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DLN: 93493314014872

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Open to Public

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number Name of organization NEBRASKA CHILDREN AND FAMILIES FOUNDATION B Check if applicable Address change 91-1829974 Doing Business As E Telephone number Name change (402)476-9401 Initial return umber and street (or P O box if mail is not delivered to street address) **G** Gross receipts \$ 13,285,574 215 Centennial Mall South Terminated Amended return City or town, state or country, and ZIP + 4 Lincoln, NE 685081813 Application pending Name and address of principal officer **H(a)** Is this a group return for MARY JO PANKOKE affiliates? 215 CENTENNIAL MALL SOUTH LINCOLN, NE 685081813 H(b) Are all affiliates included? If "No," attach a list (see instructions) **▽** 501(c)(3) **□** 501(c) () **◄** (insert no) Tax-exempt status ☐ 4947(a)(1) or ☐ 527 Group exemption number 🕨 H(c) Website: ► NEBRASKACHILDREN ORG K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ► M State of legal domicile NE L Year of formation 1997 Summary Part I Briefly describe the organization's mission or most significant activities WE ASSIST COMMUNITIES TO DEVELOP THEIR CAPACITY TO PROMOTE FAMILY STRENGTHS AND STABILITY, ENHANCE PARENTAL INVOLVEMENT, AND PROTECT CHILDREN Activities & Governance 2 Check this box 🚩 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) . 4 24 5 59 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 24 6 Total number of volunteers (estimate if necessary) 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 ${f b}$ Net unrelated business taxable income from Form 990-T, line 34 7Ь **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 7,495,189 13,164,763 0 0 Program service revenue (Part VIII, line 2g) . 113,714 120,811 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 0 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 7,608,903 13,285,574 13 2,386,069 4,949,594 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 2,798,034 Expenses 2,527,953 0 16a Professional fundraising fees (Part IX, column (A), line 11e) . . . Total fundraising expenses (Part IX, column (D), line 25) \blacktriangleright 280,589 b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 3,186,535 2,463,353 8,100,557 10,210,981 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . -491,654 3,074,593 Assets or defined by the control of **Beginning of Current End of Year** Year 23,643,907 19,173,073 20 Total assets (Part X, line 16) . Fund 21 Total liabilities (Part X, line 26) . . . 2,314,684 3,472,556 22 16,858,389 20,171,351 Net assets or fund balances Subtract line 21 from line 20 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. 2012-11-05 Signature of officer Sign Here MARY JO PANKOKE PRESIDENT Type or print name and title Check if Preparer's taxpayer identification number CHRISTINA M CHAPMAN sıgnature Paid employed 🕨 🔽

BKD LLP

1248 O STREET STE 1040

LINCOLN, NE 685081461

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's name (or yours

if self-employed), address, and ZIP + 4

Preparer's

Use Only

Phone no (402) 473-7600

Form	1990 (201	1)									Page
Par			f Program Servule O contains a res		lishments uestion in this Part I	II					.୮
1	Briefly de	escribe the or	ganızatıon's mıssıoı	า							
COM THR FAM GIV	IMUNITY E EATEN CH ILIES FOU	BY BRINGINO ILDREN'S W INDATION P EN THE BEST	G PEOPLE AND RES ELL-BEING WORK ROMOTES THE IM	OURCES TO G NG WITH LO C PORTANCE O	SSION IS TO CREAT GETHER THROUGHO CAL, STATE AND NA F PROVIDING OPPO AND CONTINUE TO	OUT THE ST ATIONAL PA ORTUNITIE	ATE TO PR ARTNERS, N S AND SER	EVENT IEBRAS VICES 1	PROBL KA CHI FO FAM	EMS ILDRI IILIE	THAT EN AND ES THAT HEL
2			ndertake any signific 990-EZ?		ervices during the ye	ear which we	re not listed		Yes	<u></u>	
	If "Yes," o	describe thes	e new services on S	chedule O							
3		_	ease conducting, or	_	nt changes in how it	conducts, ar	ny program	.	Yes	ר N	lo
	If "Yes," o	describe thes	e changes on Sched	ule O							
4	expenses	Section 501	1(c)(3) and 501(c)(4	1) organization	ments for each of its s and section 4947(revenue, if any, for e	a)(1) trusts	are required	l to repo			
4a	(Code) (Expenses \$	2,895,630	ıncludıng grants of \$	1,45	55,071) (Reve	nue \$		4,347	7,391)
	CHILDREN	I GRANTS ARE A		MUNITIES TO ASSI	DMOTE FAMILY STRENGTH IST THEM IN ESTABLISHIN						
	(Code) (Expenses \$	2,628,400	ıncludıng grants of \$	1.5	12,567) (Reve	nue \$		3.238	3,097)
-1.5	DEVELOP /	AND SUPPORT A S AND RELATION	COMMUNITY OF PARTN		TH AGING OUT OF THE F	•	, , ,	·	ECTIONS		•
4 c	(Code) (Expenses \$	3,445,923	including grants of \$	•	31,956) (Reve	·		•),086)
					EM OF EARLY CHILDHOOI JNDATION FOR LEARNING		OUCATION THA	T PROVIDI	ES CHILD	REN F	ROM FAMILIES
4d	O ther pr	rogram servic	es (Describe in Scl	nedule O)							
	(Expens	=	•	luding grants o	of\$) (Rev	enue \$)	
4e	Total pro	ogram service	e expenses) -\$	8,969,95	 53						

Part IV	Checklist	of Rea	uired	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes,"</i> complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 💋	2	Yes	
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 😼	8		No
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a	Yes	
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		No
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		No
	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		N o
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e	Yes	
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		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	Yes	
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, XII, and XIII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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, Part I	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of grants or assistance to any organization or entity located outside the U S? If "Yes," complete Schedule F, Part II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $$5,000$ of aggregate grants or assistance to individuals located outside the U S ? If "Yes," complete Schedule F, Part III and IV	16		No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," complete Schedule G, Part II	18		No
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		N o
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		N o
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	23		No
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 questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
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	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule Ma	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
	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	33		No
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	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	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
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	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	20	Yes	

Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V	•	-1	
			Yes	No
.a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
h	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this			
	return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
a	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 or securities account)?	4a		No
b	·			
	If "Yes," enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
a	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?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
1	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did			
	the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
D	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
2	year Section F01(c)(20) qualified nonprefit health incurance issuers			
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?			
a	Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
c	Enter the aggregate amount of reserves on hand			
_	13c			. .
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No_
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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

