

## PUBLIC DISCLOSURE COPY

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

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

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

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**2024**Open to Public  
Inspection

<b>A For the 2024 calendar year, or tax year beginning</b>		<b>, 2024, and ending</b>	
<b>B Check if applicable:</b>		<b>C Name of organization</b> <b>LINCOLN COMMUNITY FOUNDATION INC</b>	
<input type="checkbox"/> Address change		Doing business as	
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address)	
<input type="checkbox"/> Initial return		Room/suite	
<input type="checkbox"/> Final return/terminated		E Telephone number	
<input type="checkbox"/> Amended return		(402) 474-2345	
<input type="checkbox"/> Application pending		F City or town, state or province, country, and ZIP or foreign postal code	
		LINCOLN, NE 68508-1885	
		G Gross receipts \$ <b>96,876,508</b>	
<b>I Tax-exempt status:</b> <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		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>J Website:</b> <b>WWW.LCF.ORG</b>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>K Form of organization:</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L Year of formation:</b> <b>1955</b>	
		<b>M State of legal domicile:</b> <b>NE</b>	

<b>Part I Summary</b>			
<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <b>INSPIRING OUR COMMUNITY TO GIVE, ACT AND LEAD</b>		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	<b>27</b>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	<b>27</b>
	<b>5</b> Total number of individuals employed in calendar year 2024 (Part V, line 2a) . . . . .	<b>5</b>	<b>22</b>
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	<b>39</b>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	<b>30,850</b>
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11 . . . . .	<b>7b</b>	<b>24,813</b>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
		<b>32,373,317</b>	<b>45,144,801</b>
	<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	<b>6,261</b>	<b>457</b>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	<b>5,880,908</b>	<b>6,628,157</b>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	<b>174,935</b>	<b>79,621</b>
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>38,435,421</b>	<b>51,853,036</b>	
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .	<b>22,388,610</b>	<b>23,759,618</b>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) . . . . .	<b>2,029,872</b>	<b>2,129,952</b>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	<b>0</b>	<b>0</b>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) . . . . .	<b>646,247</b>	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	<b>3,316,107</b>	<b>3,256,663</b>
	<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .	<b>27,734,589</b>	<b>29,146,233</b>
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 . . . . .	<b>10,700,832</b>	<b>22,706,803</b>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b>	<b>End of Year</b>
		<b>211,371,387</b>	<b>250,925,261</b>
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	<b>10,326,506</b>	<b>15,690,883</b>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 . . . . .	<b>201,044,881</b>	<b>235,234,378</b>

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date
	<b>TYRELL ROSS, VICE PRESIDENT-FINANCE</b>	
	Type or print name and title	

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<b>KRISTIN TYNON</b>	<i>KRISTIN TYNON</i>	<b>10/29/2025</b>		<b>P01063388</b>
	Firm's name	FORVIS MAZARS, LLP	Firm's EIN	44-0160260	
	Firm's address	1248 O STREET STE 1040, LINCOLN, NE 68508-1461	Phone no.	(402) 473-7600	

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

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

INSPIRING OUR COMMUNITY TO GIVE, ACT AND LEAD.

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 \$ 27,342,507 including grants of \$ 23,759,618 ) (Revenue \$ 457 )  
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 27,342,507

**Part IV Checklist of Required Schedules**

	<b>Yes</b>	<b>No</b>
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	1 ✓	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	2 ✓	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I . . . . .	3 ✓	
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II . . . . .	4 ✓	
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? If "Yes," complete Schedule C, Part III . . . . .	5 ✓	
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? If "Yes," complete Schedule D, Part I . . . . .	6 ✓	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II . . . . .	7 ✓	
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	8 ✓	
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? If "Yes," complete Schedule D, Part IV . . . . .	9 ✓	
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V . . . . .	10 ✓	
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? If "Yes," complete Schedule D, Part VI . . . . .	11a ✓	
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? If "Yes," complete Schedule D, Part VII . . . . .	11b ✓	
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? If "Yes," complete Schedule D, Part VIII . . . . .	11c ✓	
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? If "Yes," complete Schedule D, Part IX . . . . .	11d ✓	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	11e ✓	
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)? If "Yes," complete Schedule D, Part X . . . . .	11f ✓	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	12a ✓	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .	12b ✓	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	13 ✓	
14a Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	14a ✓	
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? If "Yes," complete Schedule F, Parts I and IV. . . . .	14b ✓	
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? If "Yes," complete Schedule F, Parts II and IV . . . . .	15 ✓	
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? If "Yes," complete Schedule F, Parts III and IV. . . . .	16 ✓	
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? If "Yes," complete Schedule G, Part I. See instructions . . . . .	17 ✓	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II . . . . .	18 ✓	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III . . . . .	19 ✓	
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	20a ✓	
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? If "Yes," complete Schedule I, Parts I and II . . . . .	21 ✓	

**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	✓	
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	✓	
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	✓	
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	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	✓	
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		
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		
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		
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		
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		
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		
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	✓	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	✓	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	✓	
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	✓	
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	✓	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		
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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
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		
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O		

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

		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 121	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c ✓	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<b>2a</b>	<b>22</b>
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	✓
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	✓
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	<b>3b</b>	✓
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	✓
<b>b</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).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	✓
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	✓
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	✓
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	<b>7a</b>	✓
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7b</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7c</b>	✓
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7d</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7e</b>	✓
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7f</b>	✓
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7g</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7h</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>8</b>	✓
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>9a</b>	✓
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	<b>9b</b>	✓
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:	<b>10a</b>	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10b</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>11a</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:	<b>11b</b>	
<b>a</b>	Gross income from members or shareholders . . . . .	<b>12a</b>	
<b>b</b>	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>12b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>13a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>13b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	<b>13c</b>	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>14a</b>	✓
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>14b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>15</b>	✓
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>16</b>	✓
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>17</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? . . . . . If "Yes," see the instructions and file Form 4720, Schedule N.		
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, or any disqualified or other person, engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? . . . . . If "Yes," complete Form 6069.		

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

### Section A. Governing Body and Management

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** ✓

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** ✓

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . **4** ✓

5 Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . **5** ✓

6 Did the organization have members or stockholders? . . . . . **6** ✓

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** ✓

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** ✓

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: . . . . . **8a** ✓

a The governing body? . . . . . **8b** ✓

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** ✓

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

10a Did the organization have local chapters, branches, or affiliates? . . . . . **10a** ✓

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** ✓

b Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . . **12a** ✓

12a Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . **12b** ✓

b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . **12c** ✓

c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. . . . . **13** ✓

13 Did the organization have a written whistleblower policy? . . . . . **14** ✓

14 Did the organization have a written document retention and destruction policy? . . . . . **15** ✓

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? . . . . . **15a** ✓

a The organization's CEO, Executive Director, or top management official . . . . . **15b** ✓

b Other officers or key employees of the organization . . . . . If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . . **16a** ✓

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? . . . . . **16b**

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .

### Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website  Another's website  Upon request  Other (explain on Schedule O)

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

20 State the name, address, and telephone number of the person who possesses the organization's books and records.

TYRELL ROSS VP FINANCE, 215 CENTENNIAL MALL SOUTH STE 100, LINCOLN, NE 68508, (402) 474-2345

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

 Check if Schedule O contains a response or note to any line in this Part VII . . . . . 
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

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

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

- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted 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	
		Or director	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated			
(1) ALEC GORYNSKI PRESIDENT- UNTIL 8/2/2024	40.0 0.0			✓				199,934	0	28,708
(2) TRACY EDGERTON VICE PRES-DEVELOPMENT AND PRESIDENT BEG 8/2/2024	40.0 0.0			✓				175,800	0	15,969
(3) SCOTT LAWSON VICE PRESIDENT-FINANCE	40.0 0.0			✓				155,525	0	13,886
(4) RICHARD DEBUSE VICE PRES-DEVELOPMENT	40.0 0.0			✓				137,795	0	13,177
(5) SANDI HANSEN VICE PRES-DEVELOPMENT	40.0 0.0			✓				122,605	0	26,923
(6) JASMINE KINGSLEY CORPORATE SECRETARY	1.0 0.0		✓	✓				0	0	0
(7) LAUREN PUGLIESE BOARD VICE CHAIR	3.0 0.0	✓		✓				0	0	0
(8) LINDA MAJOR CORPORATE SECRETARY - UNTIL 2/6/2024	1.0 0.0	✓		✓				0	0	0
(9) MARK HESSER BOARD CHAIR	3.0 0.0	✓		✓				0	0	0
(10) RYAN BECKMAN TREASURER	1.0 0.0		✓		✓			0	0	0
(11) AARON DAVIS BOARD MEMBER	1.0 0.0		✓					0	0	0
(12) AARON HILKEMANN BOARD MEMBER	1.0 0.0		✓					0	0	0
(13) BEN KISER BOARD MEMBER	1.0 0.0		✓					0	0	0
(14) BRETT EBERT BOARD MEMBER	1.0 0.0		✓					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 dotted 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			
(15) CONNIE EDMOND	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(16) DAN MARVIN	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(17) DIANE TEMME STINTON	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(18) ERIC BUCHANAN	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(19) JUAN CARLOS HUERTAS	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(20) KILE JOHNSON	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(21) KIM ROBAK	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(22) MAKENZIE RATH	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(23) MARCO BARKER	1.0								
BOARD MEMBER	0.0	✓					0	0	0
(24) MARILYN MOORE	3.0								
BOARD MEMBER- PAST CHAIR	0.0	✓					0	0	0
(25) (SEE PART VII CONTINUATION SHEET)									
<b>1b Subtotal</b>							<b>791,659</b>	<b>0</b>	<b>98,663</b>
<b>c Total from continuation sheets to Part VII, Section A</b>							<b>0</b>	<b>0</b>	<b>0</b>
<b>d Total (add lines 1b and 1c)</b>							<b>791,659</b>	<b>0</b>	<b>98,663</b>

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **5**

	Yes	No
3 Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	<b>3</b>	✓
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	<b>4</b>	✓
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	<b>5</b>	✓

**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 <b>0</b>		

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants, and Other Similar Amounts</b>						
1a	Federated campaigns . . . . .	1a				
1b	Membership dues . . . . .	1b				
1c	Fundraising events . . . . .	1c				
1d	Related organizations . . . . .	1d				
1e	Government grants (contributions)	1e				
1f	All other contributions, gifts, grants, and similar amounts not included above	1f	45,144,801			
1g	Noncash contributions included in lines 1a-1f . . . . .	1g	\$ 17,815,371			
h	<b>Total.</b> Add lines 1a-1f . . . . .		45,144,801			
<b>Program Service Revenue</b>		Business Code				
2a	LCF PROFESSIONAL FEES	900099	457	457		
b	-----					
c	-----					
d	-----					
e	-----					
f	All other program service revenue . .		0	0	0	0
g	<b>Total.</b> Add lines 2a-2f . . . . .		457			
<b>Other Revenue</b>						
3	Investment income (including dividends, interest, and other similar amounts) . . . . .		6,926,134			6,926,134
4	Income from investment of tax-exempt bond proceeds					
5	Royalties . . . . .					
6a	Gross rents . . . . .	(i) Real 6a 314,701	(ii) Personal			
6b	Less: rental expenses . . . . .	6b 274,845				
6c	Rental income or (loss) . . . . .	6c 39,856	0			
6d	Net rental income or (loss) . . . . .		39,856			39,856
7a	Gross amount from sales of assets other than inventory	(i) Securities 7a 44,450,650	(ii) Other			
7b	Less: cost or other basis and sales expenses . . . . .	7b 44,748,627				
7c	Gain or (loss) . . . . .	7c (297,977)	0			
7d	Net gain or (loss) . . . . .		(297,977)			(297,977)
8a	Gross income from fundraising events (not including \$ . . . . . of contributions reported on line 1c). See Part IV, line 18 . . . . .	8a				
8b	Less: direct expenses . . . . .	8b				
8c	Net income or (loss) from fundraising events . . . . .					
9a	Gross income from gaming activities. See Part IV, line 19 . . . . .	9a				
9b	Less: direct expenses . . . . .	9b				
9c	Net income or (loss) from gaming activities . . . . .					
10a	Gross sales of inventory, less returns and allowances . . . . .	10a				
10b	Less: cost of goods sold . . . . .	10b				
10c	Net income or (loss) from sales of inventory . . . . .					
<b>Miscellaneous Revenue</b>		Business Code				
11a	PARTNERSHIP INCOME	901101	30,850		30,850	
b	MISCELLANEOUS REVENUE	900099	8,915			8,915
c	-----					
d	All other revenue . . . . .		0	0	0	0
e	<b>Total.</b> Add lines 11a-11d . . . . .		39,765			
12	<b>Total revenue.</b> See instructions . . . . .		51,853,036	457	30,850	6,676,928

**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 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	23,193,877	23,193,877		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	565,741	565,741		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	890,322	351,175	313,687	225,460
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .	939,867	400,237	313,968	225,662
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	10,815	4,267	3,810	2,738
<b>9</b> Other employee benefits . . . . .	166,875	65,832	58,790	42,253
<b>10</b> Payroll taxes . . . . .	122,073	48,158	43,006	30,909
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	5,736		5,736	
<b>c</b> Accounting . . . . .	65,550		65,550	
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .	145,701		145,701	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	42,924	0	42,924	0
<b>12</b> Advertising and promotion . . . . .	214,770	135,724	31,125	47,921
<b>13</b> Office expenses . . . . .	206,869	57,371	96,751	52,747
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	283	257	16	10
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	150,903	132,523	11,564	6,816
<b>23</b> Insurance . . . . .	10,279	7,207	1,889	1,183
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) . . . . .				
<b>a</b> FISCAL SPONSORSHIPS . . . . .	2,241,310	2,241,310		
<b>b</b> MISSION INITIATIVES . . . . .	59,758	59,758		
<b>c</b> STAFF DEVELOPMENT . . . . .	47,166	29,556	11,218	6,392
<b>d</b> DISTRIBUTION - LIFE INS PREMIUM . . . . .	30,662	19,213	7,293	4,156
<b>e</b> All other expenses . . . . .	34,752	30,301	4,451	0
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	29,146,233	27,342,507	1,157,479	646,247
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash—non-interest-bearing	0	1	350,517
	2 Savings and temporary cash investments	31,110,386	2	39,771,230
	3 Pledges and grants receivable, net	6,465,528	3	10,835,320
	4 Accounts receivable, net	3,446	4	3,516
	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			
		0	5	0
	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)			
		0	6	0
	7 Notes and loans receivable, net	1,159,504	7	835,131
	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 8,509,237		
	b Less: accumulated depreciation	10b 4,600,408	2,868,022	10c 3,908,829
	11 Investments—publicly traded securities	165,329,731	11	190,942,662
	12 Investments—other securities. See Part IV, line 11	2,206,000	12	2,206,000
<b>Liabilities</b>	13 Investments—program-related. See Part IV, line 11	123,946	13	138,423
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,104,824	15	1,933,633
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33)	211,371,387	16	250,925,261
	17 Accounts payable and accrued expenses	837,548	17	1,488,358
	18 Grants payable	145,300	18	13,000
	19 Deferred revenue	9,192,660	19	14,047,350
	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		0 22	0
<b>Net Assets or Fund Balances</b>	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	150,998	25	142,175
	<b>26 Total liabilities.</b> Add lines 17 through 25	10,326,506	26	15,690,883
	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27 Net assets without donor restrictions	191,714,027	27	225,980,724
	28 Net assets with donor restrictions	9,330,854	28	9,253,654
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	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	201,044,881	32	235,234,378
	<b>33 Total liabilities and net assets/fund balances</b>	211,371,387	33	250,925,261

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	51,853,036
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	29,146,233
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	22,706,803
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	4	201,044,881
5	Net unrealized gains (losses) on investments . . . . .	5	11,511,173
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	(28,479)
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	10	235,234,378

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

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

**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 dotted line)	(C) Position (Check all that apply)				(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee Highest compensated employee			
(25) MEG LAUERMAN	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							
(26) MICHAEL FERRIS	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							
(27) PAM HUNZEKER	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							
(28) PREETA BANSAL	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							
(29) RHONDA SEACREST	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							
(30) RONNIE GREEN	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							
(31) SANDRA WASHINGTON	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							
(32) SUSIE KEISLER-MUNRO	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							
(33) SUZANNE BLUE	1.0	<input checked="" type="checkbox"/>				0	0	0
BOARD MEMBER	0.0							

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

OMB No. 1545-0047

**2024****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		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	26,285,064	46,162,683	25,401,099	32,373,317	45,144,801	175,366,964
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	<b>26,285,064</b>	<b>46,162,683</b>	<b>25,401,099</b>	<b>32,373,317</b>	<b>45,144,801</b>	<b>175,366,964</b>
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) . . . . .						36,185,830
<b>6 Public support.</b> Subtract line 5 from line 4						<b>139,181,134</b>

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4 . . . . .	26,285,064	46,162,683	25,401,099	32,373,317	45,144,801	175,366,964
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	2,588,071	3,729,187	3,335,531	5,451,819	7,240,835	22,345,443
9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .				18,245	24,813	43,058
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). . . . .	41,980	50,047	101,993	79,749	8,915	282,684
<b>11 Total support.</b> Add lines 7 through 10						<b>198,038,149</b>
12 Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	<b>19,420</b>
<b>13 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	<b>70.28 %</b>
15 Public support percentage from 2023 Schedule A, Part II, line 14 . . . . .	<b>15</b>	<b>67.39 %</b>
<b>16a 33<sup>1</sup>/<sub>3</sub>% support test—2024.</b> If the organization did not check the box on line 13, and line 14 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33<sup>1</sup>/<sub>3</sub>% support test—2023.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 <sup>1</sup> / <sub>3</sub> % or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2024.</b> 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 <b>stop here</b> . 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>b 10%-facts-and-circumstances test—2023.</b> 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 <b>stop here</b> . 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>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support****Calendar year (or fiscal year beginning in)**

	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(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 . . . .						
<b>6 Total.</b> Add lines 1 through 5 . . . .						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . .						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b . . . . .						
<b>8 Public support.</b> (Subtract line 7c from line 6.) . . . . .						

