

Form **8879-EO**

IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning _____, 2017, and ending _____, 20____

2017

Department of the Treasury
Internal Revenue Service

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

Name of exempt organization

Employer identification number

LINCOLN COMMUNITY FOUNDATION INC

47-0458128

Name and title of officer

SCOTT LAWSON
VICE PRESIDENT-FINANCE

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line **1a, 2a, 3a, 4a, or 5a**, below, and the amount on that line for the return being filed with this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 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>25,095,850.</u>
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b _____
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

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

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

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 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ HBE LLP Date ▶ 08/16/18

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

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

723051 10-11-17

Form **990**

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

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2017 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 Doing business as 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 F Name and address of principal officer: BARBARA BARTLE SAME AS C ABOVE	D Employer identification number 47-0458128 E Telephone number 402-474-2345 G Gross receipts \$ 38,637,256. 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

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	30
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	30
5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5	19
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9	Program service revenue (Part VIII, line 2g)	11,913,327.	20,279,215.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,271,406.	4,713,475.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	103,069.	103,160.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	17,287,802.	25,095,850.
14	Benefits paid to or for members (Part IX, column (A), line 4)	10,896,108.	12,224,379.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	1,412,593.	1,513,193.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 451,054.	0.	0.
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,388,279.	1,617,103.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	13,696,980.	15,354,675.
19	Revenue less expenses. Subtract line 18 from line 12	3,590,822.	9,741,175.
20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21	Total liabilities (Part X, line 26)	116,488,840.	135,013,768.
22	Net assets or fund balances. Subtract line 21 from line 20	1,382,543.	1,506,486.
		115,106,297.	133,507,282.

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 SCOTT LAWSON, VICE PRESIDENT-FINANCE Type or print name and title	Date
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Paid Preparer Use Only	Print/Type preparer's name KRYSTAL L SIEBRANDT, CPA	Preparer's signature KRYSTAL L SIEBRANDT	Date 08/16/18	Check if self-employed <input type="checkbox"/>	PTIN P00543870
	Firm's name ▶ HBE LLP	Firm's EIN ▶ 47-0677245			
	Firm's address ▶ 7140 STEPHANIE LANE, P.O. BOX 23110 LINCOLN, NE 68542-3110			Phone no. (402) 423-4343	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE 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 [X] No

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

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

4a (Code:) (Expenses \$ 14,155,015. including grants of \$ 12,224,379.) (Revenue \$ 1,370,471.) GRANTS AND ALLOCATIONS TO NON-PROFIT CHARITABLE ORGANIZATIONS.

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

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

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

4e Total program service expenses 14,155,015.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 4947(a)(1), and Form 720.

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 in Schedule O. See instructions.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 30		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 30		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

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 (or 1024 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 in Schedule O)
- 19** Describe in 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 Contractors

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

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

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

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) WILLIAM CINTANI CHAIR	3.00	X		X				0.	0.	0.
(2) THOMAS SMITH VICE CHAIR	1.00	X		X				0.	0.	0.
(3) MARK WALZ TREASURER	2.00	X		X				0.	0.	0.
(4) LINDA MAJOR SECRETARY	1.00	X		X				0.	0.	0.
(5) ROBERT CALDWELL DIRECTOR	1.00	X						0.	0.	0.
(6) TIM CLARE DIRECTOR	1.00	X						0.	0.	0.
(7) JOHN DITTMAN DIRECTOR	1.00	X						0.	0.	0.
(8) CONNIE DUNCAN DIRECTOR	1.00	X						0.	0.	0.
(9) MARTHA FLORENCE DIRECTOR	1.00	X						0.	0.	0.
(10) LEIRION GAYLOR BAIRD DIRECTOR	1.00	X						0.	0.	0.
(11) ANTHONY GOINS DIRECTOR	1.00	X						0.	0.	0.
(12) RANDY HAAS DIRECTOR	1.00	X						0.	0.	0.
(13) SUSHIL LACY DIRECTOR	1.00	X						0.	0.	0.
(14) DAVID LANDIS DIRECTOR	1.00	X						0.	0.	0.
(15) DIANE MENDENHALL DIRECTOR	1.00	X						0.	0.	0.
(16) ANTHONY MESSINEO DIRECTOR	1.00	X						0.	0.	0.
(17) MARILYN MOORE DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JEFF NOORDHOEK DIRECTOR	1.00	X						0.	0.	0.
(19) DONDE PLOWMAN DIRECTOR	1.00	X						0.	0.	0.
(20) HELEN RAIKES DIRECTOR	1.00	X						0.	0.	0.
(21) KIMBERLY RATH DIRECTOR	1.00	X						0.	0.	0.
(22) DEBRA SCHORR DIRECTOR	1.00	X						0.	0.	0.
(23) ROBERT SCOTT DIRECTOR	1.00	X						0.	0.	0.
(24) CLAY SMITH DIRECTOR	1.00	X						0.	0.	0.
(25) GENE STOHS DIRECTOR	1.00	X						0.	0.	0.
(26) LEE STUART DIRECTOR	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								523,249.	0.	106,569.
d Total (add lines 1b and 1c)								523,249.	0.	106,569.

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, or 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
KIDGLOV, INC. 1120 P STREET, LINCOLN, NE 68508	WEBSITE DESIGN, CREATIVE MARKETING S	135,463.

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

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) 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	20,279,215.				
	g Noncash contributions included in lines 1a-1f: \$		11,891,691.				
	h Total. Add lines 1a-1f		20,279,215.				
Program Service Revenue	2 a _____		Business Code				
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			3,446,164.		3,446,164.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	(ii) Personal				
		271,107.					
		b Less: rental expenses	252,100.				
	c Rental income or (loss)	19,007.					
	d Net rental income or (loss)			19,007.	19,007.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		14,556,617.					
		b Less: cost or other basis and sales expenses	13,289,306.				
		c Gain or (loss)	1,267,311.				
	d Net gain or (loss)			1,267,311.	1,267,311.		
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS INCOME/REVENUE	900099		84,153.	84,153.			
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			84,153.				
12 Total revenue. See instructions.			25,095,850.	1,370,471.	0.	3,446,164.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	12,224,379.	12,224,379.		
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	629,818.	421,288.	86,062.	122,468.
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	690,750.	347,890.	173,916.	168,944.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	15,931.	7,584.	4,339.	4,008.
9 Other employee benefits	90,754.	48,778.	21,570.	20,406.
10 Payroll taxes	85,940.	49,655.	17,239.	19,046.
11 Fees for services (non-employees):				
a Management				
b Legal	3,900.		3,900.	
c Accounting	38,741.		38,741.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	113,514.		113,514.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	223,184.	89,856.	65,870.	67,458.
13 Office expenses	32,987.	19,059.	6,617.	7,311.
14 Information technology				
15 Royalties				
16 Occupancy	70,798.	61,710.	4,350.	4,738.
17 Travel	26,000.	15,832.	4,001.	6,167.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,220.	3,646.	5,479.	1,095.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	199,793.	169,551.	14,368.	15,874.
23 Insurance	6,475.	3,741.	1,299.	1,435.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FISCAL SPONSORSHIPS	334,226.	334,226.		
b MISSION INITIATIVES	196,764.	196,764.		
c PROFESSIONAL FEES	178,540.		178,540.	
d ANNUITY DISTRIBUTION	74,207.	74,207.		
e All other expenses	107,754.	86,849.	8,801.	12,104.
25 Total functional expenses. Add lines 1 through 24e	15,354,675.	14,155,015.	748,606.	451,054.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,355,394.	1	1,108,144.
	2 Savings and temporary cash investments	11,613,064.	2	13,987,686.
	3 Pledges and grants receivable, net	3,976,585.	3	4,013,303.
	4 Accounts receivable, net	112,911.	4	9,006.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	297,250.
	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 7,103,373.		
	b Less: accumulated depreciation	10b 4,013,571.	3,234,008.	10c 3,089,802.
	11 Investments - publicly traded securities	92,352,394.	11	109,518,375.
	12 Investments - other securities. See Part IV, line 11	2,598,202.	12	2,718,218.
	13 Investments - program-related. See Part IV, line 11	246,282.	13	271,984.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	116,488,840.	16	135,013,768.	
Liabilities	17 Accounts payable and accrued expenses	801,025.	17	979,588.
	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 current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		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	581,518.	25	526,898.
	26 Total liabilities. Add lines 17 through 25	1,382,543.	26	1,506,486.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	108,137,499.	27	126,186,207.
	28 Temporarily restricted net assets	6,968,798.	28	7,321,075.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	115,106,297.	33	133,507,282.	
34 Total liabilities and net assets/fund balances	116,488,840.	34	135,013,768.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	25,095,850.
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,354,675.
3	Revenue less expenses. Subtract line 2 from line 1	3	9,741,175.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	115,106,297.
5	Net unrealized gains (losses) on investments	5	8,453,799.
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 in Schedule O)	9	206,011.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	133,507,282.

Part XII Financial Statements and Reporting

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

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

Form 990 (2017)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2017

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 or 990-EZ).)
- 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 in 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	23,520,360.	19,436,412.	9,906,735.	11,198,752.	20,279,215.	84,341,474.
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	23,520,360.	19,436,412.	9,906,735.	11,198,752.	20,279,215.	84,341,474.
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)						31,819,964.
6 Public support. Subtract line 5 from line 4.						52,521,510.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	23,520,360.	19,436,412.	9,906,735.	11,198,752.	20,279,215.	84,341,474.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	2,236,793.	2,495,012.	3,453,933.	2,965,660.	3,446,164.	14,597,562.
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.)	7,870.	6,118.	72,591.	65,415.	84,153.	236,147.
11 Total support. Add lines 7 through 10						99,175,183.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	52.96	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	53.18	%
16a 33 1/3% support test - 2017. 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 - 2016. 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 - 2017. 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 - 2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Part VI

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

Multiple horizontal lines for supplemental information.

SCHEDULE 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

2017

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	404	
2 Aggregate value of contributions to (during year)	14,658,211.	
3 Aggregate value of grants from (during year)	6,271,993.	
4 Aggregate value at end of year	39,500,960.	
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).

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

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

Yes No

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

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

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

Yes No

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

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

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

1a If the organization elected, as permitted under SFAS 116 (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 SFAS 116 (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 SFAS 116 (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) 2017

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 are a 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 programs
- 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	75,058,495.	69,955,971.	75,106,044.	64,507,663.	55,721,643.
b Contributions	1,247,057.	812,803.	1,657,110.	11,207,087.	810,481.
c Net investment earnings, gains, and losses	10,334,479.	8,185,487.	-1,614,531.	2,628,094.	10,775,958.
d Grants or scholarships	3,088,005.	2,493,503.	2,530,011.	1,272,200.	1,285,929.
e Other expenditures for facilities and programs	317,647.	388,699.	1,698,334.	1,136,600.	751,266.
f Administrative expenses	1,070,928.	1,013,564.	964,307.	828,000.	763,224.
g End of year balance	82,163,451.	75,058,495.	69,955,971.	75,106,044.	64,507,663.

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 100.00 %
- c Temporarily restricted 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		5,665,734.	3,365,858.	2,299,876.
c Leasehold improvements				
d Equipment		796,345.	647,713.	148,632.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,089,802.

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	526,898.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	526,898.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	33,227,495.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	8,453,799.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	458,111.
e	Add lines 2a through 2d	2e	8,911,910.
3	Subtract line 2e from line 1	3	24,315,585.
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	
b	Other (Describe in Part XIII.)	4b	780,265.
c	Add lines 4a and 4b	4c	780,265.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	25,095,850.

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	15,390,396.
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	252,100.
e	Add lines 2a through 2d	2e	252,100.
3	Subtract line 2e from line 1	3	15,138,296.
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	
b	Other (Describe in Part XIII.)	4b	216,379.
c	Add lines 4a and 4b	4c	216,379.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	15,354,675.

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 ACTIVITIES NOT RELATED TO THE ORGANIZATION'S EXEMPT PURPOSES IS SUBJECT TO INCOME TAX AT NORMAL CORPORATE RATES. FOR THE YEAR ENDED DECEMBER 31, 2017 THERE WAS NO TAX LIABILITY ON UNRELATED BUSINESS ACTIVITY. THE ORGANIZATION BELIEVES THAT

Part XIII Supplemental Information (continued)

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	206,011.
RENTAL EXPENSES	252,100.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	458,111.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS AND INVESTMENT INCOME RELATED TO AGENCY FUNDS	780,265.
-------------------------------------------------------------	----------

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	252,100.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES RELATED TO AGENCY FUNDS	216,379.
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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

2017

**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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ANGELS THEATRE COMPANY 2001 SEWELL ST LINCOLN, NE 68502-3847	47-0842314		5,956.	0.			GENERAL OPERATIONS
APRIL'S KIDS 3730 S 14TH ST LINCOLN, NE 68502	81-3759742		10,000.	0.			GENERAL OPERATIONS
ARC OF LINCOLN 5730 R ST STE C2 LINCOLN, NE 68505-2309	47-0498629		13,839.	0.			GENERAL OPERATIONS
ASIAN COMMUNITY & CULTURAL CENTER 144 N 44TH ST STE A LINCOLN, NE 68503	47-0807501		17,443.	0.			GENERAL OPERATIONS
BANNER HEALTH 2901 N CENTRAL AVE ST 160 PHOENIX, AZ 85012	45-0233470		25,000.	0.			GENERAL OPERATIONS
BCD TRAVEL FOUNDATION INC. 6 CONCOURSE PKWY ST 2400 ATLANTA, GA 30328	47-2998870		5,000.	0.			GENERAL OPERATIONS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 296.
- 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) (2017)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BEMIS CENTER FOR CONTEMPORARY ARTS 724 S 12TH ST OMAHA, NE 68102-3202	47-0653927		10,000.	0.			GENERAL OPERATIONS
BKD FOUNDATION PO BOX 1900 SPRINGFIELD, MO 65801-1900	43-1866948		5,800.	0.			GENERAL OPERATIONS
BLESSED SACRAMENT CATHOLIC CHURCH 1720 LAKE ST LINCOLN, NE 68502-3736	47-0415802		38,800.	0.			GENERAL OPERATIONS
BOY SCOUTS OF AMERICA, CORNHUSKER COUNCIL - PO BOX 269 - WALTON, NE 68461-0269	47-0378985		80,275.	0.			GENERAL OPERATIONS
BOYS AND GIRLS CLUB OF LINCOLN/LANCASTER COUNTY - PO BOX 22344 - LINCOLN, NE 68542-2344	20-8677226		33,761.	0.			GENERAL OPERATIONS
BRIDGE BEHAVIORAL HEALTH 721 K ST LINCOLN, NE 68508-2949	47-0656110		43,467.	0.			GENERAL OPERATIONS
BRIDGES TO HOPE 3107 S 6TH ST STE 107 LINCOLN, NE 68502-4351	26-4471102		23,895.	0.			GENERAL OPERATIONS
BRIGHT LIGHTS, INC. 5561 S 48TH ST STE 220 LINCOLN, NE 68516-4109	47-0708499		13,842.	0.			GENERAL OPERATIONS
BRYAN HEALTH FOUNDATION 1600 S 48TH ST LINCOLN, NE 68506-1283	23-7005720		45,923.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

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

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CAMP SONSHINE 13440 S 25TH ST ROCA, NE 68430-4112	87-0785556		51,693.	0.			GENERAL OPERATIONS
CAMP SUMMERGOLD 2001 SEWELL ST LINCOLN, NE 68502-3847	46-4343772		14,693.	0.			GENERAL OPERATIONS
CAMPBELL ELEMENTARY SCHOOL 2200 DODGE ST LINCOLN, NE 68521-1250			5,000.	0.			GENERAL OPERATIONS
CAMPUS CRUSADE FOR CHRIST PO BOX 628222 ORLANDO, FL 32862-8222	95-6006173		5,000.	0.			GENERAL OPERATIONS
CAPITAL HUMANE SOCIETY 6500 S 70TH ST LINCOLN, NE 68516	47-0376622		72,633.	0.			GENERAL OPERATIONS
CAPITOL MINISTRIES PO BOX 22 22 22 SANTA CLARITA, CA 91322			35,111.	0.			GENERAL OPERATIONS
CASA FOR LANCASTER COUNTY 1141 H ST STE C LINCOLN, NE 68508-3256	47-0833799		24,292.	0.			GENERAL OPERATIONS
CAT HOUSE 3633 O ST LINCOLN, NE 68510	47-0823296		35,578.	0.			GENERAL OPERATIONS
CATHEDRAL OF THE RISEN CHRIST 3500 SHERIDAN BLVD LINCOLN, NE 68506-6127	47-0438599		10,915.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

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

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CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OMAHA, INC. - 3300 N 60TH ST - OMAHA, NE 68104-3402	47-0376612		10,000.	0.			GENERAL OPERATIONS
CATHOLIC DIOCESE OF LINCOLN 3400 SHERIDAN BLVD LINCOLN, NE 68506-6125	47-0825444		502,400.	0.			BURSTING WITH FAITH PROJECT
CATHOLIC FOUNDATION OF SOUTHERN NEBRASKA - 3700 SHERIDAN BLVD STE 9 - LINCOLN, NE 68506-6100	47-0825444		13,600.	0.			GENERAL OPERATIONS
CATHOLIC SOCIAL SERVICES 2241 O ST LINCOLN, NE 68510-1122	47-0751554		37,328.	0.			GENERAL OPERATIONS
CEDARS HOME FOR CHILDREN FOUNDATION - 6601 PIONEERS BLVD STE 2 - LINCOLN, NE 68506-5260	47-6024881		32,183.	0.			GENERAL OPERATIONS
CEDARS YOUTH SERVICES 6601 PIONEERS BLVD LINCOLN, NE 68506-5260	47-0551975		102,039.	0.			GENERAL OPERATIONS
CENTENNIAL PUBLIC SCHOOL PO BOX 187 UTICA, NE 68456-0187			10,579.	0.			SCHOLARSHIPS
CENTER FOR LEGAL IMMIGRATION ASSISTANCE - 3047 N 70TH ST - LINCOLN, NE 68507-2102	27-2661395		16,950.	0.			GENERAL OPERATIONS
CENTER FOR PEOPLE IN NEED 3901 N 27TH ST UNIT 1 LINCOLN, NE 68521-4177	06-1669552		158,165.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR RURAL AFFAIRS PO BOX 136 LYONS, NE 68038-0136	47-0553823		18,940.	0.			GENERAL OPERATIONS
CENTERPOINTE 2633 P ST LINCOLN, NE 68503-3528	47-0550702		55,809.	0.			WOMENS BUSINESS CENTER
CENTRAL PRESBYTERIAN CHURCH 593 PARK AVE NEW YORK, NY 10065	13-1628154		10,000.	0.			GENERAL OPERATIONS
CHILD ADVOCACY CENTER 5025 GARLAND ST LINCOLN, NE 68504-2904	47-0793765		51,608.	0.			GENERAL OPERATIONS
CHILD GUIDANCE CENTER 2444 O ST LINCOLN, NE 68510-1125	47-0398819		32,292.	0.			GENERAL OPERATIONS
CHILDREN'S HOSPITAL & MEDICAL CENTER FOUNDATION - 8401 W DODGE RD STE 120 - OMAHA, NE 68114-3435	47-6105603		43,151.	0.			GENERAL OPERATIONS
CHRIST LUTHERAN CHURCH 4325 SUMNER ST LINCOLN, NE 68506-1165	47-0519511		10,684.	0.			GENERAL OPERATIONS
CHRIST SCHOOLS 4325 SUMNER ST LINCOLN, NE 68506-1165	47-0519511		13,927.	0.			GENERAL OPERATIONS
CHRIST THE KING CATHOLIC CHURCH 4000 N RODNEY PARHAM RD LITTLE ROCK, AR 72212			5,000.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

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

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CHRISTIAN APPALACHIAN PROJECT, INC. - PO BOX 55911 - LEXINGTON, KY 40555-5911	61-0661137		6,000.	0.			GENERAL OPERATIONS
CHRISTIAN HERITAGE CHILDREN'S HOMES - 14880 OLD CHENEY RD - WALTON, NE 68461-9662	47-0632613		21,283.	0.			GENERAL OPERATIONS
CITADEL FOUNDATION 171 MOULTRIE ST CHARLESTON, SC 29409	57-6020493		5,000.	0.			GENERAL OPERATIONS
CITY IMPACT 1035 N 33RD ST LINCOLN, NE 68503-1909	47-0800906		92,547.	0.			GENERAL OPERATIONS
CITY OF LINCOLN - PARKS & RECREATION DEPARTMENT - 3131 O STREET STE 300 - LINCOLN, NE 68510	47-6006256		128,793.	0.			GOLD STAR MONUMENT, GENERAL PURPOSES
CITY OF LINCOLN - POLICE DEPARTMENT - 575 S 10TH ST - LINCOLN, NE 68508-2810			5,906.	0.			GENERAL OPERATIONS
CITY OF LINCOLN BIKESHARE PROGRAM 3131 O STREET STE 300 LINCOLN, NE 68510	47-6006256		80,000.	0.			BIKE SHARE PROGRAM
CLARKSON COLLEGE 101 S 42ND ST OMAHA, NE 68131-2715			7,500.	0.			SCHOLARSHIPS
CLINIC WITH A HEART 1701 S 17TH ST STE 4G LINCOLN, NE 68502-2641	20-2850139		46,342.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

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

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COLLEGE VIEW ACADEMY 5240 CALVERT ST LINCOLN, NE 68506-3992	47-0486636		8,331.	0.			GENERAL OPERATIONS
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187-1776	54-0505888		25,000.	0.			GENERAL OPERATIONS
COMMUNITY ACTION PARTNERSHIP 210 O ST STE 100 LINCOLN, NE 68508-2322	47-0693770		52,523.	0.			GENERAL OPERATIONS
COMMUNITY CROPS 1301 S 11TH ST LINCOLN, NE 68502-1220	20-3174357		63,589.	0.			COMMUNITY COORDINATOR, SUPPLIES, TRAINING
CONCORDIA UNIVERSITY 800 N COLUMBIA AVE STE 1 SEWARD, NE 68434-1500	47-0378777		14,450.	0.			SCHOLARSHIPS
COUNCIL ON FOUNDATIONS 2121 CRYSTAL DR STE 700 ARLINGTON, VA 22202-3706	13-6068327		5,000.	0.			GENERAL OPERATIONS
COVENANT PRESBYTERIAN CHURCH 13601 W ALEPPO DR SUN CITY WEST, AZ 85375-4735			25,000.	0.			GENERAL OPERATIONS
CREIGHTON UNIVERSITY 2500 CALIFORNIA PLZ OMAHA, NE 68178-0133	47-0376583		9,500.	0.			SCHOLARSHIPS
CROSS CATHOLIC OUTREACH PO BOX 273908 BOCA RATON, FL 33427-3908	65-1156061		5,350.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

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

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DIMENSIONS EDUCATION PROGRAM 7700 A ST LINCOLN, NE 68510	31-1511625		17,643.	0.			GENERAL OPERATIONS
DOANE UNIVERSITY-CRETE 1014 BOSWELL AVE CRETE, NE 68333-2426	47-0377991		21,151.	0.			SCHOLARSHIPS
DOMESTI-PUPS 636 A ST LINCOLN, NE 68502	47-0836148		10,395.	0.			GENERAL OPERATIONS
DRESSAGE FOUNDATION INC. 1314 O ST STE 305 LINCOLN, NE 68508-1517	36-3670953		8,477.	0.			GENERAL OPERATIONS
EAST BUTLER PUBLIC SCHOOLS FOUNDATION - PO BOX 36 - BRAINARD, NE 68626-0036	36-3431235		31,736.	0.			SCHOLARSHIPS
EAST LINCOLN CHRISTIAN CHURCH 7001 EDENTON RD LINCOLN, NE 68516-4324	47-0399850		5,420.	0.			GENERAL OPERATIONS
EL CENTRO DE LAS AMERICAS 210 O ST LINCOLN, NE 68508-2322	47-0658284		14,395.	0.			GENERAL OPERATIONS
ELKHART COUNTY COMMUNITY FOUNDATION - PO BOX 2932 - ELKHART, IN 46515	31-1255886		5,000.	0.			GENERAL OPERATIONS
EPONA HORSE RESCUE 20100 SW 114TH ST CRETE, NE 68333-3300	20-1398014		6,015.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

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

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FAMILY SERVICE ASSOCIATION 501 S 7TH ST LINCOLN, NE 68508-2920	47-0376584		94,799.	0.			GENERAL OPERATIONS
FARMHOUSE FOUNDATION 7306 NW TIFFANY SPRINGS PKWY STE 31 KANSAS CITY, MO 64153-1586	36-6111880		50,000.	0.			NEW CHAPTER HOUSE
FELLOWSHIP OF CHRISTIAN ATHLETES 5801 S 58TH ST STE C LINCOLN, NE 68516	44-0610626		15,078.	0.			GENERAL OPERATIONS
FIRST BAPTIST CHURCH PO BOX 246 ARNOLD, NE 69120-0246	47-0554218		5,000.	0.			GENERAL OPERATIONS
FIRST PLYMOUTH CONGREGATIONAL CHURCH - 2000 D ST - LINCOLN, NE 68502-1661	47-0376589		208,423.	0.			SENIOR MINISTER RETENTION, GENERAL PURPOSES
FIRST PRESBYTERIAN CHURCH 840 S 17TH ST LINCOLN, NE 68508-3499			32,528.	0.			GENERAL OPERATIONS
FIRST UNITED METHODIST CHURCH OF WAVERLY - 14410 FOLKESTONE ST - WAVERLY, NE 68462-1539			12,000.	0.			GENERAL OPERATIONS
FLATWATER SHAKESPEARE COMPANY PO BOX 84935 LINCOLN, NE 68501-4935	20-1712203		15,446.	0.			GENERAL OPERATIONS
FOOD BANK OF LINCOLN 4840 DORIS BAIR CIR STE A LINCOLN, NE 68504	47-0640293		230,428.	0.			BRIDGES OUT OF POVERTY, GENERAL OPERATIONS

Schedule I (Form 990)

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

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FOOD BANK OF LINCOLN FOUNDATION 4840 DORIS BAIR CIR STE A LINCOLN, NE 68504-1465	20-5474034		5,000.	0.			GENERAL OPERATIONS
FOSTER CARE CLOSET 643 S 25TH ST STE 8 LINCOLN, NE 68510-3060	26-0595115		15,539.	0.			GENERAL OPERATIONS
FOUNDATION FOR LINCOLN CITY LIBRARIES - 136 S 14TH ST - LINCOLN, NE 68508-1801	47-6032744		52,590.	0.			GENERAL OPERATIONS
FOUNDATION FOR LINCOLN PUBLIC SCHOOLS - PO BOX 82889 - LINCOLN, NE 68501	36-3490560		46,088.	0.			GENERAL OPERATIONS
FOUNDATION FOR THE NEBRASKA SOCIETY OF CPAS - 635 S 14TH ST STE 330 - LINCOLN, NE 68508-2701	47-0574353		6,753.	0.			SCHOLARSHIPS
FRESH START HOME 6433 HAVELOCK AVE LINCOLN, NE 68507-1332	36-3785810		30,457.	0.			GENERAL OPERATIONS
FRIENDS OF LIED PO BOX 880151 LINCOLN, NE 68588-0151	47-0727188		28,963.	0.			GENERAL OPERATIONS
FRIENDS OF NEBRASKA DYSLEXIA ASSOCIATION (FONDA) - 1515 CRESTVIEW DR - LINCOLN, NE 68506	61-1562682		5,500.	0.			GENERAL OPERATIONS
FRIENDS OF OPERA, UNIVERSITY OF NEBRASKA-LINCOLN - 233 S 13TH ST STE 1900 - LINCOLN, NE 68508-2000	47-0842288		11,316.	0.			GENERAL OPERATIONS

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

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FRIENDS OF SMITHSONIAN INSTITUTE PO BOX 9016 PITTSFIELD, MA 01202-9016	53-0206027		5,000.	0.			GENERAL OPERATIONS
FRIENDS OF THE DOG PARKS PO BOX 83351 LINCOLN, NE 68503-2759	43-2003056		8,194.	0.			GENERAL OPERATIONS
FRIENDS OF THE HAYMARKET THEATRE 803 Q ST LINCOLN, NE 68508-1397	47-0811311		8,161.	0.			GENERAL OPERATIONS
FRIENDS OF THE INTERNATIONAL QUILT STUDY CENTER & MUSEUM - PO BOX 21936 - LINCOLN, NE 68542-1936	27-0765800		5,208.	0.			GENERAL OPERATIONS
FRIENDSHIP HOME OF LINCOLN PO BOX 85358 LINCOLN, NE 68501-5358	47-0619855		98,020.	0.			GENERAL OPERATIONS
GIRL SCOUTS SPIRIT OF NEBRASKA 8230 BEECHWOOD DR LINCOLN, NE 68510-2616	47-0432299		12,321.	0.			GENERAL OPERATIONS
GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 68503-1750	20-0391739		32,555.	0.			GENERAL OPERATIONS
GRACE CENTRAL CHURCH 344 N 115TH ST OMAHA, NE 68154			10,000.	0.			GENERAL OPERATIONS
GRAND HAVEN AREA COMMUNITY FOUNDATION - ONE SOUTH HARBOR DRIVE - GRAND HAVEN, MI 49417	23-7108776		5,000.	0.			GENERAL OPERATIONS

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HAITI LUTHERAN MISSION SOCIETY PO BOX 22544 LINCOLN, NE 68542-2544	47-0727191		37,500.	0.			GENERAL OPERATIONS
HARBOR MINISTRIES INC. 6700 S 96TH ST LINCOLN, NE 68516	20-4894998		19,036.	0.			GENERAL OPERATIONS
HARRY AND REBA HUGE FOUNDATION 25 E BATTERY ST CHARLESTON, SC 29401-2740	20-3721428		10,000.	0.			GENERAL OPERATIONS
HASTINGS COLLEGE 710 N TURNER AVE HASTINGS, NE 68901-7696	47-0376525		8,137.	0.			SCHOLARSHIPS
HEAR NEBRASKA 2005 Y ST (THE BAY) LINCOLN, NE 68503	27-3452255		15,895.	0.			GENERAL OPERATIONS
HEARTLAND BIG BROTHERS BIG SISTERS 6201 HAVELOCK AVE LINCOLN, NE 68507-1236	47-0794732		21,500.	0.			GENERAL OPERATIONS
HEARTLAND WORKERS CENTER 4923 S 24TH ST STE 3A OMAHA, NE 68107	27-1709471		5,000.	0.			GENERAL OPERATIONS
HEARTS UNITED FOR ANIMALS 73420 638TH AVE AUBURN, NE 68305	47-0773858		50,428.	0.			GENERAL OPERATIONS
HENRY FORD MUSEUM OF AMERICAN INNOVATION - 20900 OAKWOOD BLVD - DEARBORN, MI 48124-5029	38-1359513		5,000.	0.			GENERAL OPERATIONS

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HERITAGE DISCOVERY CENTER INC 40222 MILLSTREAM MADERA, CA 93636	77-0308233		5,000.	0.			GENERAL OPERATIONS
HORISUN HOSPICE COMMUNITY FOUNDATION - 2200 S 40TH ST STE 101 - LINCOLN, NE 68506	20-3918383		10,100.	0.			GENERAL OPERATIONS
HOUSES OF HOPE OF NEBRASKA 1124 N COTNER BLVD LINCOLN, NE 68505-1834	23-7033120		6,702.	0.			GENERAL OPERATIONS
HUMANITIES NEBRASKA 215 CENTENNIAL MALL S STE 330 LINCOLN, NE 68508-1836	23-7359778		13,281.	0.			GENERAL OPERATIONS
IMMANUEL COMMUNITY FOUNDATION 1044 N 115TH ST STE 500 OMAHA, NE 68154-4410	47-0624928		5,250.	0.			GENERAL OPERATIONS
IN TOUCH MINISTRIES INC. PO BOX 7900 ATLANTA, GA 30357-0900	58-1495310		15,000.	0.			GENERAL OPERATIONS
INTERCHURCH MINISTRIES OF NEBRASKA 215 CENTENNIAL MALL S STE 512 LINCOLN, NE 68508	47-0379495		6,977.	0.			GENERAL OPERATIONS
INTERNATIONAL RESCUE COMMITTEE 122 E 42ND ST NEW YORK, NY 10168-1289	13-5660870		5,000.	0.			GENERAL OPERATIONS
I'VE GOT A NAME PO BOX 6181 LINCOLN, NE 68506	36-4694120		47,404.	0.			GENERAL OPERATIONS

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JACOB'S WELL PO BOX 82852 LINCOLN, NE 68501-2852	26-4503142		54,426.	0.			GENERAL OPERATIONS
JDRF HEARTLAND CHAPTER, LINCOLN 1650 S 70TH ST STE 201 LINCOLN, NE 68506	23-1907729		14,194.	0.			GENERAL OPERATIONS
JEWISH FEDERATION OF LINCOLN, INC. PO BOX 67218 LINCOLN, NE 68506-7218	47-0388144		29,871.	0.			GENERAL OPERATIONS
JOSLYN ART MUSEUM 2200 DODGE ST OMAHA, NE 68102-1292	47-0384577		10,000.	0.			GENERAL OPERATIONS
JULLIA ROSE FOUNDATION 17880 KNOTTING HILLS DR LINCOLN, NE 68527	81-4899149		10,000.	0.			GENERAL OPERATIONS
JUNIOR ACHIEVEMENT OF LINCOLN, INC. - 285 S 68TH STREET PL STE 430 - LINCOLN, NE 68510-2516	47-0535692		31,336.	0.			GENERAL OPERATIONS
KANSAS STATE UNIVERSITY FOUNDATION 1800 KIMBALL AVE, STE 200 MANHATTAN, KS 66502-3373	48-0667209		28,500.	0.			ICU EQUIPMENT FOR VET MEDICINE COLLEGE
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - PO BOX 928 - LAWRENCE, KS 66044-0928	48-0547734		7,000.	0.			SCHOLARSHIPS
KZUM RADIO 89.3 / SUNRISE COMMUNICATIONS - 3534 S 48TH ST STE 6 - LINCOLN, NE 68506-6425	23-7267850		39,386.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
L5 YOUTH RANCH & HORSE RESCUE 705 W SPRAGUE RD ROCA, NE 68430	26-0356710		6,676.	0.			GENERAL OPERATIONS
LANCASTER YOUTH SOFTBALL ASSOCIATION - PO BOX 5744 - LINCOLN, NE 68505-0744	36-3313153		11,226.	0.			GENERAL OPERATIONS
LAUNCH LEADERSHIP 211 N 14TH ST LINCOLN, NE 68508-1616	46-2037620		36,681.	0.			GENERAL OPERATIONS
LEADERSHIP LINCOLN 211 N 14TH ST LINCOLN, NE 68508	47-0685407		8,876.	0.			GENERAL OPERATIONS
LEGAL AID OF NEBRASKA 826 P ST FLOOR 2 LINCOLN, NE 68508	47-0483506		8,062.	0.			GENERAL OPERATIONS
LIGHTHOUSE 2601 N ST LINCOLN, NE 68510-1334	36-3656310		32,536.	0.			GENERAL OPERATIONS
LINCOLN ANIMAL AMBASSADORS PO BOX 67072 LINCOLN, NE 68506-7072	27-3018037		5,434.	0.			GENERAL OPERATIONS
LINCOLN ARTS COUNCIL 211 N 14TH ST LINCOLN, NE 68508	47-6046691		7,867.	0.			GENERAL OPERATIONS
LINCOLN BEREAN CHURCH 6400 S 70TH ST LINCOLN, NE 68516-3763	47-0677716		60,750.	0.			GENERAL OPERATIONS

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LINCOLN CHILDREN'S MUSEUM 1420 P ST LINCOLN, NE 68508-1635	47-0716636		7,136.	0.			GENERAL OPERATIONS
LINCOLN CHILDREN'S ZOO 1222 S 27TH ST LINCOLN, NE 68502-1832	47-0482255		263,509.	0.			GENERAL OPERATIONS
LINCOLN CHRISTIAN SCHOOL FOUNDATION - 5801 S 84TH ST - LINCOLN, NE 68516-3804	47-0706907		101,377.	0.			GENERAL OPERATIONS
LINCOLN COMMUNITY PLAYHOUSE PO BOX 6426 LINCOLN, NE 68506-0426	47-0355388		30,503.	0.			GENERAL OPERATIONS
LINCOLN ELKS LODGE #80 CHARITABLE FUND INC - 5910 S 58TH ST - LINCOLN, NE 68516-6410	36-3937595		5,127.	0.			GENERAL OPERATIONS
LINCOLN HOUSING AUTHORITY PO BOX 5327 LINCOLN, NE 68505-0327			10,299.	0.			GENERAL OPERATIONS
LINCOLN LACROSSE ASSOCIATION 3630 POTOMAC LN LINCOLN, NE 68516	45-3755914		10,127.	0.			GENERAL OPERATIONS
LINCOLN LITERACY 745 S 9TH ST LINCOLN, NE 68508-3107	47-0655582		81,801.	0.			GENERAL OPERATIONS
LINCOLN MUNICIPAL BAND ASSOCIATION 315 S 9TH ST STE 110 LINCOLN, NE 68508-2283	47-0637021		5,738.	0.			GENERAL OPERATIONS

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LINCOLN MUSIC TEACHERS ASSOCIATION 6820 BERNESE BLVD LINCOLN, NE 68516	47-0681623		6,102.	0.			GENERAL OPERATIONS
LINCOLN ORCHESTRA ASSOCIATION 5225 S 16TH ST LINCOLN, NE 68516-3074	47-0773445		46,669.	0.			GENERAL OPERATIONS
LINCOLN PARKS FOUNDATION 3131 O ST STE 301 LINCOLN, NE 68510	36-3853746		136,204.	0.			TENNIS CENTER, TOWER SQUARE, GENERAL USE
LINCOLN PUBLIC SCHOOLS PO BOX 82889 LINCOLN, NE 68501-2889			84,869.	0.			PROSPER LINCOLN FUNDING
LINCOLN SHOOTING SPORTS FOUNDATION PO BOX 29292 LINCOLN, NE 68529	47-0837397		5,000.	0.			GENERAL OPERATIONS
LINCOLN STAR CITY ALUMNI INC. 1930 HARTMAN RD LINCOLN, NE 68522-2500	47-1473634		5,000.	0.			GENERAL OPERATIONS
LINCOLN-LANCASTER COUNTY HABITAT FOR HUMANITY - 4615 ORCHARD ST - LINCOLN, NE 68503	47-0714576		23,646.	0.			GENERAL OPERATIONS
LINCOLN'S SYMPHONY ORCHESTRA 233 S 13TH ST STE 1702 LINCOLN, NE 68508	36-3756920		24,385.	0.			GENERAL OPERATIONS
LUTHERAN CENTER 535 N 16TH ST LINCOLN, NE 68508	47-6000925		24,929.	0.			GENERAL OPERATIONS

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LUTHERAN EDUCATION FOUNDATION 1100 N 56TH ST LINCOLN, NE 68504-3251	41-2032088		33,860.	0.			GENERAL OPERATIONS
LUTHERAN FAMILY SERVICES OF NEBRASKA, INC. - 124 S 24TH ST STE 230 - OMAHA, NE 68102-1226	23-7267972		30,353.	0.			GENERAL OPERATIONS
LUX CENTER FOR THE ARTS 2601 N 48TH ST LINCOLN, NE 68504-3632	47-0629528		35,213.	0.			GENERAL OPERATIONS
MADONNA FOUNDATION 5401 SOUTH ST LINCOLN, NE 68506-2150	23-7159940		75,910.	0.			GENERAL OPERATIONS
MAKE-A-WISH NEBRASKA 11836 ARBOR ST OMAHA, NE 68144-2941	47-0671096		9,333.	0.			GENERAL OPERATIONS
MALONE COMMUNITY CENTER 2032 U ST LINCOLN, NE 68503-2955	47-0376577		25,101.	0.			GENERAL OPERATIONS
MARY'S MEALS 75 ORCHARD ST BLOOMFIELD, NJ 07003	33-1215331		5,000.	0.			GENERAL OPERATIONS
MASONIC - EASTERN STAR HOME FOR CHILDREN - PO BOX 1327 - FREMONT, NE 68026-1327	47-0384097		11,226.	0.			GENERAL OPERATIONS
MATT TALBOT KITCHEN & OUTREACH PO BOX 80935 LINCOLN, NE 68501-0935	36-3945814		82,022.	0.			GENERAL OPERATIONS

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MATTERS ON TOMORROW PO BOX 5573 LINCOLN, NE 68505-0573	26-3385226		33,299.	0.			GENERAL OPERATIONS
MAYO CLINIC 200 1ST ST SW ROCHESTER, MN 55905-0001	41-6011702		5,000.	0.			GENERAL OPERATIONS
MAYO CLINIC ARIZONA DEPT OF DEVELOPMENT, 13400 E SHEA B SCOTTSDALE, AZ 85259	86-0800150		5,000.	0.			GENERAL OPERATIONS
MEADOWLARK MUSIC FESTIVAL 1135 M ST STE A LINCOLN, NE 68508-2132	47-0832098		5,073.	0.			GENERAL OPERATIONS
MERCY HOME FOR BOYS AND GIRLS 1140 W JACKSON BLVD CHICAGO, IL 60607	36-2171726		20,000.	0.			GENERAL OPERATIONS
MIDWESTERN AFRICAN MUSEUM OF ART, CULTURE & RESOURCE CENTER - 1935 Q ST - LINCOLN, NE 68503	46-3509005		13,270.	0.			GENERAL OPERATIONS
MILFORD SCHOOLS FOUNDATION 1200 1ST ST MILFORD, NE 68405-8794	47-0830054		14,579.	0.			SCHOLARSHIPS
MILKWORKS 5930 S 58TH ST STE W LINCOLN, NE 68516-3653	47-0835579		18,585.	0.			GENERAL OPERATIONS
MONARCH BY EASTMONT 6315 O ST LINCOLN, NE 68510-2200	91-1767080		44,476.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

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

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MONTESSORI SCHOOL FOR YOUNG CHILDREN - 4727 A ST - LINCOLN, NE 68510-4823	47-0606391		5,730.	0.			GENERAL OPERATIONS
MOSAIC 4980 S 118TH ST OMAHA, NE 68137-2200	11-3669999		24,332.	0.			GENERAL OPERATIONS
MOURNING HOPE GRIEF CENTER 4919 BALDWIN AVE LINCOLN, NE 68504-2810	47-0782915		18,205.	0.			GENERAL OPERATIONS
NATIONAL MUSEUM OF ROLLER SKATING 4730 SOUTH ST LINCOLN, NE 68506-1256	47-0635648		14,496.	0.			GENERAL OPERATIONS
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR RESTON, VA 20190-5362	53-0204616		6,920.	0.			GENERAL OPERATIONS
NEBRASKA APPLESEED CENTER FOR LAW IN THE PUBLIC INTEREST - 941 O ST STE 920 - LINCOLN, NE 68508-3649	47-0798343		27,259.	0.			GENERAL OPERATIONS
NEBRASKA BRASS 315 S 9TH ST STE 110 LINCOLN, NE 68508-2283	47-0746377		5,497.	0.			GENERAL OPERATIONS
NEBRASKA CHILDREN AND FAMILIES FOUNDATION - 215 CENTENNIAL MALL S STE 200 - LINCOLN, NE 68508-1813	91-1829974		107,266.	0.			GENERAL OPERATIONS
NEBRASKA CHILDREN'S HOME SOCIETY, INC. - 4939 S 118TH ST - OMAHA, NE 68137-2213	47-0378995		5,550.	0.			GENERAL OPERATIONS

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NEBRASKA COMMUNITY BLOOD BANK 100 N 84TH ST LINCOLN, NE 68505-3101	41-0693869		12,721.	0.			GENERAL OPERATIONS
NEBRASKA COMMUNITY FOUNDATION PO BOX 83107 LINCOLN, NE 68501-3107	47-0769903		47,676.	0.			GENERAL OPERATIONS
NEBRASKA FAMILY ALLIANCE 1106 E ST LINCOLN, NE 68508-2275	47-0723178		18,958.	0.			GENERAL OPERATIONS
NEBRASKA FOLKLIFE NETWORK 920 O ST STE 102 LINCOLN, NE 68508-3624	04-3778472		6,079.	0.			GENERAL OPERATIONS
NEBRASKA HIGH SCHOOL SPORTS HALL OF FAME FOUNDATION - 500 CHARLESTON ST STE 3 - LINCOLN, NE 68508	47-0769849		14,258.	0.			GENERAL OPERATIONS
NEBRASKA HOUSING DEVELOPERS ASSOCIATION - 3883 NORMAL BLVD STE 102 - LINCOLN, NE 68506	47-0798048		8,144.	0.			GENERAL OPERATIONS
NEBRASKA HUMAN RESOURCES RESEARCH FOUNDATION - UNIVERSITY OF NEBRASKA-LINCOLN, 143 FILLEY HALL - LINCOLN, NE 68583-0947	47-6040776		20,680.	0.			GENERAL OPERATIONS
NEBRASKA JAZZ ORCHESTRA 315 S 9TH ST STE 110 LINCOLN, NE 68508-2216	36-3572760		17,576.	0.			GENERAL OPERATIONS
NEBRASKA METHODIST COLLEGE 720 N 87TH ST OMAHA, NE 68114-2852			11,200.	0.			GENERAL OPERATIONS

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NEBRASKA NO KILL CANINE RESCUE 5555 SOUTH ST STE 200 LINCOLN, NE 68506	30-0655509		7,447.	0.			GENERAL OPERATIONS
NEBRASKA PEACE FOUNDATION PO BOX 83466 LINCOLN, NE 68501	36-3347131		14,011.	0.			GENERAL OPERATIONS
NEBRASKA SPORTS COUNCIL 3260 FOLKWAYS BLVD LINCOLN, NE 68504	36-3354207		14,750.	0.			GENERAL OPERATIONS
NEBRASKA STATE HISTORICAL SOCIETY 1500 R ST, PO BOX 82554 LINCOLN, NE 68501-2554			7,252.	0.			GENERAL OPERATIONS
NEBRASKA STATE HISTORICAL SOCIETY FOUNDATION - 128 N 13TH ST STE 1010 - LINCOLN, NE 68508-1562	47-6000332		28,750.	0.			GENERAL OPERATIONS
NEBRASKA STATEWIDE ARBORETUM 102C KEIM HALL LINCOLN, NE 68583	47-0600702		5,675.	0.			GENERAL OPERATIONS
NEBRASKA TRAILS FOUNDATION INC. 5935 S 56TH ST STE A LINCOLN, NE 68516	36-0061007		34,601.	0.			GENERAL OPERATIONS
NEBRASKA WESLEYAN UNIVERSITY 5000 SAINT PAUL AVE LINCOLN, NE 68504-2760	47-0376524		2,058,591.	0.			SCIENCE CENTER, SCHOLARSHIPS, GENERAL USE
NEBRASKA WRESTLING TRAINING CENTER PO BOX 82051 LINCOLN, NE 68501	27-3438024		16,686.	0.			GENERAL OPERATIONS

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NEBRASKANS FOR CIVIC REFORM 1111 LINCOLN MALL, STE 350 LINCOLN, NE 68508	36-3777180		43,975.	0.			GENERAL OPERATIONS
NEIGHBORWORKS LINCOLN, INC. 2530 Q ST LINCOLN, NE 68503-3538	36-3430278		33,438.	0.			GENERAL OPERATIONS
NET FOUNDATION FOR RADIO 1800 N 33RD ST LINCOLN, NE 68503-1409	47-0588533		18,735.	0.			GENERAL OPERATIONS
NET FOUNDATION FOR TELEVISION 1800 N 33RD ST LINCOLN, NE 68503-1409	23-7122088		25,580.	0.			GENERAL OPERATIONS
NEWMAN CENTER AT THE UNIVERSITY OF NEBRASKA-LINCOLN - 320 N 16TH ST - LINCOLN, NE 68508-1606	47-0464308		34,898.	0.			GENERAL OPERATIONS
NO FOOTPRINT TOO SMALL BIRTH AND BEREAVEMENT SERVICES - 4740 A ST STE 200 - LINCOLN, NE 68510	47-4764039		14,262.	0.			GENERAL OPERATIONS
NONPROFIT HUB 211 N 14TH ST LINCOLN, NE 68508-1616	47-1812040		110,047.	0.			PROSPER LINCOLN FUNDING
NORFOLK FAMILY YMCA 301 W BENJAMIN AVE NORFOLK, NE 68701	47-0376546		5,000.	0.			GENERAL OPERATIONS
NORTHEAST COMMUNITY COLLEGE PO BOX 469 NORFOLK, NE 68702-0469	47-0524851		27,000.	0.			SCHOLARSHIPS

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NORTHEAST FAMILY CENTER 6220 LOGAN AVE LINCOLN, NE 68507-1247	91-1787068		30,979.	0.			GENERAL OPERATIONS
NORTHWEST MISSOURI STATE UNIVERSITY - 800 UNIVERSITY DR - MARYVILLE, MO 64468-6015	44-6000301		7,250.	0.			SCHOLARSHIPS
OBASI MINISTRY 614 N 26TH ST LINCOLN, NE 68503-3029	20-2113820		9,398.	0.			GENERAL OPERATIONS
OMAHA PERFORMING ARTS 1200 DOUGLAS ST OMAHA, NE 68102	47-0832480		12,500.	0.			GENERAL OPERATIONS
OPENSKY POLICY INSTITUTE 1327 H ST STE 102 LINCOLN, NE 68508	45-3327969		26,197.	0.			GENERAL OPERATIONS
ORAL ROBERTS UNIVERSITY 7777 S LEWIS AVE TULSA, OK 74171-0001	73-0739626		11,075.	0.			SCHOLARSHIPS
ORPHAN GRAIN TRAIN INC. PO BOX 1466 NORFOLK, NE 68702-1466	31-1614650		10,500.	0.			GENERAL OPERATIONS
PARTNERSHIP FOR A HEALTHY LINCOLN 4600 VALLEY RD STE 250 LINCOLN, NE 68510-4856	36-3832796		19,676.	0.			GENERAL OPERATIONS
PEOPLE'S CITY MISSION PO BOX 80636 LINCOLN, NE 68501-0636	47-0376896		155,835.	0.			GENERAL OPERATIONS

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PERU STATE COLLEGE PO BOX 10 PERU, NE 68421-0010	47-0620329		9,250.	0.			SCHOLARSHIPS
PHEASANTS FOREVER, INC. 1783 BUERKLE CIR ST. PAUL, MN 55110	41-1429149		10,000.	0.			GENERAL OPERATIONS
PHI DELTA THETA FOUNDATION 2 SOUTH CAMPUS AVE OXFORD, OH 45056	34-6539803		25,000.	0.			SCHOLARSHIPS
PHI KAPPA TAU FOUNDATION 5221 MORNING SUN RD OXFORD, OH 45056-8928	31-6024975		10,000.	0.			SCHOLARSHIPS
PINWOOD BOWL INC. PO BOX 22266 LINCOLN, NE 68542	51-0203438		9,989.	0.			GENERAL OPERATIONS
PIUS X FOUNDATION 6000 A ST LINCOLN, NE 68510-5005	23-7074428		122,539.	0.			GENERAL OPERATIONS
PLANNED PARENTHOOD OF THE HEARTLAND - 5631 S 48TH ST STE 100 - LINCOLN, NE 68516	42-0727488		70,013.	0.			GENERAL OPERATIONS
PLATTE INSTITUTE FOR ECONOMIC RESEARCH - 1327 H ST STE 301 - LINCOLN, NE 68508	20-8809060		5,000.	0.			GENERAL OPERATIONS
POSSIBILITIES AFRICA PO BOX 209 ELKHORN, NE 68022	20-0703831		15,000.	0.			GENERAL OPERATIONS

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PREGNANCY CENTER 111 PIAZZA TERR LINCOLN, NE 68510-2138	47-0662813		39,819.	0.			GENERAL OPERATIONS
PRESTONWOOD BAPTIST CHURCH 6801 W PARK BLVD PLANO, TX 75093			45,000.	0.			GENERAL OPERATIONS
PRISON FELLOWSHIP INTERNATIONAL PO BOX 17434 WASHINGTON, DC 20041	51-0247185		25,000.	0.			GENERAL OPERATIONS
PRISON FELLOWSHIP MINISTRIES 44180 RIVERSIDE PKWY LEESBURG, VA 20176-8421	62-0988294		30,000.	0.			GENERAL OPERATIONS
SADIE DOG FUND 2224 HEATHER LN LINCOLN, NE 68512-1532	30-0703087		8,714.	0.			GENERAL OPERATIONS
SAINT ELIZABETH FOUNDATION 555 S 70TH ST LINCOLN, NE 68510-2462	47-0625523		36,982.	0.			GENERAL OPERATIONS
SALVATION ARMY 2625 POTTER ST LINCOLN, NE 68503-1043	36-2167910		66,702.	0.			GENERAL OPERATIONS
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607-3000	58-1437002		11,000.	0.			GENERAL OPERATIONS
SCHOOL SISTERS OF CHRIST THE KING 4100 SW 56TH ST LINCOLN, NE 68522-9261			100,000.	0.			HVAC SYSTEM

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SECOND BAPTIST CHURCH 525 N 58TH ST LINCOLN, NE 68505-2304	47-0396788		15,700.	0.			GENERAL OPERATIONS
SENIORS FOUNDATION OF LINCOLN & LANCASTER COUNTY - 600 S 70TH ST - LINCOLN, NE 68510	47-0630837		14,032.	0.			GENERAL OPERATIONS
SEWARD COMMUNITY SCHOLARSHIP PO BOX 141 SEWARD, NE 68434-0141	47-0620453		52,894.	0.			SCHOLARSHIPS
SHELDON ART ASSOCIATION PO BOX 880300 LINCOLN, NE 68588-0300	47-6026671		21,600.	0.			GENERAL OPERATIONS
SHEPHERD OF THE HILLS LUTHERAN CHURCH - 6901 PANAMA RD - HICKMAN, NE 68372			7,350.	0.			GENERAL OPERATIONS
SHERIDAN LUTHERAN CHURCH 6955 OLD CHENEY RD LINCOLN, NE 68516-3565	47-0484855		19,478.	0.			GENERAL OPERATIONS
SHRINER'S HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 33607-1435	36-2193608		31,226.	0.			GENERAL OPERATIONS
SOUTH DAKOTA STATE UNIVERSITY PO BOX 2201 BROOKINGS, SD 57007-0001	46-6000364		6,000.	0.			SCHOLARSHIPS
SOUTH OF DOWNTOWN COMMUNITY DEVELOPMENT ORGANIZATION - 1301 S 11TH ST, PO BOX 85330 - LINCOLN, NE 68502	81-3999486		93,000.	0.			GENERAL OPERATIONS

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SOUTH STREET TEMPLE 2061 S 20TH ST LINCOLN, NE 68502-2797	47-0498915		9,000.	0.			GENERAL OPERATIONS
SOUTHEAST COMMUNITY COLLEGE - LINCOLN - 301 S 68TH STREET PL - LINCOLN, NE 68510-2449	47-0549567		13,650.	0.			SCHOLARSHIPS
SOUTHEAST COMMUNITY COLLEGE - MILFORD - 600 STATE ST - MILFORD, NE 68405-8498	47-0549567		5,100.	0.			SCHOLARSHIPS
SOUTHWOOD LUTHERAN CHURCH 9300 S 40TH ST LINCOLN, NE 68542	47-0576864		53,150.	0.			GENERAL OPERATIONS
SPECIAL OLYMPICS NEBRASKA 9427 F ST OMAHA, NE 68127-1215	47-0546346		9,110.	0.			GENERAL OPERATIONS
SPIRIT OF HOPE LUTHERAN CHURCH 5801 NW 1ST ST STE 2 LINCOLN, NE 68521-4476			21,500.	0.			GENERAL OPERATIONS
SPRING CREEK PRAIRIE AUDUBON CENTER - 11700 SW 100TH ST - DENTON, NE 68339-3126	13-1624102		23,256.	0.			GENERAL OPERATIONS
ST. ANNE CATHOLIC CHURCH 1111 S CHERRY ST TOMBALL, TX 77375-6675			36,750.	0.			GENERAL OPERATIONS
ST. JOSEPH CATHOLIC CHURCH 612 HIGH ST BEATRICE, NE 68310-2928			185,122.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 SAINT JUDE PL - MEMPHIS, TN 38105-1905	62-0646012		151,981.	0.			GENERAL OPERATIONS
ST. MARKS ON THE CAMPUS EPISCOPAL CHURCH - 3930 S 19TH ST - LINCOLN, NE 68502-5507			16,000.	0.			GENERAL OPERATIONS
ST. MARK'S UNITED METHODIST CHURCH 1309 R ST LINCOLN, NE 68508-1219			26,250.	0.			GENERAL OPERATIONS
ST. MICHAEL CATHOLIC CHURCH 9101 S 78TH ST LINCOLN, NE 68516	47-0813800		11,000.	0.			GENERAL OPERATIONS
ST. MONICA'S HOME 120 WEDGEWOOD DR LINCOLN, NE 68510-2431	47-0490169		50,069.	0.			GENERAL OPERATIONS
ST. PAUL UNITED METHODIST CHURCH 1144 M ST LINCOLN, NE 68508-2123	47-0379012		13,479.	0.			GENERAL OPERATIONS
STEADFAST BIBLE FELLOWSHIP 2440 S 141ST CIR OMAHA, NE 68144			10,000.	0.			GENERAL OPERATIONS
STILL WATERS EQUESTRIAN ACADEMY 18221 S 68TH ST HICKMAN, NE 68372-9842	46-4343429		8,531.	0.			GENERAL OPERATIONS
TABITHA FOUNDATION 4720 RANDOLPH ST LINCOLN, NE 68510-3741	47-0636199		56,499.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TABITHA INC. 4720 RANDOLPH ST LINCOLN, NE 68510-3741	47-0377998		24,001.	0.			GENERAL OPERATIONS
TEAMMATES MENTORING PROGRAM 6801 O ST LINCOLN, NE 68510-2422	47-0840990		63,721.	0.			GENERAL OPERATIONS
THE BAY 6300 COUNTRYVIEW CT LINCOLN, NE 68516	27-2442893		42,256.	0.			GENERAL OPERATIONS
THE GATHERING 6125 PALUXY DR TYLER, TX 75703-5976	75-2726170		30,000.	0.			GENERAL OPERATIONS
THE LUTHERAN CENTER 535 N 16TH ST LINCOLN, NE 68508	47-6000925		10,338.	0.			GENERAL OPERATIONS
THEATRE ARTS FOR KIDS PO BOX 67032 LINCOLN, NE 68506-7032	46-3745380		14,703.	0.			GENERAL OPERATIONS
UNION COLLEGE 3800 S 48TH ST LINCOLN, NE 68506	47-0405319		36,376.	0.			SCHOLARSHIPS
UNITED WAY OF LINCOLN AND LANCASTER COUNTY - 238 S 13TH ST - LINCOLN, NE 68508-2004	47-0376624		53,764.	0.			GENERAL OPERATIONS
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244-4550	42-0796760		20,000.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEBRASKA - KEARNEY OFFICE OF FINANCIAL AID KEARNEY, NE 68849-0002	47-0049123		31,986.	0.			SCHOLARSHIPS
UNIVERSITY OF NEBRASKA - LINCOLN PO BOX 880419 LINCOLN, NE 68588-0419	47-0049123		125,154.	0.			SCHOLARSHIPS
UNIVERSITY OF NEBRASKA - OMAHA FINANCIAL AID OFFICE OMAHA, NE 68182-0001	47-0049123		11,150.	0.			SCHOLARSHIPS
UNIVERSITY OF NEBRASKA BOARD OF REGENTS - 151 PREM S. PAUL RESEARCH CENTER, 2200 VINE ST - LINCOLN, NE 68583-0861	47-0049123		107,327.	0.			VITAL SIGNS RESEARCH, PROSPER LINCOLN
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL STE 300 LINCOLN, NE 68508-2886	47-0379839		156,806.	0.			SCHOLARSHIPS, GENERAL PURPOSES
UNIVERSITY OF NEBRASKA LINCOLN OFFICE OF SPONSORED PROGRAMS - 151 PREM S. PAUL RESEARCH CENTER, PO BOX 830861 - LINCOLN, NE	47-0049123		18,716.	0.			GENERAL OPERATIONS
UNIVERSITY OF NEBRASKA MEDICAL CENTER - 987835 NEBRASKA MEDICAL CENTER - OMAHA, NE 69198-7835			11,750.	0.			SCHOLARSHIPS
UNIVERSITY OF NEBRASKA STATE MUSEUM - 307 MORRILL HALL - LINCOLN, NE 68588-0338			6,975.	0.			GENERAL OPERATIONS
UNIVERSITY OF SIOUX FALLS 1101 W 22ND ST SIOUX FALLS, SD 57105-1699	46-0224600		5,000.	0.			SCHOLARSHIPS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF TEXAS AT AUSTIN DEVELOPMENT GIFT PROCESSING, PO BOX AUSTIN, TX 78713-7458	30-0710145		5,000.	0.			SCHOLARSHIPS
VETERANS OF FOREIGN WARS FOUNDATION - 406 W 34TH ST STE 920 - KANSAS CITY, MO 64111-2736	43-1758998		6,000.	0.			GENERAL OPERATIONS
VOICES OF HOPE LINCOLN 2545 N ST LINCOLN, NE 68510-1250	47-0726814		39,644.	0.			GENERAL OPERATIONS
VOLUNTEERLINC 211 N 14TH ST LINCOLN, NE 68508-1616	58-2574619		5,699.	0.			GENERAL OPERATIONS
WACHISKA AUDUBON SOCIETY 4547 CALVERT ST STE 10 LINCOLN, NE 68506-5643	51-0229888		15,195.	0.			GENERAL OPERATIONS
WAVERLY COMMUNITY FOUNDATION 11120 N 141ST ST WAVERLY, NE 68462	36-3711198		5,197.	0.			GENERAL OPERATIONS
WAYNE STATE COLLEGE 1111 MAIN ST WAYNE, NE 68787-1181	47-0491233		23,100.	0.			GENERAL OPERATIONS
WELLBEING INITIATIVE INC. 1311 M ST STE G LINCOLN, NE 68508	47-4853482		10,117.	0.			GENERAL OPERATIONS
WESTMINSTER PRESBYTERIAN CHURCH 2110 SHERIDAN BLVD LINCOLN, NE 68502-4036	47-0380471		46,350.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 68522-1257	47-0635271		12,614.	0.			GENERAL OPERATIONS
WONDERFULLY MADE 2033 MANOR CT LINCOLN, NE 68506-2220	46-2917114		7,041.	0.			GENERAL OPERATIONS
YMCA OF LINCOLN 1039 P ST LINCOLN, NE 68508	47-0376578		53,208.	0.			GENERAL OPERATIONS
YOUNG LIFE PO BOX 520 COLORADO SPRINGS, CO 80901-0520	84-0385934		15,012.	0.			GENERAL OPERATIONS
YOUTH FOR CHRIST - CAMPUS & PARENT LIFE, & JUVENILE JUSTICE - PO BOX 6081 - LINCOLN, NE 68506-6081	47-0543176		58,107.	0.			GENERAL OPERATIONS
YOUTH FOR CHRIST USA INC 5062 S 108TH ST STE 160 OMAHA, NE 68137	47-0484339		20,000.	0.			GENERAL OPERATIONS
ABENDMUSIK LINCOLN 2000 D ST LINCOLN, NE 68502-1661	36-3094958		48,465.	0.			GENERAL OPERATIONS
ACLU OF NEBRASKA 134 S 13TH ST STE 1010 LINCOLN, NE 68508	23-7259984		17,413.	0.			GENERAL OPERATIONS
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC. - 711 THIRD AVE - NEW YORK, NY 10017	13-1656634		5,000.	0.			GENERAL OPERATIONS

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS PO BOX 37243 WASHINGTON DC, DC 20013-7243	53-0196605		7,250.	0.			GENERAL OPERATIONS
AMERICAN RED CROSS OF CAPITAL AREA AND EASTERN NEBRASKA - PO BOX 5205 - LINCOLN, NE 68505-0205	47-0090915		16,471.	0.			GENERAL OPERATIONS

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

Part IV Supplemental Information

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

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2017

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 filing 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) 2017

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BARBARA BARTLE PRESIDENT	(i)	184,617.	0.	0.	33,284.	15,478.	233,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

SOCIAL CLUB DUES WERE PAID FOR THE PRESIDENT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for 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	194	11,845,315.	FMV
10 Securities - Closely held stock	X	2	46,376.	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				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) 2017

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 FINANCIAL SERVICES BROKERAGE FIRM IS USED FOR SECURITIES
TRANSACTIONS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

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 206,011.

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.

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LINCOLN FOUNDATION DONOR DIRECTED DEPOSITORY - 36-3766015, 215 CENTENNIAL MALL SOUTH, STE 100, LINCOLN, NE 68508	GRANTS AND ALLOCATIONS TO LOCAL NON-PROFIT ORGANIZATIONS	NEBRASKA	501(C)(3)	LINE 7		X	

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

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

Part VII Supplemental Information.

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

Lined area for supplemental information.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

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/efile, click on Charities & Non-Profits, and click on 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.

		Enter filer's identifying number
File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. LINCOLN COMMUNITY FOUNDATION INC	Employer identification number (EIN) or 47-0458128
	Number, street, and room or suite no. If a P.O. box, see instructions. 215 CENTENNIAL MALL S STE 100	Social security number (SSN)
	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

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

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 EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2018**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2017** 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-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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