

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

OMB No. 1545-0047

For calendar year 2022, or fiscal year beginning _____, 2022, and ending _____, 20____

2022Department of the Treasury
Internal Revenue Service**Do not send to the IRS. Keep for your records.****Go to www.irs.gov/Form8879TE for the latest information.**

Name of filer

LINCOLN COMMUNITY FOUNDATION INC

EIN or SSN

47-0458128

Name and title of officer or person subject to tax

SCOTT LAWSON**VICE PRESIDENT-FINANCE****Part I Type of Return and Return Information**

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than one line in Part I.

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b 31,581,187.
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b

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

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

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

PIN: check one box only

☒ I authorize **HBE LLP**

ERO firm name

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

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

☐ As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

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 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature **HBE LLP**Date **11/06/23****ERO Must Retain This Form - See Instructions****Do Not Submit This Form to the IRS Unless Requested To Do So**

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

Form **8879-TE** (2022)

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

OMB No. 1545-0047

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

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

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

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

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

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

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

SCOTT LAWSON, VP-FINANCE

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

Telephone No. ► **402-474-2345**

Fax No. ► _____

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

- 1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ► ☒ calendar year **2022** or
 ► ☐ tax year beginning _____, and ending _____.

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

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

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

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

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

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

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

OMB No. 1545-0047

2022Open to Public
Inspection**A For the 2022 calendar year, or tax year beginning and ending**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization LINCOLN COMMUNITY FOUNDATION INC		D Employer identification number 47-0458128
	Doing business as		E Telephone number 402-474-2345
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	215 CENTENNIAL MALL S STE 100		
	City or town, state or province, country, and ZIP or foreign postal code LINCOLN, NE 68508-1885		G Gross receipts \$ 150,211,114.
F Name and address of principal officer: ALEC GORYNSKI SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 J Website: WWW.LCF.ORG K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other L Year of formation: 1955 M State of legal domicile: NE			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROVIDE LEADERSHIP AND RESOURCES TO HELP BUILD A GREAT CITY.	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a) 27	
	4 Number of independent voting members of the governing body (Part VI, line 1b) 27	
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 19	
	6 Total number of volunteers (estimate if necessary) 10	
	7a Total unrelated business revenue from Part VIII, column (C), line 12 0.	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h) 46,162,683.	Current Year
	9 Program service revenue (Part VIII, line 2g) 39,917.	12,702.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 4,899,942.	6,018,841.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 95,036.	148,545.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 51,197,578.	31,581,187.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 20,013,390.	18,792,636.
	14 Benefits paid to or for members (Part IX, column (A), line 4) 0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 1,749,026.	1,824,968.
	16a Professional fundraising fees (Part IX, column (A), line 11e) 0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) 623,200.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 4,399,056.	3,371,868.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 26,161,472.	23,989,472.
19 Revenue less expenses. Subtract line 18 from line 12 25,036,106.	7,591,715.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 206,750,939.	Beginning of Current Year
	21 Total liabilities (Part X, line 26) 994,402.	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20 205,756,537.	185,840,105.

Part II Signature Block

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

Sign Here	Signature of officer		Date		
	SCOTT LAWSON, VICE PRESIDENT-FINANCE				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	KILEY A WIECHMAN, CPA	KILEY A WIECHMAN, CP	11/06/23		P00661523
	Firm's name HBE LLP	Firm's EIN 47-0677245			
	Firm's address 7140 STEPHANIE LANE PO BOX 23110 LINCOLN, NE 68542-3110		Phone no. (402) 423-4343		

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

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

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

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

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

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

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

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

4a (Code:) (Expenses \$ 22,459,459. including grants of \$ 18,792,636.) (Revenue \$ 2,844,557.)
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 on Schedule O.)

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

4e Total program service expenses 22,459,459.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

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

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

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

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

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

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

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

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year 1a 27 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.		
b Enter the number of voting members included on line 1a, above, who are independent 1b 27		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5		X
6 Did the organization have members or stockholders? 6		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a		X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body? 8a	X	
b Each committee with authority to act on behalf of the governing body? 8b	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9		X

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

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

Section C. Disclosure

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

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALEC GORYNSKI PRESIDENT	40.00			X				188,268.	0.	32,254.
(2) SCOTT LAWSON VP FOR FINANCE	40.00			X				130,895.	0.	7,422.
(3) DIANE MENDENHALL VP-DEVELOPMENT	40.00			X				118,458.	0.	18,561.
(4) RICHARD DEBUSE VP-DEVELOPMENT	40.00			X				122,203.	0.	6,908.
(5) TRACY EDGERTON VP-DEVELOPMENT	40.00			X				102,184.	0.	6,299.
(6) LINDA MAJOR SECRETARY	1.00	X		X				0.	0.	0.
(7) THOMAS SMITH (THRU 2/22) DIRECTOR	1.00	X						0.	0.	0.
(8) KUSH ABDULLOEY DIRECTOR	1.00	X						0.	0.	0.
(9) PREETA BANSAL DIRECTOR	1.00	X						0.	0.	0.
(10) TIM CLARE (THRU 2/22) DIRECTOR	1.00	X						0.	0.	0.
(11) MIKI ESPOSITO (THRU 2/22) DIRECTOR	1.00	X						0.	0.	0.
(12) MICHAEL FERRIS DIRECTOR	1.00	X						0.	0.	0.
(13) MARTHA FLORENCE DIRECTOR	1.00	X						0.	0.	0.
(14) LEIRION GAYLOR BAIRD DIRECTOR	1.00	X						0.	0.	0.
(15) ANTHONY GOINS (THRU 2/22) DIRECTOR	1.00	X						0.	0.	0.
(16) PAM HUNZEKER DIRECTOR	1.00	X						0.	0.	0.
(17) SUSHIL LACY (THRU 2/22) DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) MEG LAURMAN DIRECTOR	1.00	X						0.	0.	0.
(19) MARILYN MOORE CHAIR	1.00	X		X				0.	0.	0.
(20) JEFF NOORDHOEK (THRU 2/22) DIRECTOR	1.00	X						0.	0.	0.
(21) KILE JOHNSON DIRECTOR	1.00	X						0.	0.	0.
(22) LAUREN PUGLIESE DIRECTOR	1.00	X						0.	0.	0.
(23) MARK HESSER VICE CHAIR	1.00	X						0.	0.	0.
(24) JENNY TRICKER DIRECTOR	1.00	X						0.	0.	0.
(25) JAY WILKINSON (THRU 2/22) DIRECTOR	1.00	X						0.	0.	0.
(26) ERIC BUCHANAN DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								662,008.	0.	71,444.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								662,008.	0.	71,444.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

5

3 Did the organization list any **former** officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

	Yes	No
3		X
4	X	
5		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

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

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
NONE		

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

0

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

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

				(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	25,401,099.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 9,662,904.			
	h	Total. Add lines 1a-1f		25,401,099.			
Program Service Revenue	2 a	LCF PROFESSIONAL FEES	Business Code	900099	12,702.	12,702.	
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		12,702.			
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,335,531.		
4		Income from investment of tax-exempt bond proceeds					
5		Royalties					
6 a		Gross rents	(i) Real	291,722.			
b		Less: rental expenses ...	(ii) Personal	245,170.			
c		Rental income or (loss)		46,552.			
d		Net rental income or (loss)		46,552.	46,552.		
7 a		Gross amount from sales of assets other than inventory	(i) Securities	121,068,067.			
b		Less: cost or other basis and sales expenses	(ii) Other	118,384,757.			
c		Gain or (loss)		2,683,310.			
d		Net gain or (loss)		2,683,310.	2,683,310.		
8 a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18					
b		Less: direct expenses					
c		Net income or (loss) from fundraising events					
9 a	Gross income from gaming activities. See Part IV, line 19						
b	Less: direct expenses						
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
b	Less: cost of goods sold						
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME/REVENUE	Business Code	900099	101,993.	101,993.	
	b						
	c						
	d	All other revenue					
	e	Total. Add lines 11a-11d		101,993.			
	12	Total revenue. See instructions		31,581,187.	2,844,557.	0.	3,335,531.

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	18,792,636.	18,792,636.		
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	750,452.	223,044.	186,184.	341,224.
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	820,096.	421,723.	273,440.	124,933.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	17,303.	8,529.	6,836.	1,938.
9 Other employee benefits	135,380.	51,559.	48,222.	35,599.
10 Payroll taxes	101,737.	37,997.	32,135.	31,605.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting	47,174.		47,174.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	142,016.		142,016.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	19,460.		19,460.	
12 Advertising and promotion	143,978.	109,352.	7,545.	27,081.
13 Office expenses	44,518.	25,286.	11,617.	7,615.
14 Information technology				
15 Royalties				
16 Occupancy	68,952.	27,463.	25,882.	15,607.
17 Travel	14,454.	5,577.	5,417.	3,460.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	9,478.	2,119.	6,044.	1,315.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	142,379.	123,041.	11,801.	7,537.
23 Insurance	11,208.	4,324.	4,201.	2,683.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a FISCAL SPONSORSHIPS	2,468,426.	2,468,426.		
b ANNUNTY DISTRIBUTION	67,801.	67,801.		
c MISSION INITIATIVES	66,896.	66,896.		
d AGENCY FUND PROFESSIONA	49,662.		49,662.	
e All other expenses	75,466.	23,686.	29,177.	22,603.
25 Total functional expenses. Add lines 1 through 24e	23,989,472.	22,459,459.	906,813.	623,200.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,287,360.	1	2,507,167.
	2 Savings and temporary cash investments	26,206,838.	2	33,240,933.
	3 Pledges and grants receivable, net	5,902,213.	3	6,530,813.
	4 Accounts receivable, net	3,512.	4	3,322.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	1,076,041.	7	1,063,521.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 6,944,996.		
	b Less: accumulated depreciation	10b 4,332,288.	10c	2,612,708.
	11 Investments - publicly traded securities	164,845,154.	11	135,407,581.
	12 Investments - other securities. See Part IV, line 11	2,513,409.	12	4,361,626.
	13 Investments - program-related. See Part IV, line 11	222,825.	13	112,434.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	206,750,939.	16	185,840,105.	
Liabilities	17 Accounts payable and accrued expenses	703,461.	17	916,329.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	290,941.	25	191,331.
	26 Total liabilities. Add lines 17 through 25	994,402.	26	1,107,660.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	197,064,363.	27	175,434,116.
	28 Net assets with donor restrictions	8,692,174.	28	9,298,329.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	205,756,537.	32	184,732,445.
	33 Total liabilities and net assets/fund balances	206,750,939.	33	185,840,105.

Form 990 (2022)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	31,581,187.
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,989,472.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,591,715.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	205,756,537.
5	Net unrealized gains (losses) on investments	5	-28,465,549.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-150,258.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	184,732,445.

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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 on Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2022)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

LINCOLN COMMUNITY FOUNDATION INC

Employer identification number

47-0458128

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17,025,355.	25,267,885.	26,285,064.	46,162,683.	25,401,099.	140,142,086.
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	17,025,355.	25,267,885.	26,285,064.	46,162,683.	25,401,099.	140,142,086.
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)						30,944,018.
6 Public support. Subtract line 5 from line 4.						109,198,068.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	17,025,355.	25,267,885.	26,285,064.	46,162,683.	25,401,099.	140,142,086.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	3,953,172.	3,720,118.	2,588,071.	3,729,187.	3,335,531.	17,326,079.
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.)	73,960.	91,855.	41,980.	50,047.	101,993.	359,835.
11 Total support. Add lines 7 through 10						157,828,000.

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

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f))	14	69.19 %
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	65.02 %
16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>		
b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

Schedule A (Form 990) 2022

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

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

b 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

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

Schedule A (Form 990) 2022

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

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

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

Schedule A (Form 990) 2022

Part VI

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

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

2022

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	620	
2 Aggregate value of contributions to (during year)	14,159,716.	
3 Aggregate value of grants from (during year)	10,849,062.	
4 Aggregate value at end of year	84,616,427.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

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

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X

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

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

b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2022

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	108,118,591.	86,845,657.	83,371,868.	72,879,373.	82,163,451.
b Contributions	3,411,943.	10,015,119.	2,510,781.	2,227,192.	3,499,273.
c Net investment earnings, gains, and losses	-17,463,931.	16,100,407.	6,005,589.	12,772,090.	-8,035,540.
d Grants or scholarships	5,387,937.	3,600,051.	3,263,268.	2,802,780.	3,117,308.
e Other expenditures for facilities and programs	166,954.	500.	625,536.	557,697.	548,768.
f Administrative expenses	1,333,033.	1,242,041.	1,153,777.	1,146,310.	1,081,735.
g End of year balance	87,178,679.	108,118,591.	86,845,657.	83,371,868.	72,879,373.

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

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

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

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

- (i) Unrelated organizations _____
 (ii) Related organizations _____

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		641,294.		641,294.
b Buildings		5,938,095.	3,992,857.	1,945,238.
c Leasehold improvements				
d Equipment		365,607.	339,431.	26,176.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				2,612,708.

Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
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	191,331.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

191,331.

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

Schedule D (Form 990) 2022

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

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

1	Total revenue, gains, and other support per audited financial statements	1	3,731,803.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-28,465,549.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	94,912.
e	Add lines 2a through 2d	2e	-28,370,637.
3	Subtract line 2e from line 1	3	32,102,440.
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	142,016.
b	Other (Describe in Part XIII.)	4b	-663,269.
c	Add lines 4a and 4b	4c	-521,253.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	31,581,187.

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	23,691,090.
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	245,170.
e	Add lines 2a through 2d	2e	245,170.
3	Subtract line 2e from line 1	3	23,445,920.
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	142,016.
b	Other (Describe in Part XIII.)	4b	401,536.
c	Add lines 4a and 4b	4c	543,552.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	23,989,472.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

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

PART X, LINE 2:

LINCOLN COMMUNITY FOUNDATION, INC. IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. AS SUCH, INCOME EARNED IN THE PERFORMANCE OF THE ORGANIZATION'S EXEMPT PURPOSES IS NOT SUBJECT TO INCOME TAX. ANY INCOME EARNED THROUGH UNRELATED BUSINESS ACTIVITIES IS SUBJECT TO INCOME TAX AT NORMAL CORPORATE RATES. FOR THE YEAR ENDED DECEMBER 31, 2022, THE FOUNDATION HAD NO TAX LIABILITY ON UNRELATED BUSINESS ACTIVITY. THE FOUNDATION BELIEVES THAT IT HAS APPROPRIATE

Part XIII Supplemental Information (continued)

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	-150,258.
RENTAL EXPENSES	245,170.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	94,912.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS AND INVESTMENT INCOME RELATED TO AGENCY FUNDS	-663,269.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	245,170.
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PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES RELATED TO AGENCY FUNDS	401,536.
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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

2022

**Open to Public
Inspection**

Name of the organization

LINCOLN COMMUNITY FOUNDATION INC

Employer identification number
47-0458128

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ABENDMUSIK AT FIRST-PLYMOUTH 2000 D ST LINCOLN, NE 68502-1661	36-3094958		94,236.	0.			GENERAL SUPPORT
ACLU OF NEBRASKA 134 S 13TH ST STE 1010 LINCOLN, NE 68508	23-7259984		20,530.	0.			GENERAL SUPPORT
AFRICAN INLAND MISSION PO BOX 3611 PEACHTREE CITY, GA 30269	11-1873101		33,000.	0.			GENERAL SUPPORT
AGING PARTNERS 1005 O ST LINCOLN, NE 68508-3611			27,852.	0.			GENERAL SUPPORT
AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC. - PO BOX 4124 - NEW YORK, NY 10163	13-1656634		10,000.	0.			GENERAL SUPPORT
AMERICAN RED CROSS SOUTHEAST NEBRASKA CHAPTER - DONATIONS PROCESSING 2912 S 80TH ST - OMAHA, NE 68124	53-0196605		21,392.	0.			GENERAL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **365.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S GREAT STORIES 6809 NORTHRIDGE RD LINCOLN, NE 68516	47-0823633		11,449.	0.			GENERAL SUPPORT
ANABAPTIST MENNONITE BIBLICAL SEMINARY INC - 3003 BENHAM AVE - ELKHART, IN 46517-1999	35-1902148		60,000.	0.			GENERAL SUPPORT
ANGELS THEATRE COMPANY PO BOX 6703 LINCOLN, NE 68506	47-0842314		5,103.	0.			GENERAL SUPPORT
AOPA FOUNDATION 421 AVIATION WAY FREDERICK, MD 21701	20-8817225		10,000.	0.			GENERAL SUPPORT
ARC OF LINCOLN PO BOX 57002 LINCOLN, NE 68505	47-0498629		19,747.	0.			GENERAL SUPPORT
ARTS FOR THE SOUL MUSIC & FINE ARTS - 840 S 17TH ST - LINCOLN, NE 68508	47-0391514		5,491.	0.			GENERAL SUPPORT
ASIAN COMMUNITY AND CULTURAL CENTER - 144 N 44TH ST STE A - LINCOLN, NE 68503	47-0807501		23,888.	0.			GENERAL SUPPORT
ATLAS: LINCOLN PO BOX 23181 LINCOLN, NE 68542	82-4577579		5,679.	0.			GENERAL SUPPORT
AUTUMN HOUSE FOUNDATION 1609 N ST LINCOLN, NE 68508-1884	45-4023265		5,209.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BANISTERS LEADERSHIP ACADEMY PO BOX 4002 OMAHA, NE 68104	51-0666677		7,501.	0.			GENERAL SUPPORT
BARNABAS COMMUNITY PO BOX 80146 LINCOLN, NE 68501	82-1591814		11,718.	0.			GENERAL SUPPORT
BEDFORD CEMETERY C/O MARY BEHREND STELLA, NE 68442			20,312.	0.			GENERAL SUPPORT
BEMIS CENTER FOR CONTEMPORARY ARTS 724 S 12TH ST OMAHA, NE 68102-3202	47-0653927		6,500.	0.			GENERAL SUPPORT
BIG BROTHERS BIG SISTERS LINCOLN 2124 Y ST FLAT 210 LINCOLN, NE 68503	47-0794732		16,562.	0.			GENERAL SUPPORT
BIRTHRIGHT OF LINCOLN 4770 LINDEN ST LINCOLN, NE 68516	23-7176720		10,085.	0.			GENERAL SUPPORT
BLESSED SACRAMENT CATHOLIC CHURCH 1720 LAKE ST LINCOLN, NE 68502-3736	47-0415802		123,821.	0.			GENERAL SUPPORT
BLIXT LOCALLY GROWN 2626 N 48TH ST LINCOLN, NE 68502	83-1198339		6,550.	0.			GENERAL SUPPORT
BOY SCOUTS - CORNHUSKER COUNCIL PO BOX 269 WALTON, NE 68461-0269	47-0378985		57,310.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS AND GIRLS CLUB OF LINCOLN/LANCASTER COUNTY - PO BOX 80914 - LINCOLN, NE 68501	20-8677226		6,494.	0.			GENERAL SUPPORT
BRAVEBE CHILD ADVOCACY CENTER 5025 GARLAND ST LINCOLN, NE 68504-2904	47-0793765		219,659.	0.			GENERAL SUPPORT
BRIDGE BEHAVIORAL HEALTH 721 K ST LINCOLN, NE 68508-2949	47-0656110		16,353.	0.			GENERAL SUPPORT
BRIDGES TO HOPE 3107 S 6TH ST STE 107 LINCOLN, NE 68502-4351	26-4471102		14,448.	0.			GENERAL SUPPORT
BRIGHT LIGHTS 5561 S 48TH ST STE 220 LINCOLN, NE 68516-4109	47-0708499		16,152.	0.			SCHOLARSHIPS
BROWNVILLE CONCERT SERIES PO BOX 52 BROWNVILLE, NE 68321-0052	81-2178552		20,312.	0.			GENERAL SUPPORT
BROWNVILLE FINE ARTS ASSOCIATION PO BOX 4 BROWNVILLE, NE 68321-0004	47-0555342		20,312.	0.			GENERAL SUPPORT
BROWNVILLE VILLAGE THEATRE FOUNDATION - PO BOX 95 - BROWNVILLE, NE 68321	31-1750879		20,312.	0.			GENERAL SUPPORT
BRYAN FOUNDATION 1600 S 48TH ST LINCOLN, NE 68506-1283	23-7005720		23,409.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALVARY LUTHERAN CHURCH 2788 FRANKLIN ST LINCOLN, NE 68502			10,650.	0.			GENERAL SUPPORT
CAMP SONSHINE 13440 S 25TH ST ROCA, NE 68430-4112	87-0785556		10,711.	0.			GENERAL SUPPORT
CAPITAL HUMANE SOCIETY 2320 PARK BLVD LINCOLN, NE 68502-3327	47-0376622		63,401.	0.			GENERAL SUPPORT
CAPITOL CITY CHRISTIAN CHURCH 7800 HOLDREGE ST LINCOLN, NE 68505	47-0535364		6,200.	0.			GENERAL SUPPORT
CASA FOR LANCASTER COUNTY 1141 H ST STE C LINCOLN, NE 68508-3256	47-0833799		14,416.	0.			GENERAL SUPPORT AND SCHOLARSHIP FUND
CAT HOUSE 3633 O ST LINCOLN, NE 68510	47-0823296		13,899.	0.			GENERAL SUPPORT
CATHEDRAL OF THE RISEN CHRIST CHURCH - 3500 SHERIDAN BLVD - LINCOLN, NE 68506-6127	47-0438599		11,892.	0.			GENERAL SUPPORT
CATHEDRAL OF THE RISEN CHRIST SCHOOL - 3245 S 37TH ST - LINCOLN, NE 68506	47-0438599		7,911.	0.			GENERAL SUPPORT
CATHOLIC DIOCESE OF LINCOLN 3400 SHERIDAN BLVD LINCOLN, NE 68506-6125	47-0825444		509,700.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC SOCIAL SERVICES 2241 O ST LINCOLN, NE 68510-1122	47-0751554		84,264.	0.			GENERAL SUPPORT
CAUSE COLLECTIVE 1645 N ST STE A LINCOLN, NE 68508-1824	36-3470618		47,223.	0.			GENERAL SUPPORT
CEDARS 6601 PIONEERS BLVD STE 2 LINCOLN, NE 68506-5260	47-6024881		270,214.	0.			GENERAL SUPPORT
CEDARS YOUTH SERVICES INC 6601 PIONEERS BLVD LINCOLN, NE 68506-5260	47-0551975		32,306.	0.			GENERAL SUPPORT
CENTENNIAL SCHOOL FOUNDATION PO BOX 187 UTICA, NE 68456-0187	47-0738621		12,133.	0.			GENERAL SUPPORT
CENTER FOR LEGAL IMMIGRATION ASSISTANCE - 3047 N 70TH ST - LINCOLN, NE 68507-2102	27-2661395		12,901.	0.			GENERAL SUPPORT
CENTER FOR PEOPLE IN NEED 3901 N 27TH ST UNIT 1 LINCOLN, NE 68521-4177	06-1669552		205,284.	0.			GENERAL SUPPORT
CENTER FOR RURAL AFFAIRS 145 MAIN ST LYONS, NE 68038-0136	47-0553823		55,219.	0.			GENERAL SUPPORT
CENTERPOINTE 2633 P ST LINCOLN, NE 68503-3528	47-0550702		84,584.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL PRESBYTERIAN CHURCH 593 PARK AVE NEW YORK, NY 10065	13-1628154		10,000.	0.			GENERAL SUPPORT
CHILD EVANGELISM FELLOWSHIP OF NEBRASKA INC - 6400 CORNHUSKER HWY STE 400 - LINCOLN, NE 68507	47-0499280		7,017.	0.			GENERAL SUPPORT
CHILDREN'S HOME PROJECT PO BOX 8066 CHANDLER, AZ 85246	46-1065421		7,522.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
CHILDREN'S HOSPITAL & MEDICAL CENTER FOUNDATION - ATTN.: JANE PHILLIPS, DIRECTOR OF DEVELOPMENT - OMAHA, NE 68114	47-6105603		57,090.	0.			GENERAL SUPPORT
CHRIST LINCOLN A LUTHERAN MINISTRY 4325 SUMNER ST LINCOLN, NE 68506-1165	47-0519511		34,650.	0.			GENERAL SUPPORT
CHRIST LINCOLN SCHOOLS 4325 SUMNER ST LINCOLN, NE 68506-1165	47-0519511		23,311.	0.			SCHOLARSHIPS
CHRIST PLACE CHURCH 1111 OLD CHENEY RD LINCOLN, NE 68512	47-0601645		32,000.	0.			GENERAL SUPPORT
CHRIST UNITED METHODIST CHURCH 4530 A ST LINCOLN, NE 68510-4818			9,100.	0.			GENERAL SUPPORT
CHRISTIAN HERITAGE 14880 OLD CHENEY RD WALTON, NE 68461-9662	47-0632613		9,166.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY IMPACT 1035 N 33RD ST LINCOLN, NE 68503-1909	47-0800906		97,289.	0.			GENERAL SUPPORT
CITY OF LINCOLN - PARKS & RECREATION DEPARTMENT - 3131 O ST STE 300 - LINCOLN, NE 68510	47-6006256		37,500.	0.			GENERAL SUPPORT
CITY OF LINCOLN - URBAN DEVELOPMENT - 555 S 10TH ST STE 205 - LINCOLN, NE 68508			10,000.	0.			GENERAL SUPPORT
CITYLIGHT LINCOLN CHURCH 2820 O ST LINCOLN, NE 68510			8,535.	0.			GENERAL SUPPORT
CITYLIGHT SOUTH CHURCH 5201 OLD CHENEY RD LINCOLN, NE 68516			6,950.	0.			GENERAL SUPPORT
CIVIC NEBRASKA 530 S 13TH ST STE 100 LINCOLN, NE 68508	27-2204391		18,804.	0.			GENERAL SUPPORT
CLINIC WITH A HEART 1701 S 17TH ST STE 4G LINCOLN, NE 68502-2641	20-2850139		87,116.	0.			GENERAL SUPPORT
CLYDE MALONE COMMUNITY CENTER PO BOX 80723 LINCOLN, NE 68501	47-0376577		37,574.	0.			GENERAL SUPPORT
COLSON CENTER FOR CHRISTIAN WORLDVIEW - PO BOX 62160 - COLORADO SPRINGS, CO 80962-2160	90-1117779		20,000.	0.			SCHOLARSHIPS, GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS CNTYS - 210 O ST - LINCOLN, NE 68508-2322	47-0491162		103,479.	0.			GENERAL SUPPORT
COMMUNITY CROPS 501 S 7TH ST LINCOLN, NE 68508	47-0376584		16,946.	0.			GENERAL SUPPORT
COMPASSION INTERNATIONAL INCORPORATED - SPONSORSHIP PROCESSING 12290 VOYAGER DR - COLORADO SPRINGS, CO 80921-3694	36-2423707		8,553.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
CONCORDIA UNIVERSITY 800 N COLUMBIA AVE SEWARD, NE 68434-1500	47-0378777		5,600.	0.			SCHOLARSHIPS, GENERAL SUPPORT
CULTURAL CENTERS OF LINCOLN 2617 Y ST LINCOLN, NE 68503	86-1250651		10,056.	0.			GENERAL SUPPORT
DESERT HILLS BAPTIST CHURCH 4401 S NELLIS BLVD LAS VEGAS, NV 89121-3101			30,000.	0.			GENERAL SUPPORT
DIMENSIONS EDUCATION PROGRAMS DIMENSIONS EDUCATION PROGRAMS 7700 LINCOLN, NE 68510	31-1511625		28,115.	0.			GENERAL SUPPORT
DOANE UNIVERSITY-CRETE 1014 BOSWELL AVE CRETE, NE 68333-2426	47-0377991		19,074.	0.			GENERAL SUPPORT
DOCTORS WITHOUT BORDERS USA PO BOX 5030 HAGERSTOWN, MD 21741-5030	13-3433452		11,217.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DR. SUSAN LA FLESCHE PICOTTE CENTER - PO BOX 36 - WALTHILL, NE 68067	47-0746797		50,000.	0.			GENERAL SUPPORT
DRESSAGE FOUNDATION 1314 O ST STE 305 LINCOLN, NE 68508-1517	36-3670953		6,348.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
DUCKS UNLIMITED 1 WATERFOWL WY MEMPHIS, TN 38120-2351	13-5643799		20,150.	0.			GENERAL SUPPORT
EAST BUTLER PUBLIC SCHOOLS FOUNDATION - 212 S MADISON ST - BRAINARD, NE 68626-0036	36-3431235		36,398.	0.			GENERAL SUPPORT
EASTMONT FOUNDATION 6315 O ST LINCOLN, NE 68510-2200	91-1767080		66,758.	0.			GENERAL SUPPORT
EASTRIDGE PRESBYTERIAN CHURCH 1135 EASTRIDGE DR LINCOLN, NE 68510-5014	47-6000806		5,100.	0.			GENERAL SUPPORT
EDUCARE OF LINCOLN 3435 N 14TH ST LINCOLN, NE 68521-2126	46-0568146		17,294.	0.			GENERAL SUPPORT
EL CENTRO DE LAS AMERICAS 210 O ST LINCOLN, NE 68508-2322	47-0658284		19,962.	0.			GENERAL SUPPORT
EMMAUS INSTITUTE FOR BIBLICAL STUDIES - PO BOX 67062 - LINCOLN, NE 68506	83-1313821		16,212.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAITH BIBLE CHURCH 6201 S 84TH ST LINCOLN, NE 68516-3812			24,000.	0.			GENERAL SUPPORT
FAITH OF OUR FATHERS LUTHERAN CHURCH - 15580 E ST - ROCA, NE 68430-4701			12,000.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
FALLS CITY EDUCATIONAL FOUNDATION C/O MERLE VEIGEL FALLS CITY, NE 68355	47-0739224		20,312.	0.			GENERAL SUPPORT
FAMILY SERVICE LINCOLN 501 S 7TH ST LINCOLN, NE 68508-2920	47-0376584		6,377.	0.			GENERAL SUPPORT
FELLOWSHIP OF CHRISTIAN ATHLETES 5801 S 58TH ST STE C LINCOLN, NE 68516	44-0610626		44,352.	0.			GENERAL SUPPORT
FIDELITY CHARITABLE GIFT FUND GIVING ACCOUNTS PO BOX 770001 CINCINNATI, OH 45277-0001	11-0303001		605,038.	0.			GENERAL SUPPORT
FIRST CHRISTIAN CHURCH 430 S 16TH ST LINCOLN, NE 68508-2575	47-0380469		20,000.	0.			GENERAL SUPPORT
FIRST FREE CHURCH 3280 S 84TH ST LINCOLN, NE 68506	47-0492345		36,000.	0.			GENERAL SUPPORT
FIRST LUTHERAN CHURCH (LINCOLN, NE) - 1551 S 70TH ST - LINCOLN, NE 68506	47-0464447		17,260.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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FIRST PLYMOUTH CONGREGATIONAL CHURCH - 2000 D ST - LINCOLN, NE 68502-1661	47-0376589		211,431.	0.			GENERAL SUPPORT
FIRST PRESBYTERIAN CHURCH (LINCOLN, NE) - 840 S 17TH ST - LINCOLN, NE 68508-3499			12,670.	0.			GENERAL SUPPORT
FIRST STREET BIBLE CHURCH 100 W F ST LINCOLN, NE 68508-2944			77,150.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH (COLUMBUS, NE) - 2710 14TH ST - COLUMBUS, NE 68601			9,400.	0.			GENERAL SUPPORT
FIRST UNITED METHODIST CHURCH (WAVERLY, NE) - 14410 FOLKESTONE ST - WAVERLY, NE 68462-1539			10,200.	0.			GENERAL SUPPORT
FLATWATER SHAKESPEARE COMPANY PO BOX 84935 LINCOLN, NE 68501-4935	20-1712203		7,694.	0.			GENERAL SUPPORT
FOOD BANK OF LINCOLN 1221 KINGBIRD RD LINCOLN, NE 68521	47-0640293		364,418.	0.			GENERAL SUPPORT
FOOD FORT 2124 Y ST FLAT 130 LINCOLN, NE 68503	81-4736864		34,646.	0.			GENERAL SUPPORT
FOODNET PO BOX 29764 LINCOLN, NE 68529	47-0791448		7,220.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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FOSTER CARE CLOSET 643 S 25TH ST STE 8 LINCOLN, NE 68510-3060	26-0595115		23,128.	0.			GENERAL SUPPORT
FOUNDATION FOR LINCOLN CITY LIBRARIES - 136 S 14TH ST - LINCOLN, NE 68508-1801	47-6032744		27,774.	0.			GENERAL SUPPORT
FOUNDATION FOR LINCOLN PUBLIC SCHOOLS - PO BOX 82889 - LINCOLN, NE 68501-2889	36-3490560		255,281.	0.			GENERAL SUPPORT
FRESH START 6433 HAVELOCK AVE LINCOLN, NE 68507-1332	36-3785810		62,366.	0.			GENERAL SUPPORT
FRIENDS OF CONSTRU CASA USA PO BOX 392 CRETE, NE 68333	45-2345557		5,900.	0.			GENERAL SUPPORT
FRIENDS OF LIED PO BOX 880151 LINCOLN, NE 68588-0151	47-0727188		45,657.	0.			GENERAL SUPPORT
FRIENDS OF OPERA, UNIVERSITY OF NEBRASKA-LINCOLN - 1001 HIGH PLAINS RD - LINCOLN, NE 68512	47-0842288		7,108.	0.			GENERAL SUPPORT
FRIENDS OF SILVER HAWK THEATRE 7001 S 14TH ST LINCOLN, NE 68512	87-1665842		6,512.	0.			GENERAL SUPPORT
FRIENDSHIP HOME PO BOX 85358 LINCOLN, NE 68501-5358	47-0619855		146,935.	0.			GENERAL SUPPORT

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

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GIRL SCOUTS SPIRIT OF NEBRASKA 8230 BEECHWOOD DR LINCOLN, NE 68510-2616	47-0432299		21,866.	0.			GENERAL SUPPORT
GIRLPOWR 7441 BRIARHURST CIR LINCOLN, NE 68506-1710	46-3872687		11,079.	0.			GENERAL SUPPORT
GLAD TIDINGS BIBLE CAMP INC 89238 544TH AVE BLOOMFIELD, NE 68718	25-1914885		11,000.	0.			GENERAL SUPPORT
GLOBAL SCHOLARS PO BOX 12147 OVERLAND PARK, KS 66282	56-1627401		17,200.	0.			GENERAL SUPPORT
GLOBAL SERVE INTERNATIONAL 2102 SW 47TH ST CAPE CORAL, FL 33914	82-1585100		16,000.	0.			GENERAL SUPPORT
GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 68503-1750	20-0391739		36,879.	0.			GENERAL SUPPORT
GRACE CENTRAL CHURCH 344 N 115TH ST OMAHA, NE 68154	23-7366967		10,000.	0.			GENERAL SUPPORT
GRACE LUTHERAN CHURCH-HEBRON 224 N 4TH ST HEBRON, NE 68370	47-0424794		8,800.	0.			GENERAL SUPPORT
GREATER LINCOLN CHAMBER FOUNDATION 1128 LINCOLN MALL STE 100 LINCOLN, NE 68508-2878	31-1597948		40,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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HABITAT FOR HUMANITY LINCOLN/LANCASTER COUNTY - 4615 ORCHARD ST - LINCOLN, NE 68503	47-0714576		28,812.	0.			GENERAL SUPPORT
HARBERT COMMUNITY CHURCH PO BOX 197 HARBERT, MI 49115	23-7097779		26,000.	0.			GENERAL SUPPORT
HARBOR MINISTRIES PO BOX 21984 LINCOLN, NE 68542-1984	20-4894998		20,200.	0.			GENERAL SUPPORT
HASTINGS COMMUNITY FOUNDATION 800 W 3RD ST STE 232 HASTINGS, NE 68901-5054	36-3569968		20,000.	0.			GENERAL SUPPORT
HEALING HEART THERAPY DOGS 15855 BOBWHITE TRL CRETE, NE 68333	86-1126775		5,569.	0.			GENERAL SUPPORT
HEARTLAND BIBLE CHURCH 2611 S 56TH ST LINCOLN, NE 68506	47-0846434		81,679.	0.			GENERAL SUPPORT
HEARTLAND CANCER FOUNDATION PO BOX 5203 LINCOLN, NE 68505	20-5952202		14,971.	0.			GENERAL SUPPORT
HEARTS UNITED FOR ANIMALS PO BOX 286 AUBURN, NE 68305-0286	47-0773858		12,099.	0.			GENERAL SUPPORT
HOPE COMMUNITY CHURCH 4700 S FOLSOM ST LINCOLN, NE 68523-9331			18,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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HOPESPOKE 2444 O ST LINCOLN, NE 68510-1125	47-0398819		45,795.	0.			GENERAL SUPPORT
HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS - 1037 S 12TH ST - LINCOLN, NE 68508-3529	20-8008617		5,908.	0.			GENERAL SUPPORT
HUMANITIES NEBRASKA 215 CENTENNIAL MALL S STE 330 LINCOLN, NE 68508-1836	23-7359778		21,983.	0.			GENERAL SUPPORT
IN TOUCH MINISTRIES INC. PO BOX 7900 ATLANTA, GA 30357-0900	58-1495310		15,000.	0.			GENERAL SUPPORT
INTERNATIONAL CRISIS AID INC. PO BOX 510167 ST LOUIS, MO 63151	30-0060905		10,000.	0.			SCHOLARSHIPS
I'VE GOT A NAME PO BOX 6181 LINCOLN, NE 68506	36-4694120		26,117.	0.			GENERAL SUPPORT
JAZZ IN JUNE 301 N 12TH ST LINCOLN, NE 68508	47-0049123		9,772.	0.			GENERAL SUPPORT
JEWISH FEDERATION OF LINCOLN PO BOX 67218 LINCOLN, NE 68508	47-0388144		10,053.	0.			GENERAL SUPPORT
JOSHUA COLLINGSWORTH MEMORIAL FOUNDATION - 8445 EXECUTIVE WOODS DR - LINCOLN, NE 68512	26-3091147		20,899.	0.			GENERAL SUPPORT

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

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JULIA ROSE FOUNDATION 17880 KNOTTING HILLS DR LINCOLN, NE 68527	81-4899149		10,121.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT 300 S 68TH ST PL STE 110 LINCOLN, NE 68510-2516	47-0535692		27,684.	0.			GENERAL SUPPORT
JUNIPER REFUGE PO BOX 21805 LINCOLN, NE 68542	81-5435531		11,982.	0.			GENERAL SUPPORT
KANSAS UNIVERSITY ENDOWMENT ASSOCIATION - PO BOX 928 - LAWRENCE, KS 66044-0928	48-0547734		21,500.	0.			GENERAL SUPPORT
KAREN SOCIETY OF NEBRASKA 1021 D ST LINCOLN, NE 68502	27-3283133		6,853.	0.			GENERAL SUPPORT
KING'S RANSOM FOUNDATION 420 WATER ST STE 106 KERRVILLE, TX 78028	26-4451422		10,000.	0.			SCHOLARSHIPS
KZUM RADIO 89.3 / SUNRISE COMMUNICATIONS - 3534 S 48TH ST STE 6 - LINCOLN, NE 68506-6425	23-7267850		19,288.	0.			GENERAL SUPPORT
LANCASTER COUNTY 555 S 10TH ST RM 100 LINCOLN, NE 68508-2803			6,800.	0.			SCHOLARSHIPS, GENERAL SUPPORT
LANCASTER YOUTH SOFTBALL ASSOCIATION - PO BOX 5744 - LINCOLN, NE 68505-0744	36-3313153		12,688.	0.			SCHOLARSHIPS, GENERAL SUPPORT

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LEADERSHIP LINCOLN 211 N 14TH ST LINCOLN, NE 68508	47-0685407		20,267.	0.			GENERAL SUPPORT
LEAGUE OF HUMAN DIGNITY 1701 P ST LINCOLN, NE 68508-1799	23-7180481		6,082.	0.			GENERAL SUPPORT
LEGAL AID OF NEBRASKA 941 O ST STE 325 LINCOLN, NE 68508	47-0483506		10,182.	0.			GENERAL SUPPORT
LEUKEMIA AND LYMPHOMA SOCIETY DONOR SERVICES WASHINGTON, DC 20090-8018	13-5644916		10,600.	0.			GENERAL SUPPORT
LIED CENTER FOR PERFORMING ARTS 301 N 12TH ST LINCOLN, NE 68588-0151	47-0049123		565,000.	0.			GENERAL SUPPORT
LIGHTHOUSE 2601 N ST LINCOLN, NE 68510-1334	36-3656310		124,026.	0.			GENERAL SUPPORT
LINCOLN ARTS COUNCIL 211 N 14TH ST LINCOLN, NE 68508	47-6046691		56,789.	0.			GENERAL SUPPORT
LINCOLN BEREAN CHURCH LINCOLN BEREAN CHURCH LINCOLN, NE 68516-3763	47-0677716		137,300.	0.			GENERAL SUPPORT
LINCOLN BIKE KITCHEN 1635 S 1ST ST STE 1 LINCOLN, NE 68502-1909	45-5369537		21,066.	0.			GENERAL SUPPORT

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

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LINCOLN BOTANICAL GARDEN 2416 SEWELL ST LINCOLN, NE 68502	82-5337828		9,303.	0.			PERFORMANCE SUPPORT, GENERAL
LINCOLN CALLING 211 N 14TH ST LINCOLN, NE 68508	82-3663441		6,005.	0.			GENERAL SUPPORT
LINCOLN CHILDREN'S MUSEUM 1420 P ST LINCOLN, NE 68508-1635	47-0716636		20,963.	0.			GENERAL SUPPORT
LINCOLN CHILDREN'S ZOO 1222 S 27TH ST LINCOLN, NE 68502-1832	47-0482255		167,179.	0.			GENERAL SUPPORT
LINCOLN CHRISTIAN SCHOOL FOUNDATION - 5801 S 84TH ST - LINCOLN, NE 68516-3804	47-0706907		25,820.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY PLAYHOUSE PO BOX 6426 LINCOLN, NE 68506-0426	47-0355388		31,387.	0.			GENERAL SUPPORT
LINCOLN COUNCIL ST. VINCENT DE PAUL - PO BOX 30145 - LINCOLN, NE 68503-0145	20-8997157		22,455.	0.			GENERAL SUPPORT
LINCOLN EDUCATION ASSOCIATION FOUNDATION - 4920 NORMAL BLVD - LINCOLN, NE 68506-6316	03-0485605		6,180.	0.			GENERAL SUPPORT
LINCOLN FRIENDS OF CHAMBER MUSIC PO BOX 82882 LINCOLN, NE 68501	36-3348024		10,428.	0.			GENERAL SUPPORT

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LINCOLN HOUSING CHARITIES 5700 R ST LINCOLN, NE 68505	30-0094633		15,414.	0.			GENERAL SUPPORT
LINCOLN LITERACY 745 S 9TH ST LINCOLN, NE 68508-3107	47-0655582		91,581.	0.			GENERAL SUPPORT
LINCOLN MEETING OF THE SOCIETY OF FRIENDS - 3115 RYONS ST - LINCOLN, NE 68502-4141			9,628.	0.			GENERAL SUPPORT
LINCOLN MUNICIPAL BAND ASSOCIATION 315 S 9TH ST STE 110 LINCOLN, NE 68508-2283	47-0637021		8,085.	0.			GENERAL SUPPORT
LINCOLN MUSIC TEACHERS ASSOCIATION C/O JO RIECKER-KARL LINCOLN, NE 68521	47-0681623		7,639.	0.			GENERAL SUPPORT
LINCOLN PARKS FOUNDATION 3131 O ST STE 300 LINCOLN, NE 68510	36-3853746		124,239.	0.			GENERAL SUPPORT
LINCOLN ROTARY CLUB 14 FOUNDATION PO BOX 83843 LINCOLN, NE 68501-3843	91-1767748		15,597.	0.			GENERAL SUPPORT
LINCOLN YOUTH COMPLEX 5935 S 56TH ST STE A LINCOLN, NE 68516	87-1032872		45,000.	0.			GENERAL SUPPORT
LINCOLN YOUTH SYMPHONY FOUNDATION 3900 OLD CHENEY RD STE 201 LINCOLN, NE 68516	23-7317862		6,440.	0.			GENERAL SUPPORT

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LINCOLN'S SYMPHONY ORCHESTRA 233 S 13TH ST STE 1702 LINCOLN, NE 68508-2003	47-0773445		101,325.	0.			GENERAL SUPPORT
LIZ SHEA-MCCOY FOUNDATION FOR THE ARTS - 2700 SHERIDAN BLVD - LINCOLN, NE 68502-4238	87-4703774		11,063.	0.			GENERAL SUPPORT
LUTHERAN CHURCH-MISSOURI SYNOD PO BOX 66861 SAINT LOUIS, MO 63166	43-0658188		9,000.	0.			GENERAL SUPPORT
LUTHERAN EDUCATION FOUNDATION 1100 N 56TH ST LINCOLN, NE 68504	41-2032088		165,210.	0.			GENERAL SUPPORT
LUTHERAN FAMILY SERVICES OF NEBRASKA - 2301 O ST - LINCOLN, NE 68510	23-7267972		11,088.	0.			GENERAL SUPPORT
LUTHERAN HOUR MINISTRIES 660 MASON RIDGE CENTER DR ST. LOUIS, MO 63141	41-1568278		5,700.	0.			GENERAL SUPPORT
LUX CENTER FOR THE ARTS 2601 N 48TH ST LINCOLN, NE 68504-3632	47-0629528		22,883.	0.			GENERAL SUPPORT
MADONNA FOUNDATION 5401 SOUTH ST LINCOLN, NE 68506-2150	23-7159940		43,942.	0.			GENERAL SUPPORT
MAKE-A-WISH NEBRASKA - LINCOLN OFFICE - 8033 S 15TH ST STE B - LINCOLN, NE 68512	47-0671096		5,119.	0.			GENERAL SUPPORT

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MAKE-A-WISH OF NEBRASKA INC 1005 S 107TH AVE STE 102 OMAHA, NE 68144-4793	47-0671096		10,492.	0.			GENERAL SUPPORT
MARY'S MEALS 75 ORCHARD ST BLOOMFIELD, NJ 07003	33-1215331		10,000.	0.			GENERAL SUPPORT
MASONIC - EASTERN STAR HOME FOR CHILDREN - PO BOX 1327 - FREMONT, NE 68026-1327	47-0384097		12,874.	0.			GENERAL SUPPORT
MATT TALBOT KITCHEN & OUTREACH PO BOX 80935 LINCOLN, NE 68501-0935	36-3945814		170,936.	0.			GENERAL SUPPORT
MATTERS ON TOMORROW PO BOX 5573 LINCOLN, NE 68505-0573	26-3385226		8,928.	0.			GENERAL SUPPORT
MAYO CLINIC DEPARTMENT OF DEVELOPMENT 200 FIRST ST SW - ROCHESTER, MN 55905-0001	41-6011702		20,250.	0.			SCHOLARSHIPS
MEADOWLARK MUSIC FESTIVAL 1135 M ST STE A LINCOLN, NE 68508-2132	47-0832098		6,228.	0.			GENERAL SUPPORT
MERCY HOME FOR BOYS AND GIRLS MERCY HOME FOR BOYS AND GIRLS CHICAGO, IL 60607	36-2171726		45,000.	0.			GENERAL SUPPORT
MESSIAH LUTHERAN CHURCH 1800 S 84TH ST LINCOLN, NE 68506-1870	47-0717241		32,420.	0.			GENERAL SUPPORT

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MESSIAH LUTHERAN SCHOOL 1800 S 84TH ST LINCOLN, NE 68506-1870	47-0717241		15,259.	0.			GENERAL SUPPORT
MILFORD SCHOOLS FOUNDATION 1200 1ST ST MILFORD, NE 68405-8794	47-0830054		16,133.	0.			GENERAL SUPPORT
MILKWORKS MILKWORKS LINCOLN, NE 68516-3653	47-0835579		14,247.	0.			GENERAL SUPPORT
MISSION CENTRAL 40755 COUNTY HWY E16 MAPLETON, IA 51034	43-0658188		6,500.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
MOSAIC CHURCH-LINCOLN PO BOX 81632 LINCOLN, NE 68501-1632	27-1514064		33,600.	0.			GENERAL SUPPORT
MOSAIC IN SOUTHEAST NEBRASKA 5631 S 48TH ST STE 500 LINCOLN, NE 68516	11-3669999		27,937.	0.			GENERAL SUPPORT
MOURNING HOPE GRIEF CENTER 1311 S FOLSOM ST LINCOLN, NE 68522	47-0782915		48,316.	0.			GENERAL SUPPORT
MUSEUM ASSOCIATION OF THE AMERICAN FRONTIER - 6321 HIGHWAY 20 - CHADRON, NE 69337	47-6034844		5,058.	0.			GENERAL SUPPORT
MYBRIDGE RADIO PO BOX 30345 LINCOLN, NE 68503	27-1287224		8,080.	0.			GENERAL SUPPORT

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NATIONAL WILDLIFE FEDERATION PO BOX 1583 MERRIFIELD, VA 22116-1583	53-0204616		7,490.	0.			GENERAL SUPPORT
NATURE CONSERVANCY - NEBRASKA CHAPTER - 1007 LEAVENWORTH ST - OMAHA, NE 68102-2933	53-0242652		18,628.	0.			GENERAL SUPPORT
NEBRASKA APPLESEED PO BOX 83613 LINCOLN, NE 68501	47-0798343		49,890.	0.			GENERAL SUPPORT
NEBRASKA CHILDREN AND FAMILIES FOUNDATION - 215 CENTENNIAL MALL S STE 200 - LINCOLN, NE 68508-1813	91-1829974		48,189.	0.			GENERAL SUPPORT
NEBRASKA CHILDREN'S HOME SOCIETY 4939 S 118TH ST OMAHA, NE 68137-2213	47-0378995		12,029.	0.			GENERAL SUPPORT
NEBRASKA COMMUNITIES PLAYHOUSE PO BOX 43 HICKMAN, NE 68372	81-2679156		5,322.	0.			GENERAL SUPPORT
NEBRASKA COMMUNITY BLOOD BANK 100 N 84TH ST LINCOLN, NE 68505-3101	13-1949477		14,798.	0.			GENERAL SUPPORT
NEBRASKA COMMUNITY FOUNDATION PO BOX 83107 LINCOLN, NE 68501-3107	47-0769903		12,000.	0.			GENERAL SUPPORT
NEBRASKA CULTURAL ENDOWMENT 1004 FARNAM ST LOWR PLZ OMAHA, NE 68102-1885	47-0813703		6,100.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEBRASKA FAMILY ALLIANCE 1106 E ST LINCOLN, NE 68508	47-0723178		17,906.	0.			GENERAL SUPPORT
NEBRASKA FFA FOUNDATION PO BOX 94942 LINCOLN, NE 68509-4942	47-0741774		12,152.	0.			GENERAL SUPPORT
NEBRASKA HOUSING DEVELOPERS ASSOCIATION - 3883 NORMAL BLVD STE 102 - LINCOLN, NE 68506	47-0798048		13,899.	0.			AFFORDABLE HOUSING MATCH FUND
NEBRASKA JUVENILE JUSTICE ASSOCIATION - PO BOX 80134 - LINCOLN, NE 68501	47-0650193		5,500.	0.			GENERAL SUPPORT
NEBRASKA PEACE FOUNDATION PO BOX 83466 LINCOLN, NE 68501	36-3347131		19,058.	0.			GENERAL SUPPORT
NEBRASKA PUBLIC MEDIA FOUNDATION 1800 N 33RD ST LINCOLN, NE 68503-1409	86-2239027		63,321.	0.			GENERAL SUPPORT
NEBRASKA REPERTORY THEATRE PO BOX 880201 LINCOLN, NE 68588-0201	47-0049123		6,521.	0.			GENERAL SUPPORT
NEBRASKA SPORTS COUNCIL PO BOX 29366 LINCOLN, NE 68529-0366	36-3354207		9,252.	0.			GENERAL SUPPORT
NEBRASKA STATE HISTORICAL SOCIETY FOUNDATION - 1201 LINCOLN MALL STE 100 - LINCOLN, NE 68508	47-6000332		78,434.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEBRASKA TRAILS FOUNDATION 5935 S 56TH ST STE A LINCOLN, NE 68516	36-0061007		30,014.	0.			GENERAL SUPPORT
NEBRASKA WESLEYAN UNIVERSITY 5000 ST PAUL AVE LINCOLN, NE 68504-2760	47-0376524		58,706.	0.			GENERAL SUPPORT
NEIGHBORWORKS LINCOLN 2530 Q ST LINCOLN, NE 68503-3538	36-3430278		6,745.	0.			GENERAL SUPPORT
NEW COVENANT COMMUNITY CHURCH 6000 S 84TH ST LINCOLN, NE 68516-3807	47-0720181		14,000.	0.			GENERAL SUPPORT
NEWMAN CENTER 320 N 16TH ST LINCOLN, NE 68508-1606	47-0464308		20,641.	0.			SCHOLARSHIPS, GENERAL SUPPORT
NHRI LEADERSHIP MENTORING PO BOX 830947 LINCOLN, NE 68535	47-6040776		5,223.	0.			COMMUNITY CAPACITY BUILDING, AFFORDABLE HOUSING, GENERAL SUPPORT
NORTH AMERICAN MARTYRS CATHOLIC CHURCH OF LINCOLN - 1101 ISAAC DR - LINCOLN, NE 68521	47-0768348		7,200.	0.			GENERAL SUPPORT
NORTHWEST MINNESOTA JUVENILE CENTER - PO BOX 247 - BEMIDJI, MN 56619-0247			10,000.	0.			GENERAL SUPPORT
OPEN DOOR MISSION PO BOX 8340 OMAHA, NE 68108	47-0411375		13,800.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPENSKY POLICY INSTITUTE 1327 H ST STE 102 LINCOLN, NE 68508-3798	45-3327969		10,225.	0.			GENERAL SUPPORT
OPERATION SANTA CLAUS 3800 CORNHUSKER HWY LINCOLN, NE 68504-1533	23-7167477		11,172.	0.			GENERAL SUPPORT
ORPHAN GRAIN TRAIN INC. PO BOX 1466 NORFOLK, NE 68702-1466	31-1614650		9,531.	0.			GENERAL SUPPORT
OUR LADY OF GOOD COUNSEL RETREAT HOUSE - 7303 N 112TH ST - WAVERLY, NE 68462	46-1257734		7,397.	0.			GENERAL SUPPORT
OUR SAVIOUR'S LUTHERAN CHURCH 1200 S 40TH ST LINCOLN, NE 68510-4612	47-6000940		14,422.	0.			GENERAL SUPPORT
OUTNEBRASKA 211 N 14TH ST LINCOLN, NE 68508	27-1377612		16,666.	0.			GENERAL SUPPORT
PARKVIEW CHRISTIAN SCHOOL 4400 N 1ST ST LINCOLN, NE 68521	04-3697982		23,745.	0.			GENERAL SUPPORT
PARTNERSHIP FOR A HEALTHY LINCOLN 4600 VALLEY RD STE 250 LINCOLN, NE 68510-4856	36-3832796		10,337.	0.			GENERAL SUPPORT
PAWNEE CITY COMMUNITY FOUNDATION 62094 HWY 8 PAWNEE CITY, NE 68420	30-0240248		75,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE'S CITY MISSION PO BOX 80636 LINCOLN, NE 68501-0636	47-0376896		277,847.	0.			GENERAL SUPPORT
PERU STATE COLLEGE FOUNDATION PO BOX 10 PERU, NE 68421-0010	47-0495359		26,812.	0.			GENERAL SUPPORT
PHI GAMMA DELTA EDUCATIONAL FOUNDATION - PO BOX 4599 - LEXINGTON, KY 40544	52-6036185		5,679.	0.			GENERAL SUPPORT
PICKLEBALL LINCOLN 6700 ANN'S CT LINCOLN, NE 68516	82-1765073		16,264.	0.			GENERAL SUPPORT
PIUS X FOUNDATION 6000 A ST LINCOLN, NE 68510-5005	23-7074428		60,791.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD NORTH CENTRAL STATES - 5631 S 48TH ST STE 100 - LINCOLN, NE 68516	83-0614523		106,083.	0.			GENERAL SUPPORT
PRAIRIE LOFT CENTER PO BOX 1731 HASTINGS, NE 68902	20-1556250		10,250.	0.			GENERAL SUPPORT
PRAIRIE PINES PARTNERS PO BOX 5043 LINCOLN, NE 68505	27-2523178		5,654.	0.			GENERAL SUPPORT
PREGNANCY CENTER 111 PIAZZA TERR LINCOLN, NE 68510-2138	47-0662813		52,365.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RABBLE MILL 2005 Y ST LINCOLN, NE 68503	27-2442893		11,134.	0.			GENERAL SUPPORT
RATIO CHRISTI PO 10907 MERRILLVILLE, IN 46410	27-4733824		8,600.	0.			GENERAL SUPPORT
REDEEMER LUTHERAN CHURCH 510 S 33RD ST LINCOLN, NE 68510-3399	47-0416357		43,651.	0.			GENERAL SUPPORT
RISE 3555 FARNAM ST STE 222 OMAHA, NE 68131	83-0583165		12,944.	0.			GENERAL SUPPORT
ROAM SHARE 245 N 3RD ST LINCOLN, NE 68508	81-1307723		5,010.	0.			GENERAL SUPPORT
ROTARY FOUNDATION OF ROTARY INTERNATIONAL - PO BOX 83843 - LINCOLN, NE 68501-3843	36-3245072		7,625.	0.			GENERAL SUPPORT
SALVATION ARMY-LINCOLN 2625 POTTER ST LINCOLN, NE 68503-1043	36-2167910		115,866.	0.			GENERAL SUPPORT
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607-3000	58-1437002		11,225.	0.			GENERAL SUPPORT
SCHOOL DISTRICT 145 FOUNDATION FOR EDUCATION - 14511 HEYWOOD ST - WAVERLY, NE 68462	36-3762126		21,035.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SENIORS FOUNDATION 420 VICTORY PARK DR LINCOLN, NE 68510	47-0630837		17,041.	0.			GENERAL SUPPORT
SEWARD CHANGING THE GAME INC PO BOX 426 SEWARD, NE 68434	82-1355502		155,100.	0.			GENERAL SUPPORT
SEWARD COMMUNITY SCHOLARSHIP PO BOX 141 SEWARD, NE 68434-0141	47-0620453		60,663.	0.			GENERAL SUPPORT
SHELDON ART ASSOCIATION PO BOX 880300 LINCOLN, NE 68588-0300	47-6026671		17,930.	0.			GENERAL SUPPORT
SHELTERME NEBRASKA PO BOX 83401 LINCOLN, NE 68501-3401	47-1670713		11,433.	0.			GENERAL SUPPORT
SHERIDAN LUTHERAN CHURCH 6955 OLD CHENEY RD LINCOLN, NE 68516-3565	47-0484855		109,748.	0.			GENERAL SUPPORT
SHRINER'S HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DR TAMPA, FL 33607-1435	36-2193608		22,674.	0.			GENERAL SUPPORT
SOUTH GATE UNITED METHODIST CHURCH 3500 PIONEERS BLVD LINCOLN, NE 68506-4853	47-0520001		10,400.	0.			GENERAL SUPPORT
SOUTH OF DOWNTOWN COMMUNITY DEVELOPMENT ORGANIZATION - 2530 Q ST - LINCOLN, NE 68503	81-3999486		50,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH STREET TEMPLE 2061 S 20TH ST LINCOLN, NE 68502-2797	47-0498915		8,607.	0.			GENERAL SUPPORT
SOUTHEAST COMMUNITY COLLEGE EDUCATIONAL FOUNDATION - 301 S 68TH STREET PL - LINCOLN, NE 68510-2449	51-0168407		42,781.	0.			COMMUNITY CAPACITY BUILDING, GENERAL SUPPORT
SOUTHERN HEIGHTS FOOD FOREST PO BOX 22403 LINCOLN, NE 68542-2403	83-2927740		11,495.	0.			GENERAL SUPPORT
SOUTHWOOD LUTHERAN CHURCH 4301 WILDERNESS HILLS BLVD LINCOLN, NE 68516-4557	47-0576864		95,490.	0.			SCHOLARSHIPS, GENERAL SUPPORT
SPECIAL OLYMPICS NEBRASKA 9427 F ST OMAHA, NE 68127-1215	47-0546346		14,332.	0.			GENERAL SUPPORT
SPIRIT CATHOLIC RADIO SPIRIT CATHOLIC RADIO OMAHA, NE 68144	91-1857425		8,841.	0.			GENERAL SUPPORT
SPIRIT OF HOPE LUTHERAN CHURCH 5801 NW 1ST ST STE 2 LINCOLN, NE 68521-4476	27-0681227		14,300.	0.			GENERAL SUPPORT
SPOTLIGHT GOOD NEWS 14717 MIAMI ST OMAHA, NE 68116	87-3957472		10,000.	0.			GENERAL SUPPORT
SPRING CREEK PRAIRIE AUDUBON CENTER - PO BOX 117 - DENTON, NE 68339	13-1624102		25,221.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. ANNE CATHOLIC CHURCH 1111 S CHERRY ST TOMBALL, TX 77375-6675			47,000.	0.			GENERAL SUPPORT
ST. CECELIA CATHOLIC CHURCH 301 W 7TH ST HASTINGS, NE 68901	47-0494066		6,416.	0.			GENERAL SUPPORT
ST. DEMIANA COPTIC ORTHODOX CHURCH PO BOX 20328 BAKERSFIELD, CA 93390	77-0170664		15,000.	0.			GENERAL SUPPORT
ST. ELIZABETH FOUNDATION 555 S 70TH ST LINCOLN, NE 68510-2462	47-0625523		29,797.	0.			GENERAL SUPPORT
ST. JOHN CATHOLIC CHURCH 7601 VINE ST LINCOLN, NE 68505			31,600.	0.			GENERAL SUPPORT
ST. JOHN THE APOSTLE SCHOOL 7601 VINE ST LINCOLN, NE 68505	47-0446648		9,505.	0.			GENERAL SUPPORT
ST. JOSEPH CATHOLIC CHURCH 7900 TRENDWOOD DR LINCOLN, NE 68506-6559	47-0580454		266,613.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 SAINT JUDE PL - MEMPHIS, TN 38105-1905	62-0646012		215,218.	0.			GENERAL SUPPORT
ST. MARK'S UNITED METHODIST CHURCH 8550 PIONEERS BLVD LINCOLN, NE 68520-1306			66,600.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MARYS CATHOLIC CHURCH (PARK CITY, UT) - 1505 WHITE PINE CANYON RD - PARK CITY, UT 84060			60,000.	0.			GENERAL SUPPORT
ST. MARY'S CHURCH PO BOX 406 DENTON, NE 68339-0406	47-0457881		10,000.	0.			GENERAL SUPPORT
ST. MATTHEW'S EPISCOPAL CHURCH 2325 S 24TH ST LINCOLN, NE 68502-4005			7,401.	0.			GENERAL SUPPORT
ST. MICHAEL CATHOLIC CHURCH 9101 S 78TH ST LINCOLN, NE 68516	47-0813800		35,450.	0.			GENERAL SUPPORT
ST. MONICA'S LIFE CHANGING RECOVERY FOR WOMEN - 120 WEDGEWOOD DR - LINCOLN, NE 68510-2431	47-0490169		19,593.	0.			GENERAL SUPPORT
ST. PAUL UNITED METHODIST CHURCH 1144 M ST LINCOLN, NE 68508-2123	47-0379012		10,460.	0.			GENERAL SUPPORT
ST. PETER CATHOLIC CHURCH 4500 DUXHALL DR LINCOLN, NE 68516-2860			52,400.	0.			GENERAL SUPPORT
ST. PETER CATHOLIC SCHOOL 4500 DUXHALL DR LINCOLN, NE 68516-2860	47-0738138		6,571.	0.			GENERAL SUPPORT
ST. TERESA SCHOOL 616 S 36TH ST LINCOLN, NE 68510	47-0393174		7,070.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. TERESA'S CATHOLIC CHURCH 735 S 36TH ST LINCOLN, NE 68510-1666	47-0393174		13,750.	0.			GENERAL SUPPORT
STEADFAST BIBLE FELLOWSHIP 2440 S 141ST CIR OMAHA, NE 68144	20-0793317		10,000.	0.			GENERAL SUPPORT
STUDENT MOBILIZATION INC PO BOX 567 CONWAY, AR 72033-0567	71-0629392		5,400.	0.			GENERAL SUPPORT
SUTTON CHRISTIAN SCHOOLS INC 1004 E ASH ST SUTTON, NE 68979	47-0630455		6,000.	0.			GENERAL SUPPORT
SYNC WITH GOD 4036 S 17TH ST LINCOLN, NE 68502-5423	47-0781594		8,653.	0.			GENERAL SUPPORT
TABITHA FOUNDATION 4720 RANDOLPH ST LINCOLN, NE 68510-3741	47-0636199		98,761.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
TABITHA INC. 4720 RANDOLPH ST LINCOLN, NE 68510-3741	47-0377998		26,179.	0.			GENERAL SUPPORT
TEAMMATES MENTORING PROGRAM 6801 O ST LINCOLN, NE 68510-2422	47-0840990		12,550.	0.			SCHOLARSHIPS
TEAMMATES MENTORING PROGRAM OF LINCOLN - 5905 O ST - LINCOLN, NE 68510-2235	47-0840990		40,962.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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THEATRE ARTS FOR KIDS 5820 M ST LINCOLN, NE 68510	46-3745380		16,641.	0.			GENERAL SUPPORT
TRINITY EVANGELICAL LUTHERAN CHURCH - 265 HELEN ST - CORDOVA, NE 68330	47-0645137		6,500.	0.			GENERAL SUPPORT
TRINITY UNITED METHODIST CHURCH 7130 KENTWELL LN LINCOLN, NE 68516-6569	47-0408259		12,589.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
UNF CHARITABLE GIFT FUND 1010 LINCOLN MALL STE 300 LINCOLN, NE 68508-2886	20-0288992		13,600.	0.			GENERAL SUPPORT
UNION COLLEGE 3800 S 48TH ST LINCOLN, NE 68506-4345	47-0405319		58,945.	0.			SCHOLARSHIPS, GENERAL SUPPORT
UNITED CHURCH IN WALPOLE 30 COMMON ST WALPOLE, MA 02081			20,000.	0.			GENERAL SUPPORT
UNITED STATES ARTISTS INC 200 W MADISON ST, FL 3 CHICAGO, IL 60606	22-3903993		10,000.	0.			GENERAL SUPPORT
UNITED WAY OF GREATER HOUSTON 50 WAUGH DR HOUSTON, TX 77007-5813	74-1167964		10,000.	0.			GENERAL SUPPORT
UNITED WAY OF LINCOLN AND LANCASTER COUNTY - 238 S 13TH ST - LINCOLN, NE 68508-2004	47-0376624		223,736.	0.			SCHOLARSHIPS

Schedule I (Form 990)

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

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UNIVERSITY OF IOWA CENTER FOR ADVANCEMENT - PO BOX 4550 - IOWA CITY, IA 52242	42-0796760		7,000.	0.			SCHOLARSHIPS, GENERAL SUPPORT
UNIVERSITY OF IOWA FOUNDATION PO BOX 4550 IOWA CITY, IA 52244-4550	42-0796760		20,000.	0.			ATHLETIC FACILITY, COLLEGE OF BUSINESS, SCHOLARSHIPS, GENERAL SUPPORT
UNIVERSITY OF NEBRASKA BOARD OF REGENTS - 151 PREM S. PAUL RESEARCH CENTER - LINCOLN, NE 68583-0861	47-0049123		123,908.	0.			SCHOLARSHIPS
UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL STE 300 LINCOLN, NE 68508-2886	47-0379839		498,258.	0.			GENERAL SUPPORT
UNIVERSITY OF SOUTH DAKOTA FOUNDATION - 1110 N DAKOTA ST - VERMILLION, SD 57069	46-6018891		10,000.	0.			GENERAL SUPPORT
VILLA MARIE HOME AND SCHOOL FOR EXCEPTIONAL CHILDREN - 7205 N 112TH ST - WAVERLY, NE 68462			24,488.	0.			GENERAL SUPPORT
VILLAGE OF STELLA VILLAGE CLERK STELLA, NE 68442			20,312.	0.			GENERAL SUPPORT
VISION MAKER MEDIA 1800 N 33RD ST LINCOLN, NE 68503	47-0596952		13,153.	0.			GENERAL SUPPORT
VOICES OF HOPE 2545 N ST LINCOLN, NE 68510-1250	47-0726814		33,542.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WACHISKA AUDUBON SOCIETY 4547 CALVERT ST STE 10 LINCOLN, NE 68506-5643	51-0229888		40,060.	0.			GENERAL SUPPORT
WE CARE FOUNDATION PO BOX 21832 LINCOLN, NE 68542	81-3563641		15,470.	0.			GENERAL SUPPORT
WELLBEING INITIATIVE 5530 O ST STE 2 LINCOLN, NE 68510	47-4853482		10,135.	0.			GENERAL SUPPORT
WESTMINSTER PRESBYTERIAN CHURCH 2110 SHERIDAN BLVD LINCOLN, NE 68502-4036	47-0380471		12,523.	0.			GENERAL SUPPORT
WHITE CANE FOUNDATION 2741 KATY CIR LINCOLN, NE 68506	83-3478011		26,333.	0.			GENERAL SUPPORT
WICS-WOMEN IN COMMUNITY SERVICES 1935 D ST LINCOLN, NE 68502-1659	47-0533212		6,993.	0.			SUPPORT FOR EARLY CHILDHOOD EDUCATION
WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 68522-1257	47-0635271		6,842.	0.			GENERAL SUPPORT
WOMEN'S CARE CENTER 5632 S 48TH ST LINCOLN, NE 68516	35-1609945		29,841.	0.			GENERAL SUPPORT
WOODS TENNIS AND EDUCATIONAL FOUNDATION - 401 S 33RD ST - LINCOLN, NE 68510	85-0948502		12,214.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

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WORLD FOOD PRIZE FOUNDATION 100 LOCUST ST DES MOINES, IA 50309	42-1356715		10,000.	0.			GENERAL SUPPORT
WYUKA HISTORICAL FOUNDATION 3600 O ST LINCOLN, NE 68510-1668	47-0823689		52,315.	0.			GENERAL SUPPORT
YMCA OF LINCOLN 570 FALLBROOK BLVD STE 210 LINCOLN, NE 68521-9026	47-0376578		60,765.	0.			GENERAL SUPPORT
YOUNG LIFE PO BOX 6442 LINCOLN, NE 68506-0442	84-0385934		25,349.	0.			GENERAL SUPPORT
YOUTH FOR CHRIST USA INC 5062 S 108TH ST STE 160 OMAHA, NE 68137	47-0484339		50,000.	0.			GENERAL SUPPORT
YOUTH FOR CHRIST-CAMPUS LIFE-PARENT LIFE-JUVENILE JUSTICE MINISTRY - PO BOX 6081 - LINCOLN, NE 68506-6081	47-0543176		96,775.	0.			GENERAL SUPPORT
YWCA OF LINCOLN 5631 S 48TH ST STE 410 LINCOLN, NE 68516	47-0376894		263,460.	0.			GENERAL SUPPORT
ZION CHURCH 5511 S 27TH ST LINCOLN, NE 68512-1611			18,965.	0.			GENERAL SUPPORT

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

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

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.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization

LINCOLN COMMUNITY FOUNDATION INC

Employer identification number

47-0458128

Part I Questions Regarding Compensation

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

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

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

	Yes	No
1b	X	

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?

2	X	
----------	---	--

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

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

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

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

4a		X
-----------	--	---

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

4b		X
-----------	--	---

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

4c		X
-----------	--	---

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

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

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

a The organization?

5a		X
-----------	--	---

b Any related organization?

5b		X
-----------	--	---

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

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

a The organization?

6a		X
-----------	--	---

b Any related organization?

6b		X
-----------	--	---

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

7		X
----------	--	---

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

8		X
----------	--	---

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

9		
----------	--	--

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ALEC GORYNSKI PRESIDENT	(i)	188,268.	0.	0.	6,450.	25,804.	220,522.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

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

OMB No. 1545-0047

2022

Open to Public
Inspection

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	78	7,445,008.FMV	
10 Securities - Closely held stock	X	1	2,080,000.	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 (GRAIN)	X	1	8,195.FMV	
26 Other (PURE GOLD COINS)	X	2	3,701.FMV	
27 Other ()				
28 Other ()				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it
must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for
exempt purposes for the entire holding period?

	Yes	No
30a		X
31	X	
32a	X	
33		

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

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

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

b If "Yes," describe in Part II.

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

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

Schedule M (Form 990) 2022

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

SCHEDULE M, LINE 32B:

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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

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 -150,258.

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

THE POLICY HAS NOT CHANGED SINCE THE PRIOR YEAR.

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

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

LINCOLN COMMUNITY FOUNDATION INC

Employer identification number
47-0458128

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

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

[illegible]

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

Schedule R (Form 990) 2022

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

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

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

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

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

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

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

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

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

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

[illegible]

Part VII Supplemental Information

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

Lined area for supplemental information.