**Section B. Total Support****Calendar year (or fiscal year beginning in)**

	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6 . . . . .						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . .						
<b>c</b> Add lines 10a and 10b . . . . .						
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						
<b>14 First 5 years.</b> 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 <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) . . . . .	15	%
16 Public support percentage from 2023 Schedule A, Part III, line 15 . . . . .	16	%

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

17 Investment income percentage for <b>2024</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	17	%
18 Investment income percentage from <b>2023</b> Schedule A, Part III, line 17 . . . . .	18	%
<b>19a 33 1/3% support tests—2024.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . . .		<input type="checkbox"/>
<b>b 33 1/3% support tests—2023.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization . .		<input type="checkbox"/>
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . .		<input type="checkbox"/>

**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**

	<b>Yes</b>	<b>No</b>
<b>1</b>		
<b>2</b>		
<b>3a</b>		
<b>3b</b>		
<b>3c</b>		
<b>4a</b>		
<b>4b</b>		
<b>4c</b>		
<b>5a</b>		
<b>5b</b>		
<b>5c</b>		
<b>6</b>		
<b>7</b>		
<b>8</b>		
<b>9a</b>		
<b>9b</b>		
<b>9c</b>		
<b>10a</b>		
<b>10b</b>		

**Part IV Supporting Organizations (continued)**

11 Has the organization accepted a gift or contribution from any of the following persons?

a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?

b A family member of a person described on line 11a above?

c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in **Part VI**.

	Yes	No
11a		
11b		
11c		

**Section B. Type I Supporting Organizations**

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

2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

**Section C. Type II Supporting Organizations**

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).

	Yes	No
1		

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

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s), or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
1		
2		
3		

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

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).

a  The organization satisfied the Activities Test. Complete **line 2** below.

b  The organization is the parent of each of its supported organizations. Complete **line 3** below.

c  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.

b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in **Part VI**.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

	Yes	No
2a		
2b		
3a		
3b		

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

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.

<b>Section A—Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
<b>Section B—Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C—Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

<b>Section D—Distributions</b>		<b>Current Year</b>
<b>1</b>	Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>
<b>2</b>	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>
<b>3</b>	Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>
<b>4</b>	Amounts paid to acquire exempt-use assets	<b>4</b>
<b>5</b>	Qualified set-aside amounts (prior IRS approval required— <i>provide details in Part VI</i> )	<b>5</b>
<b>6</b>	Other distributions ( <i>describe in Part VI</i> ). See instructions.	<b>6</b>
<b>7</b>	<b>Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>
<b>8</b>	Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions.	<b>8</b>
<b>9</b>	Distributable amount for 2024 from Section C, line 6	<b>9</b>
<b>10</b>	Line 8 amount divided by line 9 amount	<b>10</b>
<b>Section E—Distribution Allocations</b> (see instructions)		<b>(iii) Distributable Amount for 2024</b>
		<b>(i) Excess Distributions</b>
		<b>(ii) Underdistributions Pre-2024</b>
<b>1</b>	Distributable amount for 2024 from Section C, line 6	
<b>2</b>	Underdistributions, if any, for years prior to 2024 (reasonable cause required— <i>explain in Part VI</i> ). See instructions.	
<b>3</b>	Excess distributions carryover, if any, to 2024	
<b>a</b>	From 2019 . . . . .	
<b>b</b>	From 2020 . . . . .	
<b>c</b>	From 2021 . . . . .	
<b>d</b>	From 2022 . . . . .	
<b>e</b>	From 2023 . . . . .	
<b>f</b>	<b>Total</b> of lines 3a through 3e	
<b>g</b>	Applied to underdistributions of prior years	
<b>h</b>	Applied to 2024 distributable amount	
<b>i</b>	Carryover from 2019 not applied (see instructions)	
<b>j</b>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	
<b>4</b>	Distributions for 2024 from Section D, line 7: \$	
<b>a</b>	Applied to underdistributions of prior years	
<b>b</b>	Applied to 2024 distributable amount	
<b>c</b>	Remainder. Subtract lines 4a and 4b from line 4.	
<b>5</b>	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
<b>6</b>	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.	
<b>7</b>	<b>Excess distributions carryover to 2025.</b> Add lines 3j and 4c.	
<b>8</b>	Breakdown of line 7:	
<b>a</b>	Excess from 2020 . . .	
<b>b</b>	Excess from 2021 . . .	
<b>c</b>	Excess from 2022 . . .	
<b>d</b>	Excess from 2023 . . .	
<b>e</b>	Excess from 2024 . . .	

## 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.)

**Part VI**

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.)

Return Reference - Identifier	Explanation						
SCHEDULE A, PART II, LINE 10 - OTHER INCOME	Description	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
	(1) OTHER INCOME	41,980	50,047	101,993	79,749	8,915	282,684
	Total	41,980	50,047	101,993	79,749	8,915	282,684

**Schedule B  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

Name of the organization

**LINCOLN COMMUNITY FOUNDATION INC**

Employer identification number

**47-0458128****Organization type** (check one):**Filers of:****Section:**

Form 990 or 990-EZ

 501(c)(**3**) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.**Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . \$ . . . . .**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization

LINCOLN COMMUNITY FOUNDATION INC

Employer identification number

47-0458128

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>		\$ <u>3,872,313</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>2</u>		\$ <u>6,500,000</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>3</u>		\$ <u>6,362,139</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>4</u>		\$ <u>2,873,388</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
<u>5</u>		\$ <u>1,005,525</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
<u>6</u>		\$ <u>2,023,320</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LINCOLN COMMUNITY FOUNDATION INC

Employer identification number

47-0458128

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,194,890	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 4,924,733	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

LINCOLN COMMUNITY FOUNDATION INC

Employer identification number

47-0458128

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	PUBLICLY TRADED COMMON STOCK	\$ 3,872,313	09/09/2024
5	PUBLICLY TRADED COMMON STOCK	\$ 654,095	05/15/2024
6	PUBLICLY TRADED COMMON STOCK	\$ 1,996,119	05/15/2024
7	PUBLICLY TRADED COMMON STOCK	\$ 1,194,890	12/27/2024
8	PUBLICLY TRADED COMMON STOCK, MUNICIPAL BONDS, AND REAL ESTATE	\$ 4,839,733	12/20/2024
	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization

LINCOLN COMMUNITY FOUNDATION INC

**Employer identification number**

47-0458128

## Part III

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

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

**SCHEDULE C  
(Form 990)**Department of the Treasury  
Internal Revenue Service**Political Campaign and Lobbying Activities****For Organizations Exempt From Income Tax Under Section 501(c) and Section 527**Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2024****Open to Public  
Inspection****If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:**

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

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

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

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

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

Name of organization <b>LINCOLN COMMUNITY FOUNDATION INC</b>	Employer identification number (EIN) <b>47-0458128</b>
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**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."
- 2 Political campaign activity expenditures. See instructions . . . . . \$
- 3 Volunteer hours for political campaign activities. See instructions . . . . .

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . \$
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . \$
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . .  Yes  No
- 4a Was a correction made? . . . . .  Yes  No
- b If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . \$
- 4 Did the filing organization file **Form 1120-POL** for this year? . . . . .  Yes  No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)	-----			
(2)	-----			
(3)	-----			
(4)	-----			
(5)	-----			
(6)	-----			

**Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

**A** Check  if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

**B** Check  if the filing organization checked box A and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		<b>(a) Filing organization's totals</b>	<b>(b) Affiliated group totals</b>
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	0	0
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	4,025	0
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	4,025	0
<b>d</b>	Other exempt purpose expenditures . . . . .	29,142,208	0
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	29,146,233	0
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	0
<b>IF the amount on line 1e, column (a) or (b) is:</b> <b>THEN the lobbying nontaxable amount is:</b>			
not over \$500,000	20% of the amount on line 1e.		
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.		
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.		
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.		
over \$17,000,000	\$1,000,000.		
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000	0
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**4-Year Averaging Period Under Section 501(h)**

**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.**

**See the separate instructions for lines 2a through 2f.)**

<b>Lobbying Expenditures During 4-Year Averaging Period</b>					
Calendar year (or fiscal year beginning in)	<b>(a) 2021</b>	<b>(b) 2022</b>	<b>(c) 2023</b>	<b>(d) 2024</b>	<b>(e) Total</b>
<b>2a</b> Lobbying nontaxable amount			0	1,000,000	1,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column (e))					1,500,000
<b>c</b> Total lobbying expenditures			0	4,025	4,025
<b>d</b> Grassroots nontaxable amount			0	250,000	250,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column (e))					375,000
<b>f</b> Grassroots lobbying expenditures			0	0	0

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers? . . . . .			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? . . . . .			
c Media advertisements? . . . . .			
d Mailings to members, legislators, or the public? . . . . .			
e Publications, or published or broadcast statements? . . . . .			
f Grants to other organizations for lobbying purposes? . . . . .			
g Direct contact with legislators, their staffs, government officials, or a legislative body? . . . . .			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? . . . . .			
i Other activities? . . . . .			
j Total. Add lines 1c through 1i . . . . .			
2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? . . . . .			
b If "Yes," enter the amount of any tax incurred under section 4912 . . . . .			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 . . . . .			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? . . . . .			

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

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members? . . . . .	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? . . . . .	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year? . . . . .	3	

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

1 Dues, assessments and similar amounts from members . . . . .	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year . . . . .	2a	
b Carryover from last year . . . . .	2b	
c Total . . . . .	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues . . . . .	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year? . . . . .		
5 Taxable amount of lobbying and political expenditures. See instructions . . . . .	4	
	5	

**Part IV Supplemental Information**

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

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**SCHEDULE D  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**Complete if the organization answered "Yes" on Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**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 . . . . .	626	0
2 Aggregate value of contributions to (during year) . . . . .	30,818,825	0
3 Aggregate value of grants from (during year) . . . . .	20,806,515	0
4 Aggregate value at end of year . . . . .	109,838,427	0

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

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

**Part II Conservation Easements**

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

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

Preservation of land for public use (for example, recreation or education)  Preservation of a historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

	Held at the End of the Tax Year
2a	
2b	
2c	
2d	

a Total number of conservation easements . . . . .

b Total acreage restricted by conservation easements . . . . .

c Number of conservation easements on a certified historic structure included on line 2a . . . . .

d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register . . . . .

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 2d 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 . . . . . \$ . . . . .

**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      d  Loan or exchange program  
 b  Scholarly research      e  Other \_\_\_\_\_  
 c  Preservation for future generations

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
1c	
1d	
1e	
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 in 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 . . . . .	90,613,716	87,178,679	108,118,591	86,845,657	83,371,868
b Contributions . . . . .	13,124,473	1,316,478	3,411,943	10,015,119	2,510,781
c Net investment earnings, gains, and losses . . . . .	11,722,573	4,954,318	(17,463,931)	16,100,407	6,005,589
d Grants or scholarships . . . . .	4,100,191	1,469,104	5,387,937	3,600,051	3,263,268
e Other expenditures for facilities and programs . . . . .		0	166,954	500	625,536
f Administrative expenses . . . . .	1,327,539	1,366,655	1,333,033	1,242,041	1,153,777
g End of year balance . . . . .	110,033,032	90,613,716	87,178,679	108,118,591	86,845,657

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

a Board designated or quasi-endowment **94.00** %  
 b Permanent endowment **0.00** %  
 c Term endowment **6.00** %

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

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

	Yes	No
3a(i)	✓	
3a(ii)	✓	
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 . . . . .		752,000	641,294		1,393,294
b Buildings . . . . .			6,696,979	4,259,265	2,437,714
c Leasehold improvements . . . . .					
d Equipment . . . . .			418,964	341,143	77,821
e Other . . . . .					

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) . . . . . **3,908,829**

**Part VII Investments—Other Securities**

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

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

**Part VIII Investments—Program Related**

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

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

**Part IX Other Assets**

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

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

**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) <b>ANNUITIES PAYABLE</b> . . . . .	142,175
(3) . . . . .	
(4) . . . . .	
(5) . . . . .	
(6) . . . . .	
(7) . . . . .	
(8) . . . . .	
(9) . . . . .	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B)) . . . . .	142,175

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

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

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

1	Total revenue, gains, and other support per audited financial statements . . . . .	1	63,464,874
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments . . . . .	2a	11,511,173
b	Donated services and use of facilities . . . . .	2b	
c	Recoveries of prior year grants . . . . .	2c	
d	Other (Describe in Part XIII.) . . . . .	2d	277,216
e	Add lines 2a through 2d . . . . .	2e	11,788,389
3	Subtract line 2e from line 1 . . . . .	3	51,676,485
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	145,701
b	Other (Describe in Part XIII.) . . . . .	4b	30,850
c	Add lines 4a and 4b . . . . .	4c	176,551
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) . . . . .	5	51,853,036

**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	29,275,377
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	274,845
e	Add lines 2a through 2d . . . . .	2e	274,845
3	Subtract line 2e from line 1 . . . . .	3	29,000,532
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	145,701
b	Other (Describe in Part XIII.) . . . . .	4b	0
c	Add lines 4a and 4b . . . . .	4c	145,701
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) . . . . .	5	29,146,233

**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.

SEE STATEMENT

**Part XIII**

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.