Se	ection A. Governing Body and Management						
			Yes	No			
_							
1a	Enter the number of voting members of the governing body at the end of the tax year						
b	Enter the number of voting members included in line 1a, above, who are independent						
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		No			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No			
4							
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No			
6	Did the organization have members or stockholders?	6		No			
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		No			
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		No			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following						
а	The governing body?	8a	Yes				
b	Each committee with authority to act on behalf of the governing body?	8b	Yes				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No			
	ection B. Policies (This Section B requests information about policies not required by the Internal			•			
Re	evenue Code.)			I			
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a		No			
Ь	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	Yes				
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990						
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes				
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes				
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes				
13	Did the organization have a written whistleblower policy?	13	Yes				
14	Did the organization have a written document retention and destruction policy?	14	Yes				
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?						
а	The organization's CEO, Executive Director, or top management official	15a	Yes				
b	Other officers or key employees of the organization	15b	Yes				
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	160		N.o.			
h	taxable entity during the year?	16a		No			
J	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b					
Se	ection C. Disclosure			<u> </u>			
17							
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)						

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (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

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► NEBRASKA CHILDREN AND FAMILI 215 CENTENNIAL MALL SOUTH STE 200 LINCOLN, NE 68508

(402) 476-9401

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

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

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

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

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

(A) Name and Title	(B) A verage hours per week (describe	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	related organizations
(1) Mary Jo Pankoke President & CEO	40 0	х		Х				108,124	0	13,458
(2) Michael J Timmins CFO	40 0	х		Х				95,513	0	12,576
(3) Eric Buchanan DIRECTOR	5	х						0	0	0
(4) Sally Ganem DIRECTOR	25	х						0	0	0
(5) Mıchael McQuillan DIRECTOR	25	Х						0	0	0
(6) Marta Nieves DIRECTOR	25	Х						0	0	0
(7) Dr Helen Raikes DIRECTOR	25	Х						0	0	0
(8) Betti Robinson DIRECTOR - SECRETARY	25	Х		Х				0	0	0
(9) Carol Russell DIRECTOR	25	Х						0	0	0
(10) Ricarda Scully DIRECTOR	25	Х						0	0	0
(11) Joannie Medlock DIRECTOR	25	х						0	0	0
(12) Kate Sullivan DIRECTOR	25	х						0	0	0
(13) Teri Teutsch DIRECTOR - CHAIRPERSON	2 0	х		Х				0		0
(14) Dave Piester DIRECTOR	25	х						0	0	0
(15) Pete Ferguson DIRECTOR	1	х						0	0	0
(16) Sandy Parker DIRECTOR	25	х						0	0	0
(17) Jaime Hemmerling DIRECTOR - TREASURER	5	Х		Х				0	0	0

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

(A) Name and Title		hours more than one box, compensation per unless person is both week an officer and a (describe director/trustee) 2/1099-MISC) (W- 2/1099-MISC)							Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation from the organization and related		
		hours for related organizations in Schedule O)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	relat organiza	
(18) DIRE	Barbara Weitz CTOR	25	х						0	0		0
	Doug Christensen CTOR - VICE CHAIRPERSON	75	х		х				0	0		0
(20) Direct	Linda Daugherty or	25	х						0	0		0
(21) Direct	Kım Dınsdale or	25	х						0	0		0
(22) DIRE	Shelley Henderson CTOR	25	х						0	0		0
(23) DIRE	Max Larsen CTOR	5	х						0	0		0
(24) DIRE	Jodie Mackintosh CTOR	25	х						0	0		0
DIRE		1	х						0	0		0
(26) DIRE	Susie Wolf CTOR	25	х						0	0		0
1b	Sub-Total	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u>. </u>		<u> </u> ►				
С	Total from continuation sheets t	o Part VII, Sec	tion A					F				
d	Total (add lines 1b and 1c)							<u> </u>	203,637	0		26,034
2	Total number of individuals (inclu \$100,000 of reportable compens					tea .	above _.) wno	received more tha	ın		
											Yes	No
3	Did the organization list any form on line 1a? <i>If "Yes," complete Sch</i>					еу е •	mploy •	ee, c	or highest compens	ı	3	No
4	For any individual listed on line 1 organization and related organization and related organization.					f "Y				ch	4	No
5	Did any person listed on line 1a i services rendered to the organiza						-		-	or individual for	5	No
Se	ection B. Independent Cont	tractors										
1	Complete this table for your five \$100,000 of compensation from or within the organization's tax yo	highest compen the organization										
	-	(A) ne and business add	Iress						Desci	(B) ription of services	Comper	
	Total number of Independent contr	actors (includin	a but n	ot lim	nited	to 1	those	iste	d above) who receiv	ved more than		
	\$100,000 of compensation from t			J . 1111	cu		_,,550	.5.0		a more enem	1	

Form 990 (2011) Page 9								
Part \	<u> </u>	Statement of Revenue	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513,or 514		
<u> </u>	1a	Federated campaigns 1a				52.		
둂	ь	Membership dues 1b						
S, g	c	Fundraising events 1c						
≅ੂ≅	d	Related organizations 1d						
žį.	e	Government grants (contributions) 1e 4,095	<u></u> ! !					
er.	f	All other contributions, gifts, grants, and 1f 9,069 similar amounts not included above	0,627					
^듩	g	Noncash contributions included in						
Contributions, gifts, grants and other similar amounts	h	Innes 1a-1f \$ Total. Add lines 1a-1f	13,164,763					
<u> </u>		Business Co	ode					
ven	2a							
22	b							
M Ce	C .							
À	d							
Program Service Revenue	e f	All other program service revenue				 		
j Ž	'							
	g	Total. Add lines 2a-2f	- 0					
	3	Investment income (including dividends, interest	▶ 120,811	120,811				
	4	and other similar amounts)	▶ 0	120,011				
	5	Royalties	▶ 0					
		(ı) Real (ıı) Person	al					
	6a	Gross rents						
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)	▶					
		(i) Securities (ii) Other						
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
	_c	sales expenses Gain or (loss)						
	d	Net gain or (loss)	▶ 0					
<u> </u>	8a	Gross income from fundraising events (not including						
Other Revenue		\$ of contributions reported on line 1c) See Part IV, line 18						
μ. CC		a						
Ě	b	Less direct expenses b	<u></u>					
0	c 9a	Net income or (loss) from fundraising events	0					
	Ja	Gross income from gaming activities See Part IV, line 19 a						
	b c	Less direct expenses b Net income or (loss) from gaming activities						
		1						
		a						
	b	Less cost of goods sold b Net income or (loss) from sales of inventory	▶ 0					
	С	Miscellaneous Revenue Business Co				 		
	11a	Dusiness CV						
	b					†		
	С					 		
	d	All other revenue				 		
	e	Total. Add lines 11a-11d	b 0					
			•			ļ		
	12	Total revenue. See Instructions	13,285,574	120,811				

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) but are not required to complete columns (B), (C), and (D)

