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Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Information about Form 990 and its instructions is at [www.irs.gov/form990](#)

A For the 2016 calendar year, or tax year beginning 07-01-2016 , and ending 06-30-2017

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Final

☒ Return/terminated

☐ Amended return

☐ Application pending

C Name of organization

UNITED WAY OF LINCOLN AND LANCASTER COUNTY

Doing business as

Number and street (or P O box if mail is not delivered to street address)

Room/suite

238 S 13 ST

City or town, state or province, country, and ZIP or foreign postal code

LINCOLN, NE 685082004

F Name and address of principal officer

BRIAN WACHMAN

238 S 13 ST

LINCOLN, NE 685082004

H(a) Is this a group return for subordinates?

☐ Yes ☒ No

H(b) Are all subordinates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ◀(insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW UNITEDWAYLINCOLN ORG

K Form of organization

☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1945

M State of legal domicile NE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities

FUNDING TO LOCAL IMPACT PARTNERS WHO FOCUS ON ACHIEVING OUTCOMES IN THE THREE SPECIFIC AREAS DETERMINED TO BE ESSENTIAL IN IMPROVING PEOPLE'S LIVES AND STRENGTHENING OUR COMMUNITY 1) EDUCATION2) INCOME3) HEALTH

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)

6 Total number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, line 34

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)

16a Professional fundraising fees (Part IX, column (A), line 11e)

b Total fundraising expenses (Part IX, column (D), line 25) ▶900,988

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)

18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses Subtract line 18 from line 12

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

21 Total liabilities (Part X, line 26)

22 Net assets or fund balances Subtract line 21 from line 20

Part II Signature Block

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

Sign Here

Signature of officer

BRIAN WACHMAN EXECUTIVE DIRECTOR

Type or print name and title

2017-10-27

Date

Paid Preparer Use Only

Print/Type preparer's name

KRYSTAL L SIEBRANDT CPA CFE CGMA

Preparer's signature

KRYSTAL L SIEBRANDT CPA CFE CGMA

Date

2017-10-27

Check ☐ if self-employed

PTIN

P00543870

Firm's name ▶ HBE LLP

Firm's EIN ▶ 47-0677245

Firm's address ▶ 7140 STEPHANIE LANE PO BOX 23110

Phone no (402) 423-4343

LINCOLN, NE 685423110

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2016)

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

TO IMPROVE LIVES BY MOBILIZING THE CARING POWER OF THE LINCOLN AND LANCASTER COUNTY COMMUNITY

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total
expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 1,094,291 including grants of \$ 1,094,291) (Revenue \$)

See Additional Data

4b (Code) (Expenses \$ 478,500 including grants of \$ 478,500) (Revenue \$)

See Additional Data



















4c (Code) (Expenses \$ 436,500 including grants of \$ 436,500) (Revenue \$)

See Additional Data

See Additional Data Table

4d Other program services (Describe in Schedule O)
(Expenses \$ 4,003,393 including grants of \$ 3,373,705) (Revenue \$ 162,810)**4e** Total program service expenses ► 6,012,684

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	No
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	No
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 Yes	
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 other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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 Yes	
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

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		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>		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 25a</i>		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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>		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		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>		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>		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>		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>		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
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>		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		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>		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>		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>	Yes	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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>		No
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>		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>		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	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	4
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	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	18
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" to line 3b, 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	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	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8	
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b	Did the sponsoring 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 or note to any line in this Part VI ☒**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
	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		
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?	Yes	
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?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		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?		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?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	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	Yes	
b	Other officers or key employees of the organization	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		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?		

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. <input checked="" type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> 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, address, and telephone number of the person who possesses the organization's books and records MARY ALDRICH-KNIGHT 238 SOUTH 13TH STREET LINCOLN, NE 68508 (402) 441-7178

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

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

Form **990** (2016)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	203,441	0	23,530

		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

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b				
	c Fundraising events . . .	1c	41,609			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,191,277			
	g Noncash contributions included in lines 1a-1f \$ <u>174,124</u>					
	h Total. Add lines 1a-1f ▶		7,232,886			
Program Service Revenue			Business Code			
	2a _____					
	b _____					
	c _____					
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		27,033			27,033
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real	(ii) Personal			
	6a Gross rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss) ▶					
	8a Gross income from fundraising events (not including \$ <u>41,609</u> of contributions reported on line 1c) See Part IV, line 18 a	53,786				
	b Less direct expenses b	87,204				
	c Net income or (loss) from fundraising events . . . ▶		-33,418			-33,418
	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 ADMINISTRATIVE INCOME	900099	162,810	162,810			
b _____						
c _____						
d All other revenue						
e Total. Add lines 11a-11d ▶		162,810				
12 Total revenue. See Instructions ▶		7,389,311	162,810	0	-6,385	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,382,996	5,382,996		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	231,618	65,107	68,216	98,295
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.	699,887	268,174	58,953	372,760
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	34,884	11,493	2,476	20,915
9 Other employee benefits.	98,648	31,437	11,975	55,236
10 Payroll taxes.	66,482	23,834	8,879	33,769
11 Fees for services (non-employees):				
a Management.				
b Legal.				
c Accounting.	9,188		9,188	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	52,560	23,779	3,410	25,371
12 Advertising and promotion.	204,042	92,981	2,824	108,237
13 Office expenses.	6,912	2,183	850	3,879
14 Information technology.				
15 Royalties.				
16 Occupancy.	106,001	33,451	13,777	58,773
17 Travel.	10,920	3,124	1,218	6,578
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.	24,234	6,066	8,129	10,039
20 Interest.				
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	10,896	3,487	1,417	5,992
23 Insurance.	7,211	2,283	940	3,988
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 MEMBERSHIP DUES	74,095	22,842	11,563	39,690
b EQUIPMENT RENTAL AND MA	26,606	5,982	3,801	16,823
c MISCELLANEOUS	23,111	7,131	2,611	13,369
d PROGRAM INITIATIVES	20,110	20,110		
e All other expenses	42,596	6,224	9,098	27,274
25 Total functional expenses. Add lines 1 through 24e.	7,132,997	6,012,684	219,325	900,988
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