Return Reference - Identifier	Explanation	
	(a) Description	(b) Amount
SCHEDULE D, PART XI, LINE 2(D) - OTHER REVENUES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	2,371
	RENTAL EXPENSES	274,845
	<b>TOTAL</b>	<b>277,216</b>
SCHEDULE D, PART XI, LINE 4(B) - OTHER REVENUE	(a) Description	(b) Amount
	PARTNERSHIP INCOME	30,850
	<b>TOTAL</b>	<b>30,850</b>
SCHEDULE D, PART XII, LINE 2(D) - OTHER EXPENSES IN AUDITED FINANCIAL STATEMENTS NOT IN FORM 990	(a) Description	(b) Amount
	RENTAL EXPENSES	274,845
	<b>TOTAL</b>	<b>274,845</b>

**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.

Return Reference - Identifier	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USES OF ENDOWMENT FUNDS	ENDOWMENT FUNDS WILL BE USED TO FUND GRANTS TO NONPROFIT ORGANIZATIONS AND SCHOLARSHIPS TO DESERVING STUDENTS.
SCHEDULE D, PART X, LINE 2 - LIABILITY FOR UNCERTAIN TAX POSITIONS	MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

**SCHEDULE I**  
**(Form 990)**

(Rev. December 2024)

Department of the Treasury  
Internal Revenue Service**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for 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 General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
<b>(1)</b> ABENDMUSIK 2000 D ST, LINCOLN, NE 68502-1661	36-3094958	501(C)(3)	134,759				GENERAL SUPPORT
<b>(2)</b> ACLU OF NEBRASKA 134 S 13TH ST STE 1010, LINCOLN, NE 68508	23-7259984	501(C)(3)	52,064				GENERAL SUPPORT
<b>(3)</b> AFRICAN INLAND MISSION PO BOX 3611, PEACHTREE CITY, GA 30269	11-1873101	501(C)(3)	12,500				GENERAL SUPPORT
<b>(4)</b> AMERICAN CANCER SOCIETY PO BOX 24168, OMAHA, NE 68124-0168	13-1788491	501(C)(3)	7,946				GENERAL SUPPORT
<b>(5)</b> AMERICAN ENDOWMENT FOUNDATION 5700 DARROW RD STE 118, HUDSON, OH 44236	34-1747398	501(C)(3)	14,513				GENERAL SUPPORT
<b>(6)</b> (SEE STATEMENT)	13-1656634	501(C)(3)	5,764				GENERAL SUPPORT
<b>(7)</b> (SEE STATEMENT)	53-0196605	501(C)(3)	39,571				GENERAL SUPPORT
<b>(8)</b> AOPA FOUNDATION 421 AVIATION WAY, FREDERICK, MD 21701	20-8817225	501(C)(3)	10,000				GENERAL SUPPORT
<b>(9)</b> ARC OF LINCOLN PO BOX 57002, LINCOLN, NE 68505	47-0498629	501(C)(3)	27,293				GENERAL SUPPORT
<b>(10)</b> ARTS FOR THE SOUL MUSIC & FINE ARTS 840 S 17TH ST, LINCOLN, NE 68508	47-0391514	501(C)(3)	8,939				GENERAL SUPPORT
<b>(11)</b> ASIAN COMMUNITY & CULTURAL CENTER 144 N 44TH ST STE A, LINCOLN, NE 68503	47-0807501	501(C)(3)	61,221				GENERAL SUPPORT
<b>(12)</b> (SEE STATEMENT)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . 379

3 Enter total number of other organizations listed in the line 1 table . . . . . 0

**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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 SCHOLARSHIPS	279	565,741			
2					
3					
4					
5					
6					
7					

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

(SEE STATEMENT)

## Part II

## Grants and Other Assistance to Governments and Organizations in the United States (continued)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(12) ATLAS LINCOLN PO BOX 23181, LINCOLN, NE 68542	82-4577579	501(C)(3)	16,653				GENERAL SUPPORT
(13) AUTUMN HOUSE FOUNDATION 131 NW 14TH ST STE 5, LINCOLN, NE 68528	45-4023265	501(C)(3)	5,926				GENERAL SUPPORT
(14) BARNABAS COMMUNITY PO BOX 80146, LINCOLN, NE 68501	82-1591814	501(C)(3)	34,673				GENERAL SUPPORT
(15) BEATRICE COMMUNITY HOSPITAL FOUNDATION 4800 HOSPITAL PKWY, PO BOX 641, BEATRICE, NE 68310	47-6024984	501(C)(3)	6,850				GENERAL SUPPORT
(16) BEATRICE EDUCATIONAL FOUNDATION INC 320 N 5TH ST, BEATRICE, NE 68310-2957	47-0713910	501(C)(3)	37,016				GENERAL SUPPORT
(17) BEATRICE PUBLIC SCHOOLS 320 N 5TH ST, BEATRICE, NE 68310	N/A	GOVERNMENT	6,000				GENERAL SUPPORT
(18) BEATTIE PTO 1901 CALVERT ST, LINCOLN, NE 68502	47-0720039	501(C)(3)	12,150				GENERAL SUPPORT
(19) BEMIS CENTER FOR CONTEMPORARY ARTS 724 S 12TH ST, OMAHA, NE 68102-3202	47-0653927	501(C)(3)	6,600				GENERAL SUPPORT
(20) BETHLEHEM LUTHERAN CHURCH 17770 N 3RD ST, DAVEY, NE 68336	47-6044353	501(C)(3)	7,500				GENERAL SUPPORT
(21) BIG BROTHERS BIG SISTERS LINCOLN 2124 Y ST FLAT 210, LINCOLN, NE 68503	47-0466144	501(C)(3)	17,438				GENERAL SUPPORT
(22) BIKELNK 245 N 3RD ST, LINCOLN, NE 68508	81-1307723	501(C)(3)	5,035				GENERAL SUPPORT
(23) BISHOP MOORE CATHOLIC HIGH SCHOOL 3901 EDGEWATER DR, ORLANDO, FL 32804	26-0879378	501(C)(3)	15,000				GENERAL SUPPORT
(24) BLESSED SACRAMENT CATHOLIC CHURCH 1720 LAKE ST, LINCOLN, NE 68502-3736	47-0415802	501(C)(3)	45,714				GENERAL SUPPORT
(25) BLIXT ARTS LAB PO BOX 22152, LINCOLN, NE 68524	83-1198339	501(C)(3)	9,015				GENERAL SUPPORT
(26) BOYS AND GIRLS CLUB OF LINCOLN/LANCASTER COUNTY 620 N 48TH ST STE 101, LINCOLN, NE 68504	20-8677226	501(C)(3)	66,486				GENERAL SUPPORT
(27) BOYS AND GIRLS CLUBS OF THE MIDLANDS 2610 HAMILTON ST, OMAHA, NE 68131	47-0467350	501(C)(3)	25,000				GENERAL SUPPORT
(28) BRANCHED OAK OBSERVATORY 14300 NW 98TH ST, RAYMOND, NE 68428	47-4467998	501(C)(3)	10,769				GENERAL SUPPORT
(29) BRAVE ANIMAL RESCUE PO BOX 21864, LINCOLN, NE 68542	85-1768077	501(C)(3)	22,109				GENERAL SUPPORT
(30) BRAVEBE CHILD ADVOCACY CENTER 5025 GARLAND ST, LINCOLN, NE 68504- 2904	47-0793765	501(C)(3)	148,309				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(31) BREAKTHROUGH T1D - NEBRASKA- IOWA CHAPTER 9202 W DODGE RD STE 304, OMAHA, NE 68114	23-1907729	501(C)(3)	5,111				GENERAL SUPPORT
(32) BRIDGE BEHAVIORAL HEALTH 721 K ST, LINCOLN, NE 68508-2949	47-0656110	501(C)(3)	33,810				GENERAL SUPPORT
(33) BRIDGES TO HOPE 3107 S 6TH ST STE 107, LINCOLN, NE 68502-4351	26-4471102	501(C)(3)	78,187				GENERAL SUPPORT
(34) BRIGHT LIGHTS 5561 S 48TH ST STE 220, LINCOLN, NE 68516-4109	47-0708499	501(C)(3)	23,930				GENERAL SUPPORT
(35) BRYAN FOUNDATION 1600 S 48TH ST, LINCOLN, NE 68506-1283	23-7005720	501(C)(3)	82,153				GENERAL SUPPORT
(36) CAPITAL HUMANE SOCIETY 2320 PARK BLVD, LINCOLN, NE 68502-3327	47-0376622	501(C)(3)	174,163				GENERAL SUPPORT
(37) CAPITOL CITY CHRISTIAN CHURCH 7800 HOLDREGE ST, LINCOLN, NE 68505	47-0535364	501(C)(3)	7,200				GENERAL SUPPORT
(38) CASA FOR LANCASTER COUNTY 1141 H ST STE C, LINCOLN, NE 68508-3256	47-0833799	501(C)(3)	28,131				GENERAL SUPPORT
(39) CAT HOUSE 3633 O ST, LINCOLN, NE 68510	47-0823296	501(C)(3)	67,570				GENERAL SUPPORT
(40) CATHEDRAL OF THE RISEN CHRIST CHURCH 3500 SHERIDAN BLVD, LINCOLN, NE 68506-6127	47-0438599	501(C)(3)	8,039				GENERAL SUPPORT
(41) CATHOLIC DIOCESE OF LINCOLN 3400 SHERIDAN BLVD, LINCOLN, NE 68506-6125	47-0825444	501(C)(3)	7,275				GENERAL SUPPORT
(42) CATHOLIC FOUNDATION OF SOUTHERN NEBRASKA 3700 SHERIDAN BLVD STE 9, LINCOLN, NE 68506-6100	47-0825444	501(C)(3)	47,579				GENERAL SUPPORT
(43) CATHOLIC SOCIAL SERVICES 2241 O ST, LINCOLN, NE 68510-1122	47-0751554	501(C)(3)	15,834				GENERAL SUPPORT
(44) CAUSE COLLECTIVE 6900 VAN DORN ST STE 23, LINCOLN, NE 68506-2882	36-3470618	501(C)(3)	29,659				GENERAL SUPPORT
(45) CEDARS 6601 PIONEERS BLVD STE 2, LINCOLN, NE 68506-5260	47-6024881	501(C)(3)	373,878				GENERAL SUPPORT
(46) CEDARS YOUTH SERVICES 6601 PIONEERS BLVD STE 1, LINCOLN, NE 68506-5260	47-0551975	501(C)(3)	46,336				GENERAL SUPPORT
(47) CENTENNIAL SCHOOL FOUNDATION PO BOX 187, UTICA, NE 68456-0187	47-0738621	501(C)(3)	11,215				GENERAL SUPPORT
(48) CENTER FOR DISASTER PHILANTHROPY 1 THOMAS CIR NW STE 700, WASHINGTON, DC 20005-5800	45-5257937	501(C)(3)	7,500				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(49) CENTER FOR LEGAL IMMIGRATION ASSISTANCE 3047 N 70TH ST, LINCOLN, NE 68507-2102	27-2661395	501(C)(3)	30,317				GENERAL SUPPORT
(50) CENTER FOR PEOPLE CENTER FOR PEOPLE, 3901 N 27TH ST UNIT 1, LINCOLN, NE 68521-4177	06-1669552	501(C)(3)	416,971				GENERAL SUPPORT
(51) CENTER FOR RURAL AFFAIRS 145 MAIN ST, PO BOX 136, LYONS, NE 68038-0136	47-0553823	501(C)(3)	32,851				GENERAL SUPPORT
(52) CENTERPOINTE 2022 S 11TH ST, LINCOLN, NE 68502	47-0550702	501(C)(3)	107,613				GENERAL SUPPORT
(53) CENTRAL PRESBYTERIAN CHURCH 593 PARK AVE, NEW YORK, NY 10065	13-1628154	501(C)(3)	25,000				GENERAL SUPPORT
(54) CHARLIE RUSSELL RIDERS FOUNDATION INC PO BOX 1284, BIGFORK, MT 59911	22-2993741	501(C)(3)	11,000				GENERAL SUPPORT
(55) CHILDREN'S HOME PROJECT PO BOX 8066, CHANDLER, AZ 85246	46-1065421	501(C)(3)	15,690				GENERAL SUPPORT
(56) CHILDREN'S NEBRASKA FOUNDATION 8404 INDIAN HILLS DR STE 650, OMAHA, NE 68114	47-6105603	501(C)(3)	76,864				GENERAL SUPPORT
(57) CHRIST LINCOLN A LUTHERAN MINISTRY 4325 SUMNER ST, LINCOLN, NE 68506-1165	47-0519511	501(C)(3)	70,900				GENERAL SUPPORT
(58) CHRIST UNITED METHODIST CHURCH 4530 A ST, LINCOLN, NE 68510-4818	47-0402878	501(C)(3)	12,250				GENERAL SUPPORT
(59) CHRISTIAN HERITAGE 14880 OLD CHENEY RD, WALTON, NE 68461-9662	47-0632613	501(C)(3)	7,258				GENERAL SUPPORT
(60) CHURCH OF THE HOLY TRINITY 6001 A ST, LINCOLN, NE 68510-5006	N/A	501(C)(3)	13,500				GENERAL SUPPORT
(61) CIRA-CENTER FOR IMMIGRANT & REFUGEE ADVANCEMENT 4223 CENTER ST, OMAHA, NE 68105	74-3195841	501(C)(3)	5,559				GENERAL SUPPORT
(62) CITADEL FOUNDATION 171 MOULTRIE ST, CHARLESTON, SC 29409	57-6020493	501(C)(3)	10,000				SCHOLARSHIPS
(63) CITY IMPACT 1035 N 33RD ST, LINCOLN, NE 68503-1909	47-0800906	501(C)(3)	56,650				GENERAL SUPPORT
(64) CITY OF LINCOLN - PARKS & RECREATION DEPARTMENT 3131 O ST STE 300, LINCOLN, NE 68510	47-6006256	501(C)(3)	42,276				GENERAL SUPPORT
(65) CITY OF LINCOLN - URBAN DEVELOPMENT 555 S 10TH ST STE 205, LINCOLN, NE 68508	N/A	GOVERNMENT	50,000				GENERAL SUPPORT
(66) CIVIC NEBRASKA 530 S 13TH ST STE 100, LINCOLN, NE 68508	27-2204391	501(C)(3)	63,381				GENERAL SUPPORT
(67) CLINIC WITH A HEART 1701 S 17TH ST STE 4G, LINCOLN, NE 68502-2641	20-2850139	501(C)(3)	175,188				GENERAL SUPPORT
(68) CLYDE MALONE COMMUNITY CENTER PO BOX 80723, LINCOLN, NE 68501	47-0376577	501(C)(3)	165,689				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(69) COALITION OF NEBRASKANS AGAINST GUN VIOLENCE 211 N 14TH ST, LINCOLN, NE 68508	47-5236959	501(C)(3)	8,960				GENERAL SUPPORT
(70) COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776, WILLIAMSBURG, VA 23187-1776	54-0505888	501(C)(3)	25,000				GENERAL SUPPORT
(71) COLSON CENTER FOR CHRISTIAN WORLDVIEW PO BOX 62160, COLORADO SPRINGS, CO 80962-2160	90-1117779	501(C)(3)	10,000				GENERAL SUPPORT
(72) COLUMBUS RESCUE MISSION 1112 15TH ST, COLUMBUS, NE 68601	47-0844579	501(C)(3)	10,000				GENERAL SUPPORT
(73) COMMON CAUSE NEBRASKA PO BOX 94662, LINCOLN, NE 68509	31-1705370	501(C)(3)	6,257				GENERAL SUPPORT
(74) COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS CNTYS 210 O ST, LINCOLN, NE 68508-2322	47-0491162	501(C)(3)	223,141				GENERAL SUPPORT
(75) COMMUNITY CROPS 501 S 7TH ST, LINCOLN, NE 68508	47-0376584	501(C)(3)	24,590				GENERAL SUPPORT
(76) COMMUNITY DEVELOPMENT RESOURCES - CENTER TERRACE CT 912 N 70TH ST, LINCOLN, NE 68505	47-0832685	501(C)(3)	200,000				AFFORDABLE HOUSING-CENTER TERRACE
(77) COMMUNITY LEARNING CENTERS 215 CENTENNIAL MALL SOUTH, STE 100, LINCOLN , NE 68508	47-0458128	501(C)(3)	173,424				GENERAL SUPPORT
(78) COMPASSION INTERNATIONAL INCORPORATED SPONSORSHIP PROCESSING, 12290 VOYAGER PKWY, COLORADO SPRINGS, CO 80921-3694	36-2423707	501(C)(3)	8,797				GENERAL SUPPORT
(79) CONCORDIA UNIVERSITY 800 N COLUMBIA AVE, SEWARD, NE 68434-1500	47-0378777	501(C)(3)	17,300				SCHOLARSHIPS
(80) CONNECTING POINTE CHURCH OF THE NAZARENE 1901 S 70TH ST, LINCOLN, NE 68506-1605	47-0645651	501(C)(3)	20,452				GENERAL SUPPORT
(81) CORNHUSKER COUNCIL, SCOUTING AMERICA 800 S 120TH ST, LINCOLN, NE 68520	47-0378985	501(C)(3)	40,938				GENERAL SUPPORT
(82) CREIGHTON UNIVERSITY 2500 CALIFORNIA PLZ, OMAHA, NE 68178	47-0376583	501(C)(3)	16,900				SCHOLARSHIPS
(83) CULTURAL CENTERS OF LINCOLN 2617 Y ST, LINCOLN, NE 68503	86-1250651	501(C)(3)	99,967				GENERAL SUPPORT
(84) CYSTIC FIBROSIS FOUNDATION 4550 MONTGOMERY AVE STE 1100 N, BETHESDA, MD 20814	13-1930701	501(C)(3)	32,000				GENERAL SUPPORT
(85) DELTA GAMMA FOUNDATION 3250 RIVERSIDE DR, COLUMBUS, OH 43221	31-6034001	501(C)(3)	50,000				GENERAL SUPPORT
(86) DESERT HILLS BAPTIST CHURCH 4401 S NELLIS BLVD, LAS VEGAS, NV 89121-3101	N/A	501(C)(3)	110,000				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(87) DIMENSIONS EDUCATION PROGRAMS DIMENSIONS EDUCATION PROGRAMS, 7700 A ST, LINCOLN, NE 68510	31-1511625	501(C)(3)	29,636				GENERAL SUPPORT
(88) DISRUPTING TRAFFICK PO BOX 6643, LINCOLN, NE 68506	82-3250041	501(C)(3)	22,600				GENERAL SUPPORT
(89) DOANE UNIVERSITY-CRETE 1014 BOSWELL AVE, CRETE, NE 68333-2426	47-0377991	501(C)(3)	100,223				SCHOLARSHIPS AND GENERAL PURPOSES AND CAPITAL CAMPAIGN
(90) DOCTORS WITHOUT BORDERS USA PO BOX 5030, HAGERSTOWN, MD 21741-5030	13-3433452	501(C)(3)	41,007				GENERAL SUPPORT
(91) DOMESTI-PUPS 4630 Y ST, LINCOLN, NE 68503	47-0836148	501(C)(3)	50,576				GENERAL SUPPORT
(92) DUCKS UNLIMITED 1 WATERFOWL WY, MEMPHIS, TN 38120-2351	13-5643799	501(C)(3)	12,000				GENERAL SUPPORT
(93) EAST BUTLER PUBLIC SCHOOLS FOUNDATION 212 S MADISON ST, PO BOX 36, BRAINARD, NE 68626-0036	36-3431235	501(C)(3)	33,644				GENERAL SUPPORT
(94) EASTMONT FOUNDATION 6315 O ST, LINCOLN, NE 68510-2200	91-1767080	501(C)(3)	54,392				GENERAL SUPPORT
(95) ECHO COLLECTIVE 2124 Y ST STE 131, LINCOLN, NE 68503-2407	85-3689236	501(C)(3)	20,723				GENERAL SUPPORT
(96) EDUCARE OF LINCOLN 3435 N 14TH ST, LINCOLN, NE 68521-2126	46-0568146	501(C)(3)	18,666				GENERAL SUPPORT
(97) EL CENTRO DE LAS AMERICAS 210 O ST, LINCOLN, NE 68508-2322	47-0658284	501(C)(3)	22,858				GENERAL SUPPORT
(98) ELEVATE COMMUNITY CHURCH 1421 GENEVA ST, SIOUX CITY, IA 51103	N/A	501(C)(3)	30,000				GENERAL SUPPORT
(99) EPIC CHURCH 6601 S 70TH, LINCOLN, NE 68516	47-6042740	501(C)(3)	11,000				GENERAL SUPPORT
(100) EPONA HORSE RESCUE 20000 SW 114TH ST, CRETE, NE 68333-3300	20-1398014	501(C)(3)	20,774				GENERAL SUPPORT
(101) FAITH BIBLE CHURCH 6201 S 84TH ST, LINCOLN, NE 68516-3812	N/A	501(C)(3)	27,000				GENERAL SUPPORT
(102) FAITH LUTHERAN CHURCH (LINCOLN, NE) 8701 ADAMS ST, LINCOLN, NE 68507	N/A	501(C)(3)	84,200				BUILDING FUND AND GENERAL PURPOSES
(103) FAITH OF OUR FATHERS LUTHERAN CHURCH 15580 E ST, ROCA, NE 68430-4701	N/A	501(C)(3)	12,000				GENERAL SUPPORT
(104) FAMILY HEALTH SERVICES 630 N COTNER BLVD STE 204, LINCOLN, NE 68505-2339	47-0548478	501(C)(3)	7,715				GENERAL SUPPORT
(105) FAMILY SERVICE LINCOLN 501 S 7TH ST, LINCOLN, NE 68508-2920	47-0376584	501(C)(3)	116,574				AFFORDABLE HOUSING AND GENERAL PURPOSES
(106) FELLOWSHIP COMMUNITY CHURCH 8451 EAGLE CREST RD, LINCOLN, NE 68505-7821	N/A	501(C)(3)	15,205				GENERAL SUPPORT

