

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



CHANGE OF ACCOUNTING PERIOD

Return of Organization Exempt From Income Tax

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

▶ Information about Form 990 and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

<u>A</u>	For 1	the 20	16 calendar year, or tax year beginning $JAN~1~,~2016~$ and	l ending J	UN 30, 20	16
В	Check applic	uf eable	C Name of organization .		D Employer ider	ntification number
	Jcha	dress ange	SOWERS CLUB OF NEBRASKA FOUNDATION			
		ange [Doing business as		36	-3465837
	!nit reti	um	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone nun	nber
	Fin	um/	1701 SOUTH 17TH STREET	1-H	(4)	02) 438-2244
	ten ate	min-	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	124,045.
	Am	nended	LINCOLN, NE 68502		H(a) Is this a grou	
			F Name and address of principal officer: STAN DINGES		for subordina	
			same as C above		H(b) Are all subordina	·
1	Tax-e		t status: X 501(c)(3)	or 527	1 ''	ch a list. (see instructions)
			N/A	<u> </u>	H(c) Group exem	
			anization; X Corporation Trust Association Other	1 Year		6 M State of legal domicile: NE
	art	l Su	ımmary			
ୀଷଧିଅ Governance	1		fly describe the organization's mission or most significant activities: <u>SUPP</u> TIVITIES	ORTYC	OUTH PROGRE	AMS &
D 🖺	2		ck this box If the organization discontinued its operations or dispo	sed of more	than 25% of its ne	et assets.
Govern	3	Nun	-			3 7
20			nber of independent voting members of the governing body (Part VI, line 1b)			4 7
多元 ties &			al number of individuals employed in calendar year 2016 (Part V, line 2a)			5 1
	6		al number of volunteers (estimate if necessary)		1	6 0
-	7		al unrelated business revenue from Part VIII, column (C), line 12			7a 0.
= 8 ====	'		unrelated business taxable income from Form 990-T, line 34			7b 0.
	1-	<u>D NOT</u>	amenated business taxable income none form 550 1, line 54		Prior Year	Current Year
?	8	Con	tributions and grants (Part VIII, line 1h)	-	91,22	
ಾಕ್ಷ						$\begin{array}{c c} \hline 0. & \hline 0. & \hline \end{array}$
<u>∦</u> U¢ Reven	10	_			53,64	
₹	10		stment income (Part VIII, column (A), lines 3, 4, and 7d)			
	11		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		26,31	
	12		il revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		171,19	
	13				89,34	
	14		efits paid to or for members (Part IX, column (A), line 4)	····		0.
Expenses	15		nes, other compensation, employee benefits (Part IX, column (A), lines 5-10)	• • -	59,80	
Ë	16		essional fundraising fees (Part IX, column (A), line 11e)	· · · · -	- 	0.
Š	'L'		I fundraising expenses (Part IX, column (D), line 25)	<u> </u>	50 201	75.075
_	137		er expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		59,30	
	18		l expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	· · ·	208,45	
	19	Reve	enue less expenses. Subtract line 18 from line 12		-37,26	
cts				Be	ginning of Current Ye	
SSE	20		I assets (Part X, line 16)		2,303,92	
Net Assets or Find Balances	21		I habilities (Part X, line 26)	· ·	5,84	
			assets or fund balances. Subtract line 21 from line 20	<u> </u>	2,298,080	0. 2,370,431.
	art I		gnature Block			
			of perjury, I declare that I have examined this return, including accompanying schedule			of my knowledge and belief, it is
true	, corr	ect, and	d complete, Declaration of preparer (other than officer) is based on all information of w	hich preparer	has any knowledge.	
			Signature of officer		Doto -	7-1-7
Sig					Date	
Hei	re		STAN DINGES, PRESIDENT Type or print name and title			
		-			Date Check	PTIN
D-'			t/Type preparer's name Preparer's signature	!		└ ──/
Paid			RRY GUSTAFSSON PRUME CONTROL OF A	ypoun		mployed P00735722
	parer		O'S NAME DANA F COLE & COMPANY ULLE		Firm's EIN	47-0526649
use	Only	Hirm	's address 1248 O STREET, SUITE 500			(400) 470 0000
			LINCOLN, NE 68508		Phone no.	
			scuss this return with the preparer shown above? (see instructions)			X Yes No
6320	101 11	1-11-16	LHA For Paperwork Reduction Act Notice, see the separate instructi	ions.	. 🗸	Form 990 (2016)

	rt III Statement of Program Service Accomplishments	<u>-</u>
		1
1	Check if Schedule O contains a response or note to any line in this Part III	T
•	To improve the quality of life in our Community & Nebraska by	
	providing funding for a wide range of charitable giving with emphasis	~
	on youth, underprivileged, and education; and providing a fiscally	-
	responsible program for protecting and growing the assets of the	_
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?Yes X No	
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$17,250 . including grants of \$17,250 .) (Revenue \$	<u> </u>
	PROVIDE GRANTS TO 501(C)(3) ORGANIZATIONS IN LINCOLN NEBRASKA FOR	•
	FUNDING YOUTH PROGRAMS AND ACTIVITIES	_
		_
		_
		_
•		_
		_
		_
		_
		_
		_
		_
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 \$) Total program service expenses ▶ 17,250 •	_
4e	Total program service expenses ► 17, 250.	