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

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		3,552,440	1	3,909,248	
	2	Savings and temporary cash investments		1,294,407	2	1,295,859	
	3	Pledges and grants receivable, net		2,708,039	3	2,436,797	
	4	Accounts receivable, net		31,486	4	39,529	
	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		52,368	9	26,878	
	10a	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	10a	178,623			
	b	Less: accumulated depreciation	10b	146,726	31,864	10c	31,897
	11	Investments—publicly traded securities			11		
	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			15		
16	Total assets. Add lines 1 through 15 (must equal line 34)		7,670,604	16	7,740,208		
Liabilities	17	Accounts payable and accrued expenses		77,252	17	88,705	
	18	Grants payable		2,140,475	18	2,057,291	
	19	Deferred revenue		55,041	19	101,408	
	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		4,009,933	25	3,848,587	
	26	Total liabilities. Add lines 17 through 25		6,282,701	26	6,095,991	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		1,387,903	27	1,644,217	
	28	Temporarily restricted net assets			28		
	29	Permanently restricted net assets			29		
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		1,387,903	33	1,644,217		
34	Total liabilities and net assets/fund balances		7,670,604	34	7,740,208		

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,389,311
2	Total expenses (must equal Part IX, column (A), line 25)	2	7,132,997
3	Revenue less expenses Subtract line 2 from line 1	3	256,314
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,387,903
5	Net unrealized gains (losses) on investments	5	
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	1,644,217

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

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

Additional Data

Software ID:
Software Version:
EIN: 47-0376624
Name: UNITED WAY OF LINCOLN AND LANCASTER
COUNTY

Form 990 (2016)

Form 990, Part III, Line 4a:

COMMUNITY IMPACT FOCUS AREA EDUCATION (SEE DETAILED LIST OF PROGRAMS IN THIS FOCUS AREA ON SCHEDULE O) DURING THE 2016-2017 FISCAL YEAR, FUNDED PROGRAMS REPORTED THE FOLLOWING 1)92% OF SCHOOL AGE CHILDREN ENROLLED IN BEFORE AND AFTER SCHOOL PROGRAMS IMPROVED THEIR ACADEMIC PERFORMANCE2)92% OF CHILDREN (AGE 0-5) MET DEVELOPMENTAL MILESTONES3)98% OF SCHOOL AGE CHILDREN IN UNITED WAY FUNDED PROGRAMING ADVANCED TO THE NEXT GRADE LEVEL4)96% OF CHILDREN IMPROVED THEIR SCHOOL ATTENDANCE

Form 990, Part III, Line 4b:

COMMUNITY IMPACT FOCUS AREA HEALTH (SEE DETAILED LIST OF PROGRAMS IN THIS FOCUS AREA ON SCHEDULE O) DURING THE 2016-2017 FISCAL YEAR, FUNDED PROGRAMS REPORTED THE FOLLOWING 1) 4,893 PEOPLE FOUND SHELTER IN DOMESTIC VIOLENCE AND SEXUAL ASSAULT PROGRAMS WITH 92% REPORTING SIGNIFICANT CHANGES IN THEIR SAFETY 2) OF THE 793 YOUTH PARTICIPATING IN BEHAVIORAL HEALTH PROGRAMMING, 68% DEMONSTRATED IMPROVEMENT IN THEIR FUNCTIONING SCORES OR BEHAVIOR

Form 990, Part III, Line 4c:

COMMUNITY IMPACT FOCUS AREA INCOME (SEE DETAILED LIST OF PROGRAMS IN THIS FOCUS AREA ON SCHEDULE O) DURING THE 2016-2017 FISCAL YEAR, FUNDED PROGRAMS REPORTED THE FOLLOWING 1) 15,272 PEOPLE WERE SERVED IN HOMELESS ASSISTANCE PROGRAMS AND 85% OF THOSE WERE ABLE TO ACQUIRE AND MAINTAIN STABLE HOUSING 2) 76,160 PEOPLE RECEIVED FOOD ASSISTANCE - 25% OF THE 2015 COUNTY POPULATION

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 207,241 including grants of \$ 207,241) (Revenue \$)

ENGAGE EMPOWER GRADUATE (EEG) THE WOMEN'S LEADERSHIP COUNCIL AND EMERGING LEADERS COUNCIL GROUPS COMBINED TO SUPPORT BREAKTHROUGH OPPORTUNITIES IN THE MCPHEE AND CAMPBELL ELEMENTARY SCHOOL COMMUNITY THE RESULTING INITIATIVE SUPPORTS MULTIPLE PROGRAMS THAT EMPOWER FAMILIES AND STUDENTS TO STRIVE FOR ACADEMIC ACHIEVEMENT AND ON-TIME GRADUATION THUS SETTING THEM UP FOR LONG-TERM SUCCESS \$207,241 WAS ALLOCATED TO THE FOLLOWING EEG SUPPORTED PROGRAMS JUMP START TO KINDERGARTEN, COMMUNITY LEARNING CENTERS, FAMILY LITERACY, PARENT EDUCATION, MENTAL HEALTH SERVICES, SUMMER ENRICHMENT, AND MENTORING

(Code) (Expenses \$ 62,242 including grants of \$ 62,242) (Revenue \$)