Check if Schedule O contains a response to any question in this Part IX

	neck if Schedule O contains a response to any question in this Part IX				
	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	4,395,148	4,395,148		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	554,446	554,446		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	203,637	156,626	30,097	16,914
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	2,050,441	1,577,087	303,047	170,307
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	126,775	97,508	18,737	10,530
9	Other employee benefits	235,065	180,372	34,741	19,952
10	Payroll taxes	182,116	140,074	26,916	15,126
11	Fees for services (non-employees)				· · · · · · · · · · · · · · · · · · ·
 a	Management	0			
ь	Legal	5,839		5,839	
c	Accounting	43,985		43,985	
d	Lobbying	48,000	48,000	13,363	
e	Professional fundraising See Part IV, line 17	0	10,000		-
f	Investment management fees	0			
g	Other	765,832	753,832		12,000
12	Advertising and promotion	41,132	34,152	2,876	4,104
13	Office expenses	41,132	34,132	2,670	4,104
14					
	Information technology	0			
15	Royalties	0		250 505	
16	Occupancy	260,696	155.000	260,696	
17	Travel	185,364	165,283	14,515	5,566
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	155,297	142,804	5,595	6,898
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	50,201		50,201	
23	Insurance	13,061		13,061	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	Supplies	389,898	380,116	8,936	846
b	Printing and Publication	49,889	34,935	1,241	13,713
С	Tech Support and Training	78,506	59,972	18,274	260
d	Marketing	186,486	186,386	100	
e					
f	All other expenses	189,167	63,212	121,582	4,373
25	Total functional expenses. Add lines 1 through 24f	10,210,981	8,969,953	960,439	280,589
26	Joint costs. Check here ► ☐ If following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	,,-	,,		rm 990 (2011)

Part X **Balance Sheet** (A) (B) Beginning of year End of year ol 0 1 1 3.323.965 6.252.351 2 Savings and temporary cash investments 3 2,525,319 2,721,710 0 0 4 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L ol 0 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of ol 0 Schedule L 6 0 0 7 0 0 8 51.343 9 9 57.051 Prepaid expenses and deferred charges 10a 461,265 Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b 273,731 b Less accumulated depreciation 147,999 10c 187,534 13,124,447 11 14,425,261 11 12 12 Investments—other securities See Part IV, line 11 13 13 0 Investments—program-related See Part IV, line 11 . . 0 0 14 14 15 0 15 19,173,073 23,643,907 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 255,364 17 473,849 17 Accounts payable and accrued expenses . 18 18 0 19 2,039,069 19 2,983,412 20 ol 20 Ω ol 21 Escrow or custodial account liability Complete Part IV of Schedule D . . 21 0 Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 0 0 persons Complete Part II of Schedule L \ldots 22 0 0 23 Secured mortgages and notes payable to unrelated third parties . . . 23 ol 24 Unsecured notes and loans payable to unrelated third parties 24 0 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 20,251 25 15,295 D 26 2,314,684 26 3,472,556 **Total liabilities.** Add lines 17 through 25 Organizations that follow SFAS 117, check here ▶ 🔽 and complete lines 27 Balances through 29, and lines 33 and 34. 27 767,655 27 410,080 Unrestricted net assets 2,854,336 28 3,473,757 28 Temporarily restricted net assets Fund 29 13,236,398 29 16,287,514 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34. ö 30 30 Capital stock or trust principal, or current funds Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 16.858.389 33 20.171.351 Total net assets or fund balances 34 Total liabilities and net assets/fund balances 19.173.073 34 23.643.907

Ра	Check if Schedule O contains a response to any question in this Part XI			. [~	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13.2	285,574
2	Total expenses (must equal Part IX, column (A), line 25)	2			210,981
3	Revenue less expenses Subtract line 2 from line 1	3			74,593
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		16,8	358,389
5	Other changes in net assets or fund balances (explain in Schedule O)	5		2	238,369
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6		20,1	171,351
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII			୮	
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of 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				
	Schedule O	•	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were on a separate basis, consolidated basis, or both	ıssued			
	▼ Separate basis			1	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ie	За	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	required	3b	Yes	

OMB No 1545-0047

OMB No 1545-004

2011

Open to Public Inspection

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. See separate instructions.

Employer identification number

NEBRASKA CHILDREN AND FAMILIES FOUNDATION 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 11, check only one box) A church, convention of churches, or association of churches section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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 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) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 331/3% 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 331/3% 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) 10 An organization organized and operated exclusively to test for public safety Seesection 509(a)(4). 11 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 that describes the type of supporting organization and complete lines 11e through 11h c Type III - Functionally integrated Type III - Other Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) Yes No and (III) below, the governing body of the the supported organization? 11g(i) (ii) a family member of a person described in (i) above? 11g(ii) (iii) a 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) A mount of support?
			Yes	No	Yes	No	Yes	No	
Total									

instructions

Sch	edule A (Form 990 or 99	90-EZ)2011						Page 2
	(Complet	e only if you	checked the	box on line 5,	7, or 8 of Part	(b)(1)(A)(iv) I or if the orgar	nızatıon faıle	d to qualify
			<u>organızatıon f</u>	fails to qualify ι	<u>under the tests</u>	listed below, pl	<u>lease comple</u>	ete Part III.)
	ection A. Public Su			1		Т	1	
Cal	endar year (or fiscal ye in)	ar beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contribut	ions, and						
	membership fees recei							
	ınclude any "unusual							
_	grants ") Tax revenues levied fo	rtho						
2	organization's benefit a							
	paid to or expended on							
	behalf							
3	The value of services of							
	furnished by a governme the organization withou							
4	Total. Add lines 1 thro	_						
5	The portion of total cor	-						
-	by each person (other	than a						
	governmental unit or p	•						
	supported organization line 1 that exceeds 2%							
	amount shown on line 1							
	(f)	21,0014						
6	Public Support. Subtractine 4	ct line 5 from						
S	ection B. Total Sup	port						
Cal	endar year (or fiscal yea	r beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
_	ın)	_	(4) 2007	(2) 2000	(4) 2005	(4) 2020	(0) 2022	(1) 1 3 4 4
7 8	A mounts from line 4 Gross income from inte	rost –						
0	dividends, payments re							
	securities loans, rents							
	and income from simila	ır						
_	sources							
9	Net income from unrela business activities, wh							
	not the business is reg							
	carried on							
10	Other income (Explain							
	IV) Do not include gai from the sale of capital							
11	Total support (Add line							
	through 10)							
12	Gross receipts from re	lated activities	s, etc (See inst	ructions)			12	
13	First Five Years If the		r the organizati	on's first, second	l, thırd, fourth, or	fıfth tax year as a	501(c)(3) or	
	check this box and sto	p here						▶ □
S	ection C. Computat	ion of Publ	ic Support F	Percentage				
14	Public Support Percen	tage for 2011	(line 6 column	(f) dıvıded by lıne	11 column (f))		14	
15	Public Support Percen	tage for 2010	Schedule A , Pa	rt II, line 14			15	
16a	33 1/3% support test-					line 14 is 33 1/3%	% or more, che	
h	and stop here. The org 33 1/3% support test					6a and line 15 is	33 1/20% or m	ore check this
D	box and stop here. The					oa, and inte 15 IS	1/3%0 UI M	ore, check this
17a	10%-facts-and-circum	-	•		-	ne 13, 16a, or 16	b and line 14	٠,
	ıs 10% or more, and ıf							
	in Part IV how the orga	anızatıon meet	s the "facts and	d circumstances"	test The organiz	zatıon qualıfıes as	a publicly su	
b	organization 10%-facts-and-circum	stances test—	2010. If the ora	anization did not	check a hov on li	ne 13, 16a 16b	or 17a and lin	▶
,	15 is 10% or more, an							-
	Explain in Part IV how	the organizati						
10	supported organization Private Foundation If t		n did not chools	a hov on line 12	16a 16h 17a a	or 17h chack this	hov and coc	► □