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(107) FELLOWSHIP OF CHRISTIAN ATHLETES 5801 S 58TH ST STE C, LINCOLN, NE 68516	44-0610626	501(C)(3)	31,900				GENERAL SUPPORT
(108) FELLOWSHIP OF CHRISTIAN ATHLETES-NATIONAL OFFICE 8701 LEEDS RD, KANSAS CITY, MO 64129-1626	44-0610626	501(C)(3)	6,000				GENERAL SUPPORT
(109) FIRST FREE CHURCH 3280 S 84TH ST, LINCOLN, NE 68506	47-0492345	501(C)(3)	27,204				GENERAL SUPPORT
(110) FIRST LUTHERAN CHURCH (LINCOLN, NE) 1551 S 70TH ST, LINCOLN, NE 68506	47-0464447	501(C)(3)	29,505				GENERAL SUPPORT
(111) FIRST MENNONITE CHURCH (BEATRICE, NE) 6714 W STATE HWY 4, BEATRICE, NE 68310	N/A	501(C)(3)	32,600				GENERAL SUPPORT
(112) FIRST PLYMOUTH CONGREGATIONAL CHURCH 2000 D ST, LINCOLN, NE 68502-1661	47-0376589	501(C)(3)	242,048				GENERAL SUPPORT
(113) FIRST PRESBYTERIAN CHURCH (LINCOLN, NE) 840 S 17TH ST, LINCOLN, NE 68508-3499	N/A	501(C)(3)	10,875				GENERAL SUPPORT
(114) FIRST STREET BIBLE CHURCH 100 W F ST, LINCOLN, NE 68508-2944	N/A	501(C)(3)	30,133				GENERAL SUPPORT
(115) FIRST UNITED METHODIST CHURCH (COLUMBUS, NE) 2710 14TH ST, COLUMBUS, NE 68601	N/A	501(C)(3)	11,100				GENERAL SUPPORT
(116) FIRST UNITED METHODIST CHURCH (LINCOLN, NE) 2723 N 50TH ST, LINCOLN, NE 68504-2765	47-0380470	501(C)(3)	20,516				GENERAL SUPPORT
(117) FIRST UNITED METHODIST CHURCH (WAVERLY, NE) 14410 FOLKESTONE ST, WAVERLY, NE 68462-1539	N/A	501(C)(3)	8,400				GENERAL SUPPORT
(118) FLATWATER FREE PRESS 1402 JONES ST STE 332, OMAHA, NE 68102	86-3968316	501(C)(3)	63,429				GENERAL SUPPORT
(119) FLATWATER SHAKESPEARE COMPANY PO BOX 84935, LINCOLN, NE 68501-4935	20-1712203	501(C)(3)	13,757				GENERAL SUPPORT
(120) FOOD BANK FOR THE HEARTLAND 10525 J ST, OMAHA, NE 68127-1021	47-0637701	501(C)(3)	5,300				GENERAL SUPPORT
(121) FOOD BANK OF LINCOLN 1221 KINGBIRD RD, LINCOLN, NE 68521	47-0640293	501(C)(3)	597,186				GENERAL SUPPORT
(122) FOOD FORT 2124 Y ST FLAT 130, LINCOLN, NE 68503	81-4736864	501(C)(3)	38,305				GENERAL SUPPORT
(123) FOSTER CARE CLOSET OF NEBRASKA 643 S 25TH ST STE 8, LINCOLN, NE 68510-3060	26-0595115	501(C)(3)	40,209				GENERAL SUPPORT
(124) FOUNDATION FOR LINCOLN CITY LIBRARIES 136 S 14TH ST, LINCOLN, NE 68508-1801	47-6032744	501(C)(3)	55,517				GENERAL SUPPORT

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(125) FOUNDATION FOR LINCOLN PUBLIC SCHOOLS PO BOX 82889, LINCOLN, NE 68501-2889	36-3490560	501(C)(3)	139,672				GENERAL SUPPORT
(126) FRESH START 6433 HAVELOCK AVE, LINCOLN, NE 68507-1332	36-3785810	501(C)(3)	94,505				GENERAL SUPPORT
(127) FRIEND CHRISTIAN ASSEMBLY 4909 E BUCKEYE RD, MADISON, WI 53716-1864	36-4415111	501(C)(3)	20,000				GENERAL SUPPORT
(128) FRIENDS OF LIED PO BOX 880151, LINCOLN, NE 68588-0151	47-0727188	501(C)(3)	117,278				GENERAL SUPPORT
(129) FRIENDS OF OPERA-UNIVERSITY OF NEBRASKA-LINCOLN 1001 HIGH PLAINS RD, LINCOLN, NE 68512	47-0842288	501(C)(3)	15,152				GENERAL SUPPORT
(130) FRIENDS OF THE MARY RIEPMA ROSS MEDIA ARTS CENTER PO BOX 880253, LINCOLN, NE 68588-0253	47-0638642	501(C)(3)	12,600				GENERAL SUPPORT
(131) FRIENDS OF THE UNIVERSITY OF NEBRASKA STATE MUSEUM (MORRILL HALL) UNIVERSITY OF NEBRASKA-LINCOLN, 307 MORRILL HALL, LINCOLN, NE 68588	47-0658163	501(C)(3)	5,371				GENERAL SUPPORT
(132) FRIENDS OF TRINITY - TRINITY INFANT & CHILD CARE 16TH & A 1345 S 16TH ST, LINCOLN, NE 68502-1466	90-0666083	501(C)(3)	12,984				GENERAL SUPPORT
(133) FRIENDS OF WILDERNESS PARK 1919 PROSPECT ST, LINCOLN, NE 68502	47-0811785	501(C)(3)	12,786				GENERAL SUPPORT
(134) FRIENDSHIP HOME PO BOX 85358, LINCOLN, NE 68501-5358	47-0619855	501(C)(3)	219,072				GENERAL SUPPORT
(135) GIRL SCOUTS SPIRIT OF NEBRASKA 8601 W DODGE ST STE 102, OMAHA, NE 68114	47-0432299	501(C)(3)	25,946				GENERAL SUPPORT
(136) GIRLS INC. OF OMAHA 2811 N 45TH ST, OMAHA, NE 68104	47-0562184	501(C)(3)	5,315				GENERAL SUPPORT
(137) GIRLS ON THE RUN OF NEBRASKA 4600 VALLEY RD STE 321, LINCOLN, NE 68510-4844	20-0491131	501(C)(3)	6,738				GENERAL SUPPORT
(138) GLOBAL ASSIST PO BOX 57393, LINCOLN, NE 68505	74-3240568	501(C)(3)	100,000				GENERAL SUPPORT
(139) GLOBAL RADIO OUTREACH INC PO BOX 719, EVERETT, WA 98206	38-2985810	501(C)(3)	27,000				GENERAL SUPPORT
(140) GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST, LINCOLN, NE 68503-1750	20-0391739	501(C)(3)	52,632				GENERAL SUPPORT
(141) GRACE CENTRAL CHURCH 344 N 115TH ST, OMAHA, NE 68154	23-7366967	501(C)(3)	25,000				GENERAL SUPPORT
(142) GRACE COMMUNITY EVANGELICAL CHURCH 6843 SOUTH ST, LINCOLN, NE 68506	N/A	501(C)(3)	40,000				GENERAL SUPPORT
(143) GREAT PLAINS TRAILS NETWORK 3936 DUDLEY ST, LINCOLN, NE 68503	47-0760667	501(C)(3)	33,479				GENERAL SUPPORT

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(144) GREATER LINCOLN CHAMBER FOUNDATION 1128 LINCOLN MALL STE 100, LINCOLN, NE 68508-2878	31-1597948	501(C)(3)	45,302				GENERAL SUPPORT
(145) HABITAT FOR HUMANITY LINCOLN 4615 ORCHARD ST, LINCOLN, NE 68503	47-0714576	501(C)(3)	53,852				GENERAL SUPPORT
(146) HARBERT COMMUNITY CHURCH PO BOX 197, HARBERT, MI 49115	23-7097779	501(C)(3)	18,500				GENERAL SUPPORT
(147) HARBOR MINISTRIES PO BOX 21984, LINCOLN, NE 68542-1984	20-4894998	501(C)(3)	30,000				GENERAL SUPPORT
(148) HASTINGS COLLEGE FOUNDATION 1001 N 6TH AVE, HASTINGS, NE 68901	51-0247972	501(C)(3)	28,250				SCHOLARSHIPS
(149) HEARTS UNITED FOR ANIMALS PO BOX 286, AUBURN, NE 68305-0286	47-0773858	501(C)(3)	31,633				GENERAL SUPPORT
(150) HEROSTOCK 4600 LINDEN ST, LINCOLN, NE 68516	92-3027895	501(C)(3)	19,599				GENERAL SUPPORT
(151) HOPE 4 LIBERIA INC 573 RD 41 1/2, RIVERTON, NE 68972	87-3510271	501(C)(3)	115,000				STAFF HOUSING
(152) HOPE COMMUNITY CHURCH 4700 S FOLSOM ST, LINCOLN, NE 68523-9331	N/A	501(C)(3)	18,000				GENERAL SUPPORT
(153) HOPESPOKE 2444 O ST, LINCOLN, NE 68510-1125	47-0398819	501(C)(3)	86,037				GENERAL SUPPORT
(154) HUB CENTRAL ACCESS POINT FOR YOUNG ADULTS 1037 S 12TH ST, LINCOLN, NE 68508-3529	20-8008617	501(C)(3)	11,334				GENERAL SUPPORT
(155) HUMANITIES NEBRASKA 215 CENTENNIAL MALL S STE 330, LINCOLN, NE 68508-1836	23-7359778	501(C)(3)	35,748				GENERAL SUPPORT
(156) IN TOUCH MINISTRIES INC. PO BOX 7900, ATLANTA, GA 30357-0900	58-1495310	501(C)(3)	15,000				GENERAL SUPPORT
(157) INDIAN CENTER 1100 MILITARY RD, LINCOLN, NE 68508-1089	47-0531887	501(C)(3)	24,745				GENERAL SUPPORT
(158) IT STANDS WRITTEN OF ARIZONA 14747 N NORTHSIGHT BLVD STE 111-157, SCOTTSDALE, AZ 85260	87-2087713	501(C)(3)	82,976				MILITARY SUPPORT
(159) I'VE GOT A NAME - END SEX TRAFFICKING PO BOX 6181, LINCOLN, NE 68506	36-4694120	501(C)(3)	53,349				GENERAL SUPPORT
(160) JACKSON HOLE ONE FLY FOUNDATION PO BOX 4158, JACKSON, WY 83001	83-0307408	501(C)(3)	16,000				GENERAL SUPPORT
(161) JAZZ IN JUNE 151 PREM S. PAUL RESEARCH CENTER, 2, LINCOLN, NE 68583-0861	47-0049123	501(C)(3)	21,271				GENERAL SUPPORT
(162) JEWISH FEDERATION OF LINCOLN PO BOX 67218, LINCOLN, NE 68508	47-0388144	501(C)(3)	29,554				GENERAL SUPPORT

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(163) JOSHUA COLLINGSWORTH MEMORIAL FOUNDATION 8445 EXECUTIVE WOODS DR, LINCOLN, NE 68512	26-3091147	501(C)(3)	19,472				GENERAL SUPPORT
(164) JOSLYN ART MUSEUM 2200 DODGE ST, OMAHA, NE 68102-1292	47-0384577	501(C)(3)	150,250				BUILDING RENOVATION AND GENERAL SUPPORT
(165) JULLIA ROSE FOUNDATION 17880 KNOTTING HILLS DR, LINCOLN, NE 68527	81-4899149	501(C)(3)	10,382				GENERAL SUPPORT
(166) JUNIOR ACHIEVEMENT OF LINCOLN 631 L ST, LINCOLN, NE 68508	47-0535692	501(C)(3)	17,980				GENERAL SUPPORT
(167) JUNIOR LEAGUE OF LINCOLN 215 CENTENNIAL MALL S STE 510, LINCOLN, NE 68508-1825	47-0424534	501(C)(3)	13,041				GENERAL SUPPORT
(168) JUNIPER REFUGE PO BOX 21805, LINCOLN, NE 68542	81-5435531	501(C)(3)	19,271				GENERAL SUPPORT
(169) JUSTICE IN ACTION 1309 R ST, LINCOLN, NE 68508	88-2109882	501(C)(3)	35,733				GENERAL SUPPORT
(170) KALEO ON THE RIVER 46872 WILLOW SPRINGS RD, BURWELL, NE 68823-8805	20-5352701	501(C)(3)	91,000				BUILDING RENOVATION AND GENERAL SUPPORT
(171) KZUM KZUM RADIO 89.3 / SUNRISE COMMUNICA, 3534 S 48TH ST STE 6, LINCOLN, NE 68506-6425	23-7267850	501(C)(3)	32,657				GENERAL SUPPORT
(172) LANCASTER YOUTH SOFTBALL ASSOCIATION PO BOX 5744, LINCOLN, NE 68505-0744	36-3313153	501(C)(3)	11,734				GENERAL SUPPORT
(173) LAUNCH GLOBAL PO BOX 679913, DALLAS, TX 75267-9913	20-3826376	501(C)(3)	10,000				GENERAL SUPPORT
(174) LAUNCH LEADERSHIP 211 N 14TH ST, LINCOLN, NE 68508-1616	46-2037620	501(C)(3)	48,317				GENERAL SUPPORT
(175) LAURITZEN GARDENS 100 BANCROFT ST, OMAHA, NE 68108	47-0659701	501(C)(3)	30,600				GENERAL SUPPORT
(176) LEADERSHIP LINCOLN 2124 Y ST STE 107, LINCOLN, NE 68503	47-0685407	501(C)(3)	11,626				GENERAL SUPPORT
(177) LEAGUE OF HUMAN DIGNITY 1701 P ST, LINCOLN, NE 68508-1799	23-7180481	501(C)(3)	21,393				GENERAL SUPPORT
(178) LEGAL AID OF NEBRASKA 1241 N ST STE 200, LINCOLN, NE 68508	47-0483506	501(C)(3)	20,883				GENERAL SUPPORT
(179) LIED CENTER FOR PERFORMING ARTS 301 N 12TH ST, LINCOLN, NE 68588-0151	47-0049123	501(C)(3)	6,600				GENERAL SUPPORT
(180) LIGHTHOUSE 2601 N ST, LINCOLN, NE 68510-1334	36-3656310	501(C)(3)	180,365				GENERAL SUPPORT
(181) LINCOLN ANIMAL AMBASSADORS PO BOX 67072, LINCOLN, NE 68506-7072	27-3018037	501(C)(3)	9,921				GENERAL SUPPORT
(182) LINCOLN ARTS COUNCIL 211 N 14TH ST, LINCOLN, NE 68508	47-6046691	501(C)(3)	36,969				GENERAL SUPPORT