COMMUNITY RESPONSE IN SEPTEMBER OF 2016, UNITED WAY OF LINCOLN AND LANCASTER COUNTY BEGAN SERVING AS THE 'BACKBONE ORGANIZATION' FOR THE COMMUNITY RESPONSE EFFORT UNITED WAY CONVENES LEADERS IN THE COMMUNITY TO DISCUSS METHODS TO PREVENT CHILD NEGLECT AND THE OFTEN-RESULTING ENTRY INTO HIGHER LEVELS OF CARE SUCH AS CHILD PROTECTIVE SERVICES AND JUVENILE JUSTICE UNITED WAY SERVES IN AN ADMINISTRATIVE/COORDINATION ROLE WITH PROVIDERS WHO DELIVER SERVICE INTERVENTIONS ADMINISTRATION INVOLVES CONTRACT DEVELOPMENT, OVERSIGHT, AND ACCOUNTING THE COORDINATION ROLE INVOLVES FACILITATING PROVIDER GROUP MEETINGS, ENSURING REPORTING ACCURACY, AND OVERSIGHT FOR SEMI-ANNUAL EVALUATION PROCESSES THIS PROGRAM IS SUPPORTED THROUGH FUNDS RAISED BY THE WOMEN'S LEADERSHIP COUNCIL AND EMERGING LEADERS COUNCIL IN THE AMOUNT OF \$62,242

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 40,000 including grants of \$ 40,000) (Revenue \$)

2-1-1 CALL CENTER THIS NATIONWIDE COLLABORATIVE INITIATIVE PROVIDES INFORMATION AND REFERRAL FOR HUMAN SERVICE NEEDS 24 HOURS PER DAY/SEVEN DAYS A WEEK UNITED WAY OF THE MIDLANDS IN OMAHA HOUSES THE CALL CENTER FOR THE STATE AND TRACKS DATA THAT IS SPECIFIC TO EACH PARTICIPATING COMMUNITY DURING THE 2016-2017 FISCAL YEAR, 4,495 CALLS WERE RECEIVED THE MAJORITY OF CALLERS WERE SEEKING HOUSING AND UTILITIES ASSISTANCE UNITED WAY ALLOCATES \$40,000 FOR THIS INITIATIVE

(Code) (Expenses \$ 38,000 including grants of \$ 38,000) (Revenue \$)

COMMUNITY LEARNING CENTERS (CLC) \$38,000 HAS BEEN ALLOCATED TO THE CLYDE MALONE COMMUNITY CENTER AS THE LEAD AGENCY TO SUPPORT THE SITE SUPERVISOR POSITION AND PROGRAMMING LOCATED AT CULLER MIDDLE SCHOOL THE CLC INITIATIVE IS FOCUSED ON ACHIEVING THREE MAJOR OUTCOMES IMPROVED STUDENT LEARNING AND DEVELOPMENT, STRONG AND SUPPORTIVE FAMILIES, AND ENGAGED NEIGHBORHOODS DURING THE 2016-2017 SCHOOL YEAR, 172 STUDENTS ATTENDED THE CLC FOR 30 DAYS OR MORE IN TEACHER-ASSESSED RATINGS OF PERFORMANCE, STUDENTS SCORED HIGHER THAN THE STATEWIDE AVERAGE FOR IMPROVEMENT IN ALL CATEGORIES (READING 5%, WRITING 1%, MATH 10% AND SCIENCE 8% ABOVE THE STATEWIDE AVERAGE)

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 33,977 including grants of \$ 33,977) (Revenue \$)

WOMEN IN PHILANTHROPY (WIP) INITIATIVE UNITED WAY'S ANNUAL WIP HELPING HANDS AUCTION RAISED FUNDS TO PROVIDE DIAPERS AND CLOTHING TO LOW INCOME FAMILIES THE WIP INITIATIVE AWARDED \$33,977 TO TEN UNITED WAY PARTNER AGENCIES TO PURCHASE DIAPERS AND CLOTHING FOR THE LOW-INCOME CHILDREN AND FAMILIES THEY SERVE

(Code) (Expenses \$ 10,000 including grants of \$ 10,000) (Revenue \$)

SUMMER FOOD PROGRAM \$10,000 WAS ALLOCATED FOR THIS PROGRAM, WHICH IS SPONSORED BY THE LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT IN THE SUMMER OF 2017, THERE WERE 45 FEEDING SITES WITH 107,108 MEALS (44,707 BREAKFASTS AND 62,401 LUNCHES) SERVED TO ELIGIBLE CHILDREN THIS IS AN AVERAGE OF 2,000 MEALS PER DAY OVER 11 WEEKS WITH AN ESTIMATED 4,000 CHILDREN RECEIVING MEALS AT LEAST PERIODICALLY THROUGHOUT THE SUMMER

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 10,000 including grants of \$ 10,000) (Revenue \$)

THE CAREER ACADEMY UNITED WAY FUNDING IN THE AMOUNT OF \$10,000 SUPPORTS SCHOLARSHIPS FOR LOW-INCOME STUDENTS TO ATTEND THE PROGRAM THAT HELPS PREPARE THEM FOR POST-HIGH SCHOOL OPPORTUNITIES IN THE WORKFORCE AND/OR HIGHER EDUCATION

(Code) (Expenses \$ 12,251 including grants of \$ 12,251) (Revenue \$)

VIRTUAL BOOK DRIVE AN ONLINE CAMPAIGN SPONSORED BY THE UNITED WAY WOMEN IN PHILANTHROPY AND EMERGING LEADERS GROUPS RAISED \$12,251 FOR THE PURCHASE OF BOOKS AND SCHOOL SUPPLIES FOR CHILDREN IN THE LINCOLN PUBLIC SCHOOL DISTRICT VOLUNTEERS DURING DAY OF ACTION AND DAY OF CARING READ AND DISTRIBUTED OVER 2,238 BOOKS TO CHILDREN

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 7,780 including grants of \$ 7,780) (Revenue \$)

DATA-TRACKING PROJECT THIS PROJECT RECEIVED \$7,780 IN A JOINTLY FUNDED EFFORT WITH THE JOINT BUDGET COMMITTEE TO HELP TRACK FOOD PANTRY AND FOOD DISTRIBUTION EFFORTS IN THE COMMUNITY OUR OUTCOME GOAL IS TO DETERMINE AN UNDUPLICATED COUNT OF CLIENTS SERVED SO WE CAN BETTER INCREASE THEIR FOOD STABILITY

(Code) (Expenses \$ 5,000 including grants of \$ 5,000) (Revenue \$)

