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Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission

IMPROVING LIVES BY RAISING FUNDS FOR NEBRASKA'S HEALTH CHARITIES THROUGH WORKPLACE GIVING

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

If “Yes,” describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If “Yes,” describe these changes on Schedule O

4

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

4a

(Code) (Expenses \$ 2,721,499 including grants of \$ 2,332,879) (Revenue \$ 19,059)

CHC-NE CONNECTS EMPLOYEES AND EMPLOYERS VIA THE WORKPLACE TO CHC'S MEMBER CHARITIES AND THEIR PROGRAMS, SERVICES AND VOLUNTEER OPPORTUNITIES IT IS THROUGH THIS RELATIONSHIP THAT EMPLOYEES AND EMPLOYERS HAVE THIS OPPORTUNITY TO GIVE BACK TO THE CHC-NE MEMBER CHARITIES THROUGH PAYROLL DEDUCTION

4b

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

4c

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

4d

Other program services (Describe in Schedule O)

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

4e

Total program service expenses 2,721,499

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 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	No
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 	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		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	11a 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
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e 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 Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	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 and XII 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
14a 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, Parts I and IV 	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 United States? If "Yes," complete Schedule F, Parts II and IV 	15 Yes	
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 United States? If "Yes," complete Schedule F, Parts 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? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	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	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	2	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
c 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.	2a	9
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).		2b	Yes
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	No
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	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.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a	No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	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	
e 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	
8 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	
9 Sponsoring organizations maintaining donor advised funds.			
a 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	
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12.		10a	
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b	
11 Section 501(c)(12) organizations. Enter			
a Gross income from members or shareholders.		11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b	
c Enter the amount of reserves on hand.		13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		14b	

Part VI

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.

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1a	50		
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent		
1b	49		
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	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
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		
a	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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	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?		
a	The organization's CEO, Executive Director, or top management official	15a	Yes
b	Other officers or key employees of the organization	15b	No
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
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 ☐ Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization SHANNON CASTILLO 212 S 74TH STREET OMAHA, NE (402) 614-8500

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

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 compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

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

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

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

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

[illegible]

Part VII

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								131,687	0	12,781

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization: 0

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

Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . .	1a1,568,625	2,866,092				
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f1,297,467					
	g	Noncash contributions included in lines 1a-1f \$						
	h	Total. Add lines 1a-1f						
Program Service Revenue	2a	ADMINISTRATIVE FEES	Business Code900099	18,335	18,335			
	b	LEADERSHIP 25 INCOME	900099	724	724			
	c							
	d							
	e							
	f	All other program service revenue						
	g	Total. Add lines 2a-2f		19,059				
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		13,470			13,470
		4	Income from investment of tax-exempt bond proceeds . .					
5		Royalties						
6a		(i) Real						
		(ii) Personal						
b		Gross rents						
b		Less rental expenses						
c		Rental income or (loss)						
d		Net rental income or (loss)						
7a		(i) Securities						
		(ii) Other						
b		Gross amount from sales of assets other than inventory	29,226					
b		Less cost or other basis and sales expenses	27,340					
c		Gain or (loss)	1,886					
d		Net gain or (loss)		1,886			1,886	
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18						
a								
b	Less direct expenses	b						
c	Net income or (loss) from fundraising events . .							
9a	Gross income from gaming activities See Part IV, line 19							
a								
b	Less direct expenses	b						
c	Net income or (loss) from gaming activities . .							
10a	Gross sales of inventory, less returns and allowances							
a								
b	Less cost of goods sold	b						
c	Net income or (loss) from sales of inventory . .							
Miscellaneous Revenue			Business Code					
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d							
12	Total revenue. See Instructions			2,900,507	19,059	0	15,356	

