
|  | <b>e</b> Government grants (contributions)  | <b>1e</b>   | 14,879,682.               |               |                                    |                            |  |
|  | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above | <b>1f</b>   | 15,172,293.               |               |                                    |                            |  |
|  | <b>g</b> Noncash contributions included in lines 1a-1f                                  | <b>1g</b>   | \$ 731,492.               |               |                                    |                            |  |
|  | <b>h</b> <b>Total.</b> Add lines 1a-1f  |   |                           |               |                                    |                            |  |
| <b>Program Service Revenue</b>   | <b>2 a</b> SERVICES FOR AFFIL. FUNDS  | <b>Business Code</b>  | 900099                    | 2,760,454.    | 2,760,454.                         |                            |  |
|  | <b>b</b>  |   |                           |               |                                    |                            |  |
|  | <b>c</b>  |   |                           |               |                                    |                            |  |
|  | <b>d</b>  |   |                           |               |                                    |                            |  |
|  | <b>e</b>  |   |                           |               |                                    |                            |  |
|  | <b>f</b> All other program service revenue  |   |                           |               |                                    |                            |  |
|  | <b>g</b> <b>Total.</b> Add lines 2a-2f  |   |                           | 2,760,454.    |                                    |                            |  |
|  | <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) |                           |               | 1,147,206.                         |                            | -28,278.   |
| <b>4</b> Income from investment of tax-exempt bond proceeds  |   |   |                           |               |                                    |                            |  |
| <b>5</b> Royalties   |   |   |                           | 22,320.       |                                    |                            | 22,320.  |
| <b>6 a</b> Gross rents   |   | <b>6a</b>   | (i) Real (ii) Personal    |               |                                    |                            |  |
| <b>b</b> Less: rental expenses   |   | <b>6b</b>   |                           |               |                                    |                            |  |
| <b>c</b> Rental income or (loss)   |   | <b>6c</b>   |                           |               |                                    |                            |  |
| <b>d</b> Net rental income or (loss)   |   |   |                           |               |                                    |                            |  |
| <b>7 a</b> Gross amount from sales of assets other than inventory  |   | <b>7a</b>   | (i) Securities (ii) Other |               |                                    |                            |  |
| <b>b</b> Less: cost or other basis and sales expenses  |   | <b>7b</b>   |                           |               |                                    |                            |  |
| <b>c</b> Gain or (loss)  |   | <b>7c</b>   |                           |               |                                    |                            |  |
| <b>d</b> Net gain or (loss)  |   |   |                           |               |                                    |                            |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ 406,543. of contributions reported on line 1c). See Part IV, line 18 |   | <b>8a</b>   |                           | 173,936.      |                                    |                            |  |
| <b>b</b> Less: direct expenses   |   | <b>8b</b>   |                           | 180,994.      |                                    |                            |  |
| <b>c</b> Net income or (loss) from fundraising events  |   |   |                           | -7,058.       |                                    |                            | -7,058.  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19   |   | <b>9a</b>   |                           |               |                                    |                            |  |
| <b>b</b> Less: direct expenses   |   | <b>9b</b>   |                           |               |                                    |                            |  |
| <b>c</b> Net income or (loss) from gaming activities   |   |   |                           |               |                                    |                            |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances  |   | <b>10a</b>  |                           |               |                                    |                            |  |
| <b>b</b> Less: cost of goods sold  | <b>10b</b>  |   |                           |               |                                    |                            |  |
| <b>c</b> Net income or (loss) from sales of inventory  |   |   |                           |               |                                    |                            |  |
| <b>Miscellaneous Revenue</b>   | <b>11 a</b> UNREAL & REALIZED GAIN (LOSS)   | <b>Business Code</b>  | 900099                    | 17,100,087.   |                                    |                            | 17,100,087.  |
|  | <b>b</b> ACTUARIAL GAIN (LOSS)  |   | 900099                    | 28,619.       |                                    |                            | 28,619.  |
|  | <b>c</b>  |   |                           |               |                                    |                            |  |
|  | <b>d</b> All other revenue  |   |                           |               |                                    |                            |  |
|  | <b>e</b> <b>Total.</b> Add lines 11a-11d  |   |                           | 17,128,706.   |                                    |                            |  |
|  | <b>12</b> <b>Total revenue.</b> See instructions  |   |                           | 51,510,146.   | 2,760,454.                         | -28,278.                   | 18,319,452.  |

**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)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21  | 17,858,458.           | 17,858,458.                     |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22   | 502,368.              | 502,368.                        |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16  |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members   |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees  | 855,572.              | 240,371.                        | 470,092.                               | 145,109.                    |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)  |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages  | 2,034,609.            | 977,868.                        | 613,439.                               | 443,302.                    |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)  | 53,075.               | 28,405.                         | 11,815.                                | 12,855.                     |
| <b>9</b> Other employee benefits   | 238,683.              | 122,394.                        | 61,972.                                | 54,317.                     |
| <b>10</b> Payroll taxes  | 197,453.              | 86,032.                         | 71,389.                                | 40,032.                     |
| <b>11</b> Fees for services (nonemployees):  |                       |                                 |  |                             |
| <b>a</b> Management  |                       |                                 |  |                             |
| <b>b</b> Legal   | 2,323.                |                                 | 2,323.                                 |                             |
| <b>c</b> Accounting  | 28,220.               | 1,195.                          | 27,025.                                |                             |
| <b>d</b> Lobbying  |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17   |                       |                                 |  |                             |
| <b>f</b> Investment management fees  | 55,145.               |                                 | 55,145.                                |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)  | 60,662.               | 34,662.                         | 26,000.                                |                             |
| <b>12</b> Advertising and promotion  | 285,904.              | 229,767.                        | 7,360.                                 | 48,777.                     |
| <b>13</b> Office expenses  | 92,714.               | 27,690.                         | 56,996.                                | 8,028.                      |
| <b>14</b> Information technology   | 100,602.              | 788.                            | 99,814.                                |                             |
| <b>15</b> Royalties  |                       |                                 |  |                             |
| <b>16</b> Occupancy  | 175,154.              | 85,942.                         | 65,689.                                | 23,523.                     |
| <b>17</b> Travel   | 110,633.              | 85,605.                         | 10,011.                                | 15,017.                     |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials   |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings   | 189,998.              | 150,617.                        | 39,381.                                |                             |
| <b>20</b> Interest   |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates   |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization  | 19,490.               |                                 | 19,490.                                |                             |
| <b>23</b> Insurance  | 72,783.               | 41,872.                         | 30,911.                                |                             |
| <b>24</b> 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.)                                    |                       |                                 |  |                             |
| <b>a</b> AFFIL FUND CHAR DISB  | 27,850,500.           | 27,850,500.                     |  |                             |
| <b>b</b> ADMINISTRATIVE FEES   | 2,765,551.            |                                 | 2,765,551.                             |                             |
| <b>c</b> AFFIL FUND DEVELOPMENT  | 48,955.               | 48,955.                         |  |                             |
| <b>d</b> EMPLOYEE TRAINING   | 48,810.               | 48,810.                         |  |                             |
| <b>e</b> All other expenses  | 124,842.              | 60,074.                         | 63,083.                                | 1,685.                      |
| <b>25</b> Total functional expenses. Add lines 1 through 24e   | 53,772,504.           | 48,482,373.                     | 4,497,486.                             | 792,645.                    |
| <b>26</b> 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)<br>Beginning of year |              | (B)<br>End of year |
|--|--|--------------------------|--------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 3,130,784.               | <b>1</b>     | 14,347,858.        |
|  | <b>2</b> Savings and temporary cash investments .....  | 32,219,402.              | <b>2</b>     | 15,590,701.        |
|  | <b>3</b> Pledges and grants receivable, net .....  | 2,287,580.               | <b>3</b>     | 1,046,560.         |
|  | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>     |                    |
|  | <b>5</b> 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 ..... |                          | <b>5</b>     |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>     |                    |
|  | <b>7</b> Notes and loans receivable, net .....   | 602,168.                 | <b>7</b>     | 602,168.           |
|  | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>     |                    |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 9,354.                   | <b>9</b>     | 9,354.             |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 322,763.      |              |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 259,621.      |              |                    |
|  | <b>11</b> Investments - publicly traded securities .....   | 66,177.                  | <b>10c</b>   | 63,142.            |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 189,133,074.             | <b>11</b>    | 193,726,825.       |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  | 88,246.                  | <b>12</b>    | 81,685.            |
|  | <b>14</b> Intangible assets .....  |                          | <b>13</b>    |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 212,588.                 | <b>14</b>    | 1,217,281.         |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 227,749,373.   | <b>15</b>                | 226,685,574. |                    |
| <b>Liabilities</b>   | <b>17</b> Accounts payable and accrued expenses .....  | 138,705.                 | <b>16</b>    | 406,990.           |
|  | <b>18</b> Grants payable .....   |                          | <b>17</b>    |                    |
|  | <b>19</b> Deferred revenue .....   |                          | <b>18</b>    |                    |
|  | <b>20</b> Tax-exempt bond liabilities .....  |                          | <b>19</b>    |                    |
|  | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | <b>20</b>    |                    |
|  | <b>22</b> 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 .....     |                          | <b>21</b>    |                    |
|  | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |                          | <b>22</b>    |                    |
|  | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | <b>23</b>    |                    |
|  | <b>25</b> 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 .....  | 465,257.                 | <b>24</b>    | 1,395,531.         |
|  | <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 603,962.                 | <b>25</b>    | 1,802,521.         |
| <b>Net Assets or Fund Balances</b>   | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          | <b>26</b>    |                    |
|  | <b>27</b> Net assets without donor restrictions .....  | 212,453,172.             | <b>27</b>    | 207,539,544.       |
|  | <b>28</b> Net assets with donor restrictions .....   | 14,692,239.              | <b>28</b>    | 17,343,509.        |
|  | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |              |                    |
|  | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | <b>29</b>    |                    |
|  | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | <b>30</b>    |                    |
|  | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | <b>31</b>    |                    |
|  | <b>32</b> Total net assets or fund balances .....  | 227,145,411.             | <b>32</b>    | 224,883,053.       |
|  | <b>33</b> Total liabilities and net assets/fund balances .....   | 227,749,373.             | <b>33</b>    | 226,685,574.       |

Form 990 (2022)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

|           |  |           |              |
|-----------|--|-----------|--------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 51,510,146.  |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 53,772,504.  |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | -2,262,358.  |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 227,145,411. |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  |              |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |              |
| <b>7</b>  | Investment expenses  | <b>7</b>  |              |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |              |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | 0.           |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 224,883,053. |

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☒

|   | Yes | No |
|---|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.  |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | X  |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? _____<br>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:<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                 | X   |    |
| <b>c</b> 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? _____<br>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  | X   |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____   | X   |    |
| <b>b</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 (2022)



Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2022

**Open to Public Inspection**

Name of the organization

NEBRASKA COMMUNITY FOUNDATION

Employer identification number

47-0769903

|               |   |
|---------------|---|
| <b>Part I</b> | <b>Reason for Public Charity Status.</b> (All organizations must complete this part.) See instructions. |
|---------------|---|

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

- 1 ☐ A church, convention, congregation of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations \_\_\_\_\_
- g Provide the following information about the supported organization(s).

| g Provide the following information about the supported organization(s). |          |   |   |    |   |   |
|--|----------|---|---|----|---|---|
| (i) Name of supported organization                                       | (ii) EIN | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|  |          |   | Yes   | No |   |   |
|  |          |   |   |    |   |   |
|  |          |   |   |    |   |   |
|  |          |   |   |    |   |   |
|  |          |   |   |    |   |   |
|  |          |   |   |    |   |   |
| <b>Total</b>   |          |   |   |    |   |   |

**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) 2018    | (b) 2019    | (c) 2020    | (d) 2021    | (e) 2022    | (f) Total    |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 54,677,367. | 28,955,250. | 54,444,952. | 47,420,002. | 30,458,518. | 215,956,089. |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |             |             |             |             |             |              |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |             |             |             |             |             |              |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 54,677,367. | 28,955,250. | 54,444,952. | 47,420,002. | 30,458,518. | 215,956,089. |
| <b>5</b> 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) ..... |             |             |             |             |             | 48,610,939.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |             |             |             |             |             | 167,345,150. |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018    | (b) 2019    | (c) 2020    | (d) 2021    | (e) 2022    | (f) Total    |
|--|-------------|-------------|-------------|-------------|-------------|--------------|
| <b>7</b> Amounts from line 4 .....   | 54,677,367. | 28,955,250. | 54,444,952. | 47,420,002. | 30,458,518. | 215,956,089. |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... | 1,012,602.  | 1,086,804.  | 497,209.    | 574,215.    | 1,169,525.  | 4,340,355.   |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....                              |             |             |             |             |             |              |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                |             |             |             |             |             |              |
| <b>11 Total support.</b> Add lines 7 through 10  |             |             |             |             |             | 220,296,444. |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |             |             |             |             | 12          | 11,075,897.  |

**13 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐**Section C. Computation of Public Support Percentage**

|   |           |         |
|---|-----------|---------|
| <b>14</b> Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) ..... | <b>14</b> | 75.96 % |
| <b>15</b> Public support percentage from 2021 Schedule A, Part II, line 14 .....                        | <b>15</b> | 72.64 % |