LINCOLN VITAL SIGNS UNITED WAY HAS ALLOCATED \$5,000 TO THIS COMMUNITY WIDE INITIATIVE WHOSE PURPOSE IS TO UPDATE THE VITAL SIGNS BI-ANNUAL REPORT AND FACILITATE EFFORTS TO IDENTIFY KEY COMMUNITY MEASUREMENTS, COLLECT SPECIFIC INFORMATION, AND ANALYZE TRENDS FOR USE IN IDENTIFYING FUNDING PRIORITIES AND TRACKING OUTCOMES

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 5,000 including grants of \$ 5,000) (Revenue \$)

BACKGROUND CHECKS UNITED WAY ALLOCATED \$5,000 TO ITS PARTNER AGENCIES TO CONDUCT BACKGROUND CHECKS FOR STAFF AND VOLUNTEERS SERVING VULNERABLE POPULATIONS

(Code) (Expenses \$ 5,000 including grants of \$ 5,000) (Revenue \$)

HOMELESS CONNECT \$5,000 WAS AWARDED TO PROJECT HOMELESS CONNECT LINCOLN WHICH IS AN ANNUAL ONE-DAY EVENT ORGANIZED TO PROVIDE DIRECT SERVICES FOR HOMELESS INDIVIDUALS AND FAMILIES AS WELL AS ASSIST IN NAVIGATING THE LOCAL HEALTH AND HUMAN SERVICE SYSTEM TO GET THEIR LONGER TERM NEEDS MET

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

(Code) (Expenses \$ 2,483,405 including grants of \$ 2,483,405) (Revenue \$ 162,810)

DESIGNATIONS UNITED WAY PROCESSED \$2,483,405 IN DONOR-DESIGNATED FUNDS DONOR-DESIGNATED FUNDS ARE CONTRIBUTIONS SPECIFICALLY DIRECTED BY THE DONOR TO OTHER NONPROFIT ORGANIZATIONS UNITED WAY OF LINCOLN AND LANCASTER COUNTY ACTS IN A FISCAL AGENT CAPACITY TO COLLECT, PROCESS, AND DISBURSE THE FUNDS ORGANIZATIONS MUST HAVE TAX EXEMPT STATUS AND BE IN COMPLIANCE WITH THE PATRIOT ACT

(Code) (Expenses \$ 1,083,497 including grants of \$ 453,809) (Revenue \$)

PROGRAM GENERAL OPERATING COSTS EXPENSES OF \$1,065,830 WERE INCURRED BY THE ORGANIZATION TO ASSESS COMMUNITY NEEDS, PROVIDE OUTCOME MEASUREMENT TRAINING TO VARIOUS ENTITIES IN THE COMMUNITY, PROVIDE PROGRAM ASSESSMENT, REVIEW, AND SELECTION, ADMINISTER GRANTS, PROVIDE FINANCIAL AND STEWARDSHIP OVERSIGHT OF GRANT RECIPIENTS, AND PARTICIPATE IN COMMUNITY PARTNERSHIPS TO ADVANCE COMMON GOALS IN THE TWO FOCUSED AREAS

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			
BOB BALFANY DIRECTOR	1 00	X						0	0	0
JAN GARVIN TREASURER-2016	1 00	X		X				0	0	0
NICK CUSICK PRESIDENT-2016	1 00	X		X				0	0	0
MAUREEN BRASE-HOUCHIN DIRECTOR	1 00	X						0	0	0
MICHAEL COX DIRECTOR	1 00	X						0	0	0
CAMERON HINDS DIRECTOR	1 00	X						0	0	0
DR STEVE JOEL PRESIDENT	1 00	X		X				0	0	0
MONICA LEDBETTER DIRECTOR	1 00	X						0	0	0
JUDY MUYSKENS DIRECTOR	1 00	X						0	0	0
JOY CITTA DIRECTOR	1 00	X						0	0	0

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			
JAN ZOUCHA DIRECTOR	1 00	X						0	0	0
BRIAN BECK DIRECTOR	1 00	X						0	0	0
DWIGHT BROWN DIRECTOR	1 00	X						0	0	0
COLLEEN JONES DIRECTOR	1 00	X						0	0	0
PHILIP MULLIN DIRECTOR	1 00	X						0	0	0
RYAN NELSON DIRECTOR	1 00	X						0	0	0
LINDA ROBINSON RUTZ PRESIDENT ELECT	1 00	X		X				0	0	0
TIM SABO TREASURER	1 00	X		X				0	0	0
JEFF SYLVESTER DIRECTOR	1 00	X						0	0	0
CHRIS CALLIHAN DIRECTOR	1 00	X						0	0	0

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

(A) Name and Title	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			
BILL MUELLER DIRECTOR	1 00	X						0	0	0
KIM ROBAK DIRECTOR	1 00	X						0	0	0
DORIS ROBERTSON ASSISTANT TREASURER	1 00	X		X				0	0	0
KEVIN WAILES DIRECTOR	1 00	X						0	0	0
JIM BARONE DIRECTOR	1 00	X						0	0	0
BRIAN CHAFFIN DIRECTOR	1 00	X						0	0	0
CONNIE DUNCAN DIRECTOR	1 00	X						0	0	0
TODD DUNCAN DIRECTOR	1 00	X						0	0	0
RHONDA LAHM SECRETARY	1 00	X		X				0	0	0
RUSS SEBEK DIRECTOR	1 00	X						0	0	0

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			
DENNIS STEEN DIRECTOR	1 00	X						0	0	0
CHARLIE FOSTER DIRECTOR	1 00	X						0	0	0
ERIC MOOSS DIRECTOR	1 00	X						0	0	0
BRIAN WACHMAN EXECUTIVE DIRECTOR	40 00			X				123,548	0	18,405
MARY ALDRICH-KNIGHT SENIOR DIRECTOR OF FINANCE AND ADMINISTRATION	40 00			X				79,893	0	5,125

SCHEDULE A (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 .	OMB No 1545-0047 2016 Open to Public Inspection
Department of the Treasury Internal Revenue Service Name of the organization UNITED WAY OF LINCOLN AND LANCASTER COUNTY		Employer identification number 47-0376624