Part IX

Statement of Functional Expenses

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

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

☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	2,323,879	2,323,879		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22.				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	9,000	9,000		
4	Benefits paid to or for members.				
5	Compensation of current officers, directors, trustees, and key employees.	144,468	72,235	65,010	7,223
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7	Other salaries and wages.	210,809	170,170	17,529	23,110
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	9,030	7,455	553	1,022
9	Other employee benefits.	12,606	9,871	1,412	1,323
10	Payroll taxes.	24,475	16,728	5,652	2,095
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
c	Accounting.	16,752	13,402	1,675	1,675
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.	3,646		3,646	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	5,119	3,583	1,024	512
12	Advertising and promotion.				
13	Office expenses.	32,712	25,635	3,805	3,272
14	Information technology.				
15	Royalties.				
16	Occupancy.	26,044	20,836	2,604	2,604
17	Travel.	8,069	6,052	403	1,614
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	4,212	4,212		
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	3,827	3,061	383	383
23	Insurance.	3,343	2,675	334	334
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O).				
a	AFFILIATION FEES	35,888	28,710	3,589	3,589
b	MISCELLANEOUS	4,805	2,401	586	1,818
c	PUBLIC SECTOR FEES	1,403	1,123	140	140
d	MEMBERSHIP DUES	943	471	236	236
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	2,881,030	2,721,499	108,581	50,950
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			145	1	412
	2	Savings and temporary cash investments			245,138	2	291,275
	3	Pledges and grants receivable, net			1,255,147	3	1,058,691
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			4,824	9	5,727
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	38,943			
	b	Less accumulated depreciation	10b	31,568	11,202	10c	7,375
	11	Investments—publicly traded securities			341,221	11	381,120
	12	Investments—other securities See Part IV, line 11				12	
	13	Investments—program-related See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11			31,217	15	31,942
	16	Total assets. Add lines 1 through 15 (must equal line 34)			1,888,894	16	1,776,542
Liabilities	17	Accounts payable and accrued expenses			5,270	17	16,242
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D				21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D			1,575,925	25	1,405,860
	26	Total liabilities. Add lines 17 through 25			1,581,195	26	1,422,102
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			-402,284	27	-386,162
	28	Temporarily restricted net assets			364,451	28	387,303
	29	Permanently restricted net assets			345,532	29	353,299
	Organizations that do not follow SFAS 117 (ASC 958), check here ☐ and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			307,699	33	354,440
	34	Total liabilities and net assets/fund balances			1,888,894	34	1,776,542

Part XI Reconciliation of Net Assets

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	2,900,507
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,881,030
3	Revenue less expenses Subtract line 2 from line 1	3	19,477
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	307,699
5	Net unrealized gains (losses) on investments	5	27,264
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	354,440

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2012

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES NEBRASKA

Employer identification number
23-7162972

Part I

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

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

- 1

☐

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

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9

☐

An 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 See **section 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

a

☐

Type I

b

☐

Type II

c

☐

Type III - Functionally integrated

d

☐

Type III - Non-functionally integrated
- e

☐

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)
- f

☐

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
- g

☐

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) and (iii) below, the governing body of the supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?
- h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

(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 U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	2,460,234	2,483,443	2,533,334	2,732,783	2,866,092	13,075,886
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2,460,234	2,483,443	2,533,334	2,732,783	2,866,092	13,075,886
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,602,326
6 Public support. Subtract line 5 from line 4						11,473,560

Section B. Total Support							
Calendar year (or fiscal year beginning in) ▶		(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	2,460,234	2,483,443	2,533,334	2,732,783	2,866,092	13,075,886
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,908	4,509	6,106	3	13,470	33,996
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	745	16,297	18,354	14,855	19,059	69,310
11	Total support (Add lines 7 through 10)						13,179,192
12	Gross receipts from related activities, etc (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage			
14	Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	87 060 %
15	Public support percentage for 2011 Schedule A, Part II, line 14	15	87 650 %
16a	33 1/3% support test—2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
b	33 1/3% support test—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		
17a	10%-facts-and-circumstances test—2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
b	10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization		
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		

Part IIISupport Schedule for Organizations Described in Section 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.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b**
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization COMBINED HEALTH AGENCIES DRIVE COMMUNITY HEALTH CHARITIES NEBRASKA	Employer identification number 23-7162972
--	---

Part I

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
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes☐ No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes☐ No	

Part II

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

1

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

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

2

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

	Held at the End of the Year
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