▶□

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	4,426,627	6,590,707	10,444,325	7,495,189	13,164,763	42,121,611
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	36,901					36,901
3	Gross receipts from activities that are not an unrelated trade or business under section 513	t					
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	4,463,528	6,590,707	10,444,325	7,495,189	13,164,763	42,158,512
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons	1,500,000	3,896,962	7,264,864	3,044,273	8,727,342	24,433,441
b	A mounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b	1,500,000	3,896,962	7,264,864	3,044,273	8,727,342	24,433,441
8	Public Support (Subtract line 7c from line 6)	, ,	, ,	, ,	, ,	, ,	17,725,071
Se	ection B. Total Support						
Cale	ndar year (or fiscal year beginning	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
	ın)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	ın) Amounts from line 6	(a) 2007 4,463,528	(b) 2008 6,590,707	(c) 2009 10,444,325	(d) 2010 7,495,189	(e) 2011 13,164,763	(f) Total 42,158,512
	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from						
9	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents,	4,463,528 270,410	6,590,707 115,458	10,444,325	7,495,189 113,714	13,164,763	42,158,512 726,706
9 10a b	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	4,463,528	6,590,707	10,444,325	7,495,189	13,164,763	42,158,512
9 10a b	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	4,463,528 270,410	6,590,707 115,458	10,444,325	7,495,189 113,714	13,164,763	42,158,512 726,706
9 10a b	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part	4,463,528 270,410	6,590,707 115,458	10,444,325	7,495,189 113,714	13,164,763	42,158,512 726,706
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c,	4,463,528 270,410	6,590,707 115,458	10,444,325	7,495,189 113,714	13,164,763	42,158,512 726,706
9 10a b c 11	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	270,410 270,410 4,733,938	6,590,707 115,458 115,458	10,444,325 106,313 106,313	7,495,189 113,714 113,714 7,608,903	13,164,763 120,811 120,811	42,158,512 726,706 726,706 42,885,218
9 10a b c 11 12	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here	4,463,528 270,410 270,410 4,733,938 for the organizati	6,590,707 115,458 115,458 6,706,165 on's first, second	10,444,325 106,313 106,313	7,495,189 113,714 113,714 7,608,903	13,164,763 120,811 120,811	42,158,512 726,706 726,706 42,885,218 zation,
9 10a b c 11 12	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is	4,463,528 270,410 270,410 4,733,938 4,733,938 for the organization	6,590,707 115,458 115,458 6,706,165 on's first, second	10,444,325 106,313 106,313 10,550,638 , third, fourth, or f	7,495,189 113,714 113,714 7,608,903	13,164,763 120,811 120,811	42,158,512 726,706 726,706 42,885,218 zation,
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9 10a b c 11 12 13 14 Se 15	In) A mounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) Total support (Add lines 9, 10c, 11 and 12) First Five Years If the Form 990 is check this box and stop here ection C. Computation of Pul Public Support Percentage from 20	4,463,528 270,410 270,410 4,733,938 for the organizati blic Support Pour (Inc. 1 (line 8 column (Inc. 2000)) 10 Schedule A , Pour (Inc. 2000)	6,590,707 115,458 115,458 6,706,165 on's first, second ercentage f) divided by line art III, line 15	10,444,325 106,313 106,313 10,550,638 , third, fourth, or f	7,495,189 113,714 113,714 7,608,903	13,164,763 120,811 120,811 13,285,574 1501(c)(3) organi	42,158,512 726,706 726,706 42,885,218 zation, 41 331 %
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33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Part IV	Supplemental Information. Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).						
	Facts And Circumstances Test						
	Explanation						

Schedule A (Form 990 or 990-EZ) 2011

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493314014872

OMB No 1545-0047

SCHEDULE C (Form 990 or 990-EZ)

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. > See separate instructions.

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities).

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

Provide a description of the organization's direct and indirect political campaign activities on behalf of or

Section 527 organizations Complete Part I-A only

If the organization answered "Yes," to 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," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35c (Proxy Tax), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III

Name of the organization	
NEBRASKA CHILDREN AND FAMILIES FOUNDATION	

Employer identification number

Part I-A	Complete if the or	ganization is exem	pt under section 5	5U1(C)	or is a section 5	52/ organization.

- in opposition to candidates for public office in Part IV Political expenditures
- 3 Volunteer hours

art I-B	Complete if	the organization	is exempt und	ler section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955
- 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?
- Was a correction made?
- 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).

- Enter the amount directly expended by the filing organization for section 527 exempt function activities
- Enter the amount of the filing organization's funds contributed to other organizations for section 527
- exempt funtion activities
- 3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b
- Did the filing organization file Form 1120-POL for this year? Yes Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing

organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	(b) Address	(c) EIN	(d) A mount paid from filing organization's funds If none, enter -0-	(e) A mount of political contributions received and promptly and directly delivered to a separate political organization If none, enter - 0-

chedule C (F	orm 990 or 990-EZ) 2011		Page
Part II-A	Complete if the organization is exempt under section $501(c)(3)$ and fi under section $501(h)$.	led Form 5768	(election
Check	If the filing organization belongs to an affiliated group (and list in Part IV each affiliated group expenses, and share of excess lobbying expenditures)	oup member's name	, address, EIN
Check [fthe filing organization checked box A and "limited control" provisions apply		
	Limits on Lobbying Expenditures	(a) Filing Organization's	(b) Affiliated Group

	Limits on Lobbying E (The term "expenditures" means ar		(a) Filing Organization's Totals	(b) Affiliated Group Totals
.a	Total lobbying expenditures to influence public o	19,653		
b	Total lobbying expenditures to influence a legisla	ative body (direct lobbying)	34,902	
c	Total lobbying expenditures (add lines 1a and 1b	o)	54,555	
d	Other exempt purpose expenditures		10,156,426	
e	Total exempt purpose expenditures (add lines 1	c and 1d)	10,210,981	
f	Lobbying nontaxable amount Enter the amount f	660,549		
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000		
		<u> </u>		
g	Grassroots nontaxable amount (enter 25% of lin	e 1f)	165,137	
h	Subtract line 1g from line 1a If zero or less, ent	er-0-		
i	Subtract line 1f from line 1c If zero or less, ente	r-0-		

j 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?