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

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

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

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

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, 8, or 9 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 grant ")	6,997,063	7,070,953	7,234,476	7,274,672	7,232,886	35,810,050
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	6,997,063	7,070,953	7,234,476	7,274,672	7,232,886	35,810,050
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						35,810,050

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	6,997,063	7,070,953	7,234,476	7,274,672	7,232,886	35,810,050
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	12,791	10,775	9,702	11,586	27,033	71,887
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)	208,946	227,122	214,167	207,520	216,596	1,074,351
11	Total support. Add lines 7 through 10						36,956,288
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 section 501(c)(3) organization, check this box and stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
14	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14 96.900 %
15	Public support percentage for 2015 Schedule A, Part II, line 14	15 96.850 %
16a	33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input checked="" type="checkbox"/>	
b	33 1/3% support test—2015. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
17a	10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
b	10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ► <input type="checkbox"/>	
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ► <input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a)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 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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 VI.)						
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 section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2016. 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—2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>	1	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	2	
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a	
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>	4a	
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>	4b	
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)? <i>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.</i>	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>	5a	
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?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
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? <i>If "Yes," provide detail in Part VI.</i>	6	
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	7	
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	8	
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))? <i>If "Yes," provide detail in Part VI.</i>	9a	
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? <i>If "Yes," provide detail in Part VI.</i>	9b	
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? <i>If "Yes," provide detail in Part VI.</i>	9c	
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)? <i>If "Yes," answer line 10b below.</i>	10a	
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>	10b	

Part IV Supporting Organizations (continued)

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

Section 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 tax year? <i>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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
2		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
2b		
3 Parent of Supported Organizations Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
3b		

Part V

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

1

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (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, 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	

Section 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 emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

Part VI **Supplemental Information.**

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

Facts And Circumstances Test

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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

2016

Open to Public Inspection

Name of the organization
UNITED WAY OF LINCOLN AND LANCASTER COUNTY

Employer identification number
47-0376624

Part I

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

(a) Donor advised funds

(b) Funds and other accounts

1

Total number at end of year

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 advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes

☐ No

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes

☐ No

Part II

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

1

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

☐ Preservation of land for public use (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

2a

2b

2c

2d

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, handling of violations, and enforcing conservation easements during the year ►

7

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

8

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

☐ Yes

☐ No

9

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

Part III

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

1a

If the organization elected, as permitted under 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) Revenue included on Form 990, Part VIII, line 1

► \$

(ii) Assets included in Form 990, Part X

► \$

2

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

a

Revenue included on 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) 2016

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" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

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

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

☐ Yes

☐ No

b

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

☐

Part V

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

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

(i)

unrelated organizations

(ii)

related organizations

b

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

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

4

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

Part VI

Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		178,623	146,726	31,897
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				31,897

Schedule D (Form 990) 2016

Part VII

Investments—Other Securities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

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

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c.
See Form 990, Part X, line 13.

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

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

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

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
CUSTODIAL FUNDS	43,800
CAMPAIGN DESIGNATIONS	1,858,395
OPERATIONS PAYABLE	1,391,203
AGENCY APPROPRIATIONS	555,189
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	3,848,587

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	4,762,203
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	87,204
e	Add lines 2a through 2d	2e	87,204
3	Subtract line 2e from line 1	3	4,674,999
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	
b	Other (Describe in Part XIII)	4b	2,714,312
c	Add lines 4a and 4b	4c	2,714,312
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	7,389,311

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

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

1	Total expenses and losses per audited financial statements	1	4,505,889
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	87,204
e	Add lines 2a through 2d	2e	87,204
3	Subtract line 2e from line 1	3	4,418,685
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	
b	Other (Describe in Part XIII)	4b	2,714,312
c	Add lines 4a and 4b	4c	2,714,312
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	7,132,997

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 47-0376624
Name: UNITED WAY OF LINCOLN AND LANCASTER
COUNTY

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES FOR THE YEAR ENDED JUNE 30, 2017, THE ORGANIZATION HAD NO UNRELATED BUSINESS ACTIVITY THE ORGANIZATION BELIEVES IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	DIRECT FUNDRAISING EXPENSE 87,204

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 2,483,405 PROVISION FOR UNCOLLECTIBLE PLEDGES 230,907

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT FUNDRAISING EXPENSE 87,204

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 2,483,405 PROVISION FOR UNCOLLECTIBLE PLEDGES 230,907

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding
Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
UNITED WAY OF LINCOLN AND LANCASTER
COUNTY

Employer identification number
47-0376624

Part I Fundraising Activities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a ☐ Mail solicitations

e ☐ Solicitation of non-government grants

b ☐ Internet and email solicitations

f ☐ Solicitation of government grants

c ☐ Phone solicitations

g ☐ Special fundraising events

d ☐ In-person solicitations
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		HELPING HANDS AUCTION (event type)	GOLF TOURNAMENT (event type)	(total number)	Total events (add col (a) through col (c))
Direct Expenses	1 Gross receipts	63,766	30,178		93,944
	2 Less Contributions	41,609			41,609
	3 Gross income (line 1 minus line 2)	22,157	30,178		52,335
	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	10,291	10,536		20,827
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,908	2,478		7,386
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				28,213
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				24,122

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity conducted in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

- c** If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference

Explanation

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493317015627

Schedule I
(Form 990)