**16a 33 1/3% support test - 2022.** 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 ☒**b 33 1/3% support test - 2021.** 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 ☐**17a 10% -facts-and-circumstances test - 2022.** 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 ☐**b 10% -facts-and-circumstances test - 2021.** 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 ☐**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 ☐

Schedule A (Form 990) 2022

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in)   | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in)  | (a) 2018 | (b) 2019 | (c) 2020 | (d) 2021 | (e) 2022 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (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**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2021 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2021 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2022.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

**b 33 1/3% support tests - 2021.** 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 on line 12 of 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 |
|--|-----|----|
| <b>1</b> 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>  |     |    |
| <b>2</b> 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>   |     |    |
| <b>3a</b> 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>b</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>   |     |    |
| <b>c</b> 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>  |     |    |
| <b>4a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>5a</b> 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>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  |     |    |
| <b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?   |     |    |
| <b>6</b> 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>  |     |    |
| <b>7</b> 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>  |     |    |
| <b>8</b> 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>  |     |    |
| <b>9a</b> 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>b</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>  |     |    |
| <b>c</b> 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>   |     |    |
| <b>10a</b> 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>b</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 |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> 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>11a</b>   |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>11b</b>   |     |    |
| <b>c</b> 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 <b>Part VI</b> .                             |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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 <b>Part VI</b> 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. |     |    |
| <b>1</b>  |     |    |
| <b>2</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.   |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? |     |    |
| <b>1</b>  |     |    |
| <b>2</b> 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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).   |     |    |
| <b>2</b>  |     |    |
| <b>3</b> 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 <b>Part VI</b> the role the organization's supported organizations played in this regard.  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |  |     |    |
|---|--|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |  |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).  |  |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |  |     |    |
| <b>a</b> 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 <b>Part VI</b> 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. |  | Yes | No |
| <b>2a</b>   |  |     |    |
| <b>b</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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.  |  |     |    |
| <b>2b</b>   |  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |  |     |    |
| <b>a</b> 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 <b>Part VI</b> .  |  |     |    |
| <b>3a</b>   |  |     |    |
| <b>b</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 <b>Part VI</b> the role played by the organization in this regard.   |  |     |    |
| <b>3b</b>   |  |     |    |

**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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).                                  | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by 0.035.   | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |

Schedule A (Form 990) 2022

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

| Section D - Distributions |   | Current Year |
|---------------------------|---|--------------|
| <b>1</b>                  | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>     |
| <b>2</b>                  | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>     |
| <b>3</b>                  | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>     |
| <b>4</b>                  | Amounts paid to acquire exempt-use assets   | <b>4</b>     |
| <b>5</b>                  | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>     |
| <b>6</b>                  | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>     |
| <b>7</b>                  | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>     |
| <b>8</b>                  | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>     |
| <b>9</b>                  | Distributable amount for 2022 from Section C, line 6  | <b>9</b>     |
| <b>10</b>                 | Line 8 amount divided by line 9 amount  | <b>10</b>    |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2022 | (iii)<br>Distributable<br>Amount for 2022 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2022 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2022   |                             |  |   |
| <b>a</b> From 2017   |                             |  |   |
| <b>b</b> From 2018   |                             |  |   |
| <b>c</b> From 2019   |                             |  |   |
| <b>d</b> From 2020   |                             |  |   |
| <b>e</b> From 2021   |                             |  |   |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2022 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2017 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                             |  |   |
| <b>4</b> Distributions for 2022 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2022 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                             |  |   |
| <b>7</b> <b>Excess distributions carryover to 2023.</b> Add lines 3j and 4c.   |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2018  |                             |  |   |
| <b>b</b> Excess from 2019  |                             |  |   |
| <b>c</b> Excess from 2020  |                             |  |   |
| <b>d</b> Excess from 2021  |                             |  |   |
| <b>e</b> Excess from 2022  |                             |  |   |

Schedule A (Form 990) 2022



**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.)

COPY

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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).

|                               |                                |
|-------------------------------|--------------------------------|
| 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)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          |                                   | \$ 6,628,720.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          |                                   | \$ 5,775,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          |                                   | \$ 1,870,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          |                                   | \$ 1,636,786.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 5          |                                   | \$ 1,211,688.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 6          |                                   | \$ 1,000,000.              | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|                               |                                |
|-------------------------------|--------------------------------|
| 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)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 7          |                                   | \$ 964,529.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 8          |                                   | \$ 900,000.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            |                                   | \$                         | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

Employer identification number

47-0769903

## Part II

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              |  | \$ _____  | _____                |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  |   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$ _____  | _____                |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  |   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$ _____  | _____                |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  |   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$ _____  | _____                |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  |   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$ _____  | _____                |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  |   |                      |
| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|                              |  | \$ _____  | _____                |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  |   |                      |
|                              |  |   |                      |

|                               |                                |
|-------------------------------|--------------------------------|
| Name of organization          | Employer identification number |
| NEBRASKA COMMUNITY FOUNDATION | 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.<br>from<br>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 |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |
|                           | (e) Transfer of gift                    |                 |  |
|                           | Transferee's name, address, and ZIP + 4 |                 | Relationship of transferor to transferee |
|                           |   |                 |  |
|                           |   |                 |  |
|                           |   |                 |  |

**SCHEDULE C**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Political Campaign and Lobbying Activities**

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

OMB No. 1545-0047

**2022**

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) 2022

LHA

232041 11-08-22



**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<br>(The term "expenditures" means amounts paid or incurred.)  |  | (a) Filing organization's totals   | (b) Affiliated group totals                              |                               |   |  |   |  |  |   |                   |              |  |  |  |
|---|--|------------------------------------|--|-------------------------------|---|--|---|--|--|---|-------------------|--------------|--|--|--|
| <b>1a</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)   |  |                                    |  |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>b</b> Total lobbying expenditures to influence a legislative body (direct lobbying)  |  | 285.                               |  |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>c</b> Total lobbying expenditures (add lines 1a and 1b)  |  | 285.                               |  |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>d</b> Other exempt purpose expenditures  |  | 48,482,088.                        |  |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>e</b> Total exempt purpose expenditures (add lines 1c and 1d)  |  | 48,482,373.                        |  |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>f</b> Lobbying nontaxable amount. Enter the amount from the following table in both columns.   |  | 1,000,000.                         |  |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>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.                                       |                                    |  |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>g</b> Grassroots nontaxable amount (enter 25% of line 1f)  |  | 250,000.                           |  |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>h</b> Subtract line 1g from line 1a. If zero or less, enter -0-  |  | 0.                                 |  |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>i</b> Subtract line 1f from line 1c. If zero or less, enter -0-  |  | 0.                                 |  |                               |   |  |   |  |  |   |                   |              |  |  |  |
| <b>j</b> 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<br>(or fiscal year beginning in)                      | (a) 2019   | (b) 2020   | (c) 2021   | (d) 2022   | (e) Total  |
| <b>2a</b> Lobbying nontaxable amount                                | 1,000,000. | 1,000,000. | 1,000,000. | 1,000,000. | 4,000,000. |
| <b>b</b> Lobbying ceiling amount<br>(150% of line 2a, column(e))    |            |            |            |            | 6,000,000. |
| <b>c</b> Total lobbying expenditures                                | 225.       | 225.       | 237.       | 285.       | 972.       |
| <b>d</b> Grassroots nontaxable amount                               | 250,000.   | 250,000.   | 250,000.   | 250,000.   | 1,000,000. |
| <b>e</b> Grassroots ceiling amount<br>(150% of line 2d, column (e)) |            |            |            |            | 1,500,000. |
| <b>f</b> Grassroots lobbying expenditures                           |            |            |            |            |            |

Schedule C (Form 990) 2022



**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

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)   | 2,902,397.                              |                              |
| 3 Aggregate value of grants from (during year)  | 7,990,912.                              | 129,665.                     |
| 4 Aggregate value at end of year  | 70,896,031.                             | 5,283,971.                   |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No  |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No  |

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

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

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

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

|  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements   | 2a                              |
| b Total acreage restricted by conservation easements   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a)   | 2c                              |
| d Number of conservation easements included in (c) acquired after July 25, 2006, 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) 2022

**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                     | 135,331,933.     | 158,050,700.   | 115,407,823.       | 106,233,881.         | 87,204,137.         |
| b Contributions                                  | 6,310,667.       | 9,488,671.     | 13,462,097.        | 9,012,521.           | 16,863,816.         |
| c Net investment earnings, gains, and losses     | 15,417,278.      | -25,236,653.   | 34,884,362.        | 4,410,778.           | 6,864,707.          |
| d Grants or scholarships                         |                  |                |                    |                      |                     |
| e Other expenditures for facilities and programs | 5,853,114.       | 5,111,630.     | 4,083,185.         | 2,934,210.           | 3,522,798.          |
| f Administrative expenses                        | 1,649,464.       | 1,859,155.     | 1,620,397.         | 1,315,147.           | 1,175,981.          |
| g End of year balance                            | 149,557,300.     | 135,331,933.   | 158,050,700.       | 115,407,823.         | 106,233,881.        |

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

- a Board designated or quasi-endowment 18.0500 %  
 b Permanent endowment 74.9400 %  
 c Term endowment 7.0100 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) Unrelated organizations  
 (ii) Related organizations

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

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

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

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      | 91,055.                         | 49,226.                      | 41,829.        |
| d Equipment  |                                      | 231,708.                        | 210,395.                     | 21,313.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 63,142.        |

Schedule D (Form 990) 2022

**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) .....   |                |   |
| <b>Total.</b> (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) .....   |                |   |
| <b>Total.</b> (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) .....   |                |
| <b>Total.</b> (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                                     | 360,036.       |
| (3) DUE TO RELATED PARTY  | 22,157.        |
| (4) OPERATING LEASE LIABILITIES   | 1,013,338.     |
| (5) .....   |                |
| (6) .....   |                |
| (7) .....   |                |
| (8) .....   |                |
| (9) .....   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) | 1,395,531.     |

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

Schedule D (Form 990) 2022

**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.

|          |  |           |             |
|----------|--|-----------|-------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 49,310,914. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |             |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> |             |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> |             |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | 232,462.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | 232,462.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 49,078,452. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | 55,145.     |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> | 2,376,549.  |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 2,431,694.  |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 51,510,146. |

**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.

|          |   |           |             |
|----------|---|-----------|-------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 52,961,286. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |             |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> |             |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |             |
| <b>c</b> | Other losses  | <b>2c</b> |             |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> | 233,758.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 233,758.    |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 52,727,528. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |             |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | 55,145.     |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> | 989,831.    |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 1,044,976.  |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 53,772,504. |

**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, 2023, THE FOUNDATION RECEIVED INCOME FROM AN S-CORPORATION, WHICH IS SUBJECT TO TAX ON UNRELATED BUSINESS ACTIVITY. THE FOUNDATION HAS FILED FORM 990-T FOR THIS UNRELATED BUSINESS ACTIVITY. THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH,

**Part XIII** Supplemental Information (continued)

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

## PART XI, LINE 2D - OTHER ADJUSTMENTS:

|  |          |
|--|----------|
| FUNDRAISING EXPENSES NETTED ON FORM 990              | 180,994. |
| REVENUE OF THE CONSOLIDATED, CONTROLLED ORGANIZATION | 51,468.  |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D                | 232,462. |

## PART XI, LINE 4B - OTHER ADJUSTMENTS:

|  |            |
|--|------------|
| REVENUE/INVESTMENT GAIN OF AGENCY FUNDS                  | 2,325,808. |
| REVENUE ELIMINATED FOR CONSOLIDATED FINANCIAL STATEMENTS | 50,741.    |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B                    | 2,376,549. |

## PART XII, LINE 2D - OTHER ADJUSTMENTS:

|   |          |
|---|----------|
| FUNDRAISING EXPENSES NETTED ON FORM 990               | 180,994. |
| EXPENSES OF THE CONSOLIDATED, CONTROLLED ORGANIZATION | 52,764.  |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D                | 233,758. |

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

|  |          |
|--|----------|
| REVENUE ELIMINATED FOR CONSOLIDATED FINANCIAL STATEMENTS | 50,741.  |
| EXPENSES OF AGENCY FUNDS                                 | 939,090. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B                   | 989,831. |



Department of the Treasury  
Internal Revenue Service

### Supplemental Information Regarding Fundraising or Gaming Activities

**Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.**

**Attach to Form 990 or Form 990-EZ.**

**Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

2022

**Open to Public Inspection**

Name of the organization

NEBRASKA COMMUNITY FOUNDATION

Employer identification number

47-0769903

## Part I

**Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a** ☐ Mail solicitations  
**b** ☐ Internet and email solicitations  
**c** ☐ Phone solicitations  
**d** ☐ In-person solicitations  
**e** ☐ Solicitation of non-government grants  
**f** ☐ Solicitation of government grants  
**g** ☐ Special fundraising events

**2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

**b** If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

[illegible]