Form **990** (2016)

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

1c and 8a? If "Yes," complete Schedule G, Part II

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines

Form **990** (2016)

17

18

X

X

complete Schedule G, Part III

17

18

Pa	Checklist of Required Schedules (continued)			
	Out the second of the second o		Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	21	X	
22	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II			
22				X
23	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schodule I	23		х
24a		20_		
_	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25a	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
_	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c	\	1
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	270		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	l	х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete] ;		l
	Schedule L. Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	ļ		
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			1
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			_=
	instructions for applicable filing thresholds, conditions, and exceptions):	[]		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31	<u>. </u>	_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity]		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization]		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
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	X	L

14a

X

organization is licensed to issue qualified health plans

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

c Enter the amount of reserves on hand ...

Form 990 (2016) SOWERS CLUB OF NEBRASKA FOUNDATION 36-3465837 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Ye<u>s</u> No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? Each committee with authority to act on behalf of the governing body? X 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? 13 13 Did the organization have a written document retention and destruction policy? 14 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 Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ___ Own website X Another's website Other (explain in Schedule O) X Upon request 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. State the name, address, and telephone number of the person who possesses the organization's books and records: SOWERS CLUB OF NEBRASKA FOUNDATION - (402) 438-2244

1701

STREET, STE

Form 990 (2016)					FOUNDATION	36-3465837	Page 7					
Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated												
Employees, and Independent Contractors												
Check if Schedule	O contains a re	sponse or	note	to any line in this	Part VII							

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter 0 in columns (D), (E), and (F) if no compensation was paid.

 • List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

1) STAN DINGES RESIDENT 2) DICK STEPHENSON ECRETARY 3) ROGER ZAJICEK REASURER 4) ED PACKARD EMBER 5) MICHAEL FIENE ICE PRESIDENT	(list any hours for related organizations below line) 1.00 1.00 1.00	X Individual frustee or director	institutional trustee	X	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
RESIDENT 2) DICK STEPHENSON ECRETARY 3) ROGER ZAJICEK REASURER 4) ED PACKARD EMBER 5) MICHAEL FIENE	1.00 1.00	х								
2) DICK STEPHENSON ECRETARY 3) ROGER ZAJICEK REASURER 4) ED PACKARD EMBER 5) MICHAEL FIENE	1.00	х							1	i
ECRETARY 3) ROGER ZAJICEK REASURER 4) ED PACKARD EMBER 5) MICHAEL FIENE	1.00			.,	1 -		1			i
3) ROGER ZAJICEK REASURER 4) ED PACKARD EMBER 5) MICHAEL FIENE	1.00		_	20	1					
3) ROGER ZAJICEK REASURER 4) ED PACKARD EMBER 5) MICHAEL FIENE	1.00	x		X						
REASURER 4) ED PACKARD EMBER 5) MICHAEL FIENE	1.00	X	1							
4) ED PACKARD EMBER 5) MICHAEL FIENE		_	1	X						
EMBER 5) MICHAEL FIENE		1								
5) MICHAEL FIENE		\mathbf{x}	1							
	1.00									
		x	}	x						
6) ROBBY ROBINSON	1.00									
EMBER		X	1							
7) TERRY SPENCER	1.00	Γ								
EMBER		X	}							
		-								
			-							
			-		-					
			-		-					
		-	-							
		-	-		-		-			
		-	-		-	-	-	·		
		-	-	_	_	-	_			
					_		_			1
		1	l						,	

orm	1 990 (2016) T VII Sect		CLUB OF 1								36-346	<u>5837</u>	P.	age 8
-dl	L VIII, Sect	ion A. Officers, Directors, Ti (A) Name and title	rustees, Key Emp (B) Average hours per week	(do	not cl	(C Posi heck i ss per	tion		one o an	(D) Reportable compensation from	(E) Reportable compensation from related	an	(F) stimate nount other	
			(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуев	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organization		e ion ed
<u> </u>														
_									-		· · · · · · · · · · · · · · · · · · ·			
												-		
												-		
c		continuation sheets to Part	t VII, Section A					إ	>					
	Total numb	er of individuals (including button from the organization	it not limited to th							eceived more than \$100,	000 of reportable		Yes	No
3	-	anization list any former offic Yes," co <i>mplete Schedule J fo</i>				•	•		or i	highest compensated er	nployee on	3	Tes	X
4 5	and related	ividual listed on line 1a, is the organizations greater than \$ rson listed on line 1a receive of	150,000? If "Yes,	" co	mple	ete S	Sche	dule	Jf	or such individual		4		X
ect	rendered to tion B. Inde	the organization? If "Yes," c pendent Contractors his table for your five highest	omplete Scheduk	e J f	or su	ıch	oers	on .				5		X
		ation. Report compensation (A)	for the calendar y	ear	endı	ng w				the organization's tax y	ear.	(C	;)	
		Name and busine	ess address	NO	INC	<u> </u>				Description of se	ervices	Compe	nsatio	<u> </u>
									- -					
									+					
	Total numb	er of independent contractor	e (including but n	ot lu	nıte	d to	thos	20 110	100	above) who received m	oro than			

\$100,000 of compensation from the organization

36-3465837

Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or (C) (D) Revenue excluded from tax under Unrelated Total revenue exempt function business sections 512 - 514 revenue revenue 1 a Federated campaigns 4,440. **b** Membership dues <u>1</u>b c Fundraising events d Related organizations 36,000 1d Contributions, and Other Simi e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 600 g Noncash contributions included in lines 1a-1f \$ 41,040 h Total, Add lines 1a-1f Business Code 2 a f All other program service revenue g Total. Add lines 2a-2f . Investment income (including dividends, interest, and 11,926. 11,926. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents b Less. rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (i) Securities (ii) Other 52,178, assets other than inventory b Less: cost or other basis 52,186. and sales expenses c Gain or (loss) -8. -8. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ _____ of contributions reported on line 1c). See Part IV, line 18 5,955 b Less: direct expenses 5,920 c Net income or (loss) from fundraising events 35. 35. 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities ... 10 a Gross sales of inventory, less returns **b** Less. cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a NOTE RECEIVABLE INTERE 12,946. 12,946. 900099 d All other revenue 12,946. 65,939 12,946. 11,953 Total revenue. See instructions. Form 990 (2016)

Sec	tion 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respons				<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	15,250.	15,250.		
2	Grants and other assistance to domestic				
	ındividuals See Part IV, line 22	2,000.	2,000.		····
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	ì			
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	1			
	persons described in section 4958(c)(3)(B)		. <u> </u>		
7	Other salanes and wages	27,969.		27,969.	
8	Pension plan accruals and contributions (include	,			
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			- 	
10	Payroll taxes	2,139.		2,139.	
11	Fees for services (non-employees):			1	
а	Management				
þ	Legal	735.		735.	
C		7,200.		7,200.	
d	Lobbying				
е					
f	Investment management fees	6,249.		6,249.	
g	Other. (If line 11g amount exceeds 10% of line 25,	ĺ			
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	4,508.		4,508.	
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	9,138.		9,138.	. .
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,937.		2,937.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance.				
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 0.)				
а	Miscellaneous	5,017.		5,017.	
	Telephone	492.		492.	
C					
d					
е	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	83,634.	17,250.	66,384.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined	Ì		}	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			_ }	

Form 990 (2016)
Part X Balance Sheet

Part X	Balance Sheet			
	Check if Schedule O contains a response or note to any line in this Part X			
		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	4,114.	1	3,232
2	Savings and temporary cash investments	97,588.	2	69,654
3	Pledges and grants receivable, net		3	
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		1	
	employers and sponsoring organizations of section 501(c)(9) voluntary			
2	employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
7	Notes and loans receivable, net	580,073.	7	574,731
É 8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10:	a Land, buildings, and equipment: cost or other			
}	basis. Complete Part VI of Schedule D 1,709.		} {	
1 1	b Less: accumulated depreciation 106 1,709.	0.	10c	0
11	Investments - publicly traded securities	1,619,623.		1,727,319
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	2,523.	15	2,385
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,303,921.	16	2,377,321
17	Accounts payable and accrued expenses	5,841.	17	6,890
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.			
22	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			
j	Schedule D		25	
26	Total liabilities. Add lines 17 through 25	5,841.	26	6,890
-	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
27 28 29 30 31 32	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets	70,769.		109,061
28	Temporarily restricted net assets	89,583.		87,642
29	Permanently restricted net assets	2,137,728.	29	2,173,728
1	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	2,298,080.	33	2,370,431
34	Total liabilities and net assets/fund balances	2,303,921.	34	2,377,321

Forn	1 990 (2016) SOWERS CLUB OF NEBRASKA FOUNDATION	36-3465	837	Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u></u>	
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u> 39.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>34.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	-1'	7,6	<u>95.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 2	,298		
5	Net unrealized gains (losses) on investments	5	9	0,0	<u>46.</u>
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 2	370	0,4	<u>31.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	·····	<u></u>	·- <u> </u>	X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		1 1		ł
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	1 1		1
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			l
	separate basis, consolidated basis, or both:				ļ
	X Separate basis Consolidated basis Both consolidated and separate basis		1 1		į
þ	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	1 1		
	consolidated basis, or both		ll		ĺ
	X Separate basis Consolidated basis Both consolidated and separate basis		[[ĺ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the		1 1		ĺ
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			l
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3b		
			Form	990 ((2016)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Name of the organization Employer identification number

OMB No 1545-0047

Open to Public Inspection

			NEBRASKA FO				3	6-3465837				
Part I	Reason for Public	Charity Status (/	All organizations must co	mplete th	is part.) S	ee instruction	s.					
The organ	nization is not a private found	dation because it is: (For lines 1 through 12, o	heck only	one box.)							
1 🔲	A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).						
2 🗀	A school described in sect	tion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 9	90-EZ).)							
з 🗀	A hospital or a cooperative	hospital service orga	anızatıon described in s e	ection 170	(b)(1)(A)(i	ii).						
4 🔲	A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,				
	city, and state:											
5 🔲	An organization operated for	or the benefit of a co	llege or university owner	d or opera	ted by a g	overnmental (unit describ	ped in				
	section 170(b)(1)(A)(iv). (0	Complete Part II.)										
6 🗀	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).						
7 🗀	An organization that norma						he general	public described in				
	section 170(b)(1)(A)(vi). (Complete Part II.)											
8 🗀	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)											
9 🗀	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college											
	or university or a non-land-			-			_					
	university:						_					
10 X	An organization that norma	ally receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from				
	activities related to its exer											
	income and unrelated busi	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	uired by the or	ganization	after June 30, 1975.				
	See section 509(a)(2). (Co	mplete Part III.)	,		·	-	_					
11 🔲	An organization organized	•	ively to test for public sa	fety. See	section 50	09(a)(4).						
12 🔲	An organization organized						arry out the	purposes of one or				
	more publicly supported or											
	lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line:	s 12e, 12f, an	d 12g.					
a 🗀	Type I. A supporting orga							/ giving				
	the supported organization											
	organization. You must o	complete Part IV, Se	ections A and B.									
ь <u>Г</u>	Type II. A supporting org	anization supervised	or controlled in connec	tion with it	ts support	ed organizatio	on(s), by ha	iving				
	control or management of											
	organization(s). You mus	t complete Part IV,	Sections A and C.	•			•					
c 🗀	Type III functionally inte	egrated. A supportin	g organization operated	ın connec	tion with,	and functiona	lly integrat	ed with,				
	its supported organizatio	n(s) (see instructions	s). You must complete I	Part IV, Se	ections A,	D, and E.						
a 🗀	Type III non-functionally	y integrated. A supp	orting organization oper	ated in co	nnection v	with its suppo	rted organ	zation(s)				
	that is not functionally int											
	requirement (see instruct	tions). You must con	nplete Part IV, Sections	A and D.	and Part	v.						
e 🗀	Check this box if the orga	•	•				ii, Type iii					
	functionally integrated, o						• • •					
f Ente	er the number of supported	organizations										
g Pro	vide the following information	n about the supporte	ed organization(s).									
	i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga in your govern	inization listed ing document?	(v) Amount of	•	(vi) Amount of other				
	organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ii	nstructions)	support (see instructions)				
								•				
		}			}	İ						
		ļ			1	ţ						
•												
					[1		İ				
					1	}		1				
					}	ł						
Total												

Schedule A (Form 990 or 990 EZ) 2016 SOWERS CLUB OF NEBRASKA FOUNDATION 36-3465837 Page 2 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) 2012 **(b)** 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 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 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) 6 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 7 Amounts from line 4 8 Gross income from interest,

	activities, whether or not the				\	ţ		
	business is regularly carried on					İ		
10	Other income. Do not include gain		l		}			
	or loss from the sale of capital			1	ł			
	assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities,	etc. (see instruction	ons)			12		
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)		
	organization, check this box and stor					<u> </u>		
Se	ction C. Computation of Publ	ic Support Pe	rcentage					
14	Public support percentage for 2016 (I	ine 6, column (f) di	vided by line 11,	column (f))		14		%
15	Public support percentage from 2015	Schedule A, Part	II, line 14			15		%
16a	33 1/3% support test - 2016. If the o	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check	this box and	
	stop here. The organization qualifies	as a publicly supp	orted organizatio	າ				ightharpoons
b	33 1/3% support test - 2015. If the o							
	and stop here. The organization qual	fies as a publicly s	supported organiz	ation				ightharpoons
17a	10% -facts-and-circumstances test							
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check t	his box and stop I	nere. Explain in Pa	rt VI how th	e organization	
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supporte	d organization			ightharpoons
b	10% -facts-and-circumstances test	t - 2015. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and lin	e 15 is 10% or	
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, c	heck this box and	stop here. Explain	n in Part VI I	now the	
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publi	cly supported orga	anızation		ightharpoons
18	Private foundation. If the organizatio				· · · · · · -			ightharpoons

Schedule A (Form 990 or 990-EZ) 2016

dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from unrelated business

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	88,202.	93,622.	85,735.	91,226.	41,040.	399,825.
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ì					
	organization's tax-exempt purpose	34,525.	32,257.	26,776.	26,318.	12,946.	132,822.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-	}				{	
	iness under section 513	}			•	ì	
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to]	,			İ	
	or expended on its behalf					ļ	
5	The value of services or facilities)		
	fumished by a governmental unit to					}	
	the organization without charge					}	
6	Total, Add lines 1 through 5	122,727.	125,879.	112,511.	117,544.	53,986.	532,647.
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	ļ	ļ			į į	0.
b	Amounts included on lines 2 and 3 received						<u></u>
	from other than disqualified persons that				•)	
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						532,647.
	ction B. Total Support		<u></u>		L		<u> </u>
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 6	122,727.	125,879.	112,511.	117,544.	53,986.	532,647.
_	Gross income from interest,					337333	00-10-11
	dividends, payments received on						
	securties loans, rents, royalties and income from similar sources	36,189.	37,466.	56,961.	33,218.	11.926	175,760.
b	Unrelated business taxable income			3073020	35/2200		2.07.000
_	(less section 511 taxes) from businesses	}	1				
	acquired after June 30, 1975						
c	Add lines 10a and 10b	36,189.	37,466.	56,961.	33,218.	11,926.	175,760.
	Net income from unrelated business	30/200					
	activities not included in line 10b,					1	
	whether or not the business is regularly carried on					j	
12	Other income. Do not include gain						
	or loss from the sale of capital	!	i				
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)	158,916.	163,345.	169,472.	150,762.	65,912.	708,407.
	First five years. If the Form 990 is for						
	check this box and stop here			a, 10a,, o	., , o		▶ □
Sec	tion C. Computation of Publ	ic Support Per	rcentage				<u></u>
	Public support percentage for 2016 (I			olumn (fi)		15	75.19 %
	Public support percentage from 2015					16	75.62 %
	tion D. Computation of Inves						
17	Investment income percentage for 20	16 (line 10c, colun	nn (f) divided by lin	e 13, column (f))		17	24.81 %
	Investment income percentage from					18	24.32 %
	33 1/3% support tests - 2016. If the		•	on line 14, and line	15 is more than 3		
	more than 33 1/3%, check this box a	-					> X
b	33 1/3% support tests - 2015. If the				=		
	line 18 is not more than 33 1/3%, che	•			·		▶□
	Private foundation If the organization			· ·			

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
0.		
3b		
3c		
4a_		-
4b_		
4c		ļ
}		
<u>5a</u>		
5b		
5c		
6		
7		
8	i	
0-		
9a		
9b		
9c		
30		
10a		
10b		

	edule A (Form 990 or 990-EZ) 2016 SOWERS CLUB OF NEBRASKA FOUNDATION 36-34	<u> 16583</u>	7 Pa	age 5
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?	1	1	
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		1	
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
_ c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	}		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1]	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1 1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2		1	{	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			}
	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations		ī	
			Yes	No-
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	'		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	1		1
	or management of the supporting organization was vested in the same persons that controlled or managed		}	}
	the supported organization(s).	1_1_		L
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	}]
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	}	1	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1		[
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		L
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how]		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's	1	1	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		1	1
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	}		
	those supported organizations and explain how these activities directly furthered their exempt purposes,			}
	how the organization was responsive to those supported organizations, and how the organization determined			1
	that these activities constituted substantially all of its activities.	2a		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
D	· · · · · · · · · · · · · · · · · · ·	} !		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the)		1
	reasons for the organization's position that its supported organization(s) would have engaged in these	1		
_	activities but for the organization's involvement.	2b	 -	
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	}		
	trustees of each of the supported organizations? Provide details in Part VI.	3a		ļ
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		}
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		<u> </u>

	edule A (Form 990 or 990-EZ) 2016 SOWERS CLUB OF NEBRASKA			36-3465837 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin	g trust o	n Nov. 20, 1970 (explain i	in Part VI) See instructions. Al
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
_2	Recoveries of pnor-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			ļ
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Pnor Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	1		į
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	i i		
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		_
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to	1 1		
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly integra	ited Type III supporting o	rganization (see

Schedule A (Form 990 or 990-EZ) 2016

			6-3465837 Page 7
rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	,
ion D - Distributions			Current Year
Amounts paid to perform activity that directly furthers exempt	ot purposes of supported		
organizations, in excess of income from activity			
Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
Amounts paid to acquire exempt-use assets			
Qualified set-aside amounts (prior IRS approval required)			
			
	he organization is responsive	9	
			
Line 8 amount divided by Line 9 amount			
ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
Distributable amount for 2016 from Section C, line 6			
Underdistributions, if any, for years prior to 2016 (reason-			
able cause required explain in Part VI). See instructions			
Excess distributions carryover, if any, to 2016:			
		 	<u></u>
From 2013			
From 2014			
From 2015			
Total of lines 3a through e	<u></u>		
Applied to underdistributions of prior years			<u> </u>
Applied to 2016 distributable amount			
Carryover from 2011 not applied (see instructions)			
Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
Distributions for 2016 from Section D,			
line 7: \$			
Applied to underdistributions of prior years		· · · · · · · · · · · · · · · · · · ·	
Applied to 2016 distributable amount			ļ
			ļ
any. Subtract lines 3g and 4a from line 2. For result greater			
		 	ļ
			Í
			i
<u>-</u>			
Breakdown of line 7:		 	
F			
			
Excess from 2015		 	
	ion D - Distributions Amounts paid to supported organizations to accomplish exe Amounts paid to perform activity that directly furthers exempt organizations, in excess of income from activity. Administrative expenses paid to accomplish exempt purpose Amounts paid to acquire exempt-use assets. Qualified set-aside amounts (prior IRS approval required). Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the (provide details in Part VI). See instructions. Distributable amount for 2016 from Section C, line 6. Line 8 amount divided by Line 9 amount. Ion E - Distribution Allocations (see instructions). Distributable amount for 2016 from Section C, line 6. Underdistributions, if any, for years prior to 2016 (reasonable cause required-explain in Part VI). See instructions. Excess distributions carryover, if any, to 2016: From 2013. From 2014. From 2015. Total of lines 3a through e. Applied to underdistributions of prior years. Applied to 2016 distributable amount. Carryover from 2011 not applied (see instructions). Remainder. Subtract lines 3g, 3h, and 3i from 3f. Distributions or 2016 from Section D, line 7: \$ Applied to underdistributions of prior years. Applied to underdistributions of prior years. Applied to 2016 distributable amount. Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions of years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2017. Add lines 3j and 4c. Breakdown of line 7: Excess from 2013. Excess from 2014.	rt V Type 1ll Non-Functionally Integrated 509(a)(3) Supporting Orgition D. Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organization Amounts paid to acquire exempt use assets Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) Excess Distributions Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required explain in Part VI). See instructions Excess distributions carryover, if any, to 2016: From 2013 From 2014 From 2015 Total of lines 3a through e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions for years prior to 2016, if any, Subtract lines 4a and 4b from 4 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions Excess from 2013 Excess from 2014 Excess from 2015	ion D - Distributions Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations. Amounts paid to acquire exempt use assets Couldified setaeds amounts (prior IRS approval required) Other distributions (describe in Part VI). See instructions Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distribution to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions Distribution amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount (i) Excess Distributions Distribution Allocations (see instructions) Excess Distributions Pre-2016 Excess Distributions Distributions amount for 2016 from Section C, line 6 Underdistributions, if any, for years pnor to 2016 (reasonable cause required-explain in Part VI). See instructions Excess distributions carryover, if any, to 2016: From 2013 From 2013 From 2016 From 2016 disease at through e Applied to underdistributions of prior years Applied to underdistributions of prior years Applied to underdistributions of pnor years Applied to underdistributions of pnor years Applied to underdistributions for years pnor to 2016, if anny, Subtract lines 3g, 3h, and 3t from 3f. Distributions for 2016 distributable amount Remander, Subtract lines 3g, 3h, and 3t from 4 Remander Subtract lines 3g, 3h, and 3t from 4 Remander Subtract lines 3g, 3h, and 3t from 3f. Excess from 2016 Excess from 2016 Excess from 2014 Excess from 2014 Excess from 2014 Excess from 2014

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 99	0-EZ) 2016	SOWERS	CLUB	OF NEB	RASKA	FOUND	MOITA	36-3	3465837 Page 8
Part VI	Part IV, Section Ine 1; Part IV, 5	n A, lines 1 Section D,	, 2, 3b, 3c, 4t lines 2 and 3	o, 4c, 5a, 6, 9 ; Part IV, Sec	9a, 9b, 9c, 11 ction E, lines	a, 11b, an 1c, 2a, 2b,	d 11c; Part I 3a, and 3b;	iV, Section B, Part V, line 1	; Part V, Section	art IV, Section C, B, line 1e; Part V,
	Section D, lines (See instruction	s 5, 6, and	8; and Part V	, Section E,	lines 2, 5, and	d 6. Also c	omplete this	part for any	additional inform	nation.
Short-	year rep	ortin	g							
The Fo	undation	has	a short	year	return	for :	2016 d	ue to a	change	of
accoun	ting per	iod.								
						· · · · · ·				
										
										
									 	
										
							· 			
			···							
										
						·				
										
		 								
										

SCHEDULE D

(Form 990),

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 6 Open to Public Inspection

Name of the organization

SOWERS CLUB OF NEBRASKA FOUNDATION

Employer identification number 36-3465837

Pa	rt I Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Acc	ounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) F	unds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)		·	
3	Aggregate value of 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 advi	ised 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 a	advisors in writing that grant funds can be	e used only	
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring	
	impermissible private benefit?	 		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line	7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	education) Preservation of a his	torically imp	oortant land area
	Protection of natural habitat	Preservation of a cer	rtified histor	ic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form	of a conse	rvation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		<u>2</u> a	3
b	Total acreage restricted by conservation easements		2t	<u> </u>
c	Number of conservation easements on a certified historic str	ructure included in (a)	20	<u>: </u>
đ	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture	į.
	listed in the National Register		20	<u> </u>
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organizat	ion during the tax
	year ▶			
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the per	nodic monitoring, inspection, handling of	•	, E
	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting,	, handling of violations, and enforcing cor	nservation e	asements during the year
				
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conserv	ation easem	ents dunng the year
	\$			
8	Does each conservation easement reported on line 2(d) above		0(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes L No
9	In Part XIII, describe how the organization reports conservation	•		
	include, if applicable, the text of the footnote to the organiza	ition's financial statements that describes	s the organiz	zation's accounting for
Dai	conservation easements t III Organizations Maintaining Collections o	f Art Historical Tracquires or (Whor Cir	ilar Assats
Fai		-	Juier Sin	mar Assets.
	Complete if the organization answered "Yes" on Form			
та	If the organization elected, as permitted under SFAS 116 (AS			
	historical treasures, or other similar assets held for public ext		ance of pub	lic service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri			
þ	If the organization elected, as permitted under SFAS 116 (AS			
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pi	ublic service	e, provide the following amounts
	relating to these items:			•
				\$
_				· \$
2	If the organization received or held works of art, historical tre		al gain, prov	vide
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	-	_
а	Revenue included on Form 990, Part VIII, line 1			· \$
b	Assets included in Form 990, Part X		_	, «

		CLUB OF NE						36-34			ge 2
Pa	rt III Organizations Maintaining C	ollections of Ar	rt, Histor	rical Tre	easures, c	or Othe	er Simil	ar Asse	ts(contin	ued)_	
3	Using the organization's acquisition, accessi	on, and other record	ls, check a	ny of the	following tha	t are a s	ignificant	use of its	collection	ı ıtems	i
	(check all that apply):										
а	Public exhibition	d	Loa	an or excl	hange progra	ams					
b	Scholarly research	е	Oth	ner							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how they	further th	ne organizati	on's exe	mpt purp	ose in Par	t XIII.		
5	Dunng the year, did the organization solicit o	r receive donations of	of art, histo	rical treas	sures, or oth	er sımıla	r assets				
	to be sold to raise funds rather than to be ma	aintained as part of t	he organiza	ation's co	ollection?				Yes		No
Pa	rt IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the or	ganizatıo	n answered '	"Yes" on	Form 990	0, Part IV,	line 9, or		
1a	is the organization an agent, trustee, custodi	an or other intermed	hary for co	ntribution	s or other as	sets not	included				
			-						Yes		No
b	If "Yes," explain the arrangement in Part XIII										
	•	•	J						Amount		
С	Beginning balance						1c				
	Additions during the year						1d				
	Distributions during the year						. 1e				
f	Ending balance										
2 a	Did the organization include an amount on Fe				ustodial acco	unt labi	lrty?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	olanation i	has been	provided on	Part XIII	l <u></u> .				
Pai	TV Endowment Funds. Complete i	f the organization an	swered "Y	es" on Fo	m 990, Part	IV, line	10.				
		(a) Current year	(b) Prio	r year	(c) Two year	rs back	(d) Three	years back	(e) Four	years b	ack
1a	Beginning of year balance	2,137,728.	2.0	65 728	2.97	1 529.	1,9	30 934.	1.	792	355.
b	Contributions	36,000.		72 000.	8:	2 515		90,900.		80 (040.
c	Net investment earnings, gains, and losses							226 174		58 5	39.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs				988	8 316.	-7	723,521,			
f	Administrative expenses										
	End of year balance	2,173,728.	2 1	37,728.	2 06!	5 728	2.9	71.529.	1	930.9	34.
2	Provide the estimated percentage of the curr	rent year end balanc									
а	Board designated or quasi-endowment	-	%	·							
b	Permanent endowment ► 100.00	%	_								
С	Temporanly restricted endowment ▶	%									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that a	re held a	nd administe	red for t	he organi	zation			
	by:	-					-			Yes	No
	(i) unrelated organizations								3a(i)		X
	*** • • • • • • • • • • • • • • • • • •								3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	itions listed as requir	red on Sch	edule R?					3b		
4	Describe in Part XIII the intended uses of the	organization's endo	wment fun	ıds.							
Par	t VI Land, Buildings, and Equipm	ent.									
	Complete if the organization answere	d "Yes" on Form 990), Part IV, II	ne 11a. S	See Form 990), Part X	line 10.				
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Book	value	
		basis (investr	nent)	basis	1	de	preciation				
1a	Land	[
	Buildings										
C	Leasehold improvements										
đ	Equipment				1,709.		1,7	09.			0.
<u>e</u>	Other										
Total	Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, column	(B), line 1	0c)						0.

Schedule D (Form 990) 2016

_	t XI Reconciliation of Revenue per Audited Financial Statemen				465637 Page 4
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total revenue, gains, and other support per audited financial statements			1	161,905.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	90,046.		
b	Donated services and use of facilities	2b			
С	Recovenes of prior year grants	2c			
đ	Other (Describe in Part XIII.)	2d	5,920.		
е	Add lines 2a through 2d			2e	95,966.
3	Subtract line 2e from line 1			3	65,939.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:) 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
b	Other (Describe in Part XIII.)	4b			0
_C	Add lines 4a and 4b	• • • • • • • • • • • • • • • • • • • •		4c	65,939 .
Pa	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) † XII Reconciliation of Expenses per Audited Financial Stateme	nte W	ith Expenses per	Setur	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1115 11	iui Expenses per	netan	••
				1	89,554.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				65,554.
	Donated services and use of facilities	1 00 1			
b	Prior year adjustments	2a 2b			
0	Other losses	2C			
4	Other (Describe in Part XIII.)	2d	5,920.		
e	Add lines 2a through 2d			2e	5,920.
3	Subtract line 2e from line 1			3	83,634.
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		1	
b	Other (Describe in Part XIII.)	4b		1	
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	.		5	83,634.
Pai	t XIII Supplemental Information.				
lines Pai	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV. 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addition to the complete the part to provide any addition.	ional inf	formation.		
	lowment funds are held to produce income th				
501	(c)(3) organizations in Lincoln, Nebraska	tor	funding you	th p	rograms
- m <i>ć</i>	lactivities.				
anc	activities.				
 Par	t XI, Line 2d - Other Adjustments:				
Spe	cial events expenses				5,920.
Par	t XII, Line 2d - Other Adjustments:				
Cn-	cial events expenses				E 020
SPE	ctat evencs exhenses				5,920.

Schedule D	(Form 990) 2016	SOWERS	CLUB C	F NEE	RASKA	FOUNDATION	<u> 36-3465837</u>	Page 5
Part XIII	(Form 990) 2016 Supplemental In	formation (cont	inued)					
· L			,					
		- 						
								
								
								
								
		. <u></u>						
								
								
								
								
								
								
	<u> </u>							
								

SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public OMB No 1545-0047

Employer identification number

Inspection

Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.

SOWERS	SOWERS CLUB OF NEBRASKA	- 1	FOUNDATION				36-3465837
1 Does the organization maintain records to substantiate the amount of	its and Assistance	e amount of the grants	or assistance the	grantage, allamint	for the grante or see	the grants or assistance the grantees' eligibility for the grants or assistance, and the selection	200
criteria used to award the grants or assistance?	assistance?			אומיוליים האומיונים אוליים וואים וואים וואים וואים וואים וואים וואים וואים וואים וואים וואים וואים וואים וואים	ion in a grants of ass	אינות מווס מווס מפופט	X Yes
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	s procedures for mon	itoring the use of grant	funds in the United	d States.			
Part II Grants and Other Assistance to Domestic Organizations and	e to Domestic Organ	izations and Domesti	c Governments. C	omplete if the orga	inization answered "Y	Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	han \$5,000. Part II car	n be duplicated if addit	ional space is need	led.			
1 (a) Name and address of organization or government	on (b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
Lincoln Housing Authority 5700 R Street							
Lincoln, NE 68505	30-0094633	501(c)(3)	10,000.	0.			Housing Project
				; ;			
2 Enter total number of section 501(c)(3) and government organizations l	(3) and government or	rganizations listed in th	listed in the line 1 table				1.
LHA For Paperwork Reduction Act Notice, see the Instructions for For	tice, see the Instruct	tions for Form 990.					Schedule I (Form 990) (2016)

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization Employer identification number SOWERS CLUB OF NEBRASKA FOUNDATION 36-3465837 Form 990, Part III, Line 1, Description of Organization Mission: Foundation. Form 990, Part VI, Section B, line 11b: The Form 990 was provided to board members for review before filing. Form 990, Part VI, Section B, Line 12c: The conflict of interest policy compliance is monitored by the Board president. Form 990, Part VI, Section B, Line 15: The organization's Board of Directors serves as the management officials for the organization. The Board of Directors serve without compensation. Form 990, Part VI, Section C, Line 19: THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE AT THE ORGANIZATIONS ADMINISTRATIVE OFFICES UPON REQUEST. Form 990, Part XII, Line 2c THE PROCESS FOR REVIEWING FINANCIAL STATEMENTS HAS NOT CHANGED FROM PRIOR YEARS.

SCHEDULE R (Form 990) Name of the organization

Part

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 38, or 37.

► Attach to Form 990.

2016

OMB No 1545-0047

Open to Public Inspection

Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

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

SOWERS CLUB OF NEBRASKA FOUNDATION

Employer identification number 36-3465837

Schedule R (Form 990) 2016 (g) Section 512(b)(13) Š × controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Direct controlling entity End-of-year assets **e** status (if section Public charity 501(c)(3)) Total income Exempt Code T section 501(C)(4) চ Legal domicile (state or Legal domicile (state or foreign country) foreign country) Vebraska Primary activity Primary activity COMMUNITY SUPPORT For Paperwork Reduction Act Notice, see the Instructions for Form 990. SOWER'S CLUB OF LINCOLN, INC. - 47-0604963 Name, address, and EIN (if applicable) 1701 SOUTH 17TH STREET, SUITE 1H Name, address, and EIN of related organization of disregarded entity Lincoln NE 68502 Part II

36-3465837

Page 2

SOWERS CLUB OF NEBRASKA FOUNDATION Schedule R (Form 990) 2016

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

Schedule R (Form 990) 2016 Code V-UBI General or Percentage amount in box managing ownership 20 of Schedule R-1 (Form 1065) Yes No Section 512(b)(13) controlled entity? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. 3 Percentage ownership Ξ Share of end-of-year assets Disproportionate Yes No allocations? Ξ Share of total income Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) Share of total income (d)
Inect controlling | Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> Legal domicile (state or foreign country) (d)
(Direct controlling entity Primary activity (c)
Legal
domicile
(state or
foreign Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Œ Part IV

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes No
During the tax year, did the organization engage in any of the following transa	s with one or more re	lated organizations listed	
			1
	:	: : : : : : : : : : : : : : : : : : : :	+
	: : : : : : : : : : : : : : : : : : : :	: : :	4 O
d Edans of loan guarantees to of for fetated organization(s)		:	1
e Loans or loan guarantees by related organization(s)			X 16 X
f Dividends from related organization(s)	:	:	X
g Sale of assets to related organization(s)			X 19 X

Exchange of assets with related organization(s)	:	::	
i lease of facilities, equipment, or other assets to related organization(s)	:	:	
	:	:	-
k Lease of facilities, equipment, or other assets from related organization(s)	:	:	**************************************
1 Performance of services or membership or fundraising solicitations for related orga	organization(s)	:	X
	organization(s)	:	X.
	on(s)		X ut
			X 61
p. Beimblirsement paid to related organization(s) for expenses			± + + + + + + + + + + + + + + + + + + +
Reimbursement paid by related ordanization(s) for expenses			
	:		
			₩
If the answer to any of the above is "Yes," see the instructions for information	ho must complete the	is line, including covered	on who must complete this line, including covered relationships and transaction thresholds.
(a)	(g)	(2)	(9)
Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved
(1) Sower's Club of Lincoln, Inc	ບ	36,000.Cash	Cash disbursed
	ŧ	0	
(2) Sower's Club of Lincoln, inc	4	9,138.Casn	Cash disbursed
(3) Sower's Club of Lincoln, Inc	D	574,731.	Cash disbursed
(4)			
(5)			
(8)			
632163 09-08-16			Schedule R (Form 990) 2016

36-3465837

Schedule R (Form 990) 2016 SOWERS CLUB OF NEBRASKA FOUNDATION

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

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

and the section of gallering. One manufacture regarding excussion to certain investment partitions.	Successive Balancia de Acid		Schieff Parties and S.						
(a)	(Q)	©	(d)		(6)	£	ε	S	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income parmers sec (related, unrelated, excluded from tax under sectors 512-514)	Share of total total income	Share of end-of-year assets	Dispropor- tionate allocations?	Obstropor- Unate amount in box 20 managing ownership of Schedule K-1 partner? Ownership over No. (Form 1065) over	General or managing partner?	Percentage ownership
						2	\frac{1}{2}	200	
						_			
						-			
								_	
			_						
								-	
				_				_	
								_	

Schedule R (Form 990) 2016

Schedule I	R (Form 990) 2016	SOWERS	CLUB OF	<u>' NEBRASKA</u>	FOUNDATION	<u> 36-3465837</u>	Page 5
Part VII	R (Form 990) 2016 Supplemental Info	rmation.					
	Provide additional inform	nation for respor	nses to questio	ns on Schedule R.	See instructions.		
							
						····	
						· 	
		··					
							
	•						
							
							
				·			
	 						
							
							
				 			
							

632165 09-06-16

Schedule R (Form 990) 2016