┌ Yes ┌ 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 instructions for lines 2a through 2f on page 4.)

	Lobbying Expenditures During 4-Year Averaging Period							
	Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) Total		
2a	Lobbying non-taxable amount	325,873	360,235	562,528	660,549	1,909,185		
b	Lobbying ceiling amount (150% of line 2a, column(e))					2,863,778		
c	Total lobbying expenditures	52,195	55,804	54,165	54,555	216,719		
_d	Grassroots non-taxable amount	81,468	90,059	140,632	165,137	477,296		
e 	Grassroots ceiling amount (150% of line 2d, column (e))					715,944		
f_	Grassroots lobbying expenditures	3,847	4,617		19,653	44,104		

Part II-B	Complete if the o	organization is exempt under section 501(c)(3) and has NOT filed Form 57	768
	(election under s	section 501(h)).	

Complete		(election under section 501(h)).					
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)? d Mailings to members, legislators, or the public? e Publications, or published or broadcast statements? 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? Iff "Yes," describe in Part IV j Total lines 1c through 1i 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? b If "Yes," enter the amount of any tax incurred under section 4912 d If the filing organization incurred a section 4912 tax, did if life 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). Vere substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization angree to carryover lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total A gregate amount reported in section 603(e)(1)(A) notices of nondeductible section 162(e) dues 1 In totices were sent and the amount on line 2 exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable esti			(6	a)		(b)	
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? If "Yes," describe in Part IV j Total lines 1c through 1: 2a Did the activities in line 1 cause the organization to be not 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? 1 Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization make only in-house lobbying and political expenditures from the prior year? 2 Did the organization agree to carryover lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues c Aggregate amount organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure expenses for which the section 5001(c)(5), or section 162(e) dues c Total a Naggregate amount of polytical expenditures (see instructions) 5 Taxble amount of lobbying and political expenditures (see instructions) 5 Taxble am			Yes	No	_ /	Moun	it
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h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? i Other activities? If "Yes," describe in Part IV j Total lines 1c through 11 a Did the activities in line 1 cause the organization to be not 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). Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members Socition 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 4 If notices were sent and the amount on line 2 c 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 expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Uses, assessment and the amount on line 2 cexceeds 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 expenditure next year?	f	Grants to other organizations for lobbying purposes?					
i Other activities? If "Yes," describe in Part IV j Total lines 1c through 11 2a Did the activities in line 1 cause the organization to be not 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). Were substantially all (90% or more) dues received nondeductible by members? 1 Were substantially all (90% or more) dues received nondeductible by members? 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? 1 Dues, assessments and similar amounts from members 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, lines 3 is answered "Yes". 1 Dues, assessments and similar amounts from members 2 Section 162(e) non-deductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). a Current year b Carryover from last year c Total 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues 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 expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Taxable amount of lobbying and political expenditures (see instructions) 5 Taxable amount of lobbying and political expenditures (see instructions)	g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
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political expenditure next year? 5 Taxable amount of lobbying and political expenditures (see instructions) 5	4						
5 Taxable amount of lobbying and political expenditures (see instructions) 5			_				
	_		\vdash				
			5				

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation			
PART 1-A, LINE 1	Organization's Direct and indirect	NONE			
	political campaign activities				

DLN: 93493314014872

OMB No 1545-0047

Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number NEBRASKA CHILDREN AND FAMILIES FOUNDATION 91-1829974 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶_ Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year -Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)? In Part XIV, 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Part III

- If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D (Form 990) 2011 Cat No 52283D

Part	•••• Organizations Maintaining Co	llections of Art	<u>, His</u>	tori	<u>cal Tre</u>	easu	<u>res, or Ot</u>	<u>:her</u>	Similar Ass	ets (c	ontinued)
3	Using the organization's accession and othe items (check all that apply)	r records, check an	y of th	ne foll	lowing th	nat are	e a significai	nt us	e of its collection	n	
а	Public exhibition		d	Γ	Loan o	rexch	nange progra	ams			
b	Scholarly research		e	Γ	Other						
c	Preservation for future generations										
4	Provide a description of the organization's co	ollections and expla	ın hov	w the	y further	the o	rganızatıon':	s exe	empt purpose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t									Yes	┌ No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answered	l "Ye	s" to Form 99	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	ediary	forc	ontrıbut	ions o	r other asse	ets no		Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the	follow	ving t	able		Г		Amo	unt	
С	Beginning balance							1c	71110		
d	Additions during the year						<u> </u>	1d			
e	Distributions during the year						<u> </u>	le			
f	Ending balance						_	1f			
2a	Did the organization include an amount on Fo	orm 990. Part X. lin	e 21?							Yes	□ No
	If "Yes," explain the arrangement in Part XIV								,		,
	rt V Endowment Funds. Complete		n ans	were	ed "Yes	" to F	orm 990.	Part	TV. line 10.		
		(a)Current Year) Prior `			o Years Back			(e) Four	Years Back
1a	Beginning of year balance	14,077,481		12	,731,631		4,721,233	3	4,609,972		
b	Contributions	3,051,116			41,317		6,695,081		1,300,000		
C	Investment earnings or losses	197,792		1	,549,748		1,402,817	7	-1,206,239		
d	Grants or scholarships										
e	Other expenditures for facilities and programs	88,812			210,215						
f	Administrative expenses	35,000			35,000		87,500		-17,500		
g	End of year balance	17,202,577		14	,077,481		12,731,631	L	4,721,233		
2	Provide the estimated percentage of the yea	r end balance held a	as								
а	Board designated or quasi-endowment 🕨										
b	Permanent endowment 🕨 100 000 %										
c	Term endowment ▶										
За	Are there endowment funds not in the posses	ssion of the organiz	atıon	that a	are held	and a	dmınıstered	for t	he		
	organization by									Yes	No
	(i) unrelated organizations							•	3a(i)		<u> </u>
	(ii) related organizations					•			3a(ii)	<u> </u>	No
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of the second secon	•						•	3b		<u> </u>
4	t VI Land, Buildings, and Equipme					<u> </u>					
Fell	Land, Buildings, and Equipme	int. See roini 99	70, P				T.,,,,,	. Т			
	Description of property				i) Cost or sis (invest		(b)Cost or of basis (othe		(c) Accumulated depreciation	(d) B	ook value
1a	Land		-								
	Buildings		•	_				_			
C	Leasehold improvements		•			0	66,	823	30,530	1	36,293
d I	Equipment		•			0	394,	442	243,201		151,241
	Other										
Tota	I. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colur	nn (B,), line	10(c).)			•	▶		187,534
									Schedule D (Form 9	90) 2011

Investments—Other Securities. See	orm 990, Part X, line 12	
(a) Description of security or category	(b) Book value	(c) Method of valuation
(including name of security)	(2)20011 14.40	Cost or end-of-year market value
(1)Financial derivatives		
(2)Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)		
Part VIII Investments—Program Related. See	Form 990. Part X. line	13.
		(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
Total (Column (h) chould agual Form 900, Part V, col (P) line 12.)		
	- 15	
Part IX Other Assets. See Form 990, Part X, lin		
		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin		(b) Book value
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	tion	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)	(b) Book value
Part IX Other Assets. See Form 990, Part X, Impact IX (a) Description (b) Should equal Form 990, Part X, col.(B) line 15 Part X Other Liabilities. See Form 990, Part X	5.)	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip Total. (Column (b) should equal Form 990, Part X, col.(B) line 15	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X 1 (a) Description of Liability	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1: Part X Other Liabilities. See Form 990, Part X	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 19 Part X Other Liabilities. See Form 990, Part X (a) Description of Liability Federal Income Taxes	5.)	

Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	าts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,285,574
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,210,981
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,074,593
4	Net unrealized gains (losses) on investments	4	88,369
5	Donated services and use of facilities	5	150,000
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	238,369
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	3,312,962
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		
1	Total revenue, gains, and other support per audited financial statements	1	13,523,943
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	238,369
3	Subtract line 2e from line 1	3	13,285,574
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	13,285,574
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses	per	
1	Total expenses and losses per audited financial statements	1	10,210,981
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	-	
a	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIV) 2d		
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	10,210,981
4	A mounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIV) 4b		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	10,210,981
Par	t XIV Supplemental Information	•	

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation		
PART V, LINE 4	DESCRIBE THE INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	EARNINGS INTENDED TO BE GRANTED TO COMMUNITIES TO SUPPORT EARLY CHILDHOOD LEARNING		
Part X, Line 2	Provide footnote reporting the organization's liability under FIN 48	The Foundation is exempt from income taxes under Section 501 of the Internal Revenue Code and a similar provision of state law However, the Foundation is subject to federal income tax on any unrelated business taxable income. The Foundation files tax returns in the U.S. federal jurisdiction. With a few exceptions, the Foundation is no longer subject to U.S. federal examinations by tax authorities for years before 2008.		

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DLN: 93493314014872 OMB No 1545-0047

Employer identification number

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

NEBRASKA CHILDREN AND FAMILIES FOUNDATION 91-1829974 Part I General Information on Grants and Assistance Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use (a) Name and address of **(b)** EIN (c) IRC Code (d) Amount of cash (f) Method of (a) Description of (h) Purpose of grant (e) A mount of nonorganization section grant valuation non-cash assistance or assistance cash ıf applicable (book, FMV, or government assistance appraisal, other) See Additional Data Table

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

60

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, lir	ne 22
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FOSTER YOUTH ASSISTANCE	570	292,333			
(2) Jennifer Baumann	1	5,000			
(3) EARLY CHILDHOOD QUALITY CARE	269	250,213			
(4) FOSTER YOUTH CAMP	39	11,900			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE U S	PART I, LINE 2	WE REQUIRE PERIODIC REPORTING AND THIRD PARTY EVALUATIONS

Schedule I (Form 990) 2011

Software ID: Software Version:

EIN: 91-1829974

Name: NEBRASKA CHILDREN AND FAMILIES FOUNDATION

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Box Butte County Family Focus CoalitionPO Box 5 ALLIANCE, NE 69301	47- 0794311	501(c)(3)	7,313				Family Support
Child Saving Institute4545 Dodge Street OMAHA, NE 68132	45- 0489204	501(c)(3)	857,702				Early Learning Quality

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
City of Grand Island PO Box 1968 GRAND ISLAND, NE 68802	47- 6006205	CITY OF GI	13,245				Child Well- Being
Columbus Community Hospital 4600 38th Street COLUMBUS, NE 68601	47- 0542043	501(c)(3)	14,063				Home Visitation Grant

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family Housing Advisory Srv2401 Lake Street Omaha, NE 68111	47- 0526720	1 501(0)(3)	282,230				IL Assistance
LINCOLN PUBLIC SCHOOLS5901 O STREET LINCOLN,NE 68510	47- 6003955		65,000				PARENT ENGAGEMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCARE OF OMAHA2123 PAUL STREET OMAHA,NE 68102	80- 0015385	1 5017637	50,000				PARENT ENGAGEMENT
NEBRASKA DEPT OF EDUCATIONPO BOX 94987 LINCOLN, NE 68509	47- 0491233						PARENT ENGAGEMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GORDON RUSHVILLE PUBLIC SCHOOLS PO BOX 530 GORDON, NE 69343	47- 6005414	PUBLIC SCHOOL					PARENT ENGAGEMENT
GARDEN COUNTY SCHOOLSPO BOX 230 OSHKOSH, NE 69154	47- 6003023	PUBLIC SCHOOL					PARENT ENGAGEMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SANTEE PUBLIC SCHOOLS206 FRAZIER AVENUE EAST NIOBRARA, NE 68760	47- 6003833	PUBLIC SCHOOL					PARENT ENGAGEMENT
SALEM CHILDREN'S CENTER3131 LAKE STREET OMAHA,NE 68111	47- 0835989	1 501(0)(3)	15,000				PARENT ENGA GEMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD SAVING INSTITUTE4545 DODGE STREET OMAHA,NE 68132	45- 0489204	501(C)(3)	24,725				TEEN PARENT ASSISTANCE
COMMUNITY OUTREACH SERVICES205 EAST 6TH OGALLALA, NE 69153	47- 0755510	1 501(C)(3)	21,500				EARLY LEARNING QUALITY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN MEDICAL EDUCATION PARTNERSHIP4600 VALLEY ROAD LINCOLN, NE 68510	47- 0553011	501(C)(3)	10,125		ourer)		CHILD ABUSE PREVENTION
LUTHERAN FAMILY SERVICES1941 S 42ND STREET OMAHA NE 68105	23- 7267972	501(C)(3)	42,278				TEEN PARENT ASSISTANCE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEBRASKA CASA 315 S 9TH STREET LINCOLN, NE 68508	47- 0812726	1 50170373	41,158				CAPACITY BUILDING
NORTHSTAR FOUNDATIONPO BOX 4817 OMAHA.NE 68104	26- 0494022	501(C)(3)	25,000				YOUTH SUPPORT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OMAHA HOME FOR BOYS4343 N 52ND STREET OMAHA,NE 68104	47- 0376529	501(C)(3)	517,000				IL ASSISTANCE
PANHANDLE PARTNERSHIP FOR HHSPO BOX 669 CHADRON, NE 69337	47- 0820908	501(C)(3)	100,000				CHILD WELL- BEING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNMC BOARD OF REGENTS985100 NEBRASKA MED CENTER OMAHA, NE 68198	47- 0049123	501(c)(3)	49,442		23.161)		EARLY LEARNING QUALITY
VISITING NURSES HEALTH SERVICE12565 W CENTER RD STE 100 OMAHA N OMAHA,NE 68144	42- 0681048	501(C)(3)	626,000				TEEN PARENT ASSISTANCE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AFRICAN AMERICAN ACHIEVEMENT COUNCIL1701 N 24TH ST SUITE 102 OMAHA N OMAHA,NE 68110	26- 1353466	501(c)(3)	15,000				PARENT ENGA GEMENT
BLUE VALLEY COMMUNITY ACTION PARTNERSHIPPO BOX 273 FAIRBURY, NE	47- 0492640	501(c)(3)	6,000				EARLY LEARNING QUALITY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOARD OF REGENTS AT UNO6001 DODGE STREET OMAHA,NE 68182	47- 0049123	501(c)(3)	27,232		ou.e.,		PARENT ENGAGEMENT
BROKEN BOW PUBLIC SCHOOLS323 NORTH 7TH AVENUE BROKEN BOW, NE 68822	05- 0602329	public school	25,000				PARENT ENGAGEMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTRAL NEBRASKA COMMUNITY SERVICESPO BOX 509 LOUP CITY, NE 68853	47- 0495122	I 501(c)(3)	10,180		26.)		EARLY LEARNING QUALITY
CENTRAL PLAINS CENTER FOR SERVICES908 S E ST BROKEN BOW, NE	47- 0784568	1 501(6)(3)	144,000				IL Assistance