**3** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**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<br>DINNER &<br>AUCTION | (b) Event #2<br>DINNER &<br>AUCTION | (c) Other events<br>11 | (d) Total events<br>(add col. (a) through<br>col. (c)) |
|-----------------|---|-------------------------------------|-------------------------------------|------------------------|--|
|                 |   | (event type)                        | (event type)                        | (total number)         |  |
| Revenue         | 1 Gross receipts .....  | 211,634.                            | 73,407.                             | 295,438.               | 580,479.   |
|                 | 2 Less: Contributions .....   | 211,634.                            | 43,057.                             | 151,852.               | 406,543.   |
|                 | 3 Gross income (line 1 minus line 2) .....                            |                                     | 30,350.                             | 143,586.               | 173,936.   |
| Direct Expenses | 4 Cash prizes .....   |                                     |                                     |                        |  |
|                 | 5 Noncash prizes .....  |                                     |                                     |                        |  |
|                 | 6 Rent/facility costs .....   |                                     |                                     | 2,914.                 | 2,914.   |
|                 | 7 Food and beverages .....  |                                     | 7,710.                              | 24,412.                | 32,122.  |
|                 | 8 Entertainment .....   |                                     |                                     | 6,137.                 | 6,137.   |
|                 | 9 Other direct expenses .....   | 49,067.                             | 26,418.                             | 64,336.                | 139,821.   |
|                 | 10 Direct expense summary. Add lines 4 through 9 in column (d) .....  |                                     |                                     |                        | 180,994.   |
|                 | 11 Net income summary. Subtract line 10 from line 3, column (d) ..... |                                     |                                     |                        | -7,058.  |

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

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

Name \_\_\_\_\_

Address \_\_\_\_\_

- 16** Gaming manager information:

Name \_\_\_\_\_

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

- 17** Mandatory distributions:

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

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

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

**Part IV** Supplemental Information *(continued)*

COPY

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

**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.

| <b>1 (a)</b> Name and address of organization or government                                     | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance |
|---|----------------|--|---------------------------------|---|--|--|---|
| OTOE COUNTY TREASURER<br>6150 HIGHWAY 75<br>NEBRASKA CITY, NE 68410                             |                | 170(B)(1)(A)(V)                        | 1,151,017.                      | 0.                                      |  |  | COUNTY ROAD IMPROVEMENT PROJECT           |
| RALSTON COMMUNITY REDEVELOPMENT AUTHORITY - 5500 S 77TH STREET - RALSTON, NE 68127              |                | 170(B)(1)(A)(V)                        | 1,500,000.                      | 0.                                      |  |  | ECONOMIC DEVELOPMENT SUPPORT              |
| CITY OF WAVERLY<br>PO BOX 427<br>WAVERLY, NE 68462  |                | 170(B)(1)(A)(V)                        | 820,000.                        | 0.                                      |  |  | AQUATIC CENTER PROJECT                    |
| RALSTON ECONOMIC DEVELOPMENT CORPORATION - 5500 S 77TH STREET - RALSTON, NE 68127               | 85-1196965     | 501(C)(3)                              | 750,000.                        | 0.                                      |  |  | ECONOMIC DEVELOPMENT SUPPORT              |
| CREIGHTON UNIVERSITY FBO FINANCIAL HOPE COLLABORATIVE - 2500 CALIFORNIA PLAZA - OMAHA, NE 68178 |                | 170(B)(1)(A)(II)                       | 600,000.                        | 0.                                      |  |  | COLLABORATIVE CARE COMPLEX                |
| HERITAGE SERVICES<br>10050 REGENCY CORCLE, STE 101<br>OMAHA, NE 68114                           | 47-0731254     | 501(C)(3)                              | 500,000.                        | 0.                                      |  |  | ECONOMIC DEVELOPMENT PLANNING SUPPORT     |

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... **310.**
- 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) 2022**

**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       |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| OMAHA DISCOVERY TRUST<br>10050 REGENCY CIRCLE, STE 101<br>OMAHA, NE 68114          | 32-0596113 | 501(C)(3)                     | 500,000.                 | 0.                               |   |  | GENERAL SUPPORT                          |
| OMAHA PERFORMING ARTS<br>1200 DOUGLAS ST<br>OMAHA, NE 68102                        | 47-0832480 | 501(C)(3)                     | 425,000.                 | 0.                               |   |  | GENERAL SUPPORT                          |
| JOSLYN ART MUSEUM<br>2200 DODGE ST.<br>OMAHA, NE 68102                             | 47-0384577 | 501(C)(3)                     | 400,000.                 | 0.                               |   |  | CAPITAL CAMPAIGN                         |
| CITY OF LAUREL<br>101 W 2ND ST<br>LAUREL, NE 68745                                 |            | 170(B)(1)(A)(V)               | 393,898.                 | 0.                               |   |  | COMMUNITY CENTER PROJECT                 |
| UNITED WAY OF THE MIDLANDS<br>2201 FARNAM STREET<br>OMAHA, NE 68102-1972           | 47-0376605 | 501(C)(3)                     | 302,535.                 | 0.                               |   |  | GENERAL SUPPORT                          |
| CITY OF SIDNEY<br>1115 13TH AVE<br>SIDNEY, NE 69162                                |            | 170(B)(1)(A)(V)               | 300,000.                 | 0.                               |   |  | ECONOMIC DEVELOPMENT<br>PLANNING SUPPORT |
| GREATER OMAHA CHAMBER FOUNDATION<br>808 CONAGRA DRIVE SUITE 400<br>OMAHA, NE 68102 | 47-0633685 | 501(C)(3)                     | 300,000.                 | 0.                               |   |  | PROSPER 2.0 PROJECT                      |
| VILLAGE OF DECATUR<br>PO BOX 156<br>DECATUR, NE 68020-0156                         |            | 170(B)(1)(A)(V)               | 260,840.                 | 0.                               |   |  | SPLASH PAD PROJECT                       |
| MUSEUM OF NEBRASKA ART<br>2401 CENTRAL AVE<br>KEARNEY, NE 68847                    | 47-0608588 | 501(C)(3)                     | 250,000.                 | 0.                               |   |  | EXPANSION & RENOVATION                   |

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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| CITY OF RALSTON<br>5500 SOUTH 77TH STREET<br>RALSTON, NE 68127                    |            | 170(B)(1)(A)(V)               | 235,464.                 | 0.                               |   |  | ECONOMIC DEVELOPMENT SUPPORT       |
| VILLAGE OF WALTHILL<br>PO BOX 246<br>WALTHILL, NE 68067                           |            | 170(B)(1)(A)(V)               | 229,970.                 | 0.                               |   |  | SKATE PARK PROJECT                 |
| HABITAT FOR HUMANITY OF OMAHA<br>1701 N 24TH STREET<br>OMAHA, NE 68110            | 36-3283625 | 501(C)(3)                     | 200,000.                 | 0.                               |   |  | GENERAL SUPPORT                    |
| BOONE COUNTY TREASURER<br>222 S. 4TH STREET<br>ALBION, NE 68620                   |            | 170(B)(1)(A)(V)               | 190,000.                 | 0.                               |   |  | AG CENTER SUPPORT                  |
| PENDER COMMUNITY DEVELOPMENT INC.<br>PO BOX 250<br>PENDER, NE 68047               | 45-3483464 | 501(C)(3)                     | 183,179.                 | 0.                               |   |  | COMMUNITY CENTER SUPPORT           |
| OMAHA SYMPHONY ASSOCIATION<br>1905 HARNEY ST STE 400<br>OMAHA, NE 68102           | 47-6039304 | 501(C)(3)                     | 170,000.                 | 0.                               |   |  | GENERAL SUPPORT                    |
| SPENCER COMMUNITY ECONOMIC DEVELOPMENT INC. - 49225 903 RD -<br>SPENCER, NE 68777 | 84-1853926 | 501(C)(3)                     | 130,000.                 | 0.                               |   |  | HOUSING SUPPORT                    |
| CITY OF HEBRON<br>PO BOX 29<br>HEBRON, NE 68370                                   |            | 170(B)(1)(A)(V)               | 120,272.                 | 0.                               |   |  | SWIMMING POOL PROJECT              |
| SYRACUSE LIBRARY FOUNDATION<br>PO BOX 356<br>SYRACUSE, NE 68446-0356              | 47-0808068 | 501(C)(3)                     | 111,838.                 | 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 |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|------------------------------------|
| NORFOLK FAMILY COALITION INC<br>1800 W. PASEWALK AVE SUITE 200<br>NORFOLK, NE 68701     | 47-5426763 | 501(C)(3)                     | 110,000.                 | 0.                               |   |  | EARLY CHILDHOOD INITIATIVE         |
| UNIVERSITY OF NEBRASKA FOUNDATION<br>PO BOX 82555<br>LINCOLN, NE 68501-2555             | 47-0379839 | 501(C)(3)                     | 108,650.                 | 0.                               |   |  | DENTAL STARTER KIT PROJECT FUND    |
| CITY OF RAVENNA<br>416 GRAND AVE<br>RAVENNA, NE 68869                                   |            | 170(B)(1)(A)(V)               | 97,347.                  | 0.                               |   |  | TRAIL PROJECT                      |
| VILLAGE OF LYNCH<br>PO BOX 127<br>LYNCH, NE 68746-0127                                  |            | 170(B)(1)(A)(V)               | 97,340.                  | 0.                               |   |  | SPLASH PAD PROJECT                 |
| SIDNEY PUBLIC SCHOOLS<br>1101 21 AVE<br>SIDNEY, NE 69162                                |            | 170(B)(1)(A)(V)               | 95,000.                  | 0.                               |   |  | RAIDER PRINT SHOP SUPPORT          |
| LEWISTON CONSOLIDATED SCHOOL<br>FOUNDATION - 306 WEST TIGER AVE -<br>LEWISTON, NE 68380 | 36-3990627 | 501(C)(3)                     | 94,107.                  | 0.                               |   |  | TRACK PROJECT                      |
| CITY OF WYMORE<br>115 WEST E<br>WYMORE, NE 68466  |            | 170(B)(1)(A)(V)               | 93,000.                  | 0.                               |   |  | PARK PROJECT                       |
| CITY OF PLAINVIEW<br>PO BOX 757<br>PLAINVIEW, NE 68769                                  |            | 170(B)(1)(A)(V)               | 90,450.                  | 0.                               |   |  | COMMUNITY CENTER PROJECT           |
| WILLA CATHER FOUNDATION<br>413 N WEBSTER<br>RED CLOUD, NE 68970                         | 47-0485401 | 501(C)(3)                     | 84,561.                  | 0.                               |   |  | HERITAGE TOURISM DEVELOPMENT       |

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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| AUDUBON NEBRASKA ROWE SANCTUARY<br>44450 ELM ISLAND ROAD<br>GIBBON, NE 68840     | 13-1624102 | 501(C)(3)                     | 82,400.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| FRIENDS OF CEDAR RIVER RASCALS INC<br>82253 STATE HWY 70<br>ERICSON, NE 68637    | 88-3748473 | 501(C)(3)                     | 79,684.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| CITY OF NEWMAN GROVE<br>PO BOX 446<br>NEWMAN GROVE, NE 68758                     |            | 170(B)(1)(A)(V)               | 70,321.                  | 0.                               |   |  | BALL FIELD IMPROVEMENT PROJECT     |
| AKSARBEN FOUNDATION<br>7101 MERCY ROAD, SUITE 320<br>OMAHA, NE 68106             | 47-0447496 | 501(C)(3)                     | 70,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| CITY OF FRIEND<br>235 MAPLE ST<br>FRIEND, NE 68359                               |            | 170(B)(1)(A)(V)               | 70,000.                  | 0.                               |   |  | GATHERING PLACE PROJECT            |
| VALLEY PERFORMING ARTS THEATER INC<br>PO BOX 56<br>ORD, NE 68862                 | 46-4291768 | 501(C)(3)                     | 69,750.                  | 0.                               |   |  | MISSOULA CHILDREN THEATER SUPPORT  |
| FAIRBURY HIGH SCHOOL<br>1501 9TH STREET<br>FAIRBURY, NE 68352                    |            | 170(B)(1)(A)(V)               | 69,580.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| ST. MICHAELS CATHOLIC SCHOOL OF ALBION - 520 W. CHURCH STREET - ALBION, NE 68620 | 47-0376534 | PAROCHIAL SCHOOL DIS          | 68,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| NORTHEAST COMMUNITY COLLEGE FOUNDATION - PO BOX 469 - NORFOLK, NE 68702          | 51-0145185 | 501(C)(3)                     | 67,500.                  | 0.                               |   |  | CAMPAIGN SUPPORT                   |

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| FILLMORE COUNTY HOSPITAL<br>PO BOX 193<br>GENEVA, NE 68361                                |            | 170(B)(1)(A)(V)               | 67,299.                  | 0.                               |   |  | MEDICAL EQUIPMENT                  |
| NORFOLK PUBLIC SCHOOLS FOUNDATION<br>INC - PO BOX 139 - NORFOLK, NE<br>68702-0139         | 47-0742303 | 501(C)(3)                     | 64,266.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| BOYD COUNTY SCHOOLS<br>PO BOX 109<br>SPENCER, NE 68777                                    |            | 170(B)(1)(A)(V)               | 61,734.                  | 0.                               |   |  | BACKBACK PROGRAM                   |
| RISING CITY COMMUNITY LIBRARY<br>PO BOX 190<br>RISING CITY, NE 68658                      |            | 170(B)(1)(A)(V)               | 60,504.                  | 0.                               |   |  | ECONOMIC DEVELOPMENT<br>SUPPORT    |
| RED WILLOW COUNTY FAIR BOARD<br>PO BOX 876<br>MCCOOK, NE 69001                            |            | 170(B)(1)(A)(V)               | 60,000.                  | 0.                               |   |  | CARS UNDER THE STARS<br>PROJECT    |
| VILLAGE OF LEIGH<br>PO BOX 277<br>LEIGH, NE 68643   |            | 170(B)(1)(A)(V)               | 58,865.                  | 0.                               |   |  | BALLPARK RENOVATION<br>PROJECT     |
| BOONE BEGINNINGS EARLY CHILDHOOD &<br>FAMILY DEV CENTER - PO BOX 66 -<br>ALBION, NE 68620 | 83-3102498 | 501(C)(3)                     | 57,443.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| KEITH COUNTY AREA DEVELOPMENT INC<br>10 NORTH SPRUCE ST SUITE C<br>OGALLALA, NE 69153     | 47-0842182 | 501(C)(3)                     | 55,919.                  | 0.                               |   |  | ECONOMIC DEVELOPMENT<br>SUPPORT    |
| CHEYENNE COUNTY COMMUNITY CENTER<br>FOUNDATION - 627 TOLEDO ST -<br>SIDNEY, NE 69162-2567 | 36-3604952 | 501(C)(3)                     | 55,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |

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| VILLAGE OF STUART<br>PO BOX 177<br>STUART, NE 68780   |            | 170(B)(1)(A)(V)               | 52,228.                  | 0.                               |   |  | ECONOMIC DEVELOPMENT SUPPORT       |
| VILLAGE OF BRUNSWICK<br>PO BOX 401<br>BRUNSWICK, NE 68720                                       |            | 170(B)(1)(A)(V)               | 51,915.                  | 0.                               |   |  | PARK PROJECT                       |
| TILDEN MEADOW GROVE CAPITAL IMPROVEMENT FUND - PO BOX 51 -<br>TILDEN, NE 68781                  | 87-3358544 | 501(C)(3)                     | 51,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| LUTHERAN HIGH NORTHEAST<br>2010 N 37TH ST<br>NORFOLK, NE 68701                                  |            | PAROCHIAL SCHOOL DIS          | 50,800.                  | 0.                               |   |  | CAPITAL CAMPAIGN                   |
| CHILDREN'S SCHOLARSHIP FUND OF<br>OMAHA - 7101 MERCY ROAD, SUITE 320<br>- OMAHA, NE 68106       | 47-0822724 | 501(C)(3)                     | 50,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| COMMUNITY FOUNDATION OF NORTHERN<br>COLORADO - 4745 WHEATON DR #100 -<br>FORT COLLINS, CO 80521 | 84-0699243 | 501(C)(3)                     | 50,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| THE NEA FOUNDATION<br>1201 16TH ST, NW SUITE 416<br>WASHINGTON, DC 20036-3290                   | 23-7035089 | 501(C)(3)                     | 50,000.                  | 0.                               |   |  | EDUCATORS PROGRAM SUPPORT          |
| BLOOMFIELD COMMUNITY SCHOOL<br>FOUNDATION - PO BOX 523 -<br>BLOOMFIELD, NE 68718                |            | 501(C)(3)                     | 48,561.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| SYNOVATION VALLEY LEADERSHIP<br>ACADEMY - PO BOX 40 - ORD, NE<br>68862                          | 47-4579113 | 501(C)(3)                     | 48,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |

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| CITY OF MCCOOK<br>PO BOX 1059<br>MCCOOK, NE 69001-1059                           |            | 170(B)(1)(A)(V)               | 47,070.                  | 0.                               |   |  | SENIOR CENTER SUPPORT                |
| THE ZONE<br>PO BOX 1032<br>NORFOLK, NE 68702                                     | 45-4955787 | 501(C)(3)                     | 42,740.                  | 0.                               |   |  | GENERAL SUPPORT                      |
| VILLAGE OF WAUSA<br>PO BOX 219<br>WAUSA, NE 68786                                |            | 170(B)(1)(A)(V)               | 41,653.                  | 0.                               |   |  | PLAYGROUD PROJECT                    |
| MORTON JAMES PUBLIC LIBRARY<br>923 1ST CORSO<br>NEBRASKA CITY, NE 68410          |            | 170(B)(1)(A)(V)               | 41,033.                  | 0.                               |   |  | GENERAL SUPPORT                      |
| PENDER COMMUNITY CENTER<br>PO BOX 614<br>PENDER, NE 68047                        | 82-0780129 | 501(C)(3)                     | 40,583.                  | 0.                               |   |  | GENERAL SUPPORT                      |
| BROWN COUNTY TREASURER<br>PO BOX 25<br>AINSWORTH, NE 69210                       |            | 170(B)(1)(A)(V)               | 40,000.                  | 0.                               |   |  | COMMUNITY POND PROJECT               |
| HYANNIS AREA SCHOOLS<br>PO BOX 286<br>HYANNIS, NE 69350-0286                     |            | 170(B)(1)(A)(V)               | 40,000.                  | 0.                               |   |  | LECTURE HALL IMPROVEMENT PROJECT     |
| MENTAL HEALTH INNOVATION<br>FOUNDATION - 1550 MIKE FAHEY ST -<br>OMAHA, NE 68102 | 83-2696159 | 501(C)(3)                     | 40,000.                  | 0.                               |   |  | BEHAVIOR HEALTH AND WELLNESS SUPPORT |
| CITY OF IMPERIAL<br>PO BOX 637<br>IMPERIAL, NE 69033                             |            | 170(B)(1)(A)(V)               | 38,840.                  | 0.                               |   |  | BALL FIELD IMPROVEMENT PROJECT       |

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| PANHANDLE PUBLIC HEALTH DISTRICT<br>18 WEST 16TH STREET<br>SCOTTSBLUFF, NE 69361  |            | 170(B)(1)(A)(V)               | 38,400.                  | 0.                               |   |  | KEEPING TEETH STRONG PROGRAM       |
| MCCOOK PUBLIC SCHOOLS<br>600 WEST 7TH STREET<br>MCCOOK, NE 69001                  |            | 170(B)(1)(A)(V)               | 36,500.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| MCCOOK ARTS COUNCIL<br>PO BOX 123<br>MCCOOK, NE 69001                             | 47-0761296 | 501(C)(3)                     | 36,054.                  | 0.                               |   |  | FOX THEATER MARQUEE RENOVATION     |
| YANKTON THRIVE FOUNDATION INC.<br>803 E 4TH ST<br>YANKTON, SD 57078               | 87-3775057 | 501(C)(3)                     | 36,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| KEITH COUNTY HOUSING DEVELOPMENT CORPORATION - PO BOX 418 -<br>OGALLALA, NE 69153 | 47-0785404 | 501(C)(3)                     | 35,000.                  | 0.                               |   |  | HOUSING STUDY SUPPORT              |
| NO MORE EMPTY POTS<br>8511 NORTH 30TH ST<br>OMAHA, NE 68112                       | 27-2427728 | 501(C)(3)                     | 35,000.                  | 0.                               |   |  | EDUCATED WORKFORCE PROJECT         |
| OMAHA THEATER COMPANY<br>2001 FARNAM ST.<br>OMAHA, NE 68102                       | 47-0494912 | 501(C)(3)                     | 34,500.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| VILLAGE OF DAVEY<br>PO BOX 1<br>DAVEY, NE 68336                                   |            | 170(B)(1)(A)(V)               | 33,777.                  | 0.                               |   |  | COMMUNITY CENTER SUPPORT           |
| NEBRASKA CATTLEMEN<br>4611 CATTLE DRIVE<br>LINCOLN, NE 68521-4309                 |            | 501(C)(3)                     | 33,048.                  | 0.                               |   |  | GENERAL SUPPORT                    |

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| NORTH PLATTE COMMUNITY COLLEGE FOUNDATION - 601 WEST STATE FARM ROAD - NORTH PLATTE, NE 69101 | 20-2459157 | 501(C)(3)                     | 31,875.                  | 0.                               |   |  | HEALTH & SCIENCE CENTER PROJECT    |
| FOUNDATION FOR LINCOLN PUBLIC SCHOOLS - PO BOX 82889 - LINCOLN, NE 68501-2889                 | 36-3490560 | 501(C)(3)                     | 30,135.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| CITY OF COLUMBUS<br>PO BOX 1677<br>COLUMBUS, NE 68602   |            | 170(B)(1)(A)(V)               | 30,000.                  | 0.                               |   |  | PEOPLE ATTRACTION GRANT            |
| CITY OF FULLERTON<br>PO BOX 670<br>FULLERTON, NE 68638  |            | 170(B)(1)(A)(V)               | 30,000.                  | 0.                               |   |  | PLAYGROUND EQUIPMENT PROJECT       |
| COMMUNITY CONCERN OF NORFOLK INC<br>307 W PROSPECT<br>NORFOLK, NE 68701                       | 23-7207097 | 501(C)(3)                     | 30,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| CREDIT ADVISORS FOUNDATION<br>181 S 72 ST<br>OMAHA, NE 68124                                  | 47-0751100 | 501(C)(3)                     | 30,000.                  | 0.                               |   |  | EDUCATED WORKFORCE PROJECT         |
| OPERA OMAHA<br>1850 FARNAM ST<br>OMAHA, NE 68102  | 47-6032795 | 501(C)(3)                     | 30,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| RISE ACADEMY<br>3555 FARNAM STREET, SUITE 209<br>OMAHA, NE 68131                              | 83-0583165 | 501(C)(3)                     | 30,000.                  | 0.                               |   |  | EDUCATED WORKFORCE PROJECT         |
| VILLAGE OF BEAVER CROSSING<br>PO BOX 116<br>BEAVER CROSSING, NE 68313                         |            | 170(B)(1)(A)(V)               | 30,000.                  | 0.                               |   |  | SWIMMING POOL IMPROVEMENTS         |

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| ESU #16<br>314 WEST 1ST STREET<br>OGALLALA, NE 69153                                   |            | 170(B)(1)(A)(V)               | 29,520.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| VILLAGE OF DILLER<br>PO BOX 157<br>DILLER, NE 68342                                    |            | 170(B)(1)(A)(V)               | 28,853.                  | 0.                               |   |  | WELCOME SIGNS PROJECT              |
| VILLAGE OF HOWELLS<br>PO BOX 351<br>HOWELLS, NE 68641                                  |            | 170(B)(1)(A)(V)               | 28,168.                  | 0.                               |   |  | COMMUNITY CENTER SUPPORT           |
| PENDER PUBLIC SCHOOL<br>609 WHITNEY STREET<br>PENDER, NE 68047                         |            | 170(B)(1)(A)(V)               | 26,788.                  | 0.                               |   |  | PENDRAGON SPORTS COMPLEX PROJECT   |
| OMAHA HOME FOR BOYS<br>4343N 52ND STREET<br>OMAHA, NE 68104                            | 47-0376529 | 501(C)(3)                     | 25,819.                  | 0.                               |   |  | EDUCATED WORKFORCE PROJECT         |
| PAXTON VOLUNTEER FIRE DEPARTMENT<br>110 W 2ND ST<br>PAXTON, NE 69155                   | 47-6006320 | 170(B)(1)(A)(V)               | 25,500.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| AGAPE RESOURCE & ASSISTANCE CENTER<br>INC - 1315 19TH ST, UNIT 3A -<br>PLANO, TX 75074 | 75-2942035 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | EDUCATED WORKFORCE PROJECT         |
| ARBOR DAY FOUNDATION<br>PO BOX 80208<br>LINCOLN, NE 68501-0208                         | 23-7169265 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | RESTORATION PROGRAM                |
| AUTISM ACTION PARTNERSHIP<br>10110 NICHOLAS ST, STE 202<br>OMAHA, NE 68114             | 20-6892034 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT         |

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| BOULDER CHAMBER FOUNDATION<br>2440 PEARL ST.<br>BOULDER, CO 80302                                       | 83-0563237 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | GENERAL SUPPORT                      |
| BRIDGE HOUSE<br>5345 ARAPAHOE AVE UNIT 5<br>BOULDER, CO 80303   | 84-1440292 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT           |
| BRYAN FOUNDATION<br>1600 S. 48TH STREET<br>LINCOLN, NE 68506-1299                                       | 23-7005720 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | CAPITAL CAMPAIGN                     |
| BYRON COMMUNITY BUILDING DISTRICT<br>403 WARREN ST<br>BYRON, NE 68325                                   |            | 170(B)(1)(A)(V)               | 25,000.                  | 0.                               |   |  | GENERAL SUPPORT                      |
| CATHOLIC CHARITIES OF THE<br>ARCHDIOCESE OF OMAHA INC - 6223<br>MAPLE STREET #4520 - OMAHA, NE<br>68104 | 47-0376612 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | CAPITAL CAMPAIGN                     |
| CHADRON STATE COLLEGE FOUNDATION<br>1000 MAIN STREET<br>CHADRON, NE 69337                               | 23-7352673 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | RURAL BUSINESS LEADERSHIP INITIATIVE |
| CHILD SAVING INSTITUTE INC<br>4545 DODGE STREET<br>OMAHA, NE 68132                                      | 45-0489204 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT           |
| ELKHORN LOGAN VALLEY PUBLIC HEALTH<br>DEPT FOUNDATION - PO BOX 779 -<br>WISNER, NE 68791                | 47-1570618 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | SMILE IN STYLE PROGRAM               |
| FONTENELLE FOREST NATURE<br>ASSOCIATION - 1111 N BELLEVUE BLVD<br>- BELLEVUE, NE 68005                  | 47-6026109 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | GENERAL SUPPORT                      |

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| GREATER FREMONT DEVELOPMENT FOUNDATION - 1005 E 23RD ST STE 2 - FREMONT, NE 68025       | 81-4270373 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| GREATER LOUP VALLEY ACTIVITIES INC 1411 M ST. ORD, NE 68862                             | 47-0769571 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | WORKFORCE HOUSING SUPPORT          |
| GREATER NORFOLK ECONOMIC DEVELOPMENT FOUNDATION - 609 W NORFOLK AVE - NORFOLK, NE 68701 | 36-3441719 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| HOME OF THE SPARROW INC 4209 W. SHAMROCK LANE, UNIT B MCHENRY, IL 60050                 | 36-3494491 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT         |
| LATINO CENTER OF THE MIDLANDS 4821 S 24TH ST OMAHA, NE 68107                            | 23-7208431 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT         |
| METROPOLITAN COMMUNITY COLLEGE FOUNDATION - PO BOX 3777 - OMAHA, NE 68103-0777          | 47-0596504 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT         |
| OMAHA SPORTS COMMISSION PO BOX 744 BOYSTOWN, NE 68010                                   | 20-0724954 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| OMAHA ZOOLOGICAL SOCIETY INC 3701 S 10TH ST OMAHA, NE 68107                             | 47-0469782 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | ZOOFARI SUPPORT                    |
| REGIONAL WEST MEDICAL CENTER 4021 AVE B SCOTTSBLUFF, NE 69361                           | 47-0385129 | 170(B)(1)(A)(V)               | 25,000.                  | 0.                               |   |  | LINEAR ACCELERATOR CAMPAIGN        |

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| THE NEIGHBOR PROJECT<br>32 S BROADWAY<br>AURORA, IL 60505  | 36-3753248 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT          |
| UCHEALTH NORTHERN COLORADO FOUNDATION - 2315 EAST HARMONY RD<br>STE 200 - FORT COLLINS, CO 80528 | 74-1894581 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | POUDRE VALLEY CAMPAIGN              |
| URBAN LEAGUE OF NE<br>3040 LAKE STREET<br>OMAHA, NE 68111-3700                                   | 47-0384575 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT          |
| WAYNE STATE FOUNDATION<br>1111 MAIN STREET<br>WAYNE, NE 68787                                    | 47-6032870 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | ATHLETIC COMPLEX IMPROVEMENTS       |
| LYNCH RURAL FIRE DISTRICT<br>PO BOX 181<br>LYNCH, NE 68746-0181                                  |            | 170(B)(1)(A)(V)               | 24,095.                  | 0.                               |   |  | EQUIPMENT UPGRADE                   |
| VILLAGE OF ELSIE<br>103 PERKINS AVE<br>ELSIE, NE 69134   |            | 170(B)(1)(A)(V)               | 23,243.                  | 0.                               |   |  | COMMUNITY BEAUTIFICATION            |
| YMCA OF MCCOOK<br>PO BOX 408<br>MCCOOK, NE 69001-0408  | 47-0377999 | 501(C)(3)                     | 23,107.                  | 0.                               |   |  | GENERAL SUPPORT                     |
| CITY OF DESHLER<br>PO BOX 189<br>DESHLER, NE 68340   |            | 170(B)(1)(A)(V)               | 22,882.                  | 0.                               |   |  | ELECTRONIC MESSAGE SIGN IMPROVEMENT |
| VALLEY CHILD DEVELOPMENT CENTER<br>PO BOX 335<br>RED CLOUD, NE 68970                             | 81-1174755 | 501(C)(3)                     | 22,500.                  | 0.                               |   |  | GENERAL SUPPORT                     |

Schedule I (Form 990)

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

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| FREMONT AREA COMMUNITY FOUNDATION<br>INC. - 1005 E 23RD STREET, SUITE 2<br>- FREMONT, NE 68025 | 47-0629642 | 501(C)(3)                     | 22,409.                  | 0.                               |   |  | COMMUNITY THANKSGIVING<br>DINNER SUPPORT |
| BONE CREEK ART MUSEUM<br>575 E STREET<br>DAVID CITY, NE 68632                                  | 20-8479913 | 501(C)(3)                     | 22,250.                  | 0.                               |   |  | CAMPAIGN SUPPORT                         |
| BERTRAND COMMUNITY SCHOOL<br>PO BOX 278<br>BERTRAND, NE 68927                                  |            | 170(B)(1)(A)(V)               | 22,180.                  | 0.                               |   |  | INDUSTRIAL ARTS EQUIPMENT<br>UPGRADE     |
| PENDER FIRE & RESCUE<br>314 MAPLE ST.<br>PENDER, NE 68047                                      | 47-0836875 | 170(B)(1)(A)(V)               | 21,601.                  | 0.                               |   |  | GENERAL SUPPORT                          |
| DAVID CITY PUBLIC SCHOOL<br>750 D STREET<br>DAVID CITY, NE 68632                               | 47-6001506 | 170(B)(1)(A)(V)               | 20,951.                  | 0.                               |   |  | SCHOLARSHIP GRANT                        |
| DILLER FIRE & RESCUE<br>PO BOX 96<br>DILLER, NE 68342-0096                                     |            | 170(B)(1)(A)(V)               | 20,920.                  | 0.                               |   |  | GENERAL SUPPORT                          |
| ARNOLD PUBLIC SCHOOLS<br>PO BOX 399<br>ARNOLD, NE 69120  |            | 170(B)(1)(A)(V)               | 20,850.                  | 0.                               |   |  | LOCAL FOODS IN SCHOOL<br>PROGRAM         |
| AMERICAN RED CROSS<br>2912 SOUTH 80TH AVENUE<br>OMAHA, NE 68124                                | 53-0196605 | 501(C)(3)                     | 20,819.                  | 0.                               |   |  | HOME FIRE CAMPAIGN                       |
| VILLAGE OF PETERSBURG<br>PO BOX 147<br>PETERSBURG, NE 68652                                    |            | 170(B)(1)(A)(V)               | 20,506.                  | 0.                               |   |  | SPLASH PAD PROJECT                       |

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| CITY OF ALBION<br>420 W. MARKET<br>ALBION, NE 68620-1299                                    |            | 170(B)(1)(A)(V)               | 20,467.                  | 0.                               |   |  | ALBION HOUSING PROGRAM             |
| ST. PATRICK'S SCHOOL<br>PO BOX 1040<br>MCCOOK, NE 69001                                     |            | PAROCHIAL SCHOOL              | DIS 20,057.              | 0.                               |   |  | GENERAL SUPPORT                    |
| CARE CORPS INC DBA LIFEHOUSE<br>723 N. BROAD STREET<br>FREMONT, NE 68025                    | 47-0792729 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT         |
| COMPLETELY KIDS<br>2566 SAINT MARY'S AVENUE<br>OMAHA, NE 68105                              | 27-5111197 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT         |
| DOWN SYNDROME INNOVATIONS<br>5916 DEARBORN<br>MISSION, KS 66202                             | 43-1427760 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT         |
| EASTER SEALS SOCIETY OF NEBRASKA<br>INC - 12565 W CENTER RD, SUITE 100<br>- OMAHA, NE 68144 | 47-0457872 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT         |
| ELKHORN HILLS METHODIST CHURCH<br>20227 VETERANS DRIVE<br>ELKHORN, NE 68022                 |            | RELIGIOUS ORGIZATION          | 20,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| FAMILY SERVICE AGENCY OF DEKALB<br>COUNTY INC - 1325 SYCAMORE RD -<br>DEKALB, IL 60115      | 36-2360012 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT         |
| FORT COLLINS HABITAT FOR HUMANITY<br>4001 S TAFT HILL RD<br>FT. COLLINS, CO 80526           | 84-1217901 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | CAPITAL CAMPAIGN                   |

Schedule I (Form 990)

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| GOODWILL INDUSTRIES<br>4805 N 72ND ST<br>OMAHA, NE 68134   | 47-0378996 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT            |
| HEART MINISTRY CENTER INC<br>2222 BINNEY STREET<br>OMAHA, NE 68110   | 81-0614816 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT            |
| HOMEWARD ALLIANCE<br>242 CONIFER STREET<br>FORT COLLINS, CO 80524  | 27-4641606 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT            |
| INCLUSION CONNECTIONS<br>2073 E. SANTA FE<br>OLATHE, KS 66062  | 46-2754831 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT            |
| KIDSPAK<br>815 14TH STREET SW, BLDG D<br>LOVELAND, CO 80537  | 86-1897223 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | CAPITAL CAMPAIGN                      |
| LINCOLN COMMUNITY FOUNDATION FBO<br>SOUTH DOWNTOWN CDO - 215<br>CENTENNIAL MALL S, STE 10 -<br>LINCOLN, NE 68508 | 47-0458128 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | SOUTH DOWNTOWN LINCOLN REVITALIZATION |
| NORTHEAST COMMUNITY COLLEGE<br>PO BOX 469<br>NORFOLK, NE 68702   | 47-0524851 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | SCHOLARSHIP GRANTS                    |
| OMAHA 100 INC<br>2401 LAKE STREET<br>OMAHA, NE 68111   | 36-3752051 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | GENERAL SUPPORT                       |
| ONE WORLD COMMUNITY HEALTH CENTERS<br>INC - 4920 SOUTH 30TH STREET,<br>SUITE 103 - OMAHA, NE 68107               | 47-0548990 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT            |

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| PROJECT SELF-SUFFICIENCY OF<br>LOVELAND-FORT COLLINS - 375 W.<br>37TH STREET, SUITE 150 - LOVELAND,<br>CO 80538 | 84-1206341 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | EDUCATED WORKFORCE<br>SUPPORT      |
| SPENCER RURAL FIRE BOARD<br>100 EAST MAIN ST<br>SPENCER, NE 68777   |            | 170(B)(1)(A)(V)               | 20,000.                  | 0.                               |   |  | PUMPER TRUCK                       |
| THE SIMPLE FOUNDATION<br>1111 N 13TH ST, STE 400<br>OMAHA, NE 68131   | 46-5272775 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | CAMPAIGN SUPPORT                   |
| THE WELLBEING PARTNERS<br>6001 DODGE ST., UNO CEC RM 228<br>OMAHA, NE 68182                                     | 47-0642708 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| THRIVE - TRANSFORMATION AT WORK<br>102 E. CLEVELAND ST, SUITE 200<br>LAFAYETTE, CO 80026                        | 47-5039508 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | EDUCATED WORKFORCE<br>SUPPORT      |
| TWO RIVERS PUBLIC HEALTH<br>DEPARTMENT - 516 W 11TH STREET,<br>STE 1088 - KEARNEY, NE 68845                     | 81-2027204 | 170(B)(1)(A)(V)               | 20,000.                  | 0.                               |   |  | LIFESMILES PROGRAM                 |
| YOUTH EMERGENCY SERVICES (YES)<br>2566 FARNAM ST, STE. 301<br>OMAHA, NE 68131                                   | 47-0586898 | 501(C)(3)                     | 20,000.                  | 0.                               |   |  | EDUCATED WORKFORCE<br>SUPPORT      |
| COLUMBUS AREA CHILDREN'S MUSEUM<br>2500 14TH ST #1<br>COLUMBUS, NE 68601  | 86-3569128 | 501(C)(3)                     | 19,832.                  | 0.                               |   |  | OUTDOOR PLAYGROUND<br>SUPPORT      |
| OGALLALA PUBLIC SCHOOLS FOUNDATION<br>PO BOX 34<br>OGALLALA, NE 69153   | 26-3043298 | 501(C)(3)                     | 19,409.                  | 0.                               |   |  | GENERAL SUPPORT                    |

Schedule I (Form 990)

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| UNITED CHURCH OF PENDER<br>504 EAST STREET<br>PENDER, NE 68047                 |            | 501(C)(3)                     | 17,975.                  | 0.                               |   |  | BACKPACK PROGRAM                   |
| SEWARD UNITED METHODIST CHURCH<br>1400 N 5TH STREET<br>SEWARD, NE 68434        |            | 501(C)(3)                     | 17,880.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| HILLCREST NURSING HOME FOUNDATION<br>PO BOX 1087<br>MCCOOK, NE 69001           | 47-0739732 | 501(C)(3)                     | 16,581.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| VILLAGE OF DORCHESTER<br>701 WASHINGTON AVE<br>DORCHESTER, NE 68343            |            | 170(B)(1)(A)(V)               | 16,500.                  | 0.                               |   |  | BALL FIELD IMPROVEMENT PROJECT     |
| VILLAGE OF BERTRAND<br>PO BOX 295<br>BERTRAND, NE 68927                        |            | 170(B)(1)(A)(V)               | 16,170.                  | 0.                               |   |  | ECONOMIC DEVELOPMENT               |
| FRIENDS OF THE LIBRARY FOUNDATION<br>INC. - PO BOX 938 - ATKINSON, NE<br>68713 | 47-0791328 | 501(C)(3)                     | 16,016.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| GOOD SAMARITAN SOCIETY<br>406 E NEELY ST<br>ATKINSON, NE 68713                 | 46-0349951 | 501(C)(3)                     | 16,016.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| WEST HOLT MEMORIAL HOSPITAL<br>406 W NEELY ST<br>ATKINSON, NE 68713            | 47-0540498 | 170(B)(1)(A)(V)               | 16,016.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| FELLOWSHIP OF CHRISTIAN ATHLETES<br>PO BOX 83671<br>LINCOLN, NE 68501          |            | 170(B)(1)(A)(V)               | 15,500.                  | 0.                               |   |  | NORTHEAST NEBRASKA FCA SUPPORT     |

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| SHICKLEY PUBLIC SCHOOL<br>PO BOX 407<br>SHICKLEY, NE 68436                    |            | 170(B)(1)(A)(V)               | 15,472.                  | 0.                               |   |  | COLLEGE PREP PROGRAM               |
| OGALLALA WOMEN'S RESOURCE CENTER<br>1008 W 1ST, SUITE 1<br>OGALLALA, NE 69153 | 20-0378766 | 501(C)(3)                     | 15,278.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| BOONE CENTRAL SCHOOLS<br>PO BOX 391<br>ALBION, NE 68620                       |            | 170(B)(1)(A)(V)               | 15,000.                  | 0.                               |   |  | CARDINAL KIDS CLUB SUPPORT         |
| CENTENNIAL PUBLIC SCHOOL<br>PO BOX 187<br>UTICA, NE 68456                     |            | 170(B)(1)(A)(V)               | 15,000.                  | 0.                               |   |  | GRANT-CENTENNIAL CHOICE            |
| CLIMB<br>1001 WEST 31ST ST<br>CHEYENNE, WY 82001                              | 20-1523033 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | EDUCATED WOKFORCE SUPPORT          |
| COLLEGE POSSIBLE<br>900 S 74TH PLAZA SUITE 403<br>OMAHA, NE 68114             | 41-1968798 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | EDUCATED WOKFORCE SUPPORT          |
| DEBORAH'S LEGACY INC<br>705 N. POPLAR<br>NORTH PLATTE, NE 69101               | 45-5163406 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | EDUCATED WOKFORCE SUPPORT          |
| EDUCARE OF LINCOLN INC<br>3435 N 14TH STREET<br>LINCOLN, NE 68521             | 46-0568146 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | EDUCATED WOKFORCE SUPPORT          |
| HEARTLAND FAMILY SERVICE<br>2101 SOUTH 42ND STREET<br>OMAHA, NE 68105         | 47-0390618 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | EDUCATED WOKFORCE SUPPORT          |

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| NEW VISIONS HOMELESS SERVICES<br>1435 N. 15TH STREET<br>COUNCIL BLUFFS, IA 51501 | 81-2668778 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | EDUCATED WOKFORCE SUPPORT          |
| NORTH CENTRAL DEVELOPMENT CTR NCDC<br>PO BOX 54<br>AINSWORTH, NE 69210           | 47-0764517 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | HOUSING DEVELOPMENT                |
| THE FAMILY LEARNING CENTER<br>3164 34TH STREET<br>BOULDER, CO 80301              | 74-2240341 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | EDUCATED WOKFORCE SUPPORT          |
| UNL SCHOLARSHIPS & FIN.AID<br>PO BOX 880411<br>LINCOLN, NE 68588-0411            |            | 170(B)(1)(A)(V)               | 15,000.                  | 0.                               |   |  | SCHOLARSHIP GRANT                  |
| VILLAGE OF BELGRADE<br>106 SOUTH C STREET<br>BELGRADE, NE 68623                  |            | 170(B)(1)(A)(V)               | 15,000.                  | 0.                               |   |  | PARK IMPROVEMENTS                  |
| VILLAGE OF TAMORA<br>402 CHAPMAN AVE<br>SEWARD, NE 68434                         |            | 170(B)(1)(A)(V)               | 15,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| VILLAGE OF UTICA<br>PO BOX 155<br>UTICA, NE 68456                                |            | 170(B)(1)(A)(V)               | 15,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| WOMEN'S CENTER FOR ADVANCEMENT<br>3801 HARNEY STREET<br>OMAHA, NE 68131          | 27-3205476 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | EDUCATED WOKFORCE SUPPORT          |
| YWCA GRAND ISLAND<br>211 E FONNER PARK RD<br>GRAND ISLAND, NE 68801              | 47-0415815 | 501(C)(3)                     | 15,000.                  | 0.                               |   |  | EDUCATED WOKFORCE SUPPORT          |

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| TRAILS WEST CASA INC<br>511 N SPRUCE ST STE 105<br>OGALLALA, NE 69153   | 47-0778007 | 501(C)(3)                     | 13,731.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| THE SALVATION ARMY<br>10755 BURT ST<br>OMAHA, NE 68114  |            | 501(C)(3)                     | 13,391.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| DOLLYWOOD FOUNDATION<br>111 E MAIN STREET, 2ND FLOOR<br>SEVIERVILLE, TN 37862   | 62-1348105 | 501(C)(3)                     | 13,034.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| COMMUNITY HOSPITAL HEALTH<br>FOUNDATION - PO BOX 1328 - MCCOOK,<br>NE 69001-1328  | 47-0693261 | 501(C)(3)                     | 13,016.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| SANDHILLS CRISIS INTERVENTION<br>PROGRAM INC SCIP - PO BOX 22 -<br>OGALLALA, NE 69153   | 36-3545903 | 501(C)(3)                     | 12,906.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| FILLMORE COUNTY HOSPITAL<br>FOUNDATION - 1900 F ST - GENEVA,<br>NE 68361  | 26-1778815 | 501(C)(3)                     | 12,500.                  | 0.                               |   |  | CAPITAL IMPROVEMENTS               |
| FRIENDS OF KEENE MEMORIAL LIBRARY<br>1030 N BROAD ST<br>FREMONT, NE 68025   | 47-0798309 | 501(C)(3)                     | 25,000.                  | 0.                               |   |  | LIBRARY EXPANSION PROJECT          |
| VILLAGE OF WALLACE<br>PO BOX 40<br>WALLACE, NE 69169  |            | 170(B)(1)(A)(V)               | 12,025.                  | 0.                               |   |  | FACILITY IMPROVEMENT               |
| THE UNIVERSITY OF NEBRASKA -<br>LINCOLN - DEPT OF AGRONOMY &<br>HORTICULTURE, % MS. ANNE STREICH,<br>279C PLANT SCIENCE BUIL - LINCOLN, |            | 170(B)(1)(A)(V)               | 12,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |

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| NORFOLK RESCUE MISSION<br>111 N. 9TH STREET<br>NORFOLK, NE 68701  | 47-0800815 | 501(C)(3)                     | 11,939.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| HUMBOLDT COMMUNITY FOUNDATION INC.<br>PO BOX 127<br>HUMBOLDT, NE 68376  | 47-0760334 | 501(C)(3)                     | 11,241.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| FRIENDS OF DAVID CITY<br>PO BOX 301<br>DAVID CITY, NE 68632   | 84-4516568 | 501(C)(3)                     | 11,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| HOPE VENTURE<br>315 S 9TH #200<br>LINCOLN, NE 68508   | 27-0863959 | 501(C)(3)                     | 11,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| BUILDING BLOCKS EARLY CHILDHOOD & FAMILY DEVELOPMENT CENTER - 202<br>EAST 2ND ST - LAUREL, NE 68745                     |            | 501(C)(3)                     | 10,768.                  | 0.                               |   |  | RENOVATION SUPPORT                 |
| SANDHILLS FIRE AND RESCUE<br>PO BOX 322<br>HYANNIS, NE 69350  |            | 170(B)(1)(A)(V)               | 10,600.                  | 0.                               |   |  | EQUIPMENT UPGRADE                  |
| UNIVERSITY OF NEBRASKA FOUNDATION<br>DR CLINT KREBBIEL UNL ANIMAL SC, C<br>203G ANIMAL SCIENCE BLDG -<br>LINCOLN, NE 68 |            | 501(C)(3)                     | 10,200.                  | 0.                               |   |  | MEATS JUDGING TEAM SUPPORT         |
| FRIENDS OF THE KENFIELD GALLERY<br>418 E 1ST ST<br>OGALLALA, NE 69153   | 47-0835061 | 501(C)(3)                     | 10,145.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| A PRECIOUS CHILD INC.<br>7051 W. 118TH AVE<br>BROOMFIELD, CO 80020  | 26-3349334 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT         |

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| ATTENTION INC DBA TGTHR<br>1440 PINE STREET, STE B<br>BOULDER, CO 80302                     | 84-0571145 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT         |
| BIG BROTHERS BIG SISTERS OF THE MIDLANDS - 1209 HARNEY ST, STE 110<br>- OMAHA, NE 68102     | 47-0466144 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | DEI TRAINING                       |
| BIG LITTLE TOWN REVITALIZATION CLUB - PO BOX 25 - SHICKLEY, NE 68436-0025                   | 83-1390212 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | PARK PLAYGROUND EQUIPMENT UPGRADE  |
| CITIES FOR FINANCIAL EMPOWERMENT FUND INC - 44 WALL ST., SUITE 605<br>- NEW YORK, NY 10005  | 46-3612187 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| COLUMBUS AREA CHILDCARE<br>753 33RD AVE<br>COLUMBUS, NE 68601                               | 88-3696458 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| CROSSROADS CENTER<br>702 W 14TH ST.<br>HASTINGS, NE 68901                                   | 47-0700215 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | TRANSITIONAL HOUSING CAMPAIGN      |
| DEKALB COUNTY ECONOMIC DEVELOPMENT CORP - 2179 SYCAMORE RD, UNIT #102<br>- DEKALB, IL 60115 | 36-3524353 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| FILM STREAMS INC<br>1340 MIKE FAHEY ST<br>OMAHA, NE 68102                                   | 20-2549448 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| FINANCIAL BEGINNINGS<br>JAMES CHEN, PO BOX 4243<br>OMAHA, NE 68104                          | 20-3530960 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | FINANCIAL BEGINNINGS NEBRASKA      |

Schedule I (Form 990)

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

| (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       |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| HOPESPOKE<br>2440 O STREET<br>LINCOLN, NE 68510                                     | 47-0398819 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | COUNTY ROAD IMPROVEMENT PROJECT          |
| LIGHT HOUSE<br>2601 N ST<br>LINCOLN, NE 68510                                       | 36-3656310 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | GENERAL SUPPORT                          |
| LITERACY VOLUNTEERS FOX VALLEY<br>ONE SOUTH SIXTH AVENUE<br>ST. CHARLES, IL 60174   | 36-3490254 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT               |
| MICAH HOUSE CORPORATION<br>1415 AVENUE J<br>COUNCIL BLUFFS, IA 51501                | 42-1292393 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT               |
| MOUNT MARTY UNIVERSITY<br>1105 W 8TH ST<br>YANKTON, SD 57078                        | 46-0283336 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | FIELDHOUSE PROJECT                       |
| NEBRASKA ATAXIA INC<br>PO BOX 24214<br>OMAHA, NE 68124                              | 81-2926708 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | GENERAL SUPPORT                          |
| OMAHA BRIDGES OUT OF POVERTY INC<br>4343 N 52ND ST<br>OMAHA, NE 68104               | 81-3496316 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT               |
| SANDHILLS CARE CENTER<br>PO BOX 165<br>AINSWORTH, NE 69210                          |            | 170(B)(1)(A)(V)               | 10,000.                  | 0.                               |   |  | HEATING AND AIRCONDITIONING IMPROVEMENTS |
| SCHOOL DISTRICT OF COLUMBUS<br>FOUNDATION INC. - PO BOX 947 -<br>COLUMBUS, NE 68602 | 47-0693924 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | GENERAL SUPPORT                          |

Schedule I (Form 990)

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| SHELTERING TREE INC<br>PO BOX 4990<br>OMAHA, NE 68104   | 03-0605993 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | AFFORDABLE HOUSING SUPPORT         |
| SIENA FRANCIS HOUSE<br>1401 N 18TH ST<br>OMAHA, NE 68102  | 47-0601005 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | GENERAL SUPPORT                    |
| STRATTON INDUSTRIAL COMMISSION<br>INC. - PO BOX 188 - STRATTON, NE<br>69043                         | 47-0643549 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | DROUGHT DOLLARS PROGRAM            |
| THE GREELEY DREAM TEAM INC.<br>1025 9TH AVENUE, SUITE 336<br>GREELEY, CO 80631-4039                 | 84-1070282 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT         |
| THE LITERACY CONNECTION<br>270 N GROVE AVE<br>ELGIN, IL 60120                                       | 36-3576823 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | EDUCATED WORKFORCE SUPPORT         |
| UNIVERSITY OF NEBRASKA<br>DR. TOM BURKEY, ANIMAL SCIENCE,<br>C203H ANSC - LINCOLN, NE<br>68583-0908 | 47-0491233 | 170(B)(1)(A)(V)               | 10,000.                  | 0.                               |   |  | SCHOLARSHIP GRANT                  |
| UNIVERSITY OF NEBRASKA FOUNDATION<br>PO BOX 82555<br>LINCOLN, NE 68501-2555                         |            | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | FEEDLOT INNOVATION CENTER PROJECT  |
| PLATTE VALLEY HUMANE SOCIETY<br>2124 13TH STREET<br>COLUMBUS, NE 68601                              | 47-0659715 | 501(C)(3)                     | 9,749.                   | 0.                               |   |  | GENERAL SUPPORT                    |
| MCCOOK COMMUNITY KITCHEN<br>402 NORRIS AVENUE, STE 102<br>MCCOOK, NE 69001                          | 88-1578992 | 501(C)(3)                     | 9,721.                   | 0.                               |   |  | GENERAL SUPPORT                    |

Schedule I (Form 990)

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| PENDER COMMUNITY HEALTHCARE FOUNDATION INC. - 200 VALLEY VIEW DR - PENDER, NE 68047 | 47-0750036 | 501(C)(3)                     | 9,680.                   | 0.                               |   |  | GENERAL SUPPORT                    |
| HABITAT FOR HUMANITY OF DEKALB COUNTY - 1625 DEKALB AVE - SYCAMORE, IL 60178-2785   | 36-4128593 | 501(C)(3)                     | 9,655.                   | 0.                               |   |  | GENERAL SUPPORT                    |
| THAYER CENTRAL SCHOOLS<br>PO BOX 9<br>HEBRON, NE 68370-0009                         |            | 170(B)(1)(A)(V)               | 9,618.                   | 0.                               |   |  | GENERAL SUPPORT                    |
| MCCOOK EDUCATION FOUNDATION INC.<br>PO BOX 782<br>MCCOOK, NE 69001-0782             | 47-0771196 | 501(C)(3)                     | 9,314.                   | 0.                               |   |  | GENERAL SUPPORT                    |
| BLUE RIVER HISTORICAL SOCIETY<br>441 N 5TH<br>SEWARD, NE 68434                      | 87-4539539 | 501(C)(3)                     | 8,975.                   | 0.                               |   |  | GENERAL SUPPORT                    |
| ESU #16 FBO COMMUNITIES FOR KIDS<br>314 WEST 1ST<br>OGALLALA, NE 69153              | 47-0496080 | 170(B)(1)(A)(V)               | 8,802.                   | 0.                               |   |  | COMMUNITIES FOR KIDS               |
| PRAIRIE PLAINS CASA<br>322 NORRIS AVE STE 6<br>MCCOOK, NE 69001-3700                | 81-1333824 | 501(C)(3)                     | 8,642.                   | 0.                               |   |  | GENERAL SUPPORT                    |
| NEBRASKA FFA FOUNDATION<br>PO BOX 94942<br>LINCOLN, NE 68509-4942                   | 47-0741774 | 501(C)(3)                     | 8,600.                   | 0.                               |   |  | EDGE CONFERENCE SUPPORT            |
| COMMUNITY ACTION PARTNERSHIP OF MID-NE - PO BOX 2288 - KEARNEY, NE 68847            | 47-6039628 | 501(C)(3)                     | 8,588.                   | 0.                               |   |  | GENERAL SUPPORT                    |

Schedule I (Form 990)

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| VILLAGE OF WAUNETA<br>PO BOX 95<br>WAUNETA, NE 69045                              |            | 170(B)(1)(A)(V)               | 8,249.                   | 0.                               |   |  | PARK IMPROVEMENTS                  |
| PENDER CARE CENTRE DISTRICT INC<br>PO BOX 100<br>PENDER, NE 68047                 | 22-3887517 | 501(C)(3)                     | 8,025.                   | 0.                               |   |  | GENERAL SUPPORT                    |
| ANDREW JACKSON HIGGINS MEMORIAL<br>FOUNDATION - PO BOX 99 - COLUMBUS,<br>NE 68602 | 47-5040030 | 501(C)(3)                     | 8,000.                   | 0.                               |   |  | GENERAL SUPPORT                    |
| HEARTLAND YOUTH RANCH<br>80997 HWY 11<br>NORTH LOUP, NE 68859                     |            | 501(C)(3)                     | 8,000.                   | 0.                               |   |  | GENERAL SUPPORT                    |
| VILLAGE OF EXETER<br>PO BOX 96<br>EXETER, NE 68351                                |            | 170(B)(1)(A)(V)               | 8,000.                   | 0.                               |   |  | EXETER BALLFIELD<br>IMPROVEMENTS   |
| CERESCO COMMUNITY LIBRARY<br>PO BOX 158<br>CERESCO, NE 68017                      |            | 170(B)(1)(A)(V)               | 7,979.                   | 0.                               |   |  | GENERAL SUPPORT                    |
| EWING FULL GOSPEL CHURCH<br>PO BOX 57<br>EWING, NE 68735                          |            | 501(C)(3)                     | 7,959.                   | 0.                               |   |  | FENCING PROJECT FOR<br>DAYCARE     |
| TEAMMATES MENTORING PROGRAM<br>920 EAST J STREET<br>OGALLALA, NE 69153            | 26-3342492 | 501(C)(3)                     | 7,869.                   | 0.                               |   |  | GENERAL SUPPORT                    |
| CITY OF NEBRASKA CITY<br>1409 CENTRAL AVE<br>NEBRASKA CITY, NE 68410              |            | 170(B)(1)(A)(V)               | 7,813.                   | 0.                               |   |  | SKATEBOARD 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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| NORTH LOUP POPCORN ASSOCIATION<br>INC. - PO BOX 6 - NORTH LOUP, NE<br>68859        | 84-2587781 | 501(C)(3)                     | 7,750.                   | 0.                               |   |  | GENERAL SUPPORT                          |
| DVORACEK MEMORIAL LIBRARY<br>PO BOX 803<br>WILBER, NE 68465                        |            | 170(B)(1)(A)(V)               | 7,681.                   | 0.                               |   |  | GENERAL SUPPORT                          |
| NORFOLK ARTS CENTER<br>305 N. 5TH STREET<br>NORFOLK, NE 68701                      | 01-3515109 | 501(C)(3)                     | 7,580.                   | 0.                               |   |  | ARTISTS DRIVEN PROJECT                   |
| HOUSE MEMORIAL LIBRARY<br>PO BOX 519<br>PENDER, NE 68047                           |            | 170(B)(1)(A)(V)               | 7,545.                   | 0.                               |   |  | CHILDREN'S CHRISTMAS<br>SATURDAY PROJECT |
| CITY OF HICKMAN<br>115 LOCUST ST<br>HICKMAN, NE 68372                              |            | 170(B)(1)(A)(V)               | 7,500.                   | 0.                               |   |  | ACCESSIBLE PLAYGROUND                    |
| FIDELITY LODGE #51 CHARITABLE<br>FOUNDATION - PO BOX 229 - DAVID<br>CITY, NE 68632 | 83-2543350 | 501(C)(3)                     | 7,500.                   | 0.                               |   |  | GENERAL SUPPORT                          |
| MOMENTUM<br>1225 N. 53RD ST<br>OMAHA, NE 68132                                     | 85-3897517 | 501(C)(3)                     | 7,500.                   | 0.                               |   |  | EDUCATED WORKFORCE<br>SUPPORT            |
| OMAHA STREET SCHOOL INC<br>3223 N 45TH ST<br>OMAHA, NE 68104                       | 47-0811597 | 501(C)(3)                     | 7,500.                   | 0.                               |   |  | EDUCATED WORKFORCE<br>SUPPORT            |
| VILLAGE OF PENDER<br>614 MAIN STREET<br>PENDER, NE 68047                           |            | 170(B)(1)(A)(V)               | 7,425.                   | 0.                               |   |  | CITY WEBSITE UPGRADE                     |

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| KEITH COUNTY HISTORICAL SOCIETY<br>1004 NORTH SPRUCE<br>OGALLALA, NE 69153                         | 47-0573442 | 501(C)(3)                     | 7,348.                   | 0.                               |   |  | GENERAL SUPPORT                            |
| CITY OF BLOOMFIELD<br>PO BOX 157<br>BLOOMFIELD, NE 68718   |            | 170(B)(1)(A)(V)               | 7,323.                   | 0.                               |   |  | HISTORICAL SOCIETY<br>BATHROOM IMPROVEMENT |
| VILLAGE OF PENDER FBO BETTERMENT<br>GROUP - 614 MAIN STREET - PENDER,<br>NE 68047                  |            | 170(B)(1)(A)(V)               | 7,225.                   | 0.                               |   |  | GENERAL SUPPORT                            |
| ELWOOD CARE CENTER<br>PO BOX 315<br>ELWOOD, NE 68937   |            | 170(B)(1)(A)(V)               | 7,028.                   | 0.                               |   |  | GENERAL SUPPORT                            |
| PLAYFUL PALS DAYCARE<br>PO BOX 302<br>LYNCH, NE 68746  | 47-0790425 | 501(C)(3)                     | 7,000.                   | 0.                               |   |  | GENERAL SUPPORT                            |
| SOUTHEAST COMMUNITY COLLEGE<br>EDUCATIONAL FOUNDATION - 301 S<br>68TH ST PLACE - LINCOLN, NE 68510 | 51-0168407 | 501(C)(3)                     | 7,000.                   | 0.                               |   |  | SCHOLARSHIP GRANT                          |
| SOUTHWEST NEBRASKA HABITAT FOR<br>HUMANITY - PO BOX 248 - MCCOOK, NE<br>69001                      | 47-0843373 | 501(C)(3)                     | 6,993.                   | 0.                               |   |  | GENERAL SUPPORT                            |
| DILLER-ODELL FFA ALUMNI<br>PO BOX 188<br>ODELL, NE 68415-0188                                      |            | 170(B)(1)(A)(V)               | 6,835.                   | 0.                               |   |  | LOCAL FOODS IN SCHOOL<br>PROGRAM           |
| CORTLAND FIRE STATION<br>100 N SHERMAN STREET<br>CORTLAND, NE 68331                                |            | 170(B)(1)(A)(V)               | 6,804.                   | 0.                               |   |  | WILDFIRE RESPONSE SUPPORT                  |

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| FIRTH RURAL FIRE DEPARTMENT<br>8900 FIRTH ROAD<br>FIRTH, NE 68358                         |            | 170(B)(1)(A)(V)               | 6,804.                   | 0.                               |   |  | WILDFIRE RESPONSE SUPPORT          |
| NELIGH-OAKDALE PUBLIC SCHOOLS<br>PO BOX 149<br>NELIGH, NE 68756                           |            | 170(B)(1)(A)(V)               | 6,769.                   | 0.                               |   |  | COLOR RUN SUPPORT                  |
| TEAMMATES MENTORING PROGRAM<br>600 WEST 7TH<br>MCCOOK, NE 69001                           | 20-1395116 | 501(C)(3)                     | 6,677.                   | 0.                               |   |  | GENERAL SUPPORT                    |
| SOUTH SIOUX CITY HIGH SCHOOL<br>3301 G STREET<br>SOUTH SIOUX CITY, NE 68776               |            | 170(B)(1)(A)(V)               | 6,674.                   | 0.                               |   |  | GENERAL SUPPORT                    |
| KEITH COUNTY SENIOR CITIZENS INC<br>202 WEST 1ST STREET<br>OGALLALA, NE 69153             | 47-0629921 | 501(C)(3)                     | 6,589.                   | 0.                               |   |  | GENERAL SUPPORT                    |
| BOONE COUNTY DEVELOPMENT AGENCY<br>233 SOUTH 4TH STREET<br>ALBION, NE 68620               | 46-4245843 | 501(C)(3)                     | 6,500.                   | 0.                               |   |  | LEADERSHIP ACADEMY<br>SUPPORT      |
| JENNIFER REINKE PUBLIC LIBRARY<br>PO BOX 40<br>DESHLER, NE 68340                          |            | 170(B)(1)(A)(V)               | 6,500.                   | 0.                               |   |  | PHOTO PRINTING KIOSK<br>PROJECT    |
| NORTH CENTRAL DISTRICT HEALTH<br>DEPARTMENT - 422 E DOUGLAS STREET<br>- O'NEILL, NE 68763 |            | 170(B)(1)(A)(V)               | 6,500.                   | 0.                               |   |  | MILES OF SMILES PROJECT            |
| PERU STATE COLLEGE FOUNDATION<br>KELLY COLE, PO BOX 10<br>PERU, NE 68421                  | 47-0495359 | 501(C)(3)                     | 6,500.                   | 0.                               |   |  | GENERAL SUPPORT                    |

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| VILLAGE OF PAXTON<br>108 N OAK ST<br>PAXTON, NE 69155                           | 47-6006320 | 170(B)(1)(A)(V)               | 6,439.                   | 0.                               |   |  | PAXTON VOLUNTEER FIRE & RESCUE SUPPORT |
| OPTIMIST INTERNATIONAL FOUNDATION<br>4494 LINDELL BLVD<br>ST LOUIS, MO 63108    | 23-7102928 | 501(C)(3)                     | 6,429.                   | 0.                               |   |  | HUMPHREY POND PROJECT                  |
| NO SHAVE NEBRASKA<br>2379 18TH ROAD<br>PENDER, NE 68047                         | 92-0588245 | 501(C)(3)                     | 6,150.                   | 0.                               |   |  | GENERAL SUPPORT                        |
| HERITAGE MUSEUM OF THURSTON COUNTY<br>INC - PO BOX 624 - PENDER, NE<br>68047    | 47-0699506 | 501(C)(3)                     | 6,080.                   | 0.                               |   |  | GENERAL SUPPORT                        |
| CONCORDIA UNIVERSITY<br>800 NORTH COLUMBIA AVENUE<br>SEWARD, NE 68434           | 47-0378777 | 501(C)(3)                     | 6,013.                   | 0.                               |   |  | GENERAL SUPPORT                        |
| HASTINGS MEMORIAL LIBRARY<br>505 CENTRAL AVE<br>GRANT, NE 69140                 |            | 170(B)(1)(A)(V)               | 6,007.                   | 0.                               |   |  | SPANISH ESL PROGRAM                    |
| AUXILIARY OF THE BROWN COUNTY<br>HOSPITAL - PO BOX 325 - AINSWORTH,<br>NE 69210 | 23-7198974 | 501(C)(3)                     | 6,000.                   | 0.                               |   |  | THRIFT SHOP BUILDING PROJECT           |
| DECATUR MUSEUM INC.<br>PO BOX 107<br>DECATUR, NE 68020                          | 20-3882982 | 501(C)(3)                     | 6,000.                   | 0.                               |   |  | GENERAL SUPPORT                        |
| NEWMAN GROVE COMMUNITY CLUB<br>82379 HWY 45<br>NEWMAN GROVE, NE 68758           | 47-0690205 | 501(C)(3)                     | 6,000.                   | 0.                               |   |  | GENERAL SUPPORT                        |

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| PARKVIEW HAVEN FACILITIES<br>FOUNDATION - 1203 4TH STREET -<br>DESHLER, NE 68340 | 27-4818143 | 501(C)(3)                     | 6,000.                   | 0.                               |   |  | MEADOWLARK HEIGHTS<br>PROJECT                 |
| PLATTSMOUTH EDUCATION FOUNDATION<br>PO BOX 283<br>PLATTSMOUTH, NE 68048          | 36-3596165 | 501(C)(3)                     | 6,000.                   | 0.                               |   |  | CAREER ACADEMIES SUPPORT                      |
| UNADILLA RESCUE<br>PO BOX 15<br>UNADILLA, NE 68454                               |            | 170(B)(1)(A)(V)               | 6,000.                   | 0.                               |   |  | PURCHASE AND REFURBISHED<br>AMBULANCE PROJECT |
| VILLAGE OF ARNOLD<br>PO BOX 70<br>ARNOLD, NE 69120-0070                          |            | 170(B)(1)(A)(V)               | 6,000.                   | 0.                               |   |  | ARNOLD REVITALIZING<br>FOUNTAINS PROJECT      |
| VILLAGE OF LYNCH<br>PO BOX 181<br>LYNCH, NE 68746-0181                           |            | 170(B)(1)(A)(V)               | 6,000.                   | 0.                               |   |  | LYNCH COMMUNITY HALL<br>SIDWALK IMPROVEMENT   |
| ORD UNITED METHODIST CHURCH<br>304 S 16TH STREET<br>ORD, NE 68862                |            | 501(C)(3)                     | 5,980.                   | 0.                               |   |  | GENERAL SUPPORT                               |
| MCCOOK HUMANE SOCIETY<br>PO BOX 13<br>MCCOOK, NE 69001                           | 36-3257066 | 501(C)(3)                     | 5,779.                   | 0.                               |   |  | GENERAL SUPPORT                               |
| OMAHA COMMUNITY FOUNDATION<br>1004 FARNAM ST., STE 200<br>OMAHA, NE 68102        | 47-0762798 | 501(C)(3)                     | 5,750.                   | 0.                               |   |  | SHARK TANK ENTREPRENEUR<br>PROJECT            |
| COMMUNITY SENIOR CENTER INC.<br>234 W. 2ND ST<br>AINSWORTH, NE 69210             | 47-0637655 | 501(C)(3)                     | 5,706.                   | 0.                               |   |  | DISHWASHER & ICE MAKER<br>PROJECT             |

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|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| ANTELOPE MEMORIAL HOSPITAL<br>102 W 9TH STREET<br>NELIGH, NE 68756                              |            | 170(B)(1)(A)(V)               | 5,689.                   | 0.                               |   |  | GENERAL SUPPORT                          |
| POPE JOHN XXIII CENTRAL CATHOLIC<br>HIGH SCHOOL - PO BOX 179 - ELGIN,<br>NE 68636               |            | PAROCHIAL SCHOOL DIS          | 5,689.                   | 0.                               |   |  | GENERAL SUPPORT                          |
| CITY OF ORD<br>PO BOX 96<br>ORD, NE 68862   |            | 170(B)(1)(A)(V)               | 5,513.                   | 0.                               |   |  | PARK IMPROVEMENTS                        |
| NEWMAN GROVE PUBLIC SCHOOLS<br>PO BOX 370<br>NEWMAN GROVE, NE 68758                             |            | 170(B)(1)(A)(V)               | 5,495.                   | 0.                               |   |  | FOOTBALL FIELD SCOREBOARD<br>PROJECT     |
| SANDHILLS PUBLIC SCHOOL<br>PO BOX 29<br>DUNNING, NE 68833                                       |            | 170(B)(1)(A)(V)               | 5,390.                   | 0.                               |   |  | SCHOLARSHIP GRANT                        |
| CITY OF TILDEN<br>PO BOX 37<br>TILDEN, NE 68781   |            | 170(B)(1)(A)(V)               | 5,375.                   | 0.                               |   |  | CITY WEBSITE UPGRADE                     |
| UNITED WAY OF LINCOLN & LANCASTER<br>COUNTY - 238 SOUTH 13TH STREET -<br>LINCOLN, NE 68501-2653 | 47-0376624 | 501(C)(3)                     | 5,348.                   | 0.                               |   |  | GENERAL SUPPORT                          |
| WHITE HORSE MUSEUM & HERITAGE<br>VILLAGE - PO BOX 51 - STUART, NE<br>68780                      | 82-1548390 | 501(C)(3)                     | 5,325.                   | 0.                               |   |  | SPRINKLER SYSTEM UPGRADE                 |
| WAYNE COMMUNITY SCHOOLS FOUNDATION<br>PO BOX 23<br>WAYNE, NE 68787                              | 36-3593896 | 501(C)(3)                     | 5,265.                   | 0.                               |   |  | HEARTLAND COUNSELING<br>SERVICES 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 COUNTY HISTORICAL SOCIETY<br>PO BOX 133<br>DAVID CITY, NE 68632             | 23-7428972 | 501(C)(3)                     | 5,250.                   | 0.                               |   |  | GENERAL SUPPORT                           |
| FOUNDATION FOR THAYER COUNTY<br>HEALTH SERVICES - PO BOX 241 -<br>HEBRON, NE 68370 | 36-3286244 | 501(C)(3)                     | 5,222.                   | 0.                               |   |  | GENERAL SUPPORT                           |
| HOPE CRISIS CENTER<br>PO BOX 365<br>FAIRBURY, NE 68352                             | 20-5807541 | 501(C)(3)                     | 5,203.                   | 0.                               |   |  | BUILDING HOPE FOR SAFE<br>SHELTER PROJECT |
| DISCOVERY CENTER OF SOUTHWEST<br>NEBRASKA - PO BOX 43 - MCCOOK, NE<br>69001        | 87-2210842 | 501(C)(3)                     | 5,167.                   | 0.                               |   |  | GENERAL SUPPORT                           |
| WILLOW BRANCH FOUNDATION INC<br>111 MAIN STREET<br>GORDON, NE 69343                | 36-3705735 | 501(C)(3)                     | 5,147.                   | 0.                               |   |  | GENERAL SUPPORT                           |
| MCCOOK LEGION BASEBALL BOOSTERS<br>INC - PO BOX 568 - MCCOOK, NE<br>69001          | 47-0772396 | 501(C)(3)                     | 5,082.                   | 0.                               |   |  | GENERAL SUPPORT                           |
| READ ALOUD NORFOLK<br>PO BOX 411<br>NORFOLK, NE 68702                              | 20-3509969 | 501(C)(3)                     | 5,050.                   | 0.                               |   |  | LIBRARY READ ALOUD<br>NORFOLK SUPPORT     |
|  |            |                               |                          |                                  |   |  |   |
|  |            |                               |                          |                                  |   |  |   |

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

| (a) Type of grant or assistance            | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|--|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
| COLLEGE SCHOLARSHIPS FOR NEBRASKA STUDENTS | 273                      | 502,368.                 | 0.                                | N/A   | N/A                                   |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |
|  |                          |                          |                                   |   |                                       |

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

**PART I, LINE 2:**

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



**Part IV** Supplemental Information

PAYMENT FOR ITS INTENDED PURPOSE.

COPY

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

NEBRASKA COMMUNITY FOUNDATION

Employer identification number

47-0769903

**Part I Questions Regarding Compensation**

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

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

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

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

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

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

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

**a** Receive a severance payment or change-of-control payment? .....

**b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....

**c** Participate in or receive payment from an equity-based compensation arrangement? .....

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

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

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 5a or 5b, describe in Part III.

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

**a** The organization? .....

**b** Any related organization? .....

If "Yes" on line 6a or 6b, describe in Part III.

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

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

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

Yes No

1b

2

4a

4b

4c

5a

5b

6a

6b

7

8

9

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

Schedule J (Form 990) 2022

**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<br>PRESIDENT AND CEO | (i)  | 288,681.   | 20,000.                             | 0.                                  | 0.   | 54,268.                 | 362,949.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (2) JASON KENNEDY<br>CFAO               | (i)  | 202,945.   | 10,000.                             | 0.                                  | 0.   | 31,179.                 | 244,124.                        | 0.  |
|   | (ii) | 0.   | 0.                                  | 0.                                  | 0.   | 0.                      | 0.                              | 0.  |
| (3) KERRY BELITZ<br>COO                 | (i)  | 161,567.   | 10,000.                             | 0.                                  | 0.   | 29,981.                 | 201,548.                        | 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) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |
|   | (i)  |  |                                     |                                     |  |                         |                                 |   |
|   | (ii) |  |                                     |                                     |  |                         |                                 |   |

**Part III** Supplemental Information

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

Area for supplemental information with horizontal lines.

COPY

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**

Open to Public  
Inspection

Name of the organization

NEBRASKA COMMUNITY FOUNDATION

Employer identification number

47-0769903

**Part I Types of Property**

|   | (a)<br>Check if<br>applicable | (b)<br>Number of<br>contributions or<br>items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line 1g | (d)<br>Method of determining<br>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                             | 10  | 533,139.   | QUOTED MARKET PRICES   |
| 10 Securities - Closely held stock .....                              |                               |   |  |  |
| 11 Securities - Partnership, LLC, or<br>trust interests .....         |                               |   |  |  |
| 12 Securities - Miscellaneous .....                                   |                               |   |  |  |
| 13 Qualified conservation contribution -<br>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 COMMODITIES ) .....                                     | X                             | 25  | 133,658.   | QUOTED MARKET PRICES   |
| 26 Other ( EVENT AUCTION I ) .....                                    | X                             | 227   | 64,245.  | FAIR MARKET VALUE  |
| 27 Other ( PERSONAL PROPER ) .....                                    | X                             | 1   | 1,200.   | 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

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 3 years from the date of the initial contribution, and which isn't required to be used for  
exempt purposes for the entire holding period? .....

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? .....

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

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,  
describe in Part II.

|     | Yes | No |
|-----|-----|----|
| 30a |     | X  |
| 31  | X   |    |
| 32a | X   |    |
| 33  |     |    |

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

Schedule M (Form 990) 2022

**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.

COPY

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2022**

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) 2022

Name of the organization

NEBRASKA COMMUNITY FOUNDATION

Employer identification number

47-0769903

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

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

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

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

FORM 990, PART XII, LINE 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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2022**  
**Open to Public**  
**Inspection**

|  |   |
|--|---|
| Name of the organization<br><div align="center"><b>NEBRASKA COMMUNITY FOUNDATION</b></div> | Employer identification number<br><div align="center"><b>47-0769903</b></div> |
|--|---|

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

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

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

Schedule R (Form 990) 2022

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

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

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

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

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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?                          |     |    |
| <b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity .....  |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....  |     | X  |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....  | X   |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....   |     | X  |
| <b>e</b> Loans or loan guarantees by related organization(s) .....  |     | X  |
| <b>f</b> Dividends from related organization(s) .....   |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....  |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....  |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....  |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....   |     | X  |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....   |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....   | X   |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....  |     | X  |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....  |     | X  |
| <b>o</b> Sharing of paid employees with related organization(s) .....   |     | X  |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....   |     | X  |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....   | X   |    |
| <b>r</b> Other transfer of cash or property to related organization(s) .....  |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....  |     | X  |
| <b>2</b> 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)<br>Name of related organization    | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|--|----------------------------------|------------------------|--|
| (1) NO TRANSACTIONS EXCEEDING \$50,000 | C                                | 0.                     |  |
| (2) NO TRANSACTIONS EXCEEDING \$50,000 | L                                | 0.                     |  |
| (3) NO TRANSACTIONS EXCEEDING \$50,000 | Q                                | 0.                     |  |
| (4)                                    |                                  |                        |  |
| (5)                                    |                                  |                        |  |
| (6)                                    |                                  |                        |  |

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

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

[illegible]

**Part VII** Supplemental Information

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

COPY

CARRYOVER DATA TO 2023

|                               |                                |
|-------------------------------|--------------------------------|
| Name                          | Employer Identification Number |
| NEBRASKA COMMUNITY FOUNDATION | 47-0769903                     |

Based on the information provided with this return, the following are possible carryover amounts to next year.

|  |         |
|--|---------|
| SECTION 1231 LOSS - S-CORPORATION INCOME                     | 22.     |
| PASSIVE ACTIVITY LOSS - ENTERPRISE PRODUCTS PARTNERS LP - PT | 28,278. |
| FEDERAL POST-2017 NET OPERATING LOSS - PARTNERSHIP INCOME    | 50,634. |

COPY

FEIN: 47-0769903

### DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

[illegible]