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(183) LINCOLN BEREAN CHURCH LINCOLN BEREAN CHURCH, 6400 S 70TH ST, LINCOLN, NE 68516-3763	47-0677716	501(C)(3)	156,800				GENERAL SUPPORT
(184) LINCOLN BIKE KITCHEN 308 S 21ST ST, LINCOLN, NE 68510	45-5369537	501(C)(3)	145,093				GENERAL SUPPORT
(185) LINCOLN BOTANICAL GARDEN 2416 SEWELL ST, LINCOLN, NE 68502	82-5337828	501(C)(3)	17,252				GENERAL SUPPORT
(186) LINCOLN CALLING 1121 ADAMS ST, LINCOLN, NE 68521	45-3838678	501(C)(3)	5,944				GENERAL SUPPORT
(187) LINCOLN CHILDREN'S MUSEUM 1420 P ST, LINCOLN, NE 68508-1635	47-0716636	501(C)(3)	28,571				GENERAL SUPPORT
(188) LINCOLN CHILDREN'S ZOO 1222 S 27TH ST, LINCOLN, NE 68502-1832	47-0482255	501(C)(3)	185,783				GENERAL SUPPORT
(189) LINCOLN CHRISTIAN SCHOOL FOUNDATION 5801 S 84TH ST, LINCOLN, NE 68516-3804	47-0706907	501(C)(3)	6,000				GENERAL SUPPORT
(190) LINCOLN COMMUNITY PLAYHOUSE PO BOX 6426, LINCOLN, NE 68506-0426	47-0355388	501(C)(3)	68,944				GENERAL SUPPORT
(191) LINCOLN COUNCIL ST. VINCENT DE PAUL PO BOX 30145, LINCOLN, NE 68503-0145	20-8997157	501(C)(3)	10,100				GENERAL SUPPORT
(192) LINCOLN ELKS LODGE #80 CHARITABLE FUND 5910 S 58TH ST STE A, LINCOLN, NE 68516-6410	36-3937595	501(C)(3)	9,634				GENERAL SUPPORT
(193) LINCOLN HOUSING CHARITIES 5700 R ST, LINCOLN, NE 68505	30-0094633	501(C)(3)	33,793				GENERAL SUPPORT
(194) LINCOLN HYGIENE NETWORK 6200 ADAMS ST, LINCOLN, NE 68507	85-4177351	501(C)(3)	12,514				GENERAL SUPPORT
(195) LINCOLN JR HAWKS INC. 3107 S 6TH ST STE 113, LINCOLN, NE 68502	46-1289416	501(C)(3)	5,027				GENERAL SUPPORT
(196) LINCOLN LITERACY 1023 LINCOLN MALL STE 104, LINCOLN, NE 68508	47-0655582	501(C)(3)	201,680				GENERAL SUPPORT
(197) LINCOLN LUTHERAN JR./SR. HIGH SCHOOL 1100 N 56TH ST, LINCOLN, NE 68504-3251	47-0468752	501(C)(3)	12,500				GENERAL SUPPORT
(198) LINCOLN MEDICAL EDUCATION PARTNERSHIP 4600 VALLEY RD STE 225, LINCOLN, NE 68510-4892	47-0553011	501(C)(3)	15,993				GENERAL SUPPORT
(199) LINCOLN MEETING OF THE SOCIETY OF FRIENDS 3319 S 46TH ST, LINCOLN, NE 68506	N/A	501(C)(3)	9,327				GENERAL SUPPORT
(200) LINCOLN MUNICIPAL BAND ASSOCIATION 315 S 9TH ST STE 110, LINCOLN, NE 68508-2283	47-0637021	501(C)(3)	13,022				GENERAL SUPPORT
(201) LINCOLN MUSIC TEACHERS ASSOCIATION C/O JO RIECKER-KARL, 6710 WILDRYE RD, LINCOLN, NE 68521	47-0681623	501(C)(3)	31,249				GENERAL SUPPORT

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(202) LINCOLN PARKS FOUNDATION 3131 O ST STE 300, LINCOLN, NE 68510	36-3853746	501(C)(3)	330,108				BIKE TRAIL RENOVATION, BRIDGE AND GENERAL SUPPORT
(203) LINCOLN ROTARY CLUB 14 FOUNDATION PO BOX 83843, LINCOLN, NE 68501-3843	91-1767748	501(C)(3)	11,651				GENERAL SUPPORT
(204) LINCOLN SPORTS FOUNDATION PO BOX 22608, LINCOLN, NE 68542	45-0533389	501(C)(3)	7,582				GENERAL SUPPORT
(205) LINCOLN-LANCASTER COUNTY GENEALOGICAL SOCIETY 2900 O ST SUITE LL2, LINCOLN, NE 68510-1485	47-0589226	501(C)(3)	11,148				GENERAL SUPPORT
(206) LINCOLN'S SYMPHONY ORCHESTRA 233 S 13TH ST STE 1702, LINCOLN, NE 68508-2003	47-0773445	501(C)(3)	138,136				GENERAL SUPPORT
(207) LINKED2LITERACY 211 N 14TH, LINCOLN, NE 68508	92-0620121	501(C)(3)	19,645				GENERAL SUPPORT
(208) LITTLE TREASURE MINISTRIES 6039 CYPRESS GARDENS BLVD #514, WINTER HAVEN, FL 33884	84-4654284	501(C)(3)	8,000				GENERAL SUPPORT
(209) LIVE WELL GO FISH 2400 S 22ND ST, LINCOLN, NE 68502	81-3510965	501(C)(3)	21,854				GENERAL SUPPORT
(210) LONGVILLE AREA COMMUNITY FOUNDATION PO BOX 92, LONGVILLE, MN 56655-0092	41-1699500	501(C)(3)	15,100				GENERAL SUPPORT
(211) LUTHERAN EDUCATION FOUNDATION 1100 N 56TH ST, LINCOLN, NE 68504	41-2032088	501(C)(3)	90,650				BUILDING IMPROVEMENTS, DEBT REDUCTION AND GENERAL SUPPORT
(212) LUTHERAN FAMILY SERVICES 2301 O ST, LINCOLN, NE 68510	23-7267972	501(C)(3)	21,357				GENERAL SUPPORT
(213) LUTHERAN HOUR MINISTRIES 660 MASON RIDGE CENTER DR, SAINT LOUIS, MO 63141-8557	43-0653365	501(C)(3)	7,397				GENERAL SUPPORT
(214) LUX CENTER FOR THE ARTS 2601 N 48TH ST, LINCOLN, NE 68504-3632	47-0629528	501(C)(3)	30,799				GENERAL SUPPORT
(215) MADONNA FOUNDATION 5401 SOUTH ST, LINCOLN, NE 68506-2150	23-7159940	501C3	453,111				GENERAL SUPPORT
(216) MAKE-A-WISH NEBRASKA - LINCOLN OFFICE 8033 S 15TH ST STE B, LINCOLN, NE 68512	47-0671096	501(C)(3)	24,349				GENERAL SUPPORT
(217) MAKE-A-WISH OF NEBRASKA 1005 S 107TH AVE STE 102, OMAHA, NE 68144-4793	47-0671096	501(C)(3)	10,839				GENERAL SUPPORT
(218) MARIAN SISTERS OF THE DIOCESE OF LINCOLN 6765 N 112TH ST, WAVERLY, NE 68462-9762	N/A	501(C)(3)	7,500				GENERAL SUPPORT
(219) MASONIC - EASTERN STAR HOME FOR CHILDREN PO BOX 1327, FREMONT, NE 68026-1327	47-0384097	501(C)(3)	11,921				GENERAL SUPPORT
(220) MATT TALBOT KITCHEN & OUTREACH PO BOX 80935, LINCOLN, NE 68501-0935	36-3945814	501(C)(3)	314,001				GENERAL SUPPORT

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(221) MATTERS ON TOMORROW PO BOX 5573, LINCOLN, NE 68505-0573	26-3385226	501(C)(3)	25,099				GENERAL SUPPORT
(222) MAYO CLINIC DEPARTMENT OF DEVELOPMENT, 200 FIRST ST SW, ROCHESTER, MN 55905-0001	41-6011702	501(C)(3)	25,000				GENERAL SUPPORT
(223) MEADOWLARK MUSIC FESTIVAL 1135 M ST STE A, LINCOLN, NE 68508-2132	47-0832098	501(C)(3)	9,489				GENERAL SUPPORT
(224) MERCY CITY CHURCH INC 6224 LOGAN AVE, LINCOLN, NE 68507	46-4922859	501(C)(3)	16,100				GENERAL SUPPORT
(225) MERCY HOME FOR BOYS AND GIRLS 1140 W JACKSON BLVD, CHICAGO, IL 60607	36-2171726	501(C)(3)	50,000				GENERAL SUPPORT
(226) MESSIAH LUTHERAN CHURCH 1800 S 84TH ST, LINCOLN, NE 68506-1870	47-0717241	501(C)(3)	21,607				GENERAL SUPPORT
(227) MILFORD SCHOOLS FOUNDATION 1200 1ST ST, MILFORD, NE 68405-8794	47-0830054	501(C)(3)	18,215				GENERAL SUPPORT
(228) MILKWORKS 5930 S 58TH ST STE W, LINCOLN, NE 68516-3653	47-0835579	501(C)(3)	28,973				GENERAL SUPPORT
(229) MINISTRY BUILDERS 1512 BRAY CENTRAL DR STE 300, MCKINNEY, TX 75069	83-3837393	501(C)(3)	20,000				GENERAL SUPPORT
(230) MISSION CENTRAL 40755 COUNTY HWY E16, MAPLETON, IA 51034	43-0658188	501(C)(3)	15,100				GENERAL SUPPORT
(231) MONTESSORI SCHOOL FOR YOUNG CHILDREN 4727 A ST, LINCOLN, NE 68510-4823	47-0606391	501(C)(3)	11,565				GENERAL SUPPORT
(232) MORNINGSIDE UNIVERSITY 1501 MORNINGSIDE AVE, SIOUX CITY, IA 51106	42-0680400	501(C)(3)	7,500				SCHOLARSHIPS
(233) MOSAIC CHURCH PO BOX 81632, LINCOLN, NE 68501-1632	27-1514064	501(C)(3)	18,000				GENERAL SUPPORT
(234) MOSAIC IN SOUTHEAST NEBRASKA 5631 S 48TH ST STE 500, LINCOLN, NE 68516	11-3669999	501(C)(3)	27,009				GENERAL SUPPORT
(235) MOURNING HOPE GRIEF CENTER 1311 S FOLSOM ST, LINCOLN, NE 68522	47-0782915	501(C)(3)	64,112				GENERAL SUPPORT
(236) NATIONAL CHRISTIAN CHARITABLE FOUNDATION INC 1150 SANCTUARY PARKWAY SUITE 350, ALPHARETTA, GA 30009	58-1493949	501(C)(3)	10,000				GENERAL SUPPORT
(237) NATIONAL WILDLIFE FEDERATION PO BOX 1583, MERRIFIELD, VA 22116-1583	53-0204616	501(C)(3)	6,875				GENERAL SUPPORT
(238) NEBRASKA APPLESEED PO BOX 83613, LINCOLN, NE 68501	47-0798343	501(C)(3)	101,632				GENERAL SUPPORT
(239) NEBRASKA CHILDREN AND FAMILIES FOUNDATION 215 CENTENNIAL MALL S STE 200, LINCOLN, NE 68508-1813	91-1829974	501(C)(3)	25,868				GENERAL SUPPORT

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(240) NEBRASKA COMMUNITIES PLAYHOUSE PO BOX 43, HICKMAN, NE 68372	81-2679156	501(C)(3)	10,600				GENERAL SUPPORT
(241) NEBRASKA COMMUNITY BLOOD BANK 100 N 84TH ST, LINCOLN, NE 68505-3101	13-1949477	501(C)(3)	12,721				GENERAL SUPPORT
(242) NEBRASKA COMMUNITY FOUNDATION PO BOX 83107, LINCOLN, NE 68501-3107	47-0769903	501(C)(3)	191,832				GENERAL SUPPORT
(243) NEBRASKA DIAPER BANK 9100 F ST STE 100, OMAHA, NE 68127	47-4953614	501(C)(3)	10,300				GENERAL SUPPORT
(244) NEBRASKA FAMILY ALLIANCE 1106 E ST, LINCOLN, NE 68508	47-0723178	501(C)(3)	35,150				GENERAL SUPPORT
(245) NEBRASKA FUTURE FARMERS OF AMERICA FOUNDATION PO BOX 94942, LINCOLN, NE 68509-4942	47-0741774	501(C)(3)	8,873				GENERAL SUPPORT
(246) NEBRASKA HEART FOUNDATION 555 S 70TH ST, LINCOLN, NE 68510-2462	47-0625523	501(C)(3)	25,884				GENERAL SUPPORT
(247) NEBRASKA HOUSING DEVELOPERS ASSOCIATION 3883 NORMAL BLVD STE 102, LINCOLN, NE 68506	47-0798048	501(C)(3)	28,758				GENERAL SUPPORT
(248) NEBRASKA LAND TRUST 3201 PIONEERS BLVD STE 107, LINCOLN, NE 68516	47-0843794	501(C)(3)	32,504				GENERAL SUPPORT
(249) NEBRASKA NO KILL CANINE RESCUE PO BOX 6295, LINCOLN, NE 68506-0295	30-0655509	501(C)(3)	48,451				GENERAL SUPPORT
(250) NEBRASKA PEACE FOUNDATION 3516 S 46TH ST, LINCOLN, NE 68506	36-3347131	501(C)(3)	14,042				GENERAL SUPPORT
(251) NEBRASKA PUBLIC MEDIA FOUNDATION 1800 N 33RD ST, LINCOLN, NE 68503-1409	86-2239027	501(C)(3)	125,002				GENERAL SUPPORT
(252) NEBRASKA SPORTS COUNCIL PO BOX 29366, LINCOLN, NE 68529-0366	36-3354207	501(C)(3)	50,759				GENERAL SUPPORT
(253) NEBRASKA STATE HISTORICAL SOCIETY FOUNDATION 1201 LINCOLN MALL STE 100, LINCOLN, NE 68508	47-6000332	501(C)(3)	102,408				GENERAL SUPPORT
(254) NEBRASKA STATE SUICIDE COALITION PO BOX 23002, LINCOLN, NE 68542	82-4052913	501(C)(3)	6,109				GENERAL SUPPORT
(255) NEBRASKA TRAILS FOUNDATION 1820 PINTAIL LN, CENTRAL CITY, NE 68826	36-0061007	501(C)(3)	26,826				GENERAL SUPPORT
(256) NEBRASKA WESLEYAN UNIVERSITY 5000 ST PAUL AVE, LINCOLN, NE 68504-2760	47-0376524	501(C)(3)	86,219				SCHOLARSHIPS AND GENERAL PURPOSES
(257) NEBRASKA WRITERS COLLECTIVE 6001 DODGE ST, CEC 117.13, OMAHA, NE 68182	20-8109537	501(C)(3)	5,200				GENERAL SUPPORT
(258) NEIGHBORWORKS LINCOLN 2530 Q ST, LINCOLN, NE 68503-3538	36-3430278	501(C)(3)	103,183				GENERAL SUPPORT

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(259) NEW COVENANT COMMUNITY CHURCH 6000 S 84TH ST, LINCOLN, NE 68516-3807	47-0720181	501(C)(3)	36,500				GENERAL SUPPORT
(260) NEW HORIZONS FOUNDATION 5550 TECH CENTER DR STE 303, COLORADO SPRINGS, CO 80919	84-1123082	501(C)(3)	18,000				GENERAL SUPPORT
(261) NHRI LEADERSHIP MENTORING PO BOX 830947, LINCOLN, NE 68535	47-6040776	501(C)(3)	33,016				GENERAL SUPPORT
(262) NORTHEAST COMMUNITY COLLEGE BOX 469, NORFOLK, NE 68702	47-0524851	501(C)(3)	28,800				SCHOLARSHIPS
(263) NURTURING NEWBORNS 6140 S GUN CLUB RD STE K6, BOX 144, AURORA, CO 80016	92-2626959	501(C)(3)	10,000				GENERAL SUPPORT
(264) OAKS INDIAN MISSION INC PO BOX 130, OAKS, OK 74359-0130	73-0717995	501(C)(3)	20,000				GENERAL SUPPORT
(265) OMAHA PERFORMING ARTS 1200 DOUGLAS ST, OMAHA, NE 68102	47-0832480	501(C)(3)	6,000				GENERAL SUPPORT
(266) OPEN DOOR MISSION PO BOX 8340, OMAHA, NE 68108	47-0411375	501(C)(3)	28,900				GENERAL SUPPORT
(267) OPEN SHELF AT CONNECTION POINT 1333 N 33RD ST, LINCOLN, NE 68503	84-3551641	501(C)(3)	7,505				GENERAL SUPPORT
(268) OPENSKY POLICY INSTITUTE 1327 H ST STE 200, LINCOLN, NE 68508-3751	45-3327969	501(C)(3)	37,168				GENERAL SUPPORT
(269) OPERATION SANTA CLAUS 3800 CORNHUSKER HWY, LINCOLN, NE 68504-1533	23-7167477	501(C)(3)	9,617				GENERAL SUPPORT
(270) ORPHAN GRAIN TRAIN INC. PO BOX 1466, NORFOLK, NE 68702-1466	31-1614650	501(C)(3)	115,600				GENERAL SUPPORT
(271) OUR SAVIOUR'S LUTHERAN CHURCH 1200 S 40TH ST, LINCOLN, NE 68510-4612	47-6000940	501(C)(3)	12,100				GENERAL SUPPORT
(272) OUTNEBRASKA 211 N 14TH ST, LINCOLN, NE 68508	27-1377612	501(C)(3)	33,347				GENERAL SUPPORT
(273) OUTSTRETCHED ARMS MINISTRIES 408 3RD ST, STELLA, NE 68442-0111	20-0746661	501(C)(3)	6,000				GENERAL SUPPORT
(274) PARKVIEW CHRISTIAN SCHOOL 4400 N 1ST ST, LINCOLN, NE 68521	04-3697982	501(C)(3)	40,002				GENERAL SUPPORT
(275) PARTNERSHIP FOR A HEALTHY LINCOLN 4600 VALLEY RD STE 250, LINCOLN, NE 68510-4856	36-3832796	501(C)(3)	15,124				GENERAL SUPPORT
(276) PEOPLE'S CITY MISSION PO BOX 80636, LINCOLN, NE 68501-0636	47-0376896	501(C)(3)	234,742				GENERAL SUPPORT
(277) PERSHING MURAL, LIZ SHEA-MCCOY FOUNDATION FOR THE ARTS 2700 SHERIDAN BLVD, LINCOLN, NE 68502-4238	87-4703774	501(C)(3)	85,518				GENERAL SUPPORT
(278) PERU STATE COLLEGE PO BOX 10, PERU, NE 68421-0010	47-0495359	501(C)(3)	5,500				SCHOLARSHIPS

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(279) PHI DELTA THETA FOUNDATION 2 SOUTH CAMPUS AVE, OXFORD, OH 45056	34-6539803	501(C)(3)	50,000				SCHOLARSHIPS
(280) PICKLEBALL LINCOLN 6700 ANN'S CT, LINCOLN, NE 68516	82-1765073	501(C)(3)	23,420				GENERAL SUPPORT
(281) PIUS X FOUNDATION 6000 A ST, LINCOLN, NE 68510-5005	23-7074428	501(C)(3)	10,509				GENERAL SUPPORT
(282) PLANNED PARENTHOOD NORTH CENTRAL STATES PO BOX 850838, MINNEAPOLIS, MN 55485	47-3878626	501(C)(3)	148,284				GENERAL SUPPORT
(283) PLATTE INSTITUTE FOR ECONOMIC RESEARCH 6910 PACIFIC ST STE 216, OMAHA, NE 68106	20-8809060	501(C)(3)	5,500				GENERAL SUPPORT
(284) PREGNANCY CENTER 111 PIAZZA TERR, LINCOLN, NE 68510-2138	47-0662813	501(C)(3)	26,450				GENERAL SUPPORT
(285) PRISON FELLOWSHIP INTERNATIONAL 20116 ASHBROOK PL STE 250, ASHBURN, VA 20147	51-0247185	501(C)(3)	10,000				GENERAL SUPPORT
(286) RATIO CHRISTI PO 10907, MERRILLVILLE, IN 46410	27-4733824	501(C)(3)	5,300				GENERAL SUPPORT
(287) REDEEMER LUTHERAN CHURCH 510 S 33RD ST, LINCOLN, NE 68510-3399	47-0416357	501(C)(3)	24,294				GENERAL SUPPORT
(288) REPUBLIC OF SOUTH SUDAN (ROSS) LEADERS 151 N 8TH ST 5TH FLOOR, LINCOLN, NE 68508	83-3805388	501(C)(3)	11,205				GENERAL SUPPORT
(289) RISE 745 S 9TH ST, LINCOLN, NE 68508	83-0583165	501(C)(3)	34,081				GENERAL SUPPORT
(290) SADIE DOG FUND 2224 HEATHER LN, LINCOLN, NE 68512-1532	30-0703087	501(C)(3)	13,873				GENERAL SUPPORT
(291) SALVATION ARMY-LINCOLN 2625 POTTER ST, LINCOLN, NE 68503-1043	36-2167910	501(C)(3)	135,910				GENERAL SUPPORT
(292) SAMARITAN'S PURSE PO BOX 3000, BOONE, NC 28607-3000	58-1437002	501(C)(3)	12,550				GENERAL SUPPORT
(293) SANDHILLS GLOBAL LINCOLN YOUTH COMPLEX 5934 S 56TH ST STE A, LINCOLN, NE 68516	87-1032872	501(C)(3)	551,675				BASEBALL/SOFTBALL FIELDS AND GENERAL SUPPORT
(294) SCHOOL SISTERS OF CHRIST THE KING 4100 SW 56TH ST, LINCOLN, NE 68522-9261	47-0825444	501(C)(3)	10,000				GENERAL SUPPORT
(295) SEAL FAMILY FOUNDATION 935 ORANGE AVE, CORONADO, CA 92118	27-1963880	501(C)(3)	11,000				GENERAL SUPPORT
(296) SENIORS FOUNDATION PO BOX 6093, LINCOLN, NE 68506	47-0630837	501(C)(3)	20,182				GENERAL SUPPORT
(297) SEWARD CHANGING THE GAME INC PO BOX 426, SEWARD, NE 68434	82-1355502	501(C)(3)	5,100				GENERAL SUPPORT
(298) SEWARD COMMUNITY SCHOLARSHIP PO BOX 141, SEWARD, NE 68434-0141	47-0620453	501(C)(3)	56,074				SCHOLARSHIPS

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(299) SEWING FOR BABIES 5930 S 58TH ST STE L, LINCOLN, NE 68516	47-0835177	501(C)(3)	5,028				GENERAL SUPPORT
(300) SHELDON ART ASSOCIATION PO BOX 880300, LINCOLN, NE 68588-0300	47-6026671	501(C)(3)	37,309				GENERAL SUPPORT
(301) SHERIDAN LUTHERAN CHURCH 6955 OLD CHENEY RD, LINCOLN, NE 68516-3565	47-0484855	501(C)(3)	116,553				GENERAL SUPPORT
(302) SHRINER'S HOSPITAL FOR CHILDREN 2900 N ROCKY POINT DR, TAMPA, FL 33607-1435	36-2193608	501(C)(3)	36,721				GENERAL SUPPORT
(303) SOLIDAGO CONSERVANCY 3131 O ST STE 301, LINCOLN, NE 68510-1514	85-3119171	501(C)(3)	204,759				GENERAL SUPPORT
(304) SOUTH GATE UNITED METHODIST CHURCH 3500 PIONEERS BLVD, LINCOLN, NE 68506-4853	47-0520001	501(C)(3)	6,800				GENERAL SUPPORT
(305) SOUTH OF DOWNTOWN COMMUNITY DEVELOPMENT 2530 Q ST, LINCOLN, NE 68503	81-3999486	501(C)(3)	250,000				GENERAL SUPPORT
(306) SOUTHEAST COMMUNITY COLLEGE FOUNDATION 8800 O ST STE 227, LINCOLN, NE 68520	51-0168407	501(C)(3)	167,368				SCHOLARSHIPS AND GENERAL PURPOSES
(307) SOUTHERN HEIGHTS FOOD FOREST-THE BIG GARDEN AT SOUTHERN HEIGHTS SOUTHERN HEIGHTS FOOD FOREST, 5750 S 40TH ST, LINCOLN, NE 68516-2802	47-0583236	501(C)(3)	5,310				GENERAL SUPPORT
(308) SOUTHWOOD LUTHERAN CHURCH 4301 WILDERNESS HILLS BLVD, LINCOLN, NE 68516-4557	47-0576864	501(C)(3)	67,550				GENERAL SUPPORT
(309) SOWER CHURCH 2640 R ST, LINCOLN, NE 68503	N/A	501(C)(3)	10,000				GENERAL SUPPORT
(310) SPECIAL OLYMPICS NEBRASKA 14216 DAYTON CIR STE 1, OMAHA, NE 68137	47-0546346	501(C)(3)	14,739				GENERAL SUPPORT
(311) SPIRIT OF HOPE LUTHERAN CHURCH 5801 NW 1ST ST STE 2, LINCOLN, NE 68521-4476	27-0681227	501(C)(3)	20,200				GENERAL SUPPORT
(312) SPRING CREEK PRAIRIE AUDUBON CENTER PO BOX 117, DENTON, NE 68339	13-1624102	501(C)(3)	51,957				GENERAL SUPPORT
(313) ST. FRANCIS OF ASSISI ROMAN CATHOLIC CHURCH 2300 SUNRIDGE HEIGHTS PKWY, HENDERSON, NV 89052	N/A	501(C)(3)	13,500				GENERAL SUPPORT
(314) ST. JOHN THE APOSTLE CATHOLIC CHURCH 7601 VINE ST, LINCOLN, NE 68505	N/A	501(C)(3)	97,200				GENERAL SUPPORT
(315) ST. JOSEPH CATHOLIC CHURCH (LINCOLN, NE) 7900 TRENDWOOD DR, LINCOLN, NE 68506-6559	47-0580454	501(C)(3)	867,056				GENERAL SUPPORT

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(316) ST. JUDE CHILDREN'S RESEARCH HOSPITAL 501 SAINT JUDE PL, MEMPHIS, TN 38105-1905	62-0646012	501(C)(3)	211,685				GENERAL SUPPORT
(317) ST. MARK'S UNITED METHODIST CHURCH 8550 PIONEERS BLVD, LINCOLN, NE 68520-1306	N/A	501(C)(3)	107,500				GENERAL SUPPORT
(318) ST. MARY'S CATHOLIC CHURCH (PARK CITY, UT) 1505 WHITE PINE CANYON RD, PARK CITY, UT 84060	N/A	501(C)(3)	102,000				GENERAL SUPPORT
(319) ST. MARY'S CHURCH (DENTON, NE) PO BOX 406, DENTON, NE 68339-0406	47-0457881	501(C)(3)	33,500				GENERAL SUPPORT
(320) ST. MATTHEW'S EPISCOPAL CHURCH 2325 S 24TH ST, LINCOLN, NE 68502-4005	N/A	501(C)(3)	6,026				GENERAL SUPPORT
(321) ST. MICHAEL CATHOLIC CHURCH 9101 S 78TH ST, LINCOLN, NE 68516	47-0813800	501(C)(3)	29,105				GENERAL SUPPORT
(322) ST. MONICA'S LIFE CHANGING RECOVERY FOR WOMEN 120 WEDGEWOOD DR, LINCOLN, NE 68510-2431	47-0490169	501(C)(3)	27,860				GENERAL SUPPORT
(323) ST. PAUL LUTHERAN CHURCH (WEST POINT, NE) 434 N LINCOLN ST, WEST POINT, NE 68788	47-0421458	501(C)(3)	7,200				GENERAL SUPPORT
(324) ST. PAUL UNITED METHODIST CHURCH (LINCOLN, NE) 1144 M ST, LINCOLN, NE 68508-2123	47-0379012	501(C)(3)	12,557				GENERAL SUPPORT
(325) ST. PETER CATHOLIC CHURCH 4500 DUXHALL DR, LINCOLN, NE 68516-2860	N/A	501(C)(3)	20,578				GENERAL SUPPORT
(326) ST. TERESA'S CATHOLIC CHURCH 735 S 36TH ST, LINCOLN, NE 68510-1666	47-0393174	501(C)(3)	15,307				GENERAL SUPPORT
(327) STANTON COUNTY VETERANS MEMORIAL PARK PO BOX 202, STANTON, NE 68779	99-2660643	501(C)(3)	40,000				GENERAL SUPPORT
(328) STEADFAST BIBLE FELLOWSHIP 2440 S 141ST CIR, OMAHA, NE 68144	20-0793317	501(C)(3)	25,000				GENERAL SUPPORT
(329) STILL WATERS EQUESTRIAN ACADEMY 18221 S 68TH ST, HICKMAN, NE 68372-9842	46-4343429	501(C)(3)	8,759				GENERAL SUPPORT
(330) SUNDAY FARMERS MARKET AT COLLEGE VIEW PO BOX 6004, LINCOLN, NE 68506	20-4116356	501(C)(3)	5,032				GENERAL SUPPORT
(331) SUTTON CHRISTIAN SCHOOLS INC 1004 E ASH ST, PO BOX 321, SUTTON, NE 68979	47-0630455	501(C)(3)	10,000				GENERAL SUPPORT
(332) SUTTON COMMUNITY HOME FOUNDATION PO BOX 756, SUTTON, NE 68979	47-2335739	501(C)(3)	30,000				GENERAL SUPPORT

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(333) TABITHA FOUNDATION 4720 RANDOLPH ST, LINCOLN, NE 68510-3741	47-0636199	501(C)(3)	137,705				GENERAL SUPPORT
(334) TABITHA INC. 4720 RANDOLPH ST, LINCOLN, NE 68510-3741	47-0377998	501(C)(3)	20,031				GENERAL SUPPORT
(335) TEAMMATES FOUNDATION 121 S 13TH ST STE 300, LINCOLN, NE 68508	26-2658139	501(C)(3)	12,750				GENERAL SUPPORT
(336) TEAMMATES OF LINCOLN 5905 O ST, LINCOLN, NE 68510-2235	26-4658462	501(C)(3)	30,112				GENERAL SUPPORT
(337) THE 1890 FOUNDATION 1125 Q ST STE 401, LINCOLN, NE 68508	92-1492954	501(C)(3)	1,000,000				GENERAL SUPPORT
(338) THE BAY 2005 Y ST, LINCOLN, NE 68503	27-2442893	501(C)(3)	14,492				GENERAL SUPPORT
(339) THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVE, NE, WASHINGTON, DC 20002	23-7327730	501(C)(3)	6,400				GENERAL SUPPORT
(340) THEATRE ARTS FOR KIDS 5820 M ST, LINCOLN, NE 68510	46-3745380	501(C)(3)	75,312				GENERAL SUPPORT
(341) TRINITY EVANGELICAL LUTHERAN CHURCH 265 HELEN ST, PO BOX 47, CORDOVA, NE 68330	47-0645137	501(C)(3)	13,000				GENERAL SUPPORT
(342) TRINITY LUTHERAN CHURCH (MURDOCK, NE) 31104 CHURCH RD, MURDOCK, NE 68407	47-0525231	501(C)(3)	6,000				GENERAL SUPPORT
(343) TUNNEL TO TOWERS FOUNDATION 2361 HYLAN BLVD, STATEN ISLAND, NY 10306	02-0554654	501(C)(3)	17,550				GENERAL SUPPORT
(344) UNF CHARITABLE GIFT FUND 1010 LINCOLN MALL STE 300, LINCOLN, NE 68508-2886	20-0288992	501(C)(3)	8,600				GENERAL SUPPORT
(345) UNION ADVENTIST UNIVERSITY 3800 S 48TH ST, LINCOLN, NE 68506-4345	47-0405319	501(C)(3)	78,601				GENERAL PURPOSES
(346) UNITED STATES ARTISTS INC 200 W MADISON ST, FL 3, CHICAGO, IL 60606	22-3903993	501(C)(3)	10,000				GENERAL SUPPORT
(347) UNITED WAY OF LINCOLN AND LANCASTER COUNTY 6900 VAN DORN ST STE 24, LINCOLN, NE 68506-2882	47-0376624	501(C)(3)	203,129				GENERAL SUPPORT
(348) UNIVERSITY OF NEBRASKA 3835 HOLDREGE ST, LINCOLN, NE 68583	47-0049123	501(C)(3)	279,800				SCHOLARSHIPS AND GENERAL PURPOSES
(349) UNIVERSITY OF NEBRASKA BOARD OF REGENTS 3835 HOLDREGE ST, LINCOLN, NE 68583	47-0049123	501(C)(3)	95,234				SCHOLARSHIPS AND GENERAL PURPOSES
(350) UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL STE 300, LINCOLN, NE 68508-2886	47-0379839	501(C)(3)	1,585,362				COLLEGE OF ENGR, RAIKES SCHOOL, LIBRARY, GENERAL PURPOSES, SCHOLARSHIPS
(351) UNIVERSITY OF NEBRASKA-OMAHA 60TH & DODGE ST, OMAHA, NE 68182	47-0049123	501(C)(3)	25,150				SCHOLARSHIPS

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(352) VILLA MARIE HOME AND SCHOOL FOR EXCEPTIONAL CHILDREN 7205 N 112TH ST, WAVERLY, NE 68462	47-0576011	501(C)(3)	17,414				GENERAL SUPPORT
(353) VINE CONGREGATIONAL CHURCH 1800 TWIN RIDGE RD, LINCOLN, NE 68506-2355	N/A	501(C)(3)	7,900				GENERAL SUPPORT
(354) VISIONARY YOUTH 4230 S 33RD ST STE 105, LINCOLN, NE 68506	83-4213616	501(C)(3)	20,938				GENERAL SUPPORT
(355) VOICES OF HOPE 2545 N ST, LINCOLN, NE 68510-1250	47-0726814	501(C)(3)	71,681				GENERAL SUPPORT
(356) WACHISKA AUDUBON SOCIETY 3100 N 112 ST, LINCOLN, NE 68527	51-0229888	501(C)(3)	242,845				GENERAL SUPPORT
(357) WATER FOR LIFE PO BOX 456, KALONA, IA 52247	42-1203881	501(C)(3)	12,000				GENERAL SUPPORT
(358) WAYNE STATE COLLEGE 1111 MAIN ST, WAYNE, NE 68787-1181	47-6032870	501(C)(3)	38,200				SCHOLARSHIPS
(359) WE CAN DO THIS PO BOX 80871, LINCOLN, NE 68501	87-2737545	501(C)(3)	17,046				GENERAL SUPPORT
(360) WE CARE FOUNDATION 7731 VIBURNUM DR, LINCOLN, NE 68516	81-3563641	501(C)(3)	10,000				GENERAL SUPPORT
(361) WELLBEING INITIATIVE 5530 O ST STE 2, LINCOLN, NE 68510	47-4853482	501(C)(3)	9,733				GENERAL SUPPORT
(362) WESTMINSTER PRESBYTERIAN CHURCH 2110 SHERIDAN BLVD, LINCOLN, NE 68502-4036	47-0380471	501(C)(3)	9,509				GENERAL SUPPORT
(363) WHITE CANE FOUNDATION 2741 KATY CIR, LINCOLN, NE 68506	83-3478011	501(C)(3)	60,324				GENERAL SUPPORT
(364) WHOOPING CRANE TRUST 6611 W WHOOPING CRANE DR, WOOD RIVER, NE 68883-9554	47-0623996	501(C)(3)	5,155				GENERAL SUPPORT
(365) WILLARD COMMUNITY CENTER 1245 S FOLSOM ST, LINCOLN, NE 68522-1257	47-0635271	501(C)(3)	13,580				GENERAL SUPPORT
(366) WILLIE'S UNDERWEAR PROJECT 2906 PLYMOUTH AVE, LINCOLN, NE 68502	82-3122335	501(C)(3)	16,655				GENERAL SUPPORT
(367) WOMEN IN COMMUNITY SERVICES, INC 1935 D ST, LINCOLN, NE 68502-1659	47-0533212	501(C)(3)	10,782				GENERAL SUPPORT
(368) WOMEN'S CARE CENTER 5632 S 48TH ST, LINCOLN, NE 68516	35-1609945	501(C)(3)	10,200				GENERAL SUPPORT
(369) WOODS TENNIS & EDUCATIONAL FOUNDATION 401 S 33RD ST, LINCOLN, NE 68510	85-0948502	501(C)(3)	41,794				GENERAL SUPPORT
(370) WORLD FOOD PRIZE FOUNDATION 100 LOCUST ST, DES MOINES, IA 50309	42-1356715	501(C)(3)	25,000				GENERAL SUPPORT
(371) WYUKA HISTORICAL FOUNDATION 3600 O ST, LINCOLN, NE 68510-1668	47-0823689	501(C)(3)	50,076				GENERAL SUPPORT
(372) YAZIDI CULTURAL CENTER 300 N 27TH ST STE C, LINCOLN, NE 68503	47-1722806	501(C)(3)	7,490				GENERAL SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(373) YBOR - A SECOND CHANCE KITCHEN YBOR - A SECOND CHANCE KITCHEN, PO BOX 21917, LINCOLN, NE 68542	84-3925961	501(C)(3)	16,007				GENERAL SUPPORT
(374) YMCA OF LINCOLN 570 FALLBROOK BLVD STE 210, LINCOLN, NE 68521-9026	47-0376578	501(C)(3)	80,522				GENERAL SUPPORT
(375) YOUTH FOR CHRIST LINCOLN AREA PO BOX 6081, LINCOLN, NE 68506-6081	47-0543176	501(C)(3)	44,217				GENERAL SUPPORT
(376) YOUTH FOR CHRIST USA INC 5062 S 108TH ST STE 160, OMAHA, NE 68137	47-0484339	501(C)(3)	20,000				GENERAL SUPPORT
(377) YWCA LINCOLN 5631 S 48TH ST STE 410, LINCOLN, NE 68516	47-0376894	501(C)(3)	8,752				GENERAL SUPPORT
(378) ZION CHURCH 5511 S 27TH ST, LINCOLN, NE 68512-1611	N/A	501(C)(3)	24,600				GENERAL SUPPORT
(379) ZION LUTHERAN CHURCH (JOHNSON, NE) PO BOX 251, JOHNSON, NE 68378-0251	47-0611798	501(C)(3)	6,000				GENERAL SUPPORT

**Part IV**

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

Return Reference - Identifier	Explanation
SCHEDULE I, PART I, LINE 2 - PROCEDURES FOR MONITORING USE OF GRANT FUNDS	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 DILIGENCE 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 CHARITY IN GOOD STANDING. ONCE THE ORGANIZATION MEETS THE DUE DILIGENCE REQUIREMENTS, THE FOUNDATION ISSUES A CHECK TO THE ORGANIZATION.
(6) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN JEWISH JOINT DISTRIBUTION COMMITTEE INC. PO BOX 4124, NEW YORK, NY 10163
(7) SCHEDULE I, PART II, COLUMN A - NAME AND ADDRESS OF ORGANIZATION OR GOVERNMENT	AMERICAN RED CROSS OF SOUTHEAST NEBRASKA DONATIONS PROCESSING, 2912 S 80TH ST, OMAHA, NE 68124

**SCHEDULE J**  
**(Form 990)**

(Rev. January 2025)

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

OMB No. 1545-0047

**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)

**Yes****No**


**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.

<b>1b</b>	✓

**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?

<b>2</b>	✓

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

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


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

**a** Receive a severance payment or change-of-control payment? . . . . .  
**b** Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .  
**c** Participate in or receive payment from an equity-based compensation arrangement? . . . . .

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

<b>4a</b>	✓
<b>4b</b>	✓
<b>4c</b>	✓

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

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

**a** The organization? . . . . .  
**b** Any related organization? . . . . .

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

<b>5a</b>	✓
<b>5b</b>	✓

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

**a** The organization? . . . . .  
**b** Any related organization? . . . . .

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

<b>6a</b>	✓
<b>6b</b>	✓

**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 . . . . .

<b>7</b>	✓

**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 . . . . .

<b>8</b>	✓

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

<b>9</b>	

**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.

		(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				
	<b>ALEC GORYNSKI</b>	(i) 199,934	0	0	10,285	18,423	228,642	0
<b>1</b>	<b>PRESIDENT- UNTIL 8/2/2024</b>	(ii) 0	0	0	0	0	0	0
	<b>TRACY EDGERTON</b>	(i) 175,800	0	0	11,519	4,450	191,769	0
<b>2</b>	<b>VICE PRES-DEVELOPMENT AND PRESIDENT BEG 8/2/2024</b>	(ii) 0	0	0	0	0	0	0
	<b>SCOTT LAWSON</b>	(i) 155,525	0	0	10,738	3,148	169,411	0
<b>3</b>	<b>VICE PRESIDENT-FINANCE</b>	(ii) 0	0	0	0	0	0	0
	<b>RICHARD DEBUSE</b>	(i) 137,795	0	0	10,029	3,148	150,972	0
<b>4</b>	<b>VICE PRES-DEVELOPMENT</b>	(ii) 0	0	0	0	0	0	0
<b>5</b>		(i)						
<b>6</b>		(i)						
<b>7</b>		(i)						
<b>8</b>		(i)						
<b>9</b>		(i)						
<b>10</b>		(i)						
<b>11</b>		(i)						
<b>12</b>		(i)						
<b>13</b>		(i)						
<b>14</b>		(i)						
<b>15</b>		(i)						
<b>16</b>		(i)						

**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.

Return Reference - Identifier	Explanation
SCHEDULE J, PART I, LINE 1A - HEALTH OR SOCIAL CLUB DUES OR INITIATION FEES	SOCIAL CLUB DUES WERE PAID FOR THE PRESIDENT.

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.

Attach to Form 990.

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

**2024**

**Open to Public  
Inspection**

Name of the organization

**LINCOLN COMMUNITY FOUNDATION INC**

Employer identification number

**47-0458128**

**Part I Types of Property**

	<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d)</b> 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 . . . . .	✓	108	13,661,805	MARKET VALUE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .	✓	2	4,149,000	OPINIONS OF EXPERTS
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ( <u>GOLD COINS</u> ) . . . . .	✓	1	4,566	MARKET VALUE
26 Other ( _____ ) . . . . .				
27 Other ( _____ ) . . . . .				
28 Other ( _____ ) . . . . .				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . .			29	2

		Yes	No
30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .			
b If "Yes," describe the arrangement in Part II.			
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .			
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .			
b If "Yes," describe in Part II.			
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

**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.

Return Reference - Identifier	Explanation
SCHEDULE M, PART I - EXPLANATIONS OF REPORTING METHOD FOR NUMBER OF CONTRIBUTIONS	SECURITIES - PUBLICLY TRADED - NUMBER OF DONOR CONTRIBUTION TRANSACTIONS; A TRANSACTION MAY INVOLVE MULTIPLE STOCKS. OTHER - GOLD COINS - NUMBER OF CONTRIBUTIONS
SCHEDULE M, PART I, LINE 32B - THIRD PARTIES USED TO SOLICIT, PROCESS, OR SELL NONCASH CONTRIBUTIONS	AN INDEPENDENT BROKER IS USED TO SELL GOLD COIN GIFTS. REAL ESTATE RECEIVED WILL BE SOLD BY AN INDEPENDENT BROKER.

**SCHEDULE O  
(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for 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

Return Reference - Identifier	Explanation								
FORM 990, PART VI, LINE 1A - DELEGATE BROAD AUTHORITY TO A COMMITTEE	THE EXECUTIVE COMMITTEE CONSISTS OF THE BOARD MEMBERS WHO ARE THE LEADER OF EACH SUB COMMITTEE. THEY ARE EMPOWERED TO ACT ON BEHALF OF THE BOARD.								
FORM 990, PART VI, LINE 11B - REVIEW OF FORM 990 BY GOVERNING BODY	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, LINE 12C - CONFLICT OF INTEREST POLICY	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, LINE 15A - AND 15B - PROCESS TO ESTABLISH COMPENSATION	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, LINE 15A - PROCESS TO ESTABLISH COMPENSATION OF TOP MANAGEMENT OFFICIAL	THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWS THE PERFORMANCE OF THE CEO RELATIVE TO THE GOALS AND DETERMINES THE APPROPRIATE COMPENSATION.								
FORM 990, PART VI, LINE 19 - REQUIRED DOCUMENTS AVAILABLE TO THE PUBLIC	THE FOUNDATION PUTS ITS FORM 990 AND AUDIT REPORT 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 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES	<table border="1"><thead><tr><th>(a) Description</th><th>(b) Amount</th></tr></thead><tbody><tr><td>CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS</td><td>2,371</td></tr><tr><td>PARTNERSHIP INCOME</td><td>- 30,850</td></tr><tr><td><b>TOTAL</b></td><td><b>- 28,479</b></td></tr></tbody></table>	(a) Description	(b) Amount	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	2,371	PARTNERSHIP INCOME	- 30,850	<b>TOTAL</b>	<b>- 28,479</b>
(a) Description	(b) Amount								
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	2,371								
PARTNERSHIP INCOME	- 30,850								
<b>TOTAL</b>	<b>- 28,479</b>								

**SCHEDULE R**  
**(Form 990)**

(Rev. January 2025)

Department of the Treasury  
Internal Revenue Service**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

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

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**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
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						

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

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	Yes	No
(1)	LINCOLN FOUNDATION DONOR DIRECTED DEPOSITORY (36-3766015) 215 CENTENNIAL MALL SOUTH STE 100, LINCOLN, NE 68508	GRANTS AND ALLOCATIONS TO LOCAL NON-PROFIT ORGANIZATIONS	NE	501(C)(3)	7	LINCOLN COMM FDN	✓		
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

**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			
(1) _____											
(2) _____											
(3) _____											
(4) _____											
(5) _____											
(6) _____											
(7) _____											

**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
(1) (SEE STATEMENT) _____									
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									

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

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

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

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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(e) Are all partners section 501(c)(3) organizations?	(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	
(1) _____												
(2) _____												
(3) _____												
(4) _____												
(5) _____												
(6) _____												
(7) _____												
(8) _____												
(9) _____												
(10) _____												
(11) _____												
(12) _____												
(13) _____												
(14) _____												
(15) _____												
(16) _____												

**Part IV****Identification of Related Organizations Taxable as a Corporation or Trust (continued)**

<b>(a)</b> Name, address and EIN of related organization	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	<b>(e)</b> Type of entity (C-corp, S-corp or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	<b>(i)</b> Section 512(b)(13) controlled entity?	
								Yes	No
(1) CHARITABLE REMAINDER TRUSTS (4)	CHARITABLE TRUST		N/A					✓	

## PUBLIC DISCLOSURE COPY

Form 990-T

Exempt Organization Business Income Tax Return  
(and proxy tax under section 6033(e))

OMB No. 1545-0047

2024

For calendar year 2024 or other tax year beginning \_\_\_\_\_, 2024, and ending \_\_\_\_\_, 20\_\_\_\_

Department of the Treasury  
Internal Revenue ServiceGo to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is an 501(c)(3).