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

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

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

Name of the organization
UNITED WAY OF LINCOLN AND LANCASTER
COUNTY

Employer identification number
47-0376624

Part I

General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 74

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

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2	THE FOLLOWING ARE UNITED WAY'S PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS IN THE UNITED STATES. ALLOCATIONS. THE ALLOCATION OF THE UNRESTRICTED DONOR DOLLARS FOLLOWS A SPECIFIC, DETAILED APPLICATION PROCESS. TO BE ELIGIBLE TO APPLY FOR FUNDING, AGENCIES MUST BE A LEGAL 501(C)(3) ORGANIZATION SERVING LINCOLN/LANCASTER COUNTY AND AGREE TO FOLLOW UNITED WAY POLICIES AND PROCEDURES. THEY MUST SUBMIT AN AUDIT WITH A STATEMENT OF FUNCTIONAL EXPENSES BY PROGRAM, AND A FORM 990 AND 990T (IF APPLICABLE) MUST ALSO BE FILED AND SUBMITTED. AGENCIES MUST ALSO VERIFY COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT. AGENCIES UNDERGO INTENSIVE REVIEW BY TRAINED COMMUNITY VOLUNTEERS BEFORE A RECOMMENDATION IS MADE TO THE UNITED WAY BOARD OF DIRECTORS FOR APPROVAL. THE FUND DISTRIBUTION VOLUNTEERS REVIEW THE APPLICATIONS WHICH REQUIRE CLIENT OUTCOMES AND INDICATORS MEASURING CHANGE IN BEHAVIOR OR SKILL FOR CLIENTS BEING SERVED. DEMOGRAPHIC DATA ENSURES THAT THOSE IN MOST NEED ARE BEING REACHED WITH THE SERVICES. OUR AUDIT REVIEW TEAM OF CPA'S REVIEW THE AGENCIES AUDITS AND 990'S LOOKING FOR OVERALL STABILITY AND ABILITY TO MONITOR THE ALLOCATION OF DONOR DOLLARS. AGENCIES ARE REQUIRED TO SUBMIT SEMI-ANNUAL REPORTS REFLECTING THE PROGRESS OF THE FUNDED PROGRAM. THE FINAL REPORT PROVIDES A UPDATE OF THE OUTCOMES ACHIEVED. DONOR DESIGNATIONS. ORGANIZATION'S RECEIVING DONOR DESIGNATED CONTRIBUTIONS THROUGH UNITED WAY UNDERGO SCREENING PRIOR TO DISTRIBUTION OF FUNDING. SUCH SCREENING INCLUDES VERIFICATION OF CURRENT STATUS AS AN IRS CODE SECTION 501(C)(3) NONPROFIT ORGANIZATION AND VERIFICATION OF COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.

Additional Data

Software ID:
Software Version:
EIN: 47-0376624
Name: UNITED WAY OF LINCOLN AND LANCASTER
COUNTY

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICA'S CHARITIES 14150 NEWBROOK DRIVE SUITE 110 CHANTILLY, VA 20151	54-1517707	501(C)(3)	5,093	0			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN FRIENDS OF JAMAICA 1697 BROADWAY STE 502 NEW YORK, NY 10019	13-3115102	501(C)(3)	9,600	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - CAPITAL AREA & EASTERN NEBRASKA 220 OAKCREEK DR LINCOLN, NE 685281587	47-0376573	501(C)(3)	40,000	0			PROGRAM OPERATING COST
AMERICAN RED CROSS - CAPITAL AREA & EASTERN NEBRASKA 220 OAKCREEK DR LINCOLN, NE 685281587	47-0376573	501(C)(3)	22,091	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - CAPITAL AREA & EASTERN NEBRASKA 220 OAKCREEK DR LINCOLN, NE 685281587	47-0376573	501(C)(3)	572	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
ANIMAL CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIR STE 340 LARKSPUR, CA 94939	94-3193389	501(C)(3)	10,134	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF LINCOLN LANCASTER COUNTY 5730 R ST STE C2 LINCOLN, NE 68505	47-0498629	501(C)(3)	7,625	0			DONOR DESIGNATED FOR GENERAL SUPPORT
ARC OF LINCOLN LANCASTER COUNTY 5730 R ST STE C2 LINCOLN, NE 68505	47-0498629	501(C)(3)	7,500	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF LINCOLN LANCASTER COUNTY 5730 R ST STE C2 LINCOLN, NE 68505	47-0498629	501(C)(3)	130	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
ASIAN COMMUNITY AND CULTURAL CENTER 144 N 44 LINCOLN, NE 68504	47-0807501	501(C)(3)	10,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN COMMUNITY AND CULTURAL CENTER 144 N 44 LINCOLN, NE 68504	47-0807501	501(C)(3)	1,853	0			DONOR DESIGNATED FOR GENERAL SUPPORT
ASIAN COMMUNITY AND CULTURAL CENTER 144 N 44 LINCOLN, NE 68504	47-0807501	501(C)(3)	240	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF LINCOLNLANCASTER COUNTY PO BOX 22344 LINCOLN, NE 685422344	20-8677226	501(C)(3)	40,000	0			PROGRAM OPERATING COST
BOYS & GIRLS CLUBS OF LINCOLNLANCASTER COUNTY PO BOX 22344 LINCOLN, NE 68542	20-8677226	501(C)(3)	28,697	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS OF LINCOLN LANCASTER COUNTY PO BOX 22344 LINCOLN, NE 68542	20-8677226	501(C)(3)	182	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
CAPITAL HUMANE SOCIETY 2320 PARK BLVD LINCOLN, NE 68502	47-0376622	501(C)(3)	6,217	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CASA FOR LANCASTER COUNTY 1141 H ST STE C LINCOLN, NE 68508	47-0833799	501(C)(3)	21,000	0			PROGRAM OPERATING COST
CASA FOR LANCASTER COUNTY 1141 H ST STE C LINCOLN, NE 68508	47-0833799	501(C)(3)	10,616	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC BISHOP OF LINCOLN 3400 SHERIDAN BLVD LINCOLN, NE 68506	47-0436557	501(C)(3)	19,450	0			DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC SERVICE ORGANIZATIONS OF AMERICA 1100 LARKPUR LANDING CIRCLE SUITE 340 LARKSPUR, CA 94939	45-1679647	501(C)(3)	5,001	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC SOCIAL SERVICES 2241 O ST LINCOLN, NE 685101122	47-0751554	501(C)(3)	123,020	0			DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC SOCIAL SERVICES 2241 O ST LINCOLN, NE 685101122	47-0751554	501(C)(3)	46,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CATHOLIC SOCIAL SERVICES 2241 O ST LINCOLN, NE 685101122	47-0751554	501(C)(3)	5,633	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
CBOL - HOUSE FOR NEW LIFE 233 S 13TH ST SUITE 1900 LINCOLN, NE 68508	47-0707083	501(C)(3)	19,608	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDARS YOUTH SERVICES 6601 PIONEERS BLVD STE 1 LINCOLN, NE 685065260	47-0551975	501(C)(3)	371,500	0			PROGRAM OPERATING COST
CEDARS YOUTH SERVICES 6601 PIONEERS BLVD STE 1 LINCOLN, NE 685065260	47-0551975	501(C)(3)	37,608				DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CEDARS YOUTH SERVICES 6601 PIONEERS BLVD STE 1 LINCOLN, NE 685065260	47-0551975	501(C)(3)	4,000	0			PROGRAM OPERATING COST - IMPACT INITIATIVE
CEDARS YOUTH SERVICES 6601 PIONEERS BLVD STE 1 LINCOLN, NE 685065260	47-0551975	501(C)(3)	615	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR PEOPLE IN NEED INC 3901 N 27TH ST UNIT 1 LINCOLN, NE 685214177	06-1669552	501(C)(3)	28,479	0			DONOR DESIGNATED FOR GENERAL SUPPORT
CENTER FOR PEOPLE IN NEED INC 3901 N 27TH ST UNIT 1 LINCOLN, NE 685214177	06-1669552	501(C)(3)	25,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR PEOPLE IN NEED INC 3901 N 27TH ST UNIT 1 LINCOLN, NE 685214177	06-1669552	501(C)(3)	156	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
CITY IMPACT 1035 N 33RD ST LINCOLN, NE 68503	47-0800906	501(C)(3)	35,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY IMPACT 1035 N 33RD ST LINCOLN, NE 68503	47-0800906	501(C)(3)	27,962	0			DONOR DESIGNATED FOR GENERAL SUPPORT
CITY IMPACT 1035 N 33RD ST LINCOLN, NE 68503	47-0800906	501(C)(3)	1,060	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY 210 O ST LINCOLN, NE 685082322	47-0491162	501(C)(3)	107,366	0			PROGRAM OPERATING COST
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY 210 O ST LINCOLN, NE 685082322	47-0491162	501(C)(3)	20,632	0			COMMUNITY COLLABORATION - COMMUNITY RESPONSE INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY 210 O ST LINCOLN, NE 685082322	47-0491162	501(C)(3)	5,000	0			PROGRAM OPERATING COST - IMPACT INITIATIVE
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY 210 O ST LINCOLN, NE 685082322	47-0491162	501(C)(3)	3,800	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY 210 O ST LINCOLN, NE 685082322	47-0491162	501(C)(3)	100	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
COMMUNITY CROPS 1551 S 2ND ST LINCOLN, NE 685021908	20-3174357	501(C)(3)	8,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CROPS 1551 S 2ND ST LINCOLN, NE 685021908	20-3174357	501(C)(3)	7,187	0			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY CROPS 1551 S 2ND ST LINCOLN, NE 685021908	20-3174357	501(C)(3)	300	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY HEALTH CHARITIES 1240 N PITT ST THIRD FLOOR ALEXANDRIA, VA 22314	13-6167225	501(C)(3)	10,693	0			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY HEALTH CHARITIES OF NEBRASKA 212 S 74TH ST STE 205 OMAHA, NE 68114	23-7162972	501(C)(3)	583,067	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY SERVICES FUND 3800 VERMASS PL STE 200 LINCOLN, NE 68502	36-3431222	501(C)(3)	10,285	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
COMMUNITY SERVICES FUND 3800 VERMASS PL STE 200 LINCOLN, NE 68502	36-3431222	501(C)(3)	494,675	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNHUSKER COUNCIL BOY SCOUTS OF AMERICA PO BOX 269 WALTON, NE 684610269	47-0378985	501(C)(3)	31,154	0			DONOR DESIGNATED FOR GENERAL SUPPORT
CORNHUSKER COUNCIL BOY SCOUTS OF AMERICA PO BOX 269 WALTON, NE 684610269	47-0378985	501(C)(3)	598	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EARTHSHARE 7735 OLD GEORGETOWN ROAD SUITE 900 BETHESDA, MD 20814	52-1601960	501(C)(3)	5,381	0			DONOR DESIGNATED FOR GENERAL SUPPORT
EL CENTRO DE LAS AMERICAS 210 O ST LINCOLN, NE 68508	47-0658284	501(C)(3)	40,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EL CENTRO DE LAS AMERICAS 210 O ST LINCOLN, NE 68508	47-0658284	501(C)(3)	5,796	0			DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY SERVICE ASSOCIATION OF LINCOLN 501 S 7TH ST LINCOLN, NE 685082920	47-0376584	501(C)(3)	80,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FAMILY SERVICE ASSOCIATION OF LINCOLN 501 S 7TH ST LINCOLN, NE 685082920	47-0376584	501(C)(3)	11,439	0			DONOR DESIGNATED FOR GENERAL SUPPORT
FAMILY SERVICE ASSOCIATION OF LINCOLN 501 S 7TH ST LINCOLN, NE 685082920	47-0376584	501(C)(3)	534	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FIRST PLYMOUTH CONGREGATIONAL CHURCH 2000 D ST LINCOLN, NE 68502	47-0376589	501(C)(3)	16,363	0			DONOR DESIGNATED FOR GENERAL SUPPORT
FOOD BANK OF LINCOLN INC 4840 DORIS BAIR CIR STE A LINCOLN, NE 685041465	47-0640293	501(C)(3)	125,983	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FOOD BANK OF LINCOLN INC 4840 DORIS BAIR CIR STE A LINCOLN, NE 685041465	47-0640293	501(C)(3)	30,000	0			PROGRAM OPERATING COST
FOOD BANK OF LINCOLN INC 4840 DORIS BAIR CIR STE A LINCOLN, NE 685041465	47-0640293	501(C)(3)	2,779	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FREMONT AREA UNITED WAY 445 E 1ST ST FREMONT, NE 68025	47-6000166	501(C)(3)	6,245	0			DONOR DESIGNATED FOR GENERAL SUPPORT
FRESH START INC 6433 HAVELOCK AVE LINCOLN, NE 685071332	36-3785810	501(C)(3)	35,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRESH START INC 6433 HAVELOCK AVE LINCOLN, NE 685071332	36-3785810	501(C)(3)	10,924	0			DONOR DESIGNATED FOR GENERAL SUPPORT
FRESH START INC 6433 HAVELOCK AVE LINCOLN, NE 685071332	36-3785810	501(C)(3)	104	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP HOME OF LINCOLN INC PO BOX 85358 LINCOLN, NE 685015358	47-0619855	501(C)(3)	78,500	0			PROGRAM OPERATING COST
FRIENDSHIP HOME OF LINCOLN INC PO BOX 85358 LINCOLN, NE 685015358	47-0619855	501(C)(3)	56,163	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDSHIP HOME OF LINCOLN INC PO BOX 85358 LINCOLN, NE 685015358	47-0619855	501(C)(3)	2,500	0			PROGRAM OPERATING COST - IMPACT INITIATIVE
FRIENDSHIP HOME OF LINCOLN INC PO BOX 85358 LINCOLN, NE 685015358	47-0619855	501(C)(3)	1,820	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GAGE COUNTY UNITED WAY PO BOX 395 BEATRICE, NE 683100395	47-6024389	501(C)(3)	6,889	0			DONOR DESIGNATED FOR GENERAL SUPPORT
GIRL SCOUTS SPIRIT OF NEBRASKA 8230 BEECHWOOD DR LINCOLN, NE 68510	47-0432299	501(C)(3)	15,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384	52-1273585	501(C)(3)	7,640	0			DONOR DESIGNATED FOR GENERAL SUPPORT
GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 685031750	20-0391739	501(C)(3)	33,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 685031750	20-0391739	501(C)(3)	10,895	0			DONOR DESIGNATED FOR GENERAL SUPPORT
GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 685031750	20-0391739	501(C)(3)	5,000	0			PROGRAM OPERATING COST - IMPACT INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 685031750	20-0391739	501(C)(3)	51	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA 1100 LARKSPUR LANDING CIR STE 340 LARKSPUR, CA 94939	94-3217739	501(C)(3)	7,216	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEARTLAND BIG BROTHERS BIG SISTERS 6201 HAVELOCK AVE LINCOLN, NE 685071236	47-0794732	501(C)(3)	62,500	0			PROGRAM OPERATING COST
HEARTLAND BIG BROTHERS BIG SISTERS 6201 HAVELOCK AVE LINCOLN, NE 685071236	47-0794732	501(C)(3)	11,199	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HEARTLAND BIG BROTHERS BIG SISTERS 6201 HAVELOCK AVE LINCOLN, NE 685071236	47-0794732	501(C)(3)	78	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
HEARTLAND UNITED WAY 1441 N WEBB RD GRAND ISLAND, NE 68803	47-0469492	501(C)(3)	9,626	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOPE COMMUNITY CHURCH 4700 S FOLSOM ST LINCOLN, NE 685239331	47-0528526	501(C)(3)	6,500	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LEAGUE OF HUMAN DIGNITY INC 1701 P ST LINCOLN, NE 685081741	23-7180481	501(C)(3)	5,981	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEAGUE OF HUMAN DIGNITY INC 1701 P ST LINCOLN, NE 685081741	23-7180481	501(C)(3)	5,000	0			PROGRAM OPERATING COST
LEGAL AID OF NEBRASKA 941 O ST STE 825 LINCOLN, NE 685083649	47-0483506	501(C)(3)	15,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LEGAL AID OF NEBRASKA 941 O ST STE 825 LINCOLN, NE 685083649	47-0483506	501(C)(3)	4,844	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LIGHTHOUSE 2601 N ST LINCOLN, NE 685021244	36-3656310	501(C)(3)	80,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIGHTHOUSE 2601 N ST LINCOLN, NE 685021244	36-3656310	501(C)(3)	34,367	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LIGHTHOUSE 2601 N ST LINCOLN, NE 685021244	36-3656310	501(C)(3)	876	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN COMMUNITY FOUNDATION 215 CENTENNIAL MALL S STE 100 LINCOLN, NE 68508	47-0458128	501(C)(3)	7,750	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LINCOLN COMMUNITY FOUNDATION 215 CENTENNIAL MALL S STE 100 LINCOLN, NE 68508	47-0458128	501(C)(3)	5,000	0			COMMUNITY COLLABORATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN LITERACY 745 S 9TH ST LINCOLN, NE 685083107	47-0655582	501(C)(3)	33,000	0			PROGRAM OPERATING COST
LINCOLN LITERACY 745 S 9TH ST LINCOLN, NE 685083107	47-0655582	501(C)(3)	19,272	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN LITERACY 745 S 9TH ST LINCOLN, NE 685083107	47-0655582	501(C)(3)	120	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
LINCOLN MEDICAL EDUCATION PARTNERSHIP 4600 VALLEY RD STE 225 LINCOLN, NE 685104892	47-0553011	501(C)(3)	21,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN MEDICAL EDUCATION PARTNERSHIP 4600 VALLEY RD STE 225 LINCOLN, NE 685104892	47-0553011	501(C)(3)	1,903	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LINCOLN PUBLIC SCHOOLS PO BOX 82889 LINCOLN, NE 68501	47-6006955	GOVERNMENT	207,241	0			COMMUNITY COLLABORATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN PUBLIC SCHOOLS-TWO GENERATION FAMILY LITERACY PROGRAM PO BOX 82889 LINCOLN, NE 68501	47-6006955	GOVERNMENT	17,500	0			PROGRAM OPERATING COