

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

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

2021Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

LINCOLN COMMUNITY FOUNDATION INC

EIN or SSN

47-0458128

Name and title of officer or person subject to tax

SCOTT LAWSON**VICE PRESIDENT-FINANCE****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 <u>51,197,578.</u>
2a Form 990-EZ check here ... ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ... ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here ▶ <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here ▶ <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here ▶ <input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here ▶ <input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here ▶ <input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

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

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

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **HBE LLP**

ERO firm name

to enter my PIN **58128**Enter five numbers, but
do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

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.

47127858128

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **HBE LLP**Date ▶ **11/04/22****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. LINCOLN COMMUNITY FOUNDATION INC	Taxpayer identification number (TIN) 47-0458128
	Number, street, and room or suite no. If a P.O. box, see instructions. 215 CENTENNIAL MALL S STE 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LINCOLN, NE 68508-1885	

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

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12
Form 990-T (corporation)	07		

SCOTT LAWSON, VP-FINANCE

- The books are in the care of ► **215 CENTENNIAL MALL SOUTH STE 100 - LINCOLN, NE 68508**

Telephone No. ► **402-474-2345**

Fax No. ► _____

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

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2021** or
► ☐ tax year beginning _____, and ending _____.

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

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

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

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 for instructions and the latest information.

OMB No. 1545-0047

2021Open to Public
Inspection**A For the 2021 calendar year, or tax year beginning and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LINCOLN COMMUNITY FOUNDATION INC		D Employer identification number 47-0458128
	Doing business as		E Telephone number 402-474-2345
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	215 CENTENNIAL MALL S STE 100		
	City or town, state or province, country, and ZIP or foreign postal code LINCOLN, NE 68508-1885		G Gross receipts \$ 171,341,236.
F Name and address of principal officer: ALEC GORYNSKI SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: ▶ WWW.LCF.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1955 M State of legal domicile: NE	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE LEADERSHIP AND RESOURCES TO HELP BUILD A GREAT CITY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	29
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	29
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	19
	6 Total number of volunteers (estimate if necessary)	6	6
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	55,369.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	54,369.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 26,285,063.	Current Year 46,162,683.
	9 Program service revenue (Part VIII, line 2g)	36,563.	39,917.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,052,618.	4,899,942.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	96,061.	95,036.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	29,470,305.	51,197,578.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21,261,936.	20,013,390.
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,620,714.	1,749,026.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 700,134.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,115,575.	4,399,056.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,998,225.	26,161,472.
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	3,472,080.	25,036,106.
	20 Total assets (Part X, line 16)	Beginning of Current Year 161,472,860.	End of Year 206,750,939.
	21 Total liabilities (Part X, line 26)	1,272,452.	994,402.
	22 Net assets or fund balances. Subtract line 21 from line 20	160,200,408.	205,756,537.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	SCOTT LAWSON, VICE PRESIDENT-FINANCE Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	KILEY A WIECHMAN, CPA	KILEY A WIECHMAN, CP	11/04/22		P00661523
	Firm's name ▶ HBE LLP	Firm's EIN ▶ 47-0677245			
	Firm's address ▶ 7140 STEPHANIE LANE PO BOX 23110 LINCOLN, NE 68542-3110		Phone no. (402) 423-4343		

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

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

THE LINCOLN COMMUNITY FOUNDATION'S MISSION IS TO PROVIDE LEADERSHIP AND RESOURCES TO HELP BUILD A GREAT CITY.

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 \$ 23,159,843. including grants of \$ 18,721,278.) (Revenue \$ 1,305,708.)
GRANTS AND ALLOCATIONS TO NON-PROFIT CHARITABLE ORGANIZATIONS.

4b (Code:) (Expenses \$ 1,292,112. including grants of \$ 1,292,112.) (Revenue \$)
RENT AND UTILITY ASSISTANCE PAYMENTS UNDER THE CARES ACT PROGRAM.

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 **24,451,955.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6 X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8	X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I. See instructions</i>	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	

Part IV Checklist of Required Schedules (continued)

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
c 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
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 19		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	X	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b If "Yes," enter the name of the foreign country			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d 2		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		X
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		X
If "Yes," see the instructions and file Form 4720, Schedule N.			
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
If "Yes," complete Form 4720, Schedule O.			
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
If "Yes," complete Form 6069.			

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

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 29 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 29		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **NONE**

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain on Schedule O)

19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records ►
SCOTT LAWSON, VP-FINANCE - 402-474-2345
215 CENTENNIAL MALL SOUTH STE 100, LINCOLN, NE 68508

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) BARBARA BARTLE PRESIDENT	40.00			X				200,699.	0.	32,047.
(2) SCOTT LAWSON VP FOR FINANCE	40.00			X				120,054.	0.	17,585.
(3) DIANE MENDENHALL VP-DEVELOPMENT	40.00			X				113,717.	0.	18,523.
(4) RICHARD DEBUSE VP FOR FINANCE	40.00			X				116,668.	0.	7,575.
(5) ALEC GORYNSKI PRESIDENT	40.00			X				31,439.	0.	0.
(6) JOANN MARTIN (THRU 7/21) DIRECTOR	1.00	X						0.	0.	0.
(7) LINDA MAJOR SECRETARY	1.00	X		X				0.	0.	0.
(8) THOMAS SMITH PAST CHAIR	1.00	X		X				0.	0.	0.
(9) KUSH ABDULLOEV DIRECTOR	1.00	X						0.	0.	0.
(10) PREETA BANSAL DIRECTOR	1.00	X						0.	0.	0.
(11) TIM CLARE DIRECTOR	1.00	X						0.	0.	0.
(12) MIKI ESPOSITO DIRECTOR	1.00	X						0.	0.	0.
(13) MICHAEL FERRIS DIRECTOR	1.00	X						0.	0.	0.
(14) MARTHA FLORENCE DIRECTOR	1.00	X						0.	0.	0.
(15) LEIRION GAYLOR BAIRD DIRECTOR	1.00	X						0.	0.	0.
(16) ANTHONY GOINS DIRECTOR	1.00	X						0.	0.	0.
(17) PAM HUNZEKER DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) SUSHIL LACY DIRECTOR	1.00	X						0.	0.	0.
(19) MEG LAUERMAN DIRECTOR	1.00	X						0.	0.	0.
(20) MARILYN MOORE DIRECTOR	1.00	X						0.	0.	0.
(21) JEFF NOORDHOEK DIRECTOR	1.00	X						0.	0.	0.
(22) CLAY SMITH (THRU 2/21) DIRECTOR	1.00	X						0.	0.	0.
(23) LEE STUART (THRU 2/21) DIRECTOR	1.00	X						0.	0.	0.
(24) AVA THOMAS (THRU 2/21) DIRECTOR	1.00	X						0.	0.	0.
(25) JENNY TRICKER DIRECTOR	1.00	X						0.	0.	0.
(26) JAY WILKINSON DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								582,577.	0.	75,730.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								582,577.	0.	75,730.

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 **4**

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SEACREST & KALKOWSKI PC, LLO, 1128 LINCOLN MALL, SUITE 105, LINCOLN, NE 68508	SOUTH OF DOWNTOWN DEVELOPMENT PLAN AND	113,000.
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	1	

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) AARON HILKEMAN DIRECTOR	1.00	X						0.	0.	0.
(28) AARON DAVIS DIRECTOR	1.00	X						0.	0.	0.
(29) SANDRA WASHINGTON DIRECTOR	1.00	X						0.	0.	0.
(30) RONNIE GREEN DIRECTOR	1.00	X						0.	0.	0.
(31) JOEY HAUSMANN DIRECTOR	1.00	X						0.	0.	0.
(32) JASMINE KINGSLEY DIRECTOR	1.00	X						0.	0.	0.
(33) DAN MARVIN DIRECTOR	1.00	X						0.	0.	0.
(34) DIANE TIMME STINTON DIRECTOR	1.00	X						0.	0.	0.
(35) MARCO BARKER DIRECTOR	1.00	X						0.	0.	0.
(36) MARK WALZ DIRECTOR	1.00	X						0.	0.	0.
(37) CONNIE EDMOND DIRECTOR	1.00	X						0.	0.	0.
(38) RYAN BECKMAN TREASURER	2.00	X		X				0.	0.	0.
(39) KIM ROBAK CHAIR	1.00	X		X				0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of RevenueCheck if Schedule O contains a response or note to any line in this Part VIII ☐

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	46,162,683.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 27,207,565.			
	h	Total. Add lines 1a-1f		46,162,683.			
Program Service Revenue	2 a	LCF PROFESSIONAL FEES	Business Code	900099	39,917.	39,917.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		39,917.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,729,187.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	291,308.			
b		Less: rental expenses	(ii) Personal	246,346.			
c		Rental income or (loss)		44,962.			
d		Net rental income or (loss)		44,962.	44,962.		
7 a		Gross amount from sales of assets other than inventory	(i) Securities	121,068,067.			
b		Less: cost or other basis and sales expenses	(ii) Other	119,897,312.			
c		Gain or (loss)		1,170,755.			
d		Net gain or (loss)		1,170,755.	1,115,386.	55,369.	
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME/REVENUE	Business Code	900099	50,074.	50,074.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		50,074.			
	12	Total revenue. See instructions		51,197,578.	1,250,339.	55,369.	3,729,187.

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	20,013,390.	20,013,390.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	658,307.	247,024.	119,869.	291,414.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	853,023.	371,024.	277,761.	204,238.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	19,094.	7,656.	6,913.	4,525.
9 Other employee benefits	120,737.	53,999.	33,284.	33,454.
10 Payroll taxes	97,865.	37,322.	27,311.	33,232.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	45,561.		45,561.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	149,312.		149,312.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	70,231.		70,231.	
12 Advertising and promotion	196,098.	104,885.	40,387.	50,826.
13 Office expenses	49,122.	27,506.	11,713.	9,903.
14 Information technology				
15 Royalties				
16 Occupancy	126,037.	48,591.	42,748.	34,698.
17 Travel	6,608.	2,573.	2,193.	1,842.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	8,405.	2,327.	4,412.	1,666.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	150,873.	125,606.	13,733.	11,534.
23 Insurance	9,686.	3,772.	3,214.	2,700.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TAXES	100,319.		100,319.	
b FISCAL SPONSORSHIPS	3,181,395.	3,181,395.		
c MISSION INITIATIVES	119,289.	119,289.		
d ANNUNTY DISTRIBUTION	74,009.	74,009.		
e All other expenses	112,111.	31,587.	60,422.	20,102.
25 Total functional expenses. Add lines 1 through 24e	26,161,472.	24,451,955.	1,009,383.	700,134.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	907,122.	1	3,287,360.
	2 Savings and temporary cash investments	29,013,924.	2	26,206,838.
	3 Pledges and grants receivable, net	4,518,091.	3	5,902,213.
	4 Accounts receivable, net	0.	4	3,512.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	293,590.	7	1,076,041.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,928,201.		
	b Less: accumulated depreciation	10b 4,234,614.	10c	2,693,587.
	11 Investments - publicly traded securities	121,219,576.	11	164,845,154.
	12 Investments - other securities. See Part IV, line 11	2,567,720.	12	2,513,409.
	13 Investments - program-related. See Part IV, line 11	123,377.	13	222,825.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	161,472,860.	16	206,750,939.	
Liabilities	17 Accounts payable and accrued expenses	866,402.	17	703,461.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	406,050.	25	290,941.
	26 Total liabilities. Add lines 17 through 25	1,272,452.	26	994,402.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	152,954,563.	27	197,064,363.
	28 Net assets with donor restrictions	7,245,845.	28	8,692,174.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	160,200,408.	32	205,756,537.
	33 Total liabilities and net assets/fund balances	161,472,860.	33	206,750,939.