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILD SAVING INSTITUTE4545 DODGE STREET OMAHA,NE 68132	45- 0489204	501(c)(3)	32,500				IL Assistance
CHILD SAVING INSTITUTE4545 DODGE STREET OMAHA,NE 68132	45- 0489204	501(C)(3)	11,250				CHILD WELL- BEING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLLEGE OF SAINT MARY7000 MERCY ROAD OMAHA,NE 68106	47- 0424785	501(C)(3)	5,446				PARENT ENGAGEMENT
COLUMBUS AREA UNITED WAY3020 18TH STREET COLUMBUS, NE 68602	47- 6029411	501(c)(3)	45,000				CHILD WELL- BEING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITIES IN SCHOOLS OF NEBRASKA4383 NICHOLAS ST STE 305E OMAHA N OMAHA,NE 68131	27- 2069903	501(c)(3)	23,000				PARENT ENGA GEMENT
COMMUNITY ACTION PARTNERSHIP210 O STREET LINCOLN, NE 68508	47- 0491162	501(c)(3)	6,000				EARLY LEARNING QUALITY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIP OF WEST NE3350 10th Street GERING,NE 69341	47- 0493594	501(c)(3)	151,292				IL Assistance
COMMUNITY ACTION PARTNERSHIP OF WEST NE3350 10th Street GERING NE 69341	47- 0493594	501(c)(3)	6,000				Early Learning Quality

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COZAD CITY SCHOOLS1910 MERIDIAN COZAD,NE 68130	47- 0639450						Early Learning Q uality
CRETE PUBLIC SCHOOLS920 Linden Avenue CRETE.NE 68333	47- 6005078	PUBLIC SCHOOL					Parent Engagement

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARLY CHILDHOOD TRAINING CTR 6949 South 110th St OMAHA,NE 68128	47- 0491233	501(c)(3)	150,000				EARLY LEARNING QUALITY
EDUCARE OF OMAHA2123 Paul Street OMAHA,NE 68102	80- 0015385	501(c)(3)	30,000				Early Learning Quality

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Educational Service Unit #1211 10th Street Wakefield,NE 68784	47- 0498505	501(c)(3)	8,360				Early Learning Quality
Educational Service Unit #134215 Avenue I SCOTTSBLUFF, NE 69361	47- 0498451	501(c)(3)	11,680				EARLY LEARNING QUALITY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Educational Service Unit #36949 S 110th Street Omaha,NE 68128	47- 0498190	501(c)(3)	18,778				EARLY LEARNING QUALITY
EDUCATIONAL SERVICE UNIT #6 210 5TH STREET MILFORD, NE 68405	47- 0495481	501(c)(3)	7,860				EARLY LEARNING QUALITY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EDUCATIONAL SERVICE UNIT # 7 2657 44th Avenue COLUMBUS, NE 68601	47- 0499223	501(c)(3)	7,360				EARLY LEARNING QUALITY
HEARTLAND FAMILY SERVICES2101 SOUTH 42ND STREET OMAHA.NE 68105	47- 0390618	501(c)(3)	77,557				Early Learning Q uality

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEXINGTON PUBLIC SCHOOLS PO BOX 890 LEXINGTON, NE 68850		PUBLIC SCHOOL	20,500				PARENT ENGAGEMENT
LINCOLN COMMUNITY FOUNDATION215 CENTENNIAL MALL S LINCOLN NE 6 LINCOLN,NE 68508	47- 0458128	501(c)(3)	50,000				CAPACITY BUILDING

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN PUBLIC SCHOOLS5901 O STREET LINCOLN, NE 68510	47- 6003955	PUBLIC SCHOOL					Early Learning Q uality
Munroe-Meyer Institute985450 NE Medical Center Omaha NE OMAHA, NE 68198		501(c)(3)	32,898				EARLY LARNING QUALITY

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Nebraska AEYC Inc650 J Street Suite 23 LINCOLN, NE 68508	26- 0013083	501(c)(3)	166,000				EARLY LEARNING QUALITY
Nebraska Children's Home Society3549 Fontenelle Blvd Omaha NE 681 OMAHA, NE	47- 0378995	501(c)(3)	107,753				TEEN PARENT ASSISTANCE

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHWEST COMMUNITY ACTION PARTNERSHIP270 PINE STREET CHADRON, NE 69337	47- 0493447	501(c)(3)	30,000				Early Learning Quality
Omaha Children's Museum500 S 20th Street OMAHA NF 68131	47- 0594056	1 5017633	8,700				Early Learning Q uality

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Panhandle Partnership for HHS PO Box 669 CHADRON, NE 69337	47- 0820908	501(c)(3)	32,795				IL ASSISTANCE
PAPILLION LAVISTA SCHOOLS420 S Washington Street PAPILLION, NE 68046		PUBLIC SCHOOL	19,275				PARENT ENGAGEMENT

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SALVATION ARMY 3612 Cuming Street OMAHA,NE 68131	36- 2167910	501(c)(3)	30,000				EARLY LEARNING QUALITY
SIOUXLAND HUMAN INVESTMENT PARTNERSHIP1520 Morningside Ave Sioux City IA SIOUX CITY,IA 51106	27- 2850581	501(c)(3)	100,000				Child Well-being

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST CENTRAL DISTRICT HEALTH DEPARTMENT111 N Dewey Street NORTH PLATTE, NE 69101	47- 0879835	STATE AGENCY					Child Well-being
YOUTH EMERGENCY SERVICES INC 2679 Farnam Street Ste 205 OMAHA, NE 68131	47- 0586898	1 501(6)(3)	47,986				IL Assistance

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GRANTS 5000			15,046				

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As Filed Data -

DLN: 93493314014872

Schedule L

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Transactions with Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No 1545-0047

Open to Public **Inspection**

Name of the organization NEBRASKA CHILDREN AND FAMILIES FOUN	DATION							mployer i	dent if ica	ition numbe	er
							9	1-18299	74		
art I Excess Benefit Trar Complete if the organizat										ıne 40h	
Complete if the organizat	ion ans	wered	Tes diritin	11 990, 1	arciv, ille 23a c) Z J D ,	01 1 01111	990-LZ,	raic v,i		(c)
1 (a) Name of disqu	ualıfıed	person		(b) Description of transaction						rected?	
										Yes	No
2 Enter the amount of tax impos	ed on tl	he organ	nization mana	agers or	disqualified pers	ons dur	ing the	year unde	r		
section 4958									· \$		
3 Enter the amount of tax, if any	, on line	e 2, abo	ve, reimburs	ed by th	e organızatıon .			🕨	· \$		
art II Loans to and/or F	Fom	Intere	sted Ders	one							
Complete if the organiz					, Part IV, line 26	, or For	m 990-l	EZ, Part V	', line 38	a	
	(b) L	oan to					_	(f)			
a) Name of interested person and	or fro	m the	(c)0 rig		(d)Balance due	(e) defau		A pprob		(g)Writt agreeme	
purpose	organı	zatıon?	principal a	mount	(d)Dalalice due	40.4		commit			
	То	From				Yes	No	Yes	No	Yes	No
							+				
							+		+		_
				▶ \$							
Grants or Assistar Complete if the orga						line '	27				
•					en interested per						
(a) Name of interested pers	on	`	•	•	ganızatıon		(c) A n	nount of g	rant or ty	pe of assis	stance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

Complete ii the organizati	on answered res on	ronni 990, Part IV, III	ie zoa, zob, or zoc.		
(a) Name of interested person	(b) Relationship between interested person and the	(c) A mount of transaction	(d) Description of transaction	(e) Sha organiz reven	ation's
	organization			Yes	No
(1) WALLY WEITZ	SPOUSE OF BOARD MEMBER	127,470	INVESTMENT MANAGEMENT FEES		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation
INTERESTED PERSONS	,	During 2011, NCFF held an investment interest in one or more funds managed by an entity or entities owned or controlled at least in part by Wally Weitz, whose spouse, Barbara Weitz, is a Director of the organization. The estimated total operating expenses of the Fund(s) related to the NCFF's average balance during the year, was \$127,470, of which some amount may have directly or indirectly benefitted Wally and/or Barbara Weitz

Schedule L (Form 990 or 990-EZ) 2011

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DLN: 93493314014872

Open to Public

Inspection

OMB No 1545-0047

SCHEDULE M (Form 990)

Department of the Treasury

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30. ▶ Attach to Form 990.

NonCash Contributions

Internal Revenue Service Name of the organization NEBRASKA CHILDREN AND FAMILIES FOUNDATION

Employer identification number

Dа	rt I Types of Property				91-18299/4			
rc	Types of Property	(a) Check If applicable	(b) Number of Contributions or items contributed	(c) Contribution amounts reported on Form 990, Part VIII, line 1g	(d Method of d contribution	etermı	_	
1	Art—Works of art			19				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
_	goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
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							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	COMPUTERS							
25	O ther ► (<u>- IBM</u>)	X	1	130,000	RETAIL VALUE			
26	SOFTWARE -		1	20 576	RETAIL VALUE			
	Other ► (MICROSOFT)	X	1	39,576	RETAIL VALUE			
	Other ► () Other ► ()							
20 29	Number of Forms 8283 received	by the ora	anization during the tay yes	er for contributions				
23	for which the organization compl				29		w 1	
302	During the year, did the organiza	ition receiv	e hy contribution any prope	rty reported in Part I lines	1-28 that it		Yes	No
30 a	must hold for at least three year							
	for exempt purposes for the enti			·	a to be used			No
						30a		No
D	If "Yes," describe the arrangeme							
31 32a	Does the organization have a gift Does the organization hire or us					31	Yes	
- <u>-</u> u	contributions?							NI -
L				· · · · ·	· ·	32a		No
	If "Yes," describe in Part II	rovenica	n column (a) for a turn of -	ranarty far which column /-) is shocked			
33	If the organization did not report	. revenues I	n column (c) for a type of p	roperty for which column (a	, is checked,			

Page 2

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier Return Reference Explanation

Schedule M (Form 990) 2011

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DLN: 93493314014872

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public

Inspection

	Employer identification number		
NEBRASKA CHILDREN AND FAMILIES FOUNDATION			
	91-1829974		

ldentifier	Return Reference	Explanation		
PROCESS TO REVIEW THE FORM 990	FORM 990, PART VI, QUESTION 11B	THE DRAFT 990 WAS REVIEWED BY THE INTERNAL GOVERNANCE BOARD WORK GROUP PRIOR TO FINAL FILING		
PROCESS FOR MONITORING COMPLIANCE WITH CONFLICT OF INTEREST POLICY	FORM 990, PART VI, QUESTION 12C	ALL BOARD MEMBERS ARE COVERED BY THE CONFLICT OF INTEREST POLICY THE CONFLICT OF INTEREST POLICY IS RENEWED EACH YEAR BY BOARD MEMBERS		
REVIEW OF CEO OR TOP MGMT OFFICIAL COMPENSATION	FORM 990, PART VI, QUESTION 15A	IN 2010 THE EXECUTIVE COMMITTEE OF THE BOARD REVIEWED THE CEO'S SALARY AND THE BOARD OF DIRECTORS REVIEWED ALL MANAGEMENT AND STAFF SALARIES AND COMPARED TO SURVEY DATA OBTAINED THROUGH THE NON-PROFIT ASSOCIATION OF THE MIDLANDS		
REVIEW OF OTHER OFFICER OR KEY EMPLOYEES COMPENSATION	FORM 990, PART VI, QUESTION 15B	IN 2010 THE BOARD OF DIRECTORS REVIEWED ALL MANAGEMENT AND STAFF SALARIES AND COMPARED TO SURVEY DATA OBTAINED THROUGH THE NON-PROFIT ASSOCIATION OF THE MIDLANDS		
AVAILABILITY OF GOVERNING DOCS AND CONFLICT OF INTEREST POLICY	FORM 990, PART VI, SECTION C, LINE 19	A SUMMARY OF THE ORGANIZATION'S FINANCIAL INFORMATION IS PROVIDED IN THE ANNUAL REPORT GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST		

Additional Data

Software ID: Software Version:

EIN: 91-1829974

Name: NEBRASKA CHILDREN AND FAMILIES FOUNDATION

Form 990, Special Condition Description:

Special Condition Description