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

4

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

5

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

☐ Yes☐ No

6

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

7

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

8

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

☐ Yes☐ No

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

(ii) Assets included in Form 990, Part X

▶ \$ _____

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ _____

b

Assets included in Form 990, Part X

▶ \$ _____

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

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

- 3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other
- 4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

Part IV

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

- 1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No
- b

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

	Amount
1c	
1d	
1e	
1f	
- 2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No
- b

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

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	378,355	365,870	309,525	281,946	339,458
b Contributions	7,043	8,260	6,600	8,646	8,915
c Net investment earnings, gains, and losses	39,698	4,225	49,745	18,933	-66,427
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	425,096	378,355	365,870	309,525	281,946

- 2

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

a

Board designated or quasi-endowment

0 %

b

Permanent endowment

83 110 %

c

Temporarily restricted endowment

16 890 %

The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

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

(i) unrelated organizations

3a(i)

☐ Yes

☐ No

(ii) related organizations

3a(ii)

☐ Yes

☐ No
- b

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

☐ Yes

☐ No

4

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

Part VI

Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		38,943	31,568	7,375
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				7,375

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

1	Total revenue, gains, and other support per audited financial statements	1	2,924,125
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	27,264
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	27,264
3	Subtract line 2e from line 1	3	2,896,861
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,646
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	3,646
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	2,900,507

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

1	Total expenses and losses per audited financial statements	1	2,877,384
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,877,384
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	3,646
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	3,646
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	2,881,030

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

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	CHC HOLDS ENDOWMENT FUNDS FOR SUPPORT OF ITS PROGRAMS AND OPERATIONS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X, LINE 2	CHC'S OPERATION IS TAX-EXEMPT UNDER SECTION 501 (C)(3) OF THE INTERNAL REVENUE CODE AND HAS RECEIVED A DETERMINATION LETTER THAT IT IS EXEMPT FROM FEDERAL INCOME TAXES ON RELATED INCOME PURSUANT TO SECTION 501(A) OF THE INTERNAL REVENUE CODE. AT JUNE 30, 2013 AND 2012, CHC EVALUATED ITS TAX POSITIONS AND CONCLUDED THAT IT HAD MAINTAINED ITS TAX EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS. THEREFORE, NO PROVISION OR LIABILITY FOR INCOME TAXES HAS BEEN INCLUDED IN THE FINANCIAL STATEMENTS. WITH FEW EXCEPTIONS, CHC IS NO LONGER SUBJECT TO U S FEDERAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR THE YEARS BEFORE 2010.

SCHEDULE F
(Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2012

Open to Public
Inspection

Name of the organization
COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES NEBRASKA

Employer identification number
23-7162972

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☐ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.
- 3 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
3a Sub-total	0	0			0
b Total from continuation sheets to Part I	0	0			0
c Totals (add lines 3a and 3b)	0	0			0

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			SUB-SAHARAN AFRICA	ORPHAN CHILDREN SUPPORT	9,000	CHECK			

2

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶

1

3

Enter total number of other organizations or entities ▶

0

Part III

[illegible]

Part IV Foreign Forms

- 1

Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☐ Yes

☒ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☐ Yes

☒ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

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

OMB No 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES NEBRASKA

Employer identification number
23-7162972

Part I General Information on Grants and Assistance

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

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

Part II **Grants and Other Assistance to 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. Part II can be duplicated if additional space is needed.

[illegible]

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	34
3	Enter total number of other organizations listed in the line 1 table	0

Part III

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

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

Part IV

Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 FUNDS CONTRIBUTED BY DONORS IN WORKPLACE CAMPAIGNS CONDUCTED BY OR IN PARTNERSHIP WITH CHC-NE ARE EITHER DESIGNATED OR UNDESIGNATED FOR SPECIFIC AGENCIES DESIGNATED FUNDS FULL MEMBER AGENCIES ARE CREDITED WITH ALL SPECIFICALLY DESIGNATED FUNDS DESIGNATED FUNDS ARE DISTRIBUTED QUARTERLY (SEPTEMBER, DECEMBER, MARCH AND JUNE) THE FISCAL YEAR FOLLOWING THE FISCAL YEAR IN WHICH THEY WERE PLEDGED UNDESIGNATED FUNDS THE UNDESIGNATED FUNDS, LESS EXPENSES ARE CREDITED TO EACH MEMBER AGENCY BASED ON THE PERCENTAGE OF EACH AGENCY'S DESIGNATED FUNDS RELATIVE TO THE TOTAL OF ALL DESIGNATED FUNDS THIS PERCENTAGE IS CALCULATED ANNUALLY AT THE END OF EVERY FISCAL YEAR FOR EACH AGENCY BY DIVIDING ITS DESIGNATED FUNDS BY THE TOTAL OF ALL DESIGNATED FUNDS FROM NON-NATIONAL CAMPAIGNS UNDESIGNATED FUNDS ARE DISTRIBUTED FROM AVAILABLE COLLECTED RECEIVABLES ON THE LAST DAY OF EACH CALENDAR QUARTER (SEPTEMBER, DECEMBER, MARCH AND JUNE)

Software ID:

Software Version:

EIN: 23-7162972

Name: COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES NEBRASKA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AAA CENTER FOR PREGNANCY COUNSELING 6510 SORENSEN PKWY OMAHA,NE 68152	47-0700371	501(C)(3)	6,525				TO ASSIST MARRIAGE AND FAMILY THERAPISTS IN DIAGNOSING AND TREATING MENTAL AND EMOTIONAL ISSUES AND CONCERNS WITHIN MARRIAGES, COUPLES AND FAMILIES
ALZHEIMER'S ASSOCIATION GREAT PLAINS5601 S 27TH ST STE 201 LINCOLN,NE 68512	48-0931989	501(C)(3)	61,974				TO PROVIDE EDUCATION AND SUPPORT TO ALZHEIMER'S RELATED DISEASES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALZHEIMER'S ASSOCIATION MIDLANDS CHAPTERCENTER MALL 1941 S 42ND ST STE 205 OMAHA,NE 68105	47-0648438	501(C)(3)	148,705				TO PROVIDE EDUCATION AND SUPPORT TO ALZHEIMER'S RELATED DISEASES
AMERICAN DIABETES ASSN OF NE14216 DAYTON CIR STE 6 OMAHA,NE 68137	13-1623888	501(C)(3)	93,957				TO ASSIST IN FINDING A CURE FOR DIABETES, IMPROVING CARE, AND PROVIDING INFORMATION AND SUPPORT TO PEOPLE WITH DIABETES THROUGH RESEARCH, COMMUNITY PROGRAMS AND ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN LUNG ASSN OF THE CENTRAL STATES 8900 W DODGE RD STE 226 OMAHA,NE 68114	43-0662525	501(C)(3)	34,437				TO FIGHT LUNG DISEASE AND PROMOTE LUNG HEALTH THROUGH EDUCATION, ADVOCACY, RESEARCH, AND COMMUNITY PROGRAMS FOR ALL RESIDENTS
ARTHRITIS FOUNDATION NEBRASKA CHAPTER600 N 93RD ST STE 206 OMAHA,NE 68114	47-0483544	501(C)(3)	40,466				TO IMPROVE LIVES THROUGH LEADERSHIP IN THE PREVENTION, CONTROL AND CURE OF ARTHRITIS AND RELATED DISEASES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BIG BROTHERS BIG SISTERS OF THE FREMONT AREA637 N PARK AVENUE FREMONT,NE 68025	47-0696727	501(C)(3)	6,705				TO PROVIDE CHILDREN FACING ADVERSITY WITH STRONG AND ENDURING, PROFESSIONALLY SUPPORTED ONE-TO-ONE RELATIONSHIPS THAT CHANGE THEIR LIVES FOR THE BETTER FOREVER
BLAIR AREA COMMUNITY FOUNDATION1646 WASHINGTON ST BLAIR,NE 68008	47-0825771	501(C)(3)	253,929				TO ENRICH THE QUALITY OF LIFE IN WASHINGTON COUNTY, NEBRASKA

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CLYDEHURST CHRISTIAN RANCH INC328 SOUTH SHILOH ROAD STE 1 BILLINGS,MT 59106	20-8689095	501(C)(3)	9,000				TO PROVIDE CHRISTIAN CAMPING IN A SERENE MOUNTAIN SETTING WHICH IS DESIGNED TO EDUCATE CAMPERS IN THE FOLLOWING AREAS OF DEVELOPMENT PHYSICAL, MENTAL, MORAL, SPIRITUAL, AND SOCIAL TRAINING THE GOAL IS TO TRAIN BOTH INDIVIDUALS AND FAMILIES IN A WHOLESOME ATMOSPHERE WHILE PROVIDING FELLOWSHIP AND RELIGIOUS TRAINING IN A NATURAL, OUTDOOR ENVIRONMENT
CROHN'S & COLITIS FOUNDATION OF NEBRASKA1941 S 42ND ST STE 543 OMAHA,NE 68105	13-6193105	501(C)(3)	36,769				TO CURE CROHN'S DISEASE AND ULCERATIVE COLITIS, AND TO IMPROVE THE QUALITY OF LIFE OF CHILDREN AND ADULTS AFFECTED BY THESE DISEASES

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CYSTIC FIBROSIS FOUNDATION NE CHAPTER 11917 PIERCE PLAZA OMAHA,NE 68144	13-1930701	501(C)(3)	52,669				TO SUPPORT INNOVATIVE RESEARCH TO CONTROL AND CURE CYSTIC FIBROSIS, PROVIDE SPECIALIZED MEDICAL CARE THROUGH A NATIONWIDE NETWORK OF CENTERS, AND OFFER PHARMACY AND OTHER PATIENT SERVICES
EDUCATIONAL CONCERNS FOR HUNGER ORGANIZATIONS17391 DURRANCE ROAD NORTH FORT MYERS, FL 33917	23-7275283	501(C)(3)	5,040				TO EMPOWER SMALL-SCALE FARMERS TO INCREASE THEIR HARVESTS, AND THE NUTRITIONAL DIVERSITY OF THEIR CROPS AND TO EDUCATE, EQUIP AND SHARE SUSTAINABLE SOLUTIONS TO HUNGER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOD OF WONDER1386 S 1ST ST PO BOX 786 HAMILTON,MT 59840	26-0586277	501(C)(3)	5,040				TO MOBILIZE CONGREGATION MOVEMENTS, RESCUE ORPHANS SUFFERING FROM NEGLECT, ABUSE, MALNUTRITION, AND A LIFE OF DIRE POVERTY WITHOUT EDUCATIONAL OPPORTUNITIES, MINISTER TO THE OPPRESSED, THE IMPOVERISHED, AND THE POOR IN SPIRIT
HAITIAN AMERICAN FRIENDSHIP FOUNDATION PO BOX 3421 FORT MYERS,FL 33918	95-3248186	501(C)(3)	5,040				TO PARTNER WITH THE HAITIANS OF THE CENTRAL PLATEAU OF HAITI THROUGH ACADEMIC, VOCATIONAL, AND THEOLOGICAL EDUCATION TO ENRICH LIVES SPIRITUALLY, ECONOMICALLY, AND SOCIALLY - ALL TO THE GLORY OF GOD

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
IMPACTLIVES INC6985 OXFORD STREET ST LOUIS PARK,MN 55426	83-0487437	501(C)(3)	6,000				TO TRANSFORM THE LIVES OF PEOPLE IN THE UNITED STATES AND AROUND THE WORLD BY PROVIDING LEADERSHIP TRAINING, EXPANDED SELF-AWARENESS AND CROSS-CULTURAL HUMANITARIAN EXPERIENCES
JUVENILE DIABETES RESEARCH FOUNDATION 9202 WEST DODGE RD STE 304 OMAHA,NE 68114	23-1907729	501(C)(3)	233,321				TO IMPROVE THE LIVES OF CHILDREN AND ADULTS LIVING WITH TYPE 1 DIABETES (T1D) THROUGH FUNDING RESEARCH TO CURE, TREAT, AND PREVENT THIS DISEASE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOGAN COMMUNITY FOUNDATION110 N 2ND AVE LOGAN,IA 51546	42-1479693	501(C)(3)	5,184				TO SERVE AS A VEHICLE FOR ALL CITIZENS TO IMPACT LOGAN'S FUTURE
MAKE A WISH FOUNDATION11926 ARBOR ST STE 102 OMAHA,NE 68144	47-0671096	501(C)(3)	17,815				TO GRANT THE WISHES OF CHILDREN AGES 2 1/2 TO NOT YET 18 IN NEBRASKA BATTLING A LIFE-THREATENING ILLNESS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES NEBRASKA CHAPTER11840 NICHOLAS ST STE 220 OMAHA,NE 68154	13-1846366	501(C)(3)	78,957				TO IMPROVE THE LIVES OF INFANTS BY PREVENTING PREMATURE BIRTH, BIRTH DEFECTS AND INFANT MORTALITY
MUSCULAR DYSTROPHY ASSOCIATION4654 S 132ND ST OMAHA,NE 68137	13-1665552	501(C)(3)	26,459				TO ASSIST IN FIGHTING NEUROMUSCULAR DISEASES THROUGH WORLDWIDE RESEARCH, A NATIONWIDE NETWORK OF CLINICS OFFERING COMPREHENSIVE MEDICAL SERVICES, AND FAR-REACHING PROFESSIONAL AND PUBLIC HEALTH EDUCATION

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL MULTIPLE SCLEROSIS SOCIETY NE CHAPTER328 S 72ND ST OMAHA,NE 68114	47-0439079	501(C)(3)	100,287				TO AID IN ENDING THE DEVASTATING EFFECTS OF MS, OFFERING INFORMATION AND REFERRAL, EDUCATION AND DIRECT ASSISTANCE TO OVER 25,000 PEOPLE AFFECTED BY MS
NEBRASKA AIDS PROJECT 139 S 40TH ST OMAHA,NE 68131	47-0786622	501(C)(3)	64,437				TO LEAD THE COMMUNITY IN THE FIGHT TO OVERCOME HIV/AIDS AND ITS STIGMA THROUGH EDUCATION, SUPPORTIVE SERVICES AND ADVOCACY

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEBRASKA HOSPICE & PALLIATIVE CARE PARTNERSHIP3900 NW 12TH ST STE 100 LINCOLN,NE 68521	47-0673727	501(C)(3)	43,341				TO IMPROVE CARE AND CONDITIONS FOR CHRONICALLY AND TERMINALLY ILL NEBRASKANS THROUGH PUBLIC AND PROFESSIONAL EDUCATION, RESEARCH AND ADVOCACY
NEBRASKA HUMANE SOCIETY8929 FORT STREET OMAHA,NE 68134	47-3078997	501(C)(3)	9,069				TO PROVIDE EDUCATION, GIVE SANCTUARY TO ANIMALS, AND ENCOURAGE ADOPTIONS

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEBRASKA KIDNEY ASSOCIATION INC11725 ARBOR ST STE 210 OMAHA,NE 68114	23-7225449	501(C)(3)	52,382				TO PROVIDE INFORMATION AND REFERRALS TO THOSE WITH KIDNEY AND UROLOGIC DISEASES AND TRANSPLANT PATIENTS, EMERGENCY FUNDING, EARLY DETECTION SCREENINGS, PROFESSIONAL EDUCATION AND PUBLIC EDUCATION
OMAHA CHRISTIAN ACADEMY5612 L ST OMAHA,NE 68117	47-0708320	501(C)(3)	19,600				TO EQUIP STUDENTS TO ACT JUSTLY BY DEMONSTRATING HONESTY, RESPECT, RESPONSIBILITY, AND DISCIPLINE, AND BY APPLYING KNOWLEDGE IN ORDER TO PERFORM SUCCESSFULLY AS STUDENTS, CITIZENS, AND WORKERS, TO LOVE MERCY BY DEMONSTRATING CHRISTIAN COMPASSION TO ALL, ESPECIALLY IN SHARING THE GOSPEL, TO WALK HUMBLY WITH GOD BY BEING A STUDENT OF THE WORD, A DEFENDER OF THE TRUTH, AND A WILLING SERVANT OF OUR LORD JESUS CHRIST

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV , appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPEN DOOR MISSION2828 NORTH 23RD STREET EAST OMAHA,NE 68110	47-0411375	501(C)(3)	27,590				TO ASSIST IN BREAKING THE CYCLE OF HOMELESSNESS AND POVERTY
PREVENT BLINDNESS NEBRASKA6818 GROVER ST STE 102 OMAHA,NE 68106	47-0539539	501(C)(3)	16,701				TO PREVENT BLINDNESS AND PRESERVE SIGHT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROJECT HARMONY11949 Q STREET OMAHA,NE 68137	47-0789054	501(C)(3)	5,271				TO PROVIDE FORENSIC INTERVIEWS, MEDICAL EXAMINATIONS AND REFERRALS FOR COUNSELING TO CHILD ABUSE VICTIMS
ST JUDE'S CHILDREN'S HOSPITAL1830 CRAIG PARK DR STE 105 ST LOUIS,MO 63146	35-1044585	501(C)(3)	5,239				TO RESEARCH AND TREAT DEADLY CHILDHOOD DISEASES - PRIMARILY CANCER

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SUSAN G KOMEN FOR THE CURE NEBRASKA8610 BRENTWOOD DRIVE 3 LAVISTA,NE 68128	26-0056671	501(C)(3)	142,777				TO PROVIDE GRANTS TO LOCAL ORGANIZATIONS TO SUPPORT BREAST HEALTH EDUCATION, SCREENING AND TREATMENT PROGRAMS ACROSS THE STATE
THE ALS ASSN KEITH WORTHINGTON CHAPTER 10730 PACIFIC ST STE 228 OMAHA,NE 68114	48-1021611	501(C)(3)	59,070				TO EMPOWER PEOPLE WITH ALS AND THEIR FAMILIES TO LIVE FULLER LIVES, PROVIDING THEM WITH SERVICES AND SUPPORT WHILE FUNDING GLOBAL RESEARCH TO FIND A CURE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE LEUKEMIA & LYMPHOMA SOCIETY 10832 OLD MILL ROAD STE 2 OMAHA,NE 68154	13-5644916	501(C)(3)	137,040				TO CURE LEUKEMIA, NON-HODGKIN'S LYMPHOMA, HODGKIN'S LYMPHOMA AND MYELOMA AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND FAMILIES
UNITED CEREBRAL PALSY OF NEBRASKA920 S 107TH ST STE 302 OMAHA,NE 68114	47-0534212	501(C)(3)	25,423				TO PROVIDE PROGRAMS, SERVICES, INFORMATION, REFERRAL, AND FINANCIAL SUPPORT FOR INDIVIDUALS AND FAMILIES WITH CEREBRAL PALSY AS WELL AS OTHER DISABILITIES

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

2012**Open to Public
Inspection**Name of the organization
COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES NEBRASKA**Employer identification number**

23-7162972

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 IS PROVIDED TO ALL THE MEMBERS OF THE FINANCE COMMITTEE TO BE REVIEWED AND APPROVED BEFORE IT IS FILED A COPY IS ALSO EMAILED TO EACH BOARD MEMBER AND IS PROVIDED AT CLOSEST SCHEDULED BOARD MEETING
	FORM 990, PART VI, SECTION B, LINE 12C	THE CONFLICT OF INTEREST POLICY IS RENEWED EACH YEAR AND BOARD MEMBERS AND CHC-NE EMPLOYEES ARE ASKED TO DISCLOSE POTENTIAL CONFLICTS THE CEO MONITORS THESE WITH THE ASSISTANCE OF THE ADMINISTRATIVE ASSISTANT IF A CONFLICT EXISTS FOR A BOARD MEMBER IT IS ADDRESSED
	FORM 990, PART VI, SECTION B, LINE 15A	THE PRESIDENT & CEO POSITION IS REVIEWED ANNUALLY BY THE HUMAN RESOURCE COMMITTEE THIS COMMITTEE CONSISTS OF THE BOARD CHAIR, IMMEDIATE PAST BOARD CHAIR AND AT LEAST THREE BUT NO MORE THAN FIVE OTHER BOARD MEMBERS THIS COMMITTEE IS ALSO RESPONSIBLE FOR ANY OTHER HUMAN RESOURCE ISSUES THAT MAY ARISE WITH THE CEO GOALS AND ACHIEVEMENTS ARE REVIEWED AS WELL AS ANNUAL SALARY INCREASE
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
	FORM 990, PART XII, LINE 2C	THE TREASURER OF THE BOARD IS THE CHAIRMAN OF THE FINANCE COMMITTEE THE TREASURER ALONG WITH THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

Additional Data

Software ID:

Software Version:

EIN: 23-7162972

Name: COMBINED HEALTH AGENCIES DRIVE
COMMUNITY HEALTH CHARITIES NEBRASKA

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ROB REED JR STATE BOARD CHAIR	1 00 0 00	X		X				0	0	0
CLARENCE NICHOLS STATE BOARD CHAIR ELECT	1 00 0 00	X		X				0	0	0
LEONARD SOMMER STATE BOARD TREASURER	1 00 0 00	X		X				0	0	0
PATRICK MCPHERSON STATE BOARD SECRETARY	1 00 0 00	X		X				0	0	0
DAVID GILINSKY PAST STATE BOARD CHAIR	1 00 0 00	X						0	0	0
JOSIE ABBOUD JDRF REP	1 00 0 00	X						0	0	0
JOANN ABT DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
DR ANN ANDERSON BERRY MARCH OF DIMES REP	1 00 0 00	X						0	0	0
VICKI ANZALONE ADA REP	1 00 0 00	X						0	0	0
GAVIN ATKINSON DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
MARTIN BEERMAN DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
MARK BLAIR DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
PATRICK BOOTH DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
SHARON BRODKEY DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
MARK BURGERS DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
DOUGLAS CLARK DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
MARTIE CORDARO ALS REP	1 00 0 00	X						0	0	0
LIZ CROSSON ARTHRITIS FOUNDATION REP	1 00 0 00	X						0	0	0
MICHAEL DEMMAN DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
DENNIS GILBERT CROHN'S & COLITIS FND REP	1 00 0 00	X						0	0	0
LARRY GUENTHER ALZHEIMER'S REP	1 00 0 00	X						0	0	0
KERRY HEINRICH NEBRASKA KIDNEY REP	1 00 0 00	X						0	0	0
STANLEY KATHOL DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
CARRIE KEENE WEST CENTRAL BOARD CHAIR	1 00 0 00	X						0	0	0
KIRK KELLNER DIRECTOR AT LARGE	1 00 0 00	X						0	0	0

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
RALPH A KELLOGG NEBRASKA AIDS REP	1 00 0 00	X						0	0	0
CINDY KEY AMERICAN LUNG ASSN REP	1 00 0 00	X						0	0	0
JAMES E LANDEN DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
TERESA LAYTON DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
THOMAS MACY DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
LORI MCCLURG DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
DEENIE MEYERSON DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
ANGELA MILLER SUSAN G KOMEN NE REP	1 00 0 00	X						0	0	0
MICHAEL NORTON DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
SHANE OSBORN DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
MARK OSTRONIC NATIONAL MS REP	1 00 0 00	X						0	0	0
STEVE PATTERSON DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
STEPHEN PETERS LEUKEMIA & LYMPHOMA REP	1 00 0 00	X						0	0	0
BRIAN PICKERING DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
AMBER PRESTON DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
DAVID PROUGH CEREBRAL PALSY REP	1 00 0 00	X						0	0	0
TADD PULLIN DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
DIANE RANDOLPH NE HOSPICE & PALLIATIVE REP	1 00 0 00	X						0	0	0
ANDREW ROUILLARD DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
CRAIG SALL DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
LOREN STEENSON DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
TARA STINGLEY CFF REP	1 00 0 00	X						0	0	0
FRANKLIN THOMPSON DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
DR JODY WOODWORTH DIRECTOR AT LARGE	1 00 0 00	X						0	0	0
MICHELLE GROSSMAN PRESIDENT/CEO	40 00 0 00	X		X				84,626	0	9,820

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		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
WENDY OHL DIRECTOR OF FINANACE (THRU 02/13)	40 00 0 00			X				47,061	0	2,961
SHANNON CASTILLO DIRECTOR OF FINANACE (FROM 02/13)	40 00 0 00			X				0	0	0