Form 990 (2021)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	51,197,578.
2	Total expenses (must equal Part IX, column (A), line 25)	2	26,161,472.
3	Revenue less expenses. Subtract line 2 from line 1	3	25,036,106.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	160,200,408.
5	Net unrealized gains (losses) on investments	5	20,486,498.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	33,525.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	205,756,537.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	<input checked="" type="checkbox"/>
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	<input checked="" type="checkbox"/>
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	2c	<input checked="" type="checkbox"/>
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____	3a	<input checked="" type="checkbox"/>
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 _____	3b	<input checked="" type="checkbox"/>

Form 990 (2021)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

LINCOLN COMMUNITY FOUNDATION INC

Employer identification number

47-0458128

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

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

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (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).

(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		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20,279,215.	17,025,355.	25,267,885.	26,285,064.	46,162,683.	135,020,202.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	20,279,215.	17,025,355.	25,267,885.	26,285,064.	46,162,683.	135,020,202.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						35,670,054.
6 Public support. Subtract line 5 from line 4.						99,350,148.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	20,279,215.	17,025,355.	25,267,885.	26,285,064.	46,162,683.	135,020,202.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,446,164.	3,953,172.	3,720,118.	2,588,071.	3,729,187.	17,436,712.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	84,153.	73,960.	91,855.	41,980.	50,047.	341,995.
11 Total support. Add lines 7 through 10						152,798,909.

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	65.02 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	65.63 %
16a 33 1/3% support test - 2021. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2020 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2020 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2021. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.85 of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		
7 <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).			

Schedule A (Form 990) 2021

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

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

Schedule A (Form 990) 2021

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**▶ **Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**▶ **Attach to Form 990.**▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

OMB No. 1545-0047

2021**Open to Public
Inspection****Name of the organization**

LINCOLN COMMUNITY FOUNDATION INC

Employer identification number

47-0458128

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	643	
2 Aggregate value of contributions to (during year)	32,293,744.	
3 Aggregate value of grants from (during year)	12,452,639.	
4 Aggregate value at end of year	86,748,412.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

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

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2021

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

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):

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

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

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	86,845,657.	83,371,868.	72,879,373.	82,163,451.	75,058,495.
b Contributions	10,015,119.	2,510,781.	2,227,192.	3,499,273.	1,247,057.
c Net investment earnings, gains, and losses	16,100,407.	6,005,589.	12,772,090.	-8,035,540.	10,334,479.
d Grants or scholarships	3,600,051.	3,263,268.	2,802,780.	3,117,308.	3,088,005.
e Other expenditures for facilities and programs	500.	625,536.	557,697.	548,768.	317,647.
f Administrative expenses	1,242,041.	1,153,777.	1,146,310.	1,081,735.	1,070,928.
g End of year balance	108,118,591.	86,845,657.	83,371,868.	72,879,373.	82,163,451.

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

- a Board designated or quasi-endowment ☐ %
 b Permanent endowment ☒ 100.0000 %
 c Term endowment ☐ %

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		641,294.		641,294.
b Buildings		5,884,364.	3,867,170.	2,017,194.
c Leasehold improvements				
d Equipment		402,543.	367,444.	35,099.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,693,587.

Schedule D (Form 990) 2021

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES AND TRUSTS PAYABLE	290,941.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	290,941.

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) 2021

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

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

1	Total revenue, gains, and other support per audited financial statements	1	69,238,857.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	20,486,498.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	279,870.
e	Add lines 2a through 2d	2e	20,766,368.
3	Subtract line 2e from line 1	3	48,472,489.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	149,312.
b	Other (Describe in Part XIII.)	4b	2,575,777.
c	Add lines 4a and 4b	4c	2,725,089.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	51,197,578.

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

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

1	Total expenses and losses per audited financial statements	1	26,001,246.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	246,345.
e	Add lines 2a through 2d	2e	246,345.
3	Subtract line 2e from line 1	3	25,754,901.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	149,312.
b	Other (Describe in Part XIII.)	4b	257,259.
c	Add lines 4a and 4b	4c	406,571.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	26,161,472.

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 WILL BE USED TO FUND GRANTS TO NONPROFIT ORGANIZATIONS AND SCHOLARSHIPS TO DESERVING STUDENTS.

PART X, LINE 2:

LINCOLN COMMUNITY FOUNDATION, INC. IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, INCOME EARNED IN THE PERFORMANCE OF THE ORGANIZATION'S EXEMPT PURPOSES IS NOT SUBJECT TO INCOME TAX. ANY INCOME EARNED THROUGH UNRELATED BUSINESS ACTIVITIES IS SUBJECT TO INCOME TAX AT NORMAL CORPORATE RATES. FOR THE YEARS ENDED DECEMBER 31, 2021 AND 2020, THE FOUNDATION WAS GIFTED AND SOLD S-CORPORATION STOCK, WHICH IS SUBJECT TO TAX ON UNRELATED BUSINESS INCOME.

Part XIII Supplemental Information (continued)

THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPLIT INTEREST AGREEMENTS	33,525.
RENTAL EXPENSES	246,345.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	279,870.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS AND INVESTMENT INCOME RELATED TO AGENCY FUNDS	2,575,777.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	246,345.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES RELATED TO AGENCY FUNDS	257,259.
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SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

OMB No. 1545-0047

2021

**Open to Public
Inspection**

Name of the organization

LINCOLN COMMUNITY FOUNDATION INC

Employer identification number
47-0458128

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABENDMUSIK AT FIRST-PLYMOUTH 2000 D ST LINCOLN, NE 68502-1661	36-3094958		82,256.	0.			GENERAL SUPPORT
ACLU OF NEBRASKA 134 S 13TH ST STE 1010 LINCOLN, NE 68508	23-7259984		16,646.	0.			GENERAL SUPPORT
AGING PARTNERS 1005 O ST LINCOLN, NE 68508-3611			7,607.	0.			GENERAL SUPPORT
ALPHA USA 1635 EMERSON LN NAPERVILLE, IL 60540-1981	13-3962840		20,000.	0.			GENERAL SUPPORT
AMBLESIDE SCHOOL 1510 E PHILLIPS AVE CENTENNIAL, CO 80122	27-1507931		10,230.	0.			GENERAL SUPPORT
AMERICAN ACADEMY IN ROME 7 E 60TH ST NEW YORK, NY 10022-1001	13-1623881		6,000.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **367.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2021

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN HEART ASSOCIATION-OMAHA DIVISION - 9900 NICHOLAS ST STE 200 - OMAHA, NE 68114-2259	13-5613797		5,500.	0.			GENERAL SUPPORT
AMERICAN LUTHERAN CHURCH 601 ASH ST ADAMS, NE 68301			8,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS SOUTHEAST NEBRASKA CHAPTER - DONATIONS PROCESSING - OMAHA, NE 68124	53-0196605		26,861.	0.			GENERAL SUPPORT
ANABAPTIST MENNONITE BIBLICAL SEMINARY, INC - 3003 BENHAM AVE - ELKHART, IN 46517	35-1902148		50,000.	0.			GENERAL SUPPORT
ARC OF LINCOLN PO BOX 57002 LINCOLN, NE 68505	47-0498629		21,914.	0.			GENERAL SUPPORT
ARTS FOR THE SOUL MUSIC & FINE ARTS - 840 S 17TH ST - LINCOLN, NE 68508	47-0391514		7,429.	0.			GENERAL SUPPORT
ASIAN COMMUNITY AND CULTURAL CENTER - 144 N 44TH ST STE A - LINCOLN, NE 68503	47-0807501		23,556.	0.			GENERAL SUPPORT
ATLAS: LINCOLN PO BOX 23181 LINCOLN, NE 68542	82-4577579		5,251.	0.			GENERAL SUPPORT
AUTUMN HOUSE FOUNDATION 1609 N ST LINCOLN, NE 68508-1884	45-4023265		5,218.	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
BANISTER'S LEADERSHIP ACADEMY PO BOX 4002 OMAHA, NE 68104	51-0666677		8,000.	0.			GENERAL SUPPORT
BARNABAS COMMUNITY 931 SAUNDERS AVE LINCOLN, NE 68521	82-1591814		18,498.	0.			GENERAL SUPPORT
BEMIS CENTER FOR CONTEMPORARY ARTS 724 S 12TH ST OMAHA, NE 68102-3202	47-0653927		10,000.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS LINCOLN 2124 Y ST FLAT 210 LINCOLN, NE 68503	47-0794732		16,978.	0.			GENERAL SUPPORT
BIRTHRIGHT OF LINCOLN 4770 LINDEN ST LINCOLN, NE 68516	23-7176720		11,121.	0.			GENERAL SUPPORT
BLESSED SACRAMENT CATHOLIC CHURCH 1720 LAKE ST LINCOLN, NE 68502-3736	47-0415802		42,807.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF LINCOLN/LANCASTER COUNTY - PO BOX 80914 - LINCOLN, NE 68501	20-8677226		21,378.	0.			GENERAL SUPPORT
BRAVE ANIMAL RESCUE PO BOX 28164 LINCOLN, NE 68542	85-1768077		5,239.	0.			GENERAL SUPPORT
BRIDGE BEHAVIORAL HEALTH 721 K ST LINCOLN, NE 68508-2949	47-0656110		27,867.	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
BRIDGES TO HOPE 3107 S 6TH ST STE 107 LINCOLN, NE 68502-4351	26-4471102		18,671.	0.			GENERAL SUPPORT
BRIGHT LIGHTS 5561 S 48TH ST STE 220 LINCOLN, NE 68516-4109	47-0708499		12,670.	0.			GENERAL SUPPORT
BRYAN FOUNDATION 1600 S 48TH ST LINCOLN, NE 68506-1283	23-7005720		42,863.	0.			GENERAL SUPPORT
BRYAN HEALTH 1600 S 48TH ST LINCOLN, NE 68506-1283	47-0376552		5,750.	0.			SCHOLARSHIPS
CALVARY LUTHERAN CHURCH 2788 FRANKLIN ST LINCOLN, NE 68502			10,400.	0.			GENERAL SUPPORT
CAMP SONSHINE 13440 S 25TH ST ROCA, NE 68430-4112	87-0785556		8,749.	0.			GENERAL SUPPORT
CAPITAL HUMANE SOCIETY 2320 PARK BLVD LINCOLN, NE 68502-3327	47-0376622		65,060.	0.			GENERAL SUPPORT
CAPITOL CITY CHRISTIAN CHURCH 7800 HOLDREGE ST LINCOLN, NE 68505	47-0535364		40,900.	0.			GENERAL SUPPORT
CASA FOR LANCASTER COUNTY 1141 H ST STE C LINCOLN, NE 68508-3256	47-0833799		20,062.	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
CAT HOUSE 3633 O ST LINCOLN, NE 68510	47-0823296		11,366.	0.			GENERAL SUPPORT
CATHEDRAL OF THE RISEN CHRIST 3500 SHERIDAN BLVD LINCOLN, NE 68506-6127	47-0438599		11,966.	0.			GENERAL SUPPORT
CATHOLIC DIOCESE OF LINCOLN 3400 SHERIDAN BLVD LINCOLN, NE 68506-6125	47-0825444		509,675.	0.			GENERAL SUPPORT AND SCHOLARSHIP FUND
CATHOLIC SOCIAL SERVICES 2241 O ST LINCOLN, NE 68510-1122	47-0751554		255,878.	0.			GENERAL SUPPORT
CAUSE COLLECTIVE 1645 N ST STE A LINCOLN, NE 68508-1824	36-3470618		9,122.	0.			GENERAL SUPPORT
CEDARS 6601 PIONEERS BLVD STE 2 LINCOLN, NE 68506-5260	47-6024881		180,797.	0.			GENERAL SUPPORT
CEDARS YOUTH SERVICES, INC. 6601 PIONEERS BLVD LINCOLN, NE 68506-5260	47-0551975		59,651.	0.			GENERAL SUPPORT
CENTENNIAL PUBLIC SCHOOL PO BOX 187 UTICA, NE 68456-0187			11,321.	0.			GENERAL SUPPORT
CENTER FOR LEGAL IMMIGRATION ASSISTANCE - 3047 N 70TH ST - LINCOLN, NE 68507-2102	27-2661395		24,220.	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
CENTER FOR PEOPLE IN NEED 3901 N 27TH ST UNIT 1 LINCOLN, NE 68521-4177	06-1669552		216,455.	0.			GENERAL SUPPORT
CENTER FOR RURAL AFFAIRS 145 MAIN ST LYONS, NE 68038-0136	47-0553823		56,458.	0.			GENERAL SUPPORT
CENTERPOINTE 2633 P ST LINCOLN, NE 68503-3528	47-0550702		69,842.	0.			GENERAL SUPPORT
CENTRAL PRESBYTERIAN CHURCH 593 PARK AVE NEW YORK, NY 10065	13-1628154		20,000.	0.			GENERAL SUPPORT
CERRO GORDO CHURCH OF THE BRETHREN 102 E DURFREE ST CERRO GORDO, IL 61818			10,000.	0.			GENERAL SUPPORT
CHILD ADVOCACY CENTER 5025 GARLAND ST LINCOLN, NE 68504-2904	47-0793765		224,878.	0.			GENERAL SUPPORT
CHILD EVANGELISM FELLOWSHIP (CEF) OF LINCOLN - 6400 CORNHUSKER HWY STE 400 - LINCOLN, NE 68507-3125	47-0499280		7,991.	0.			GENERAL SUPPORT
CHILDREN'S HOME PROJECT PO BOX 8066 CHANDLER, AZ 85246	46-1065421		7,750.	0.			GENERAL SUPPORT
CHILDREN'S HOSPITAL & MEDICAL CENTER FOUNDATION - 8404 INDIAN HILLS DR STE 650 - OMAHA, NE 68114	47-6105603		55,624.	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
CHRIST LINCOLN A LUTHERAN MINISTRY 4325 SUMNER ST LINCOLN, NE 68506-1165	47-0519511		117,402.	0.			GENERAL SUPPORT
CHRIST LINCOLN SCHOOLS 4325 SUMNER ST LINCOLN, NE 68506-1165	47-0519511		17,943.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
CHRISTIAN HERITAGE CHILDREN'S HOME 14880 OLD CHENEY RD WALTON, NE 68461-9662	47-0632613		17,082.	0.			GENERAL SUPPORT
CHURCH OF THE HOLY TRINITY 6001 A ST LINCOLN, NE 68510-5006			6,000.	0.			GENERAL SUPPORT
CITY IMPACT 1035 N 33RD ST LINCOLN, NE 68503-1909	47-0800906		91,884.	0.			GENERAL SUPPORT
CITY OF LINCOLN - PARKS & RECREATION DEPARTMENT - 3131 O ST STE 300 - LINCOLN, NE 68510	47-6006256		19,097.	0.			GENERAL SUPPORT
CITY OF LINCOLN - URBAN DEVELOPMENT - 555 S 10TH ST STE 205 - LINCOLN, NE 68508			10,000.	0.			GENERAL SUPPORT
CITYLIGHT LINCOLN CHURCH 2820 O ST LINCOLN, NE 68510			86,200.	0.			GENERAL SUPPORT
CITYLIGHT SOUTH CHURCH 5201 OLD CHENEY RD LINCOLN, NE 68516			48,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CIVIC NEBRASKA 530 S 13TH ST STE 100 LINCOLN, NE 68508	27-2204391		79,887.	0.			GENERAL SUPPORT
CLINIC WITH A HEART 1701 S 17TH ST STE 4G LINCOLN, NE 68502-2641	20-2850139		106,311.	0.			GENERAL SUPPORT
CLYDE MALONE COMMUNITY CENTER PO BOX 80723 LINCOLN, NE 68501	47-0376577		55,691.	0.			GENERAL SUPPORT
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187-1776	54-0505888		25,200.	0.			GENERAL SUPPORT
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS CNTYS - 210 O ST - LINCOLN, NE 68508-2322	47-0491162		103,323.	0.			GENERAL SUPPORT
COMMUNITY CROPS 2530 Q ST STE B LINCOLN, NE 68503	20-3174357		14,260.	0.			GENERAL SUPPORT
COMPASSION INTERNATIONAL INCORPORATED - SPONSORSHIP PROCESSING - COLORADO SPRINGS, CO 80921-3694	36-2423707		11,915.	0.			GENERAL SUPPORT
CONCORDIA SEMINARY 801 SEMINARY PL ST. LOUIS, MO 63105	43-0655869		5,800.	0.			SCHOLARSHIPS
CONCORDIA UNIVERSITY 800 N COLUMBIA AVE STE 1 SEWARD, NE 68434-1500	43-0658188		18,050.	0.			SCHOLARSHIPS, 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
CORNHUSKER COUNCIL, BOY SCOUTS OF AMERICA - PO BOX 269 - WALTON, NE 68461-0269	47-0378985		22,894.	0.			GENERAL SUPPORT
DESERT HILLS BAPTIST CHURCH 4401 S NELLIS BLVD LAS VEGAS, NV 89121-3101			40,000.	0.			GENERAL SUPPORT
DIMENSIONS EDUCATION PROGRAMS DIMENSIONS EDUCATION PROGRAMS LINCOLN, NE 68510	31-1511625		56,406.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
DOANE UNIVERSITY-CRETE 1014 BOSWELL AVE CRETE, NE 68333-2426	47-0377991		16,800.	0.			SCHOLARSHIPS, GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452		12,236.	0.			GENERAL SUPPORT
DOLLY'S LEGACY ANIMAL RESCUE PO BOX 23122 LINCOLN, NE 68542-3122	47-1262338		6,613.	0.			GENERAL SUPPORT
DUCKS UNLIMITED 1 WATERFOWL WY MEMPHIS, TN 38120-2351	13-5643799		10,000.	0.			GENERAL SUPPORT
EAST BUTLER PUBLIC SCHOOLS FOUNDATION - 212 S MADISON ST - BRAINARD, NE 68626-0036	36-3431235		33,964.	0.			GENERAL SUPPORT
EASTMONT FOUNDATION 6315 O ST LINCOLN, NE 68510-2200	91-1767080		53,881.	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
EASTRIDGE PRESBYTERIAN CHURCH 1135 EASTRIDGE DR LINCOLN, NE 68510-5014	47-6000806		16,480.	0.			GENERAL SUPPORT
EDUCARE OF LINCOLN, INC. 3435 N 14TH ST LINCOLN, NE 68521-2126	46-0568146		127,444.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
EL CENTRO DE LAS AMERICAS 210 O ST LINCOLN, NE 68508-2322	47-0658284		26,854.	0.			GENERAL SUPPORT
EMMAUS INSTITUTE FOR BIBLICAL STUDIES - PO BOX 67062 - LINCOLN, NE 68506	83-1313821		40,212.	0.			GENERAL SUPPORT
FAITH BIBLE CHURCH 6201 S 84TH ST LINCOLN, NE 68516-3812			8,000.	0.			GENERAL SUPPORT
FAITH COMMUNITY LUTHERAN CHURCH 3505 S TOWN CENTER DR LAS VEGAS, NV 89135	88-0407613		10,000.	0.			GENERAL SUPPORT
FAITH OF OUR FATHERS LUTHERAN CHURCH - 15580 E ST - ROCA, NE 68430-4701			12,000.	0.			GENERAL SUPPORT
FAMILY SERVICE LINCOLN 501 S 7TH ST LINCOLN, NE 68508-2920	47-0376584		48,182.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 5801 S 58TH ST STE C LINCOLN, NE 68516	44-0610626		23,691.	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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FIDELITY CHARITABLE GIFT FUND GIVING ACCOUNTS CINCINNATI, OH 45277-0001	11-0303001		30,374.	0.			GENERAL SUPPORT
FINGERPRINTS CHILD DEVELOPMENT CENTER - 7800 HOLDREGE ST - LINCOLN, NE 68505	47-0535364		6,191.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
FIRST CHRISTIAN CHURCH 430 S 16TH ST LINCOLN, NE 68508-2575	47-0380469		29,300.	0.			GENERAL SUPPORT
FIRST FREE CHURCH 3280 S 84TH ST LINCOLN, NE 68506	47-0492345		15,000.	0.			GENERAL SUPPORT
FIRST LUTHERAN CHURCH 1551 S 70TH ST LINCOLN, NE 68506	47-0464447		91,160.	0.			GENERAL SUPPORT
FIRST PLYMOUTH CONGREGATIONAL CHURCH - 2000 D ST - LINCOLN, NE 68502-1661	47-0376589		197,968.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH 840 S 17TH ST LINCOLN, NE 68508-3499			112,260.	0.			GENERAL SUPPORT
FIRST STREET BIBLE CHURCH 100 W F ST LINCOLN, NE 68508-2944			41,495.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH 2710 14TH ST COLUMBUS, NE 68601			14,400.	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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FIRST UNITED METHODIST CHURCH OF WAVERLY - 14410 FOLKESTONE ST - WAVERLY, NE 68462-1539			10,200.	0.			GENERAL SUPPORT
FLATWATER SHAKESPEARE COMPANY PO BOX 84935 LINCOLN, NE 68501-4935	20-1712203		7,467.	0.			GENERAL SUPPORT
FOOD BANK OF LINCOLN 4840 DORIS BAIR CIR STE A LINCOLN, NE 68504	47-0640293		444,777.	0.			GENERAL SUPPORT
FOOD FORT 2124 Y ST FLAT 130 LINCOLN, NE 68503	81-4736864		25,838.	0.			GENERAL SUPPORT
FOSTER CARE CLOSET 643 S 25TH ST STE 8 LINCOLN, NE 68510-3060	26-0595115		18,940.	0.			GENERAL SUPPORT
FOUNDATION FOR LINCOLN CITY LIBRARIES - 136 S 14TH ST - LINCOLN, NE 68508-1801	47-6032744		27,970.	0.			GENERAL SUPPORT
FOUNDATION FOR LINCOLN PUBLIC SCHOOLS - PO BOX 82889 - LINCOLN, NE 68501-2889	36-3490560		73,439.	0.			GENERAL SUPPORT
FOUNDATION FOR THE NEBRASKA SOCIETY OF CPAS - 7435 O ST STE 100 - LINCOLN, NE 68510-2444	47-0574353		10,541.	0.			GENERAL SUPPORT
FRESH START 6433 HAVELOCK AVE LINCOLN, NE 68507-1332	36-3785810		71,684.	0.			GENERAL SUPPORT

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

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FRIENDS OF LIED PO BOX 880151 LINCOLN, NE 68588-0151	47-0727188		38,041.	0.			GENERAL SUPPORT
FRIENDS OF OPERA, UNIVERSITY OF NEBRASKA-LINCOLN - 1001 HIGH PLAINS RD - LINCOLN, NE 68512	47-0842288		5,998.	0.			GENERAL SUPPORT
FRIENDS OF THE MARY RIEPMA ROSS MEDIA ARTS CENTER - PO BOX 880253 - LINCOLN, NE 68588-0253	47-0638642		5,342.	0.			GENERAL SUPPORT
FRIENDSHIP HOME OF LINCOLN PO BOX 85358 LINCOLN, NE 68501-5358	47-0619855		119,236.	0.			GENERAL SUPPORT
GIRL SCOUTS SPIRIT OF NEBRASKA 8230 BEECHWOOD DR LINCOLN, NE 68510-2616	47-0432299		14,504.	0.			GENERAL SUPPORT
GIRLS CODE LINCOLN PO BOX 80711 LINCOLN, NE 68501	83-2522645		6,143.	0.			GENERAL SUPPORT
GLAD TIDINGS BIBLE CAMP INC 89238 544TH AVE BLOOMFIELD, NE 68718	25-1914885		10,000.	0.			GENERAL SUPPORT
GLOBAL SCHOLARS PO BOX 12147 OVERLAND PARK, KS 66282	56-1627401		6,100.	0.			GENERAL SUPPORT
GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 68503-1750	20-0391739		17,824.	0.			GENERAL SUPPORT

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

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GOOD SHEPHERD LUTHERAN CHURCH - LINCOLN - 3825 WILDBRIAR LN - LINCOLN, NE 68516-4502			12,000.	0.			GENERAL SUPPORT
GRACE CENTRAL CHURCH 344 N 115TH ST OMAHA, NE 68154	23-7366967		20,000.	0.			GENERAL SUPPORT
GRACE LUTHERAN CHURCH-HEBRON 224 N 4TH ST HEBRON, NE 68370	47-0424794		9,600.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY LINCOLN/LANCASTER COUNTY - 4615 ORCHARD ST - LINCOLN, NE 68503	47-0714576		32,846.	0.			GENERAL SUPPORT
HARBERT COMMUNITY CHURCH PO BOX 197 HARBERT, MI 49115	23-7097779		25,000.	0.			GENERAL SUPPORT
HARBOR MINISTRIES 9600 S 67TH ST LINCOLN, NE 68516	20-4894998		34,539.	0.			GENERAL SUPPORT
HEARTLAND BIBLE CHURCH 2611 S 56TH ST LINCOLN, NE 68506	47-0846434		48,250.	0.			GENERAL SUPPORT
HEARTLAND BIKE SHARE 245 N 3RD ST LINCOLN, NE 68508	81-1307723		5,018.	0.			GENERAL SUPPORT
HEARTLAND CANCER FOUNDATION PO BOX 5203 LINCOLN, NE 68505	20-5952202		9,967.	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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HEARTS UNITED FOR ANIMALS PO BOX 286 AUBURN, NE 68305-0286	47-0773858		10,045.	0.			GENERAL SUPPORT
HINDU TEMPLE 13010 ARBOR ST OMAHA, NE 68144	47-0758522		10,978.	0.			GENERAL SUPPORT
HISTORY NEBRASKA FOUNDATION PO BOX 81883 LINCOLN, NE 68501	84-4052258		6,750.	0.			GENERAL SUPPORT
HOPE VENTURE 315 S 9TH ST STE 200 LINCOLN, NE 68508	27-0863959		5,400.	0.			GENERAL SUPPORT
HOPESPOKE 2444 O ST LINCOLN, NE 68510-1125	47-0398819		52,112.	0.			GENERAL SUPPORT
HORISUN HOSPICE COMMUNITY FOUNDATION - 2200 S 40TH ST STE 101 - LINCOLN, NE 68506	20-3918383		16,308.	0.			GENERAL SUPPORT
HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS - 1037 S 12TH ST - LINCOLN, NE 68508-3529	20-8008617		11,578.	0.			GENERAL SUPPORT
HUMANITIES NEBRASKA 215 CENTENNIAL MALL S STE 330 LINCOLN, NE 68508-1836	23-7359778		26,827.	0.			GENERAL SUPPORT
HUNTER'S HOPE FOR DUCHENNE AND DEGS 1 LEUKODYSTROPHY INC - 10200 STAGECOACH RD - HICKMAN, NE 68372	84-4970811		50,000.	0.			GENERAL SUPPORT

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

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ILLINOIS WESLEYAN UNIVERSITY 1312 PARK ST BLOOMINGTON, IL 61701	37-0662594		12,500.	0.			SCHOLARSHIPS
IN TOUCH MINISTRIES INC. PO BOX 7900 ATLANTA, GA 30357-0900	58-1495310		15,000.	0.			GENERAL SUPPORT
INDIA ASSOCIATION OF NEBRASKA, INC 2441 S 130TH CIR OMAHA, NE 68144	47-0676739		20,000.	0.			GENERAL SUPPORT
I'VE GOT A NAME PO BOX 6181 LINCOLN, NE 68506	36-4694120		9,430.	0.			GENERAL SUPPORT
JACOB'S WELL 659 S 18TH ST LINCOLN, NE 68508	26-4503142		5,238.	0.			GENERAL SUPPORT
JAMESTOWN REDISCOVERY FOUNDATION 1365 COLONIAL PKWY JAMESTOWN, VA 23081	47-2945490		25,000.	0.			GENERAL SUPPORT
JAZZ IN JUNE 301 N 12TH ST LINCOLN, NE 68508	47-0049123		10,337.	0.			GENERAL SUPPORT
JDRF-NEBRASKA-IOWA CHAPTER 9202 W DODGE RD STE 304 OMAHA, NE 68114	23-1907729		8,105.	0.			GENERAL SUPPORT
JEWISH FEDERATION OF LINCOLN PO BOX 67218 LINCOLN, NE 68508	47-0388144		9,308.	0.			GENERAL SUPPORT

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JUDSON UNIVERSITY 1151 N STATE ST ELGIN, IL 60123	36-2515868		10,000.	0.			SCHOLARSHIPS
JUNIOR ACHIEVEMENT 300 S 68TH ST PL STE 110 LINCOLN, NE 68510-2516	47-0535692		27,915.	0.			GENERAL SUPPORT
KANSAS STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502-3373	48-0667209		16,000.	0.			SCHOLARSHIPS, GENERAL SUPPORT
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - PO BOX 928 - LAWRENCE, KS 66044-0928	48-0547734		20,000.	0.			SCHOLARSHIPS, GENERAL SUPPORT
KEITH COUNTY HOUSING DEVELOPMENT CORP - PO BOX 658 - OGALLALA, NE 69153	47-0785404		10,000.	0.			GENERAL SUPPORT
KIOS/OMAHA PUBLIC SCHOOLS 3215 CUMING ST OMAHA, NE 68131-2000			11,000.	0.			GENERAL SUPPORT
KZUM RADIO 89.3 / SUNRISE COMMUNICATIONS - 3534 S 48TH ST STE 6 - LINCOLN, NE 68506-6425	23-7267850		18,280.	0.			GENERAL SUPPORT
LANCASTER COUNTY MEDICAL SOCIETY FOUNDATION - 301 S 70TH ST STE 340 - LINCOLN, NE 68510-2429	36-3305032		12,500.	0.			GENERAL SUPPORT
LANCASTER YOUTH SOFTBALL ASSOCIATION - PO BOX 5744 - LINCOLN, NE 68505-0744	36-3313153		23,829.	0.			GENERAL SUPPORT

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LAUNCH GLOBAL PO BOX 679913 DALLAS, TX 75267-9913	20-3826376		10,000.	0.			GENERAL SUPPORT
LAUNCH LEADERSHIP 211 N 14TH ST LINCOLN, NE 68508-1616	46-2037620		8,909.	0.			GENERAL SUPPORT
LEAGUE OF HUMAN DIGNITY 1701 P ST LINCOLN, NE 68508-1799	23-7180481		6,368.	0.			GENERAL SUPPORT
LEGAL AID OF NEBRASKA 941 O ST STE 325 LINCOLN, NE 68508	47-0483506		5,310.	0.			GENERAL SUPPORT
LIED CENTER FOR PERFORMING ARTS LIED CENTER FOR PERFORMING ARTS LINCOLN, NE 68588-0151	47-0049123		1,000,950.	0.			PERFORMANCE SUPPORT, GENERAL
LIGHTHOUSE 2601 N ST LINCOLN, NE 68510-1334	36-3656310		74,536.	0.			GENERAL SUPPORT
LINCOLN ARTS COUNCIL 211 N 14TH ST LINCOLN, NE 68508	47-6046691		38,420.	0.			GENERAL SUPPORT
LINCOLN BEREAN CHURCH 6400 S 70TH ST LINCOLN, NE 68516-3763	47-0677716		157,900.	0.			GENERAL SUPPORT
LINCOLN BIKE KITCHEN 1635 S 1ST ST STE 1 LINCOLN, NE 68502-1909	45-5369537		14,286.	0.			GENERAL SUPPORT

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LINCOLN BOTANICAL GARDEN 2416 SEWELL ST LINCOLN, NE 68502	82-5337828		7,241.	0.			GENERAL SUPPORT
LINCOLN CALLING 211 N 14TH ST LINCOLN, NE 68508	82-3663441		8,557.	0.			GENERAL SUPPORT
LINCOLN CHILDREN'S MUSEUM 1420 P ST LINCOLN, NE 68508-1635	47-0716636		11,489.	0.			GENERAL SUPPORT
LINCOLN CHILDREN'S ZOO 1222 S 27TH ST LINCOLN, NE 68502-1832	47-0482255		195,982.	0.			GENERAL SUPPORT
LINCOLN CHRISTIAN SCHOOL FOUNDATION - 5801 S 84TH ST - LINCOLN, NE 68516-3804	47-0706907		21,746.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY PLAYHOUSE PO BOX 6426 LINCOLN, NE 68506-0426	47-0355388		32,231.	0.			GENERAL SUPPORT
LINCOLN COUNCIL SAINT VINCENT DE PAUL - PO BOX 30145 - LINCOLN, NE 68503-0145	20-8997157		22,033.	0.			GENERAL SUPPORT
LINCOLN HOUSING CHARITIES 5700 R ST LINCOLN, NE 68505	30-0094633		15,758.	0.			GENERAL SUPPORT
LINCOLN INDIAN CENTER 1100 MILITARY RD LINCOLN, NE 68508-1089	47-0531887		5,215.	0.			GENERAL SUPPORT

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LINCOLN LITERACY 745 S 9TH ST LINCOLN, NE 68508-3107	47-0655582		92,896.	0.			GENERAL SUPPORT
LINCOLN MEETING OF THE SOCIETY OF FRIENDS - 3115 RYONS ST - LINCOLN, NE 68502-4141			9,073.	0.			GENERAL SUPPORT
LINCOLN MUNICIPAL BAND ASSOCIATION 315 S 9TH ST STE 110 LINCOLN, NE 68508-2283	47-0637021		6,869.	0.			GENERAL SUPPORT
LINCOLN MUSIC TEACHERS ASSOCIATION 2400 S 11TH ST LINCOLN, NE 68502	47-0681623		6,872.	0.			GENERAL SUPPORT
LINCOLN PARKS FOUNDATION 3131 O ST STE 300 LINCOLN, NE 68510	36-3853746		115,543.	0.			GENERAL SUPPORT
LINCOLN PUBLIC SCHOOLS PO BOX 82889 LINCOLN, NE 68501-2889			68,693.	0.			GENERAL SUPPORT
LINCOLN'S SYMPHONY ORCHESTRA 233 S 13TH ST STE 1702 LINCOLN, NE 68508-2003	47-0773445		76,155.	0.			GENERAL SUPPORT
LIVE WELL. GO FISH. 2400 S 22ND ST LINCOLN, NE 68502	81-3510965		6,817.	0.			GENERAL SUPPORT
LUTHERAN CENTER 535 N 16TH ST LINCOLN, NE 68508	47-6000925		12,064.	0.			GENERAL SUPPORT

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LUTHERAN EDUCATION FOUNDATION 1100 N 56TH ST LINCOLN, NE 68504	41-2032088		70,514.	0.			GENERAL SUPPORT
LUTHERAN FAMILY SERVICES OF NEBRASKA - 2301 O ST - LINCOLN, NE 68510	23-7267972		14,103.	0.			GENERAL SUPPORT
LUTHERAN HOUR MINISTRIES 660 MASON RIDGE CENTER DR ST. LOUIS, MO 63141	41-1568278		6,000.	0.			GENERAL SUPPORT
LUTHERAN WORLD RELIEF, INC. PO BOX 17061 BALTIMORE, MD 21297-1061	13-2574963		35,600.	0.			GENERAL SUPPORT
LUX CENTER FOR THE ARTS 2601 N 48TH ST LINCOLN, NE 68504-3632	47-0629528		31,989.	0.			GENERAL SUPPORT
MADONNA FOUNDATION 5401 SOUTH ST LINCOLN, NE 68506-2150	23-7159940		44,504.	0.			GENERAL SUPPORT
MADONNA REHABILITATION HOSPITAL 5401 SOUTH ST LINCOLN, NE 68506-2150	47-0439599		7,633.	0.			GENERAL SUPPORT
MAKE-A-WISH NEBRASKA - LINCOLN OFFICE - 8033 S 15TH ST STE B - LINCOLN, NE 68512	47-0671096		8,440.	0.			GENERAL SUPPORT
MAKE-A-WISH OF NEBRASKA, INC. 1005 S 107TH AVE STE 102 OMAHA, NE 68144-4793	47-0671096		10,466.	0.			GENERAL SUPPORT

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MANCHESTER UNIVERSITY 604 E COLLEGE AVE N MANCHESTER, IN 46962	35-0868127		10,000.	0.			SCHOLARSHIPS
MASONIC - EASTERN STAR HOME FOR CHILDREN - PO BOX 1327 - FREMONT, NE 68026-1327	47-0384097		11,925.	0.			GENERAL SUPPORT
MATT TALBOT KITCHEN & OUTREACH PO BOX 80935 LINCOLN, NE 68501-0935	36-3945814		169,067.	0.			GENERAL SUPPORT
MATTERS ON TOMORROW PO BOX 5573 LINCOLN, NE 68505-0573	26-3385226		20,207.	0.			GENERAL SUPPORT
MAYO CLINIC DEPARTMENT OF DEVELOPMENT ROCHESTER, MN 55905-0001	41-6011702		70,500.	0.			GENERAL SUPPORT
MERCY HOME FOR BOYS AND GIRLS 1140 W JACKSON BLVD CHICAGO, IL 60607	36-2171726		20,000.	0.			GENERAL SUPPORT
MESSIAH LUTHERAN CHURCH 1800 S 84TH ST LINCOLN, NE 68506-1870	47-0717241		24,603.	0.			GENERAL SUPPORT
MESSIAH LUTHERAN SCHOOL 1800 S 84TH ST LINCOLN, NE 68506-1870	47-0717241		21,206.	0.			GENERAL SUPPORT
MILFORD SCHOOLS FOUNDATION 1200 1ST ST MILFORD, NE 68405-8794	47-0830054		17,121.	0.			GENERAL SUPPORT

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MILKWORKS 5930 S 58TH ST STE W LINCOLN, NE 68516-3653	47-0835579		8,931.	0.			GENERAL SUPPORT
MILLION DOLLAR ROUND TABLE FOUNDATION - 325 W TOUHY AVE - PARK RIDGE, IL 60068-4204	36-6080766		50,000.	0.			GENERAL SUPPORT
MONTESORI SCHOOL FOR YOUNG CHILDREN - 4727 A ST - LINCOLN, NE 68510-4823	47-0606391		8,362.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
MOSAIC IN SOUTHEAST NEBRASKA 101 SW 14TH PLACE, STE 100 LINCOLN, NE 68528	11-3669999		25,881.	0.			GENERAL SUPPORT
MOURNING HOPE GRIEF CENTER 1311 S FOLSOM ST LINCOLN, NE 68522	47-0782915		50,028.	0.			GENERAL SUPPORT
MUSEUM OF NEBRASKA ART 2401 CENTRAL AVE KEARNEY, NE 68847-4501	47-0608588		10,000.	0.			GENERAL SUPPORT
MYBRIDGE RADIO PO BOX 30345 LINCOLN, NE 68503	27-1287224		9,300.	0.			GENERAL SUPPORT
MYSTIC RHOADS PRODUCTIONS 5111 W SUMNER CIR LINCOLN, NE 68522	45-4817103		15,238.	0.			GENERAL SUPPORT
NATIONAL WILDLIFE FEDERATION PO BOX 1583 MERRIFIELD, VA 22116-1583	53-0204616		7,019.	0.			GENERAL SUPPORT

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

(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
NATURE CONSERVANCY INC. 4245 FAIRFAX DR STE 100 ARLINGTON, VA 22203-1650	53-0242652		25,600.	0.			GENERAL SUPPORT
NEBRASKA APPLESEED PO BOX 83613 LINCOLN, NE 68501	47-0798343		51,065.	0.			GENERAL SUPPORT
NEBRASKA CHILDREN AND FAMILIES FOUNDATION - 215 CENTENNIAL MALL S STE 200 - LINCOLN, NE 68508-1813	91-1829974		6,697.	0.			GENERAL SUPPORT
NEBRASKA CHILDREN'S HOME SOCIETY 4939 S 118TH ST OMAHA, NE 68137-2213	47-0378995		13,623.	0.			GENERAL SUPPORT
NEBRASKA CIVIC ENGAGEMENT TABLE PO BOX 83358 LINCOLN, NE 68501-3358	81-2233379		5,040.	0.			GENERAL SUPPORT
NEBRASKA COMMUNITY BLOOD BANK 100 N 84TH ST LINCOLN, NE 68505-3101	13-1949477		12,790.	0.			GENERAL SUPPORT
NEBRASKA COMMUNITY FOUNDATION PO BOX 83107 LINCOLN, NE 68501-3107	47-0769903		6,800.	0.			GENERAL SUPPORT
NEBRASKA CULTURAL ENDOWMENT 1004 FARNAM ST LOWR PLZ OMAHA, NE 68102-1885	47-0813703		6,105.	0.			GENERAL SUPPORT
NEBRASKA FAMILY ALLIANCE 1106 E ST LINCOLN, NE 68508	47-0723178		10,424.	0.			GENERAL SUPPORT

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NEBRASKA FFA FOUNDATION PO BOX 94942 LINCOLN, NE 68509-4942	47-0741774		12,473.	0.			GENERAL SUPPORT
NEBRASKA HOUSING RESOURCE 1248 O ST STE 749 LINCOLN, NE 68508	47-0813497		283,333.	0.			AFFORDABLE HOUSING MATCH FUND
NEBRASKA NO KILL CANINE RESCUE PO BOX 6295 LINCOLN, NE 68506-0295	30-0655509		11,006.	0.			GENERAL SUPPORT
NEBRASKA PEACE FOUNDATION PO BOX 83466 LINCOLN, NE 68501	36-3347131		35,386.	0.			GENERAL SUPPORT
NEBRASKA PUBLIC MEDIA (NET FDN FOR RADIO) - 1800 N 33RD ST - LINCOLN, NE 68503-1409	47-0588533		23,595.	0.			GENERAL SUPPORT
NEBRASKA PUBLIC MEDIA (NET FDN FOR TELEVISION) - 1800 N 33RD ST - LINCOLN, NE 68503-1409	23-7122088		30,175.	0.			GENERAL SUPPORT
NEBRASKA PUBLIC MEDIA FOUNDATION 1800 N 33RD ST LINCOLN, NE 68503-1409	86-2239027		15,596.	0.			GENERAL SUPPORT
NEBRASKA SPORTS COUNCIL 3260 FOLKWAYS BLVD, STE B LINCOLN, NE 68504	36-3354207		19,649.	0.			GENERAL SUPPORT
NEBRASKA STATE HISTORICAL SOCIETY FOUNDATION - 128 N 13TH ST STE 1010 - LINCOLN, NE 68508-1562	47-6000332		14,641.	0.			GENERAL SUPPORT

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NEBRASKA STATE SUICIDE COALITION PO BOX 23002 LINCOLN, NE 68542	82-4052913		9,800.	0.			GENERAL SUPPORT
NEBRASKA TRAILS FOUNDATION 5935 S 56TH ST STE A LINCOLN, NE 68516	36-0061007		33,837.	0.			GENERAL SUPPORT
NEBRASKA TRANSITION COLLEGE 6901 N 13TH CIR LINCOLN, NE 68521	81-3766668		7,249.	0.			GENERAL SUPPORT
NEBRASKA VETERANS OF FOREIGN WARS FOUNDATION - 2341 N 48TH ST - LINCOLN, NE 68504	83-1662201		7,500.	0.			GENERAL SUPPORT
NEBRASKA WESLEYAN UNIVERSITY 5000 SAINT PAUL AVE LINCOLN, NE 68504-2760	47-0376524		60,023.	0.			SCHOLARSHIPS, GENERAL SUPPORT
NEIGHBORWORKS LINCOLN 2530 Q ST LINCOLN, NE 68503-3538	36-3430278		302,451.	0.			COMMUNITY CAPACITY BUILDING, AFFORDABLE HOUSING, GENERAL SUPPORT
NEW COVENANT COMMUNITY CHURCH 6000 S 84TH ST LINCOLN, NE 68516-3807	47-0720181		20,330.	0.			GENERAL SUPPORT
NEWMAN CENTER 320 N 16TH ST LINCOLN, NE 68508-1606	47-0464308		14,287.	0.			GENERAL SUPPORT
NORTH AMERICAN MARTYRS CATHOLIC CHURCH OF LINCOLN - 1101 ISAAC DR - LINCOLN, NE 68521	47-0768348		6,050.	0.			GENERAL SUPPORT

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NORTHEAST FAMILY CENTER 6220 LOGAN AVE LINCOLN, NE 68507-1247	91-1787068		11,820.	0.			GENERAL SUPPORT
OAKLEY BRICK CHURCH OF THE BRETHREN - 10344 CERRO GORDO BLACKTOP - OAKLEY, IL 62501			10,000.	0.			GENERAL SUPPORT
OPEN DOOR MISSION PO BOX 8340 OMAHA, NE 68108	47-0411375		13,600.	0.			GENERAL SUPPORT
OPEN SHELF AT CONNECTION POINT 1333 N 33RD ST LINCOLN, NE 68503	84-3551641		9,752.	0.			GENERAL SUPPORT
OPENSKY POLICY INSTITUTE 1327 H ST STE 102 LINCOLN, NE 68508-3798	45-3327969		20,428.	0.			GENERAL SUPPORT
OPERATION SANTA CLAUS 3800 CORNHUSKER HWY LINCOLN, NE 68504-1533	23-7167477		6,269.	0.			GENERAL SUPPORT
OUR SAVIOUR LUTHERAN CHURCH 2420 W OMAHA AVE NORFOLK, NE 68701	47-0484946		10,000.	0.			GENERAL SUPPORT
OUR SAVIOUR'S LUTHERAN CHURCH 1200 S 40TH ST LINCOLN, NE 68510-4612	47-6000940		15,550.	0.			GENERAL SUPPORT
OUTSTRETCHED ARMS MINISTRIES 408 3RD ST STELLA, NE 68442-0111	20-0746661		5,500.	0.			GENERAL SUPPORT

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PARKVIEW CHRISTIAN SCHOOL 4400 N 1ST ST LINCOLN, NE 68521	04-3697982		24,483.	0.			GENERAL SUPPORT
PARTNERSHIP FOR A HEALTHY LINCOLN 4600 VALLEY RD STE 250 LINCOLN, NE 68510-4856	36-3832796		5,606.	0.			GENERAL SUPPORT
PEOPLE'S CITY MISSION PO BOX 80636 LINCOLN, NE 68501-0636	47-0376896		220,512.	0.			GENERAL SUPPORT
PICKLEBALL LINCOLN 9100 CALAMUS RIVER RD LINCOLN, NE 68520	82-1765073		6,311.	0.			GENERAL SUPPORT
PIUS X FOUNDATION 6000 A ST LINCOLN, NE 68510-5005	23-7074428		101,263.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD FEDERATION OF AMERICA - PO BOX 97166 - WASHINGTON, DC 20090	13-1644147		7,600.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD OF THE HEARTLAND, INC. - 5631 S 48TH ST STE 100 - LINCOLN, NE 68516	42-0727488		73,810.	0.			GENERAL SUPPORT
POSSIBILITIES AFRICA PO BOX 209 ELKHORN, NE 68022	20-0703831		10,000.	0.			GENERAL SUPPORT
PRAIRIE LOFT CENTER PO BOX 1731 HASTINGS, NE 68902	20-1556250		10,500.	0.			GENERAL SUPPORT

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PRAIRIE PINES PARTNERS PO BOX 5043 LINCOLN, NE 68505	27-2523178		8,350.	0.			GENERAL SUPPORT
PREGNANCY CENTER 111 PIAZZA TERR LINCOLN, NE 68510-2138	47-0662813		51,386.	0.			GENERAL SUPPORT
PRESTONWOOD BAPTIST CHURCH 6801 W PARK BLVD PLANO, TX 75093	75-1543546		40,000.	0.			GENERAL SUPPORT
RABBLE MILL 2005 Y ST LINCOLN, NE 68503	27-2442893		37,838.	0.			GENERAL SUPPORT
RATIO CHRISTI PO 10907 MERRILLVILLE, IN 46410	27-4733824		6,100.	0.			GENERAL SUPPORT
REDEEMER LUTHERAN CHURCH 510 S 33RD ST LINCOLN, NE 68510-3399	47-0416357		40,934.	0.			GENERAL SUPPORT
REDEEMER PRESBYTERIAN CHURCH 901 CHARLESTON ST LINCOLN, NE 68508			30,000.	0.			GENERAL SUPPORT
REGION V SYSTEMS 1645 N ST STE A LINCOLN, NE 68508-1832			5,473.	0.			GENERAL SUPPORT
SADIE DOG FUND 2224 HEATHER LN LINCOLN, NE 68512-1532	30-0703087		6,050.	0.			GENERAL SUPPORT

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SAINT ALBERT CATHOLIC SCHOOLS 400 GLEASON AVE COUNCIL BLUFFS, IA 51503-5001	53-0196617		5,100.	0.			GENERAL SUPPORT
SAINT MARYS CATHOLIC CHURCH 1505 WHITE PINE CANYON RD PARK CITY, UT 84060			55,000.	0.			GENERAL SUPPORT
SALVATION ARMY-LINCOLN 2625 POTTER ST LINCOLN, NE 68503-1043	36-2167910		118,180.	0.			GENERAL SUPPORT
SEAL FAMILY FOUNDATION 300 CARLSBAD VILLAGE DR, STE 108A-3 CARLSBAD, CA 92008	27-1963880		10,100.	0.			GENERAL SUPPORT
SENIORS FOUNDATION 420 VICTORY PARK DR LINCOLN, NE 68510	47-0630837		20,766.	0.			GENERAL SUPPORT
SEWARD COMMUNITY SCHOLARSHIP PO BOX 141 SEWARD, NE 68434-0141	47-0620453		56,606.	0.			GENERAL SUPPORT
SHELDON ART ASSOCIATION PO BOX 880300 LINCOLN, NE 68588-0300	47-6026671		28,531.	0.			GENERAL SUPPORT
SHERIDAN LUTHERAN CHURCH 6955 OLD CHENEY RD LINCOLN, NE 68516-3565	47-0484855		92,322.	0.			GENERAL SUPPORT
SHRINER'S HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 33607-1435	36-2193608		13,825.	0.			GENERAL SUPPORT

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SIERRA CLUB FOUNDATION 2101 WEBSTER ST #1250 OAKLAND, CA 94612	94-6069890		26,000.	0.			GENERAL SUPPORT
SOUTH GATE UNITED METHODIST CHURCH 3500 PIONEERS BLVD LINCOLN, NE 68506-4853	47-0520001		6,500.	0.			GENERAL SUPPORT
SOUTH OF DOWNTOWN COMMUNITY DEVELOPMENT ORGANIZATION - 1301 S 11TH ST - LINCOLN, NE 68502	81-3999486		429,476.	0.			COMMUNITY CAPACITY BUILDING, GENERAL SUPPORT
SOUTH STREET TEMPLE 2061 S 20TH ST LINCOLN, NE 68502-2797	47-0498915		10,534.	0.			GENERAL SUPPORT
SOUTHEAST COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 301 S 68TH STREET PL - LINCOLN, NE 68510-2449	51-0168407		12,696.	0.			SCHOLARSHIPS, GENERAL SUPPORT
SOUTHERN HEIGHTS FOOD FOREST PO BOX 22403 LINCOLN, NE 68542-2403	83-2927740		8,142.	0.			GENERAL SUPPORT
SOUTHWOOD LUTHERAN CHURCH 4301 WILDERNESS HILLS BLVD LINCOLN, NE 68516-4557	47-0576864		54,800.	0.			GENERAL SUPPORT
SOWERS CLUB OF NEBRASKA FOUNDATION 1701 S 17TH ST STE 1H LINCOLN, NE 68502-2641	36-3465837		10,949.	0.			GENERAL SUPPORT
SPECIAL OLYMPICS NEBRASKA 9427 F ST OMAHA, NE 68127-1215	47-0546346		10,316.	0.			GENERAL SUPPORT

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SPRING CREEK PRAIRIE AUDUBON CENTER - PO BOX 117 - DENTON, NE 68339	13-1624102		24,291.	0.			GENERAL SUPPORT
ST. ANNE CATHOLIC CHURCH 1111 S CHERRY ST TOMBALL, TX 77375-6675			78,000.	0.			GENERAL SUPPORT
ST. ELIZABETH FOUNDATION 555 S 70TH ST LINCOLN, NE 68510-2462	47-0625523		37,078.	0.			GENERAL SUPPORT
ST. JOHN CATHOLIC CHURCH 7601 VINE ST LINCOLN, NE 68505			12,150.	0.			GENERAL SUPPORT
ST. JOSEPH CATHOLIC CHURCH 7900 TRENDWOOD DR LINCOLN, NE 68506-6559	47-0580454		242,869.	0.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 SAINT JUDE PL - MEMPHIS, TN 38105-1905	62-0646012		197,532.	0.			GENERAL SUPPORT
ST. MARKS ON THE CAMPUS EPISCOPAL CHURCH - 1309 R ST - LINCOLN, NE 68508-1219			12,400.	0.			GENERAL SUPPORT
ST. MARK'S PRESCHOOL/KIDZONE, INC. 8550 PIONEERS BLVD LINCOLN, NE 68520	20-8424659		8,597.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
ST. MARK'S UNITED METHODIST CHURCH 8550 PIONEERS BLVD LINCOLN, NE 68520-1306			80,200.	0.			GENERAL SUPPORT

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ST. MARK'S UNITED METHODIST FOUNDATION - 8550 PIONEERS BLVD - LINCOLN, NE 68520-1306	36-3679200		15,300.	0.			GENERAL SUPPORT
ST. MARY'S CHURCH PO BOX 406 DENTON, NE 68339-0406	47-0457881		8,000.	0.			GENERAL SUPPORT
ST. MATTHEW'S EPISCOPAL CHURCH 2325 S 24TH ST LINCOLN, NE 68502-4005			11,718.	0.			GENERAL SUPPORT
ST. MICHAEL CATHOLIC CHURCH 9101 S 78TH ST LINCOLN, NE 68516	47-0813800		34,275.	0.			GENERAL SUPPORT
ST. MONICA'S LIFE CHANGING RECOVERY FOR WOMEN - 120 WEDGEWOOD DR - LINCOLN, NE 68510-2431	47-0490169		23,051.	0.			GENERAL SUPPORT
ST. PAUL UNITED METHODIST CHURCH 1144 M ST LINCOLN, NE 68508-2123	47-0379012		18,662.	0.			GENERAL SUPPORT
ST. PETER CATHOLIC SCHOOL 4500 DUXHALL DR LINCOLN, NE 68516-2860	47-0738138		8,152.	0.			GENERAL SUPPORT
ST. PETER'S CATHOLIC CHURCH 4500 DUXHALL DR LINCOLN, NE 68516-2860			45,150.	0.			GENERAL SUPPORT
ST. TERESA SCHOOL 616 S 36TH ST LINCOLN, NE 68510	47-0393174		9,058.	0.			GENERAL SUPPORT

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ST. TERESA'S CATHOLIC CHURCH 735 S 36TH ST LINCOLN, NE 68510-1666	47-0393174		56,000.	0.			GENERAL SUPPORT
STEADFAST BIBLE FELLOWSHIP 2440 S 141ST CIR OMAHA, NE 68144	20-0793317		20,000.	0.			GENERAL SUPPORT
TABITHA FOUNDATION 4720 RANDOLPH ST LINCOLN, NE 68510-3741	47-0636199		82,930.	0.			GENERAL SUPPORT
TABITHA INC. 4720 RANDOLPH ST LINCOLN, NE 68510-3741	47-0377998		19,708.	0.			GENERAL SUPPORT
TEAMMATES MENTORING PROGRAM 6801 O ST LINCOLN, NE 68510-2422	47-0840990		10,300.	0.			GENERAL SUPPORT
TEAMMATES MENTORING PROGRAM OF LINCOLN - 5905 O ST - LINCOLN, NE 68510-2235	47-0840990		38,220.	0.			GENERAL SUPPORT
THE CHILDREN'S PLACE 3900 VINE ST LINCOLN, NE 68503	47-0791985		10,738.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
THE SALVATION ARMY ATTN: LEGAL DEPARTMENT HOFFMAN ESTATES, IL 60192	36-3805307		58,051.	0.			GENERAL SUPPORT
THEATRE ARTS FOR KIDS PO BOX 67032 LINCOLN, NE 68506-7032	46-3745380		10,541.	0.			GENERAL SUPPORT

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TRINITY LUTHERAN CHURCH 31104 CHURCH RD MURDOCK, NE 68407	47-0525231		10,000.	0.			GENERAL SUPPORT
TRINITY LUTHERAN SCHOOL TRINITY LUTHERAN SCHOOL LINCOLN, NE 68504	47-0382081		14,156.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
TRINITY UNITED METHODIST CHURCH 7130 KENTWELL LN LINCOLN, NE 68516-6569	47-0408259		12,652.	0.			GENERAL SUPPORT
UNF CHARITABLE GIFT FUND 1010 LINCOLN MALL STE 300 LINCOLN, NE 68508-2886	20-0288992		8,800.	0.			GENERAL SUPPORT
UNION COLLEGE 3800 S 48TH ST LINCOLN, NE 68506-4345	47-0405319		47,599.	0.			SCHOLARSHIPS, GENERAL SUPPORT
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 77007-5813	74-1167964		10,000.	0.			GENERAL SUPPORT
UNITED WAY OF LINCOLN AND LANCASTER COUNTY - 238 S 13TH ST - LINCOLN, NE 68508-2004	47-0376624		160,982.	0.			GENERAL SUPPORT
UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT - PO BOX 4550 - IOWA CITY, IA 52242	42-0796760		11,000.	0.			SCHOLARSHIPS
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244-4550	42-0796760		20,000.	0.			SCHOLARSHIPS, GENERAL SUPPORT

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UNIVERSITY OF NEBRASKA BOARD OF REGENTS - 151 PREM S. PAUL RESEARCH CENTER - LINCOLN, NE 68583-0861	47-0049123		126,827.	0.			SCHOLARSHIPS, GENERAL SUPPORT
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL STE 300 LINCOLN, NE 68508-2886	47-0379839		1,389,313.	0.			ATHLETIC FACILITY, COLLEGE OF BUSINESS, SCHOLARSHIPS, GENERAL SUPPORT
UNIVERSITY OF SOUTH DAKOTA FOUNDATION - 1110 N DAKOTA ST - VERMILLION, SD 57069	46-6018891		10,000.	0.			SCHOLARSHIPS
VERTICAL HEARTS 20770 HWY 281N NMBR 108-452 SAN ANTONIO, TX 78258	82-0839411		12,700.	0.			GENERAL SUPPORT
VILLA MARIE HOME AND SCHOOL FOR EXCEPTIONAL CHILDREN - 7205 N 112TH ST - WAVERLY, NE 68462			6,735.	0.			GENERAL SUPPORT
VISION MAKER MEDIA 1800 N 33RD ST LINCOLN, NE 68503	47-0596952		11,630.	0.			GENERAL SUPPORT
VOICES OF HOPE 2545 N ST LINCOLN, NE 68510-1250	47-0726814		41,436.	0.			GENERAL SUPPORT
VOLUNTEER LAWYERS PROJECT 635 S 14TH ST STE 200 LINCOLN, NE 68508-2701	86-1066093		5,229.	0.			GENERAL SUPPORT
WACHISKA AUDUBON SOCIETY 4547 CALVERT ST STE 10 LINCOLN, NE 68506-5643	51-0229888		11,518.	0.			GENERAL SUPPORT

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WASHINGTON NATIONAL CATHEDRAL PO BOX 98283 WASHINGTON, DC 20090-8283	53-0196604		10,000.	0.			GENERAL SUPPORT
WASHINGTON UNIVERSITY IN ST. LOUIS 1 BROOKINGS DR SAINT LOUIS, MO 63130-4862	43-0653611		10,000.	0.			SCHOLARSHIPS
WAY OF TRUTH PO BOX 6838 LINCOLN, NE 68506	47-3790049		6,700.	0.			GENERAL SUPPORT
WE CARE FOUNDATION PO BOX 21832 LINCOLN, NE 68542	81-3563641		16,201.	0.			GENERAL SUPPORT
WESTMINSTER PRESBYTERIAN CHURCH 2110 SHERIDAN BLVD LINCOLN, NE 68502-4036	47-0380471		14,492.	0.			GENERAL SUPPORT
WESTMINSTER PRESCHOOL 2110 SHERIDAN BLVD LINCOLN, NE 68502-4036	47-0380471		13,269.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
WHITE CANE FOUNDATION 2741 KATY CIR LINCOLN, NE 68506	83-3478011		11,363.	0.			GENERAL SUPPORT
WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 68522-1257	47-0635271		13,360.	0.			GENERAL SUPPORT
WOMEN'S CARE CENTER INC. 5632 S 48TH ST LINCOLN, NE 68516	35-1609945		20,867.	0.			GENERAL SUPPORT

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(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
WOODS TENNIS AND EDUCATIONAL FOUNDATION - 401 S 33RD ST - LINCOLN, NE 68510	85-0948502		13,492.	0.			GENERAL SUPPORT
WORLD FOOD PRIZE FOUNDATION 100 LOCUST ST DES MOINES, IA 50309	42-1356715		30,000.	0.			GENERAL SUPPORT
WOUNDED WARRIOR PROJECT 4899 BELFORT RD STE 300 JACKSONVILLE, FL 32256-6033	20-2370934		5,850.	0.			GENERAL SUPPORT
WYUKA HISTORICAL FOUNDATION 3600 O ST LINCOLN, NE 68510-1668	47-0823689		14,154.	0.			GENERAL SUPPORT
YAZDA-YAZIDI CULTURAL CENTER 300 N 27TH ST STE C LINCOLN, NE 68503	47-1722806		5,380.	0.			GENERAL SUPPORT
YMCA OF LINCOLN 570 FALLBROOK BLVD STE 210 LINCOLN, NE 68521-9026	47-0376578		88,159.	0.			GENERAL SUPPORT
YOUNG LIFE PO BOX 6442 LINCOLN, NE 68506-0442	84-0385934		14,085.	0.			GENERAL SUPPORT
YOUTH FOR CHRIST - CAMPUS LIFE, PARENT LIFE AND JUVENILE JUSTICE MINISTRY - PO BOX 6081 - LINCOLN, NE 68506-6081	47-0543176		120,278.	0.			GENERAL SUPPORT
YOUTH FOR CHRIST USA INC 5062 S 108TH ST STE 160 OMAHA, NE 68137	47-0484339		10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

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:

THE LINCOLN COMMUNITY FOUNDATION STAFF RESEARCHES ALL CHARITIES THAT DONORS RECOMMEND FOR GRANTS. TO QUALIFY FOR A GRANT DISTRIBUTION, A PROSPECTIVE GRANTEE MUST BE ABLE TO SATISFY THE FOUNDATION'S DUE DILLIGENCE REQUIREMENTS BEFORE A GRANT IS MADE. A PROSPECTIVE GRANTEE COMPLETES A FORMAL GRANT APPLICATION, WHICH INCLUDES SUPPLYING AUDITED FINANCIAL STATEMENTS, CURRENT 990S, BOARD OF DIRECTORS AND OFFICER LISTINGS. LINCOLN COMMUNITY FOUNDATION ALSO USES GUIDESTAR TO DETERMINE THAT THE POTENTIAL GRANTEE IS A QUALIFIED CHAIRTY IN GOOD STANDING. ONCE THE ORGANIZATION

MEETS THE DUE DILLIGENCE REQUIREMENTS, THE FOUNDATION ISSUES A CHECK TO THE
ORGANIZATION.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

LINCOLN COMMUNITY FOUNDATION INC

Employer identification number

47-0458128

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 checked="" 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 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	X	
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2021

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.

[illegible]

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.

PART I, LINE 1A:

SOCIAL CLUB DUES WERE PAID FOR THE PRESIDENT.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

OMB No. 1545-0047

2021

Open to Public
Inspection

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

Name of the organization

LINCOLN COMMUNITY FOUNDATION INC

Employer identification number

47-0458128

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	150	25,820,118.	FMV
10 Securities - Closely held stock	X	4	1,173,509.	INDEPENDENT APPRAISA
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other ...				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	1	90,352.	INDEPENDENT APPRAISA
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>GRAIN</u>)	X	3	91,022.	FMV
26 Other ▶ (<u>PURE GOLD COI</u>)	X	2	32,565.	INDEPENDENT APPRAISA
27 Other ▶ ()				
28 Other ▶ ()				

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

29

2

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least three years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	
33		

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.

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

Schedule M (Form 990) 2021

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

SCHEDULE M, LINE 32B:

AN INDEPENDENT BROKER WAS USED TO SELL THE GRAIN AND GOLD COIN GIFTS.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

Name of the organization

LINCOLN COMMUNITY FOUNDATION INC

Employer identification number
47-0458128

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

THE FILING VERSION OF THE RETURN IS PROVIDED TO THE BOARD CHAIR AND THE
CHAIR OF THE AUDIT COMMITTEE. THE REST OF THE BOARD IS PROVIDED THE FILING
VERSION WITHOUT THE NAMES AND ADDRESSES OF THE CONTRIBUTORS ON SCHEDULE B.

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

ALL BOARD OF DIRECTORS ARE ASKED AT THE BEGINNING OF EACH QUARTERLY MEETING
IF THERE ARE ANY CHANGES SINCE THEIR LAST DISCLOSURE.

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

THE HUMAN RESOURCES COMMITTEE (A BOARD COMMITTEE) MEETS ANNUALLY TO SET PAY
INCREASES AS WELL AS PAY RANGES FOR ALL EMPLOYEES. THESE ARE BASED ON
COMPARABILITY DATA. THE DECISIONS MADE BY THIS COMMITTEE ARE DOCUMENTED IN
MEETING MINUTES.

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

THE FOUNDATION PUTS ITS FORM 990 AND AUDIT REPORTS FOR THREE YEARS ON THE
WEBSITE FOR PUBLIC VIEWING. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST
POLICIES ARE PROVIDED TO ANYONE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN SPLIT INTEREST AGREEMENTS 33,525.

FORM 990, PART XII, LINE 2C, AUDIT OVERSIGHT:

THE POLICY HAS NOT CHANGED SINCE THE PRIOR YEAR.

Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

LINCOLN COMMUNITY FOUNDATION INC

Employer identification number
47-0458128

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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.

[illegible]

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

Schedule R (Form 990) 2021

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

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

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

[illegible]

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

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

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

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

OMB No. 1545-0047

For calendar year 2021, or fiscal year beginning _____, 2021, and ending _____, 20____

2021Department of the Treasury
Internal Revenue Service▶ **Do not send to the IRS. Keep for your records.**
▶ **Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

LINCOLN COMMUNITY FOUNDATION INC

EIN or SSN

47-0458128

Name and title of officer or person subject to tax

**SCOTT LAWSON
VICE PRESIDENT-FINANCE****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 type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b
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 checked="" type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b <u>11,417.</u>
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here ▶	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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

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

2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

☒ I authorize **HBE LLP** to enter my PIN **58128**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ▶

Date ▶

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.

47127858128

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ **HBE LLP**Date ▶ **11/04/22**

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

LHA For Privacy act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2021)

**Application for Automatic Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-0047

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

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

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

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

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. LINCOLN COMMUNITY FOUNDATION INC	Taxpayer identification number (TIN) 47-0458128
	Number, street, and room or suite no. If a P.O. box, see instructions. 215 CENTENNIAL MALL S STE 100	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LINCOLN, NE 68508-1885	

Enter the Return Code for the return that this application is for (file a separate application for each return) **07**

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

SCOTT LAWSON, VP-FINANCE

- The books are in the care of ► **215 CENTENNIAL MALL SOUTH STE 100 - LINCOLN, NE 68508**

Telephone No. ► **402-474-2345**

Fax No. ► _____

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

- 1** I request an automatic 6-month extension of time until **NOVEMBER 15, 2022**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2021** or
► ☐ tax year beginning _____, and ending _____.

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

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	11,417.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	11,417.

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

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2021Department of the Treasury
Internal Revenue Service

For calendar year 2021 or other tax year beginning _____, and ending _____

► Go to www.irs.gov/Form990T for instructions and the latest information.
 ► Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.)	D Employer identification number
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		LINCOLN COMMUNITY FOUNDATION INC	47-0458128
		Number, street, and room or suite no. If a P.O. box, see instructions. 215 CENTENNIAL MALL S STE 100	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code LINCOLN, NE 68508-1885	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year ► 206,750,939.	
G Check organization type ► <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			
H Check if filing only to ► <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ► <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) ► 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ► <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ►			
L The books are in care of ► SCOTT LAWSON, VP-FINANCE Telephone number ► 402-474-2345			

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	55,369.
2	Reserved	2	
3	Add lines 1 and 2	3	55,369.
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	55,369.
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	55,369.
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000.
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	54,369.

Part II Tax Computation

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	11,417.
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	11,417.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2021)

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b	Other credits (see instructions)	1b		
c	General business credit. Attach Form 3800 (see instructions)	1c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e	Total credits. Add lines 1a through 1d	1e		
2	Subtract line 1e from Part II, line 7	2		11,417.
3	Other amounts due. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3		
4	Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		11,417.
5	Current net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5		0.
6a	Payments: A 2020 overpayment credited to 2021	6a		
b	2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c	Tax deposited with Form 8868	6c		11,417.
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e	Backup withholding (see instructions)	6e		
f	Credit for small employer health insurance premiums (attach Form 8941)	6f		
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total	6g		
7	Total payments. Add lines 6a through 6g	7		11,417.
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		
11	Enter the amount of line 10 you want: Credited to 2022 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

1	At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here	Yes	No
			X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$		
4	Enter available pre-2018 NOL carryovers here \$ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 4.		
5	Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code	Available post-2017 NOL carryover	
		\$	
		\$	
6a	Did the organization change its method of accounting? (see instructions)		X
b	If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

Part V Supplemental Information

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer		Date	Title
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	KILEY A WIECHMAN, CPA	KILEY A WIECHMAN, CPA	11/04/22	
	Firm's name	Firm's EIN		PTIN
	HBE LLP	47-0677245		P00661523
	Firm's address		Phone no.	
	7140 STEPHANIE LANE PO BOX 23110 LINCOLN, NE 68542-3110		(402) 423-4343	

SCHEDULE A
(Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income
From an Unrelated Trade or Business

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

1
OMB No. 1545-0047

2021

Open to Public Inspection for
501(c)(3) Organizations Only

A Name of the organization LINCOLN COMMUNITY FOUNDATION INC	B Employer identification number 47-0458128
C Unrelated business activity code (see instructions) ▶ 523000	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **S-CORPORATION INCOME**

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales				
b Less returns and allowances	c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)		2		
3 Gross profit. Subtract line 2 from line 1c		3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions		4a 55,369.		55,369.
b Net gain (loss) (Form 4797) (attach Form 4797). See instructions		4b		
c Capital loss deduction for trusts		4c		
5 Income (loss) from a partnership or an S corporation (attach statement)		5		
6 Rent income (Part IV)		6		
7 Unrelated debt-financed income (Part V)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)		8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)		9		
10 Exploited exempt activity income (Part VIII)		10		
11 Advertising income (Part IX)		11		
12 Other income (see instructions; attach statement)		12		
13 Total. Combine lines 3 through 12		13 55,369.		55,369.

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1	
2 Salaries and wages	2	
3 Repairs and maintenance	3	
4 Bad debts	4	
5 Interest (attach statement). See instructions	5	
6 Taxes and licenses	6	
7 Depreciation (attach Form 4562). See instructions	7	
8 Less depreciation claimed in Part III and elsewhere on return	8a	
9 Depletion	9	
10 Contributions to deferred compensation plans	10	
11 Employee benefit programs	11	
12 Excess exempt expenses (Part VIII)	12	
13 Excess readership costs (Part IX)	13	
14 Other deductions (attach statement)	14	
15 Total deductions. Add lines 1 through 14	15	0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16	55,369.
17 Deduction for net operating loss. See instructions	17	0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18	55,369.



LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021




Part III Cost of Goods SoldEnter method of inventory valuation 

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)  0.				
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)  0.				

Part V Unrelated Debt-Financed Income (see instructions)

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)  0.				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)  0.				
11	Total dividends-received deductions included in line 10  0.				

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization		2. Employer identification number	Exempt Controlled Organizations			6. Deductions directly connected with income in column 5
			3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	
(1)						
(2)						
(3)						
(4)						

Nonexempt Controlled Organizations				
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on Part I, line 8, column (A) 0.	Add columns 6 and 11. Enter here and on Part I, line 8, column (B) 0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
Totals		Add amounts in column 2. Enter here and on Part I, line 9, column (A) 0.		Add amounts in column 5. Enter here and on Part I, line 9, column (B) 0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2021

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	
B	
C	
D	

Enter amounts for each periodical listed above in the corresponding column.

	A	B	C	D
2 Gross advertising income				
Add columns A through D. Enter here and on Part I, line 11, column (A)				0.

a

3 Direct advertising costs by periodical					
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0.

a

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8.

5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				

a

Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on
Part II, line 13 0.

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	

Total. Enter here and on Part II, line 1 0.

[illegible]

**SCHEDULE D
(Form 1120)**Department of the Treasury
Internal Revenue Service**Capital Gains and Losses**▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

Name	Employer identification number
LINCOLN COMMUNITY FOUNDATION INC	47-0458128

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6	()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h			7	

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	112,662.	57,293.		55,369.
11 Enter gain from Form 4797, line 7 or 9			11	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37			12	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824			13	
14 Capital gain distributions			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	55,369.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	55,369.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	55,369.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

47-0458128

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☒ (F) Long-term transactions not reported to you on Form 1099-B

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

SCHEDULE D
(Form 1120)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2021

Name LINCOLN COMMUNITY FOUNDATION INC	Employer identification number 47-0458128
---	---

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No
If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked				
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				6 ()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				7

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	112,662.	57,293.		55,369.
11 Enter gain from Form 4797, line 7 or 9				11
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				12
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824				13
14 Capital gain distributions				14
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				15 55,369.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	55,369.
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	18	55,369.

Note: If losses exceed gains, see *Capital Losses* in the instructions.

47-0458128

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

☒ (F) Long-term transactions not reported to you on Form 1099-B

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.