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

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>LINCOLN COMMUNITY FOUNDATION INC</b>	D Employer identification number <b>47-0458128</b>
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A		Number, street, and room or suite no. If a P.O. box, see instructions. <b>215 CENTENNIAL MALL S STE 100</b>	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code <b>LINCOLN, NE 68508-1885</b>	F <input type="checkbox"/> Check box if an amended return.
C Book value of all assets at end of year		<b>250,925,261</b>	

G Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust  State college/university  
 6417(d)(1)(A) Applicable entity

H Check if filing only to claim  Credit from Form 8941  Refund shown on Form 2439  Elective payment amount from Form 3800I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation \_\_\_\_\_ J Enter the number of attached Schedules A (Form 990-T) \_\_\_\_\_ **1**K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No  
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of (SEE STATEMENT) Telephone number (402) 474-2345

**Part I Total Unrelated Business Taxable Income**

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	<b>1</b>	<b>28,681</b>
2 Reserved	<b>2</b>	
3 Add lines 1 and 2	<b>3</b>	<b>28,681</b>
4 Charitable contributions (see instructions for limitation rules)	<b>4</b>	<b>2,868</b>
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	<b>5</b>	<b>25,813</b>
6 Deduction for net operating loss. See instructions	<b>6</b>	<b>0</b>
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	<b>7</b>	<b>25,813</b>
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	<b>8</b>	<b>1,000</b>
9 <b>Trusts.</b> Section 199A deduction. See instructions	<b>9</b>	<b>0</b>
10 <b>Total deductions.</b> Add lines 8 and 9	<b>10</b>	<b>1,000</b>
11 <b>Unrelated business taxable income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	<b>11</b>	<b>24,813</b>

**Part II Tax Computation**

1 Organizations taxable as corporations. Multiply Part I, line 11, by 21% (0.21)	<b>1</b>	<b>5,211</b>
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11, from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>2</b>	
3 Proxy tax. See instructions	<b>3</b>	<b>0</b>
4a Amount from Form 4255, Part I, line 3, column (q)	<b>4a</b>	<b>0</b>
b Other tax amounts. See instructions	<b>4b</b>	<b>0</b>
5 Alternative minimum tax	<b>5</b>	<b>0</b>
6 Tax on noncompliant facility income. See instructions	<b>6</b>	<b>0</b>
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	<b>7</b>	<b>5,211</b>

**Part III Tax and Payments**

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	<b>0</b>	<table border="1" style="width: 100px; border-collapse: collapse;"> <tr><td>1b</td><td>0</td></tr> <tr><td>1c</td><td>0</td></tr> <tr><td>1d</td><td></td></tr> </table>	1b	0	1c	0	1d					
1b	0												
1c	0												
1d													
b Other credits (see instructions)	<b>1b</b>	<b>0</b>											
c General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	<b>0</b>											
d Credit for prior-year minimum tax (attach Form 8801 or 8827)	<b>1d</b>												
e Total credits. Add lines 1a through 1d	<b>1e</b>	<b>0</b>	<table border="1" style="width: 100px; border-collapse: collapse;"> <tr><td>2</td><td>5,211</td></tr> <tr><td>3a</td><td></td></tr> <tr><td>3b</td><td></td></tr> <tr><td>3c</td><td></td></tr> <tr><td>3d</td><td></td></tr> </table>	2	5,211	3a		3b		3c		3d	
2	5,211												
3a													
3b													
3c													
3d													
2 Subtract line 1e from Part II, line 7	<b>2</b>	<b>5,211</b>											
3a Amount from Form 4255, Part I, line 3, column (r) (see instructions)	<b>3a</b>												
b Amount due from Form 8611	<b>3b</b>												
c Amount due from Form 8697	<b>3c</b>												
d Amount due from Form 8866	<b>3d</b>		<table border="1" style="width: 100px; border-collapse: collapse;"> <tr><td>3e</td><td>0</td></tr> <tr><td>3f</td><td>0</td></tr> <tr><td>4</td><td>5,211</td></tr> </table>	3e	0	3f	0	4	5,211				
3e	0												
3f	0												
4	5,211												
e Other amounts due (see instructions)	<b>3e</b>	<b>0</b>											
f Total amounts due. Add lines 3a through 3e	<b>3f</b>	<b>0</b>											
4 Total tax. Add lines 2 and 3f (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	<b>5,211</b>											

**Part III Tax and Payments (continued)**

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k) . . . . .	5	0
6a	Payments: Preceding year's overpayment credited to the current year . . . . .	6a	0
b	Current year's estimated tax payments. Check if section 643(g) election applies . . . . .	6b	0
c	Tax deposited with Form 8868 . . . . .	6c	4,000
d	Foreign organizations: Tax paid or withheld at source (see instructions) . . . . .	6d	0
e	Backup withholding (see instructions) . . . . .	6e	0
f	Credit for small employer health insurance premiums (attach Form 8941) . . . . .	6f	0
g	Elective payment election amount from Form 3800 . . . . .	6g	0
h	Payment from Form 2439 . . . . .	6h	0
i	Credit from Form 4136 . . . . .	6i	0
j	Other (see instructions) . . . . .	6j	0
7	<b>Total payments.</b> Add lines 6a through 6j . . . . .	7	4,000
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached . . . . .	8	0
9	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed . . . . .	9	1,211
10	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid . . . . .	10	0
11	Enter the amount of line 10 you want: <b>Credited to 2025 estimated tax</b>	Refunded	
		11	

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

1 At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here

2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.

3 Enter the amount of tax-exempt interest received or accrued during the tax year . . . . . \$ \_\_\_\_\_

4 Enter available pre-2018 NOL carryovers here \$ \_\_\_\_\_. Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.

5 Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17, for the tax year. See instructions.

Business Activity Code	Available post-2017 NOL carryover
	\$ _____
	\$ _____
	\$ _____
	\$ _____

6a Reserved for future use . . . . .

b Reserved for future use . . . . .

**Part V Supplemental Information**

Provide any additional information. See instructions.

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				
	Signature of officer	Date	Title		
<b>Paid Preparer Use Only</b>	VICE PRESIDENT-FINANCE				
	May the IRS discuss this return with the preparer shown below (see instructions)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
	Print/Type preparer's name KRISTIN TYNON	Preparer's signature KRISTIN TYNON	Date 10/29/2025	Check <input type="checkbox"/> if self-employed	PTIN P01063388
	Firm's name FORVIS MAZARS, LLP	Firm's EIN 44-0160260		Phone no.	(402) 473-7600
Firm's address 1248 O STREET STE 1040, LINCOLN, NE 68508-1461					

**SCHEDULE A**  
(Form 990-T)

Department of the Treasury  
Internal Revenue Service

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2024**

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

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

<b>A</b> Name of the organization <b>LINCOLN COMMUNITY FOUNDATION INC</b>	<b>B</b> Employer identification number <b>47-0458128</b>
<b>C</b> Unrelated business activity code (see instructions) . . . . .	<b>901101</b>

**E** Describe the unrelated trade or business **INVESTMENT IN PARTNERSHIPS**

<b>Part I</b> <b>Unrelated Trade or Business Income</b>		<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>1a</b>	Gross receipts or sales	<b>0</b>		
<b>b</b>	Less returns and allowances	<b>0</b>	<b>c</b> Balance	
<b>2</b>	Cost of goods sold (Part III, line 8)	<b>0</b>		
<b>3</b>	Gross profit. Subtract line 2 from line 1c	<b>0</b>		<b>0</b>
<b>4a</b>	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions			
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	<b>0</b>		<b>0</b>
<b>c</b>	Capital loss deduction for trusts			
<b>5</b>	Income (loss) from a partnership or an S corporation (attach statement)	<b>32,289</b>		<b>32,289</b>
<b>6</b>	Rent income (Part IV)	<b>0</b>	<b>0</b>	<b>0</b>
<b>7</b>	Unrelated debt-financed income (Part V)	<b>0</b>	<b>0</b>	<b>0</b>
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	<b>0</b>	<b>0</b>	<b>0</b>
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	<b>0</b>	<b>0</b>	<b>0</b>
<b>10</b>	Exploited exempt activity income (Part VIII)	<b>0</b>	<b>0</b>	<b>0</b>
<b>11</b>	Advertising income (Part IX)	<b>0</b>	<b>0</b>	<b>0</b>
<b>12</b>	Other income (see instructions; attach statement)	<b>0</b>		<b>0</b>
<b>13</b>	<b>Total.</b> Combine lines 3 through 12	<b>30,850</b>	<b>0</b>	<b>30,850</b>

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

<b>1</b>	Compensation of officers, directors, and trustees (Part X)		<b>1</b>	<b>0</b>
<b>2</b>	Salaries and wages		<b>2</b>	<b>0</b>
<b>3</b>	Repairs and maintenance		<b>3</b>	<b>0</b>
<b>4</b>	Bad debts		<b>4</b>	<b>0</b>
<b>5</b>	Interest (attach statement). See instructions		<b>5</b>	<b>0</b>
<b>6</b>	Taxes and licenses		<b>6</b>	<b>954</b>
<b>7</b>	Depreciation (attach Form 4562). See instructions	<b>7</b>	<b>0</b>	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	<b>0</b>	<b>8b</b>
<b>9</b>	Depletion		<b>9</b>	<b>0</b>
<b>10</b>	Contributions to deferred compensation plans		<b>10</b>	<b>0</b>
<b>11</b>	Employee benefit programs		<b>11</b>	<b>0</b>
<b>12</b>	Excess exempt expenses (Part VIII)		<b>12</b>	<b>0</b>
<b>13</b>	Excess readership costs (Part IX)		<b>13</b>	<b>0</b>
<b>14</b>	Other deductions (attach statement)		<b>14</b>	<b>1,215</b>
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14		<b>15</b>	<b>2,169</b>
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)		<b>16</b>	<b>28,681</b>
<b>17</b>	Deduction for net operating loss. See instructions		<b>17</b>	<b>0</b>
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16		<b>18</b>	<b>28,681</b>

<b>Part III Cost of Goods Sold</b>		Enter method of inventory valuation
1	Inventory at beginning of year	1 0
2	Purchases	2 0
3	Cost of labor	3 0
4	Additional section 263A costs (attach statement)	4 0
5	Other costs (attach statement)	5 0
6	<b>Total.</b> Add lines 1 through 5	6 0
7	Inventory at end of year	7 0
8	<b>Cost of goods sold.</b> Subtract line 7 from line 6. Enter here and in Part I, line 2	8 0
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

**Part V Unrelated Debt-Financed Income (see instructions)**

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

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

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

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

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

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

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

**Part IX Advertising Income**

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

A  \_\_\_\_\_  
 B  \_\_\_\_\_  
 C  \_\_\_\_\_  
 D  \_\_\_\_\_

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

	A	B	C	D
2 Gross advertising income . . . . .				
a Add columns A through D. Enter here and on Part I, line 11, column (A) . . . . .				0
3 Direct advertising costs by periodical . . . . .				
a Add columns A through D. Enter here and on Part I, line 11, column (B) . . . . .				0
4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8 . . . . .				
5 Readership costs . . . . .				
6 Circulation income . . . . .				
7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0- . . . . .				
8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7 . . . . .				
a Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13 . . . . .				0

**Part X Compensation of Officers, Directors, and Trustees (see instructions)**

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

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

**Part XI Supplemental Information (see instructions)**

Return Reference - Identifier	Explanation
BOOK CARE - NAME AND ADDRESS	TYRELL ROSS VP FINANCE, 215 CENTENNIAL MALL SOUTH STE 100, LINCOLN, NE 68508

## Form 990T Part I, Line 4

## Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2024	23,193,877	0	2,868		23,191,009	
<b>Totals</b>	<b>23,193,877</b>	<b>0</b>	<b>2,868</b>	<b>0</b>	<b>23,191,009</b>	

Name of Partnership	Share of gross income	Share of deductions	Gain or loss
<b>PARTNERSHIP INCOME</b>			
(1) INCOME FROM PARTNERSHIPS	32,289	0	32,289
<b>Total</b>	<b>32,289</b>	<b>0</b>	<b>32,289</b>

Description	Amount
<b>PARTNERSHIP INCOME</b>	
(1) STATE TAX	954

Description	Amount
<b>PARTNERSHIP INCOME</b>	
(1) TAX PREPARATION FEES	1,215

**SCHEDULE D**  
**(Form 1120)**

Department of the Treasury  
Internal Revenue Service

**Capital Gains and Losses**

OMB No. 1545-0123

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to [www.irs.gov/Form1120](http://www.irs.gov/Form1120) for instructions and the latest information.

**2024**

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

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

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b . . . . .				0
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked . . . . .				0
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked . . . . .				0
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked . . . . .				0
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			4	
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			5	
<b>6</b> Unused capital loss carryover (attach computation) . . . . .			6 ( 0 )	
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h . . . . .			7	0

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

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b . . . . .				0
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked . . . . .				0
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked . . . . .				0
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked . . . . .				0
<b>11</b> Enter gain from Form 4797, line 7 or 9 . . . . .			11	0
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37 . . . . .			12	
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824 . . . . .			13	
<b>14</b> Capital gain distributions (see instructions) . . . . .			14	
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h . . . . .			15	0

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) . . . . .	16	0
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) . . . . .	17	0
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns . . . . .	18	0

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

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

Name(s) shown on return

**LINCOLN COMMUNITY FOUNDATION INC**

Identifying number

**47-0458128**

**1a** Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions . . . . .

**1b** Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets . . . . .

**1c** Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets . . . . .

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)**

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEC 1231 PROPERTY	VARIOUS	VARIOUS		0		1,439	(1,439)
3	Gain, if any, from Form 4684, line 39					3	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37					4	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824					5	
6	Gain, if any, from line 32, from other than casualty or theft					6	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows					7	(1,439)

**Partnerships and S corporations.** Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

**Individuals, partners, S corporation shareholders, and all others.** If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8	Nonrecaptured net section 1231 losses from prior years. See instructions	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	9

**Part II Ordinary Gains and Losses (see instructions)**

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	11	(1,439)
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	0
13	Gain, if any, from line 31	13	0
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	(1,439)
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
<b>a</b>	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	18a	
<b>b</b>	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	18b	

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255**  
(see instructions)

<b>19 (a)</b> Description of section 1245, 1250, 1252, 1254, or 1255 property:			<b>(b)</b> Date acquired (mo., day, yr.)	<b>(c)</b> Date sold (mo., day, yr.)
<b>A</b>				
<b>B</b>				
<b>C</b>				
<b>D</b>				
<b>These columns relate to the properties on lines 19A through 19D.</b>		<b>Property A</b>	<b>Property B</b>	<b>Property C</b>
<b>20</b> Gross sales price (Note: See line 1a before completing.) . . . . .	<b>20</b>			
<b>21</b> Cost or other basis plus expense of sale . . . . .	<b>21</b>			
<b>22</b> Depreciation (or depletion) allowed or allowable . . . . .	<b>22</b>			
<b>23</b> Adjusted basis. Subtract line 22 from line 21. . . . .	<b>23</b>			
<b>24</b> Total gain. Subtract line 23 from line 20 . . . . .	<b>24</b>			
<b>25 If section 1245 property:</b>		<b>25a</b>		
a Depreciation allowed or allowable from line 22 . . . . .		<b>25b</b>		
<b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.		<b>26a</b>		
a Additional depreciation after 1975. See instructions . . . . .		<b>26b</b>		
b Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions . . . . .		<b>26c</b>		
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e		<b>26d</b>		
d Additional depreciation after 1969 and before 1976 . . . . .		<b>26e</b>		
e Enter the <b>smaller</b> of line 26c or 26d . . . . .		<b>26f</b>		
f Section 291 amount (corporations only) . . . . .		<b>26g</b>		
<b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.		<b>27a</b>		
a Soil, water, and land clearing expenses . . . . .		<b>27b</b>		
b Line 27a multiplied by applicable percentage. See instructions . . . . .		<b>27c</b>		
<b>28 If section 1254 property:</b>		<b>28a</b>		
a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions . . . . .		<b>28b</b>		
<b>29 If section 1255 property:</b>		<b>29a</b>		
a Applicable percentage of payments excluded from income under section 126. See instructions . . . . .		<b>29b</b>		

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

<b>30</b> Total gains for all properties. Add property columns A through D, line 24 . . . . .	<b>30</b>	0
<b>31</b> Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 . . . . .	<b>31</b>	0
<b>32</b> Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 . . . . .	<b>32</b>	0

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less**  
(see instructions)

	<b>(a) Section 179</b>	<b>(b) Section 280F(b)(2)</b>
<b>33</b> Section 179 expense deduction or depreciation allowable in prior years . . . . .	<b>33</b>	
<b>34</b> Recomputed depreciation. See instructions . . . . .	<b>34</b>	
<b>35</b> Recapture amount. Subtract line 34 from line 33. See the instructions for where to report . . . . .	<b>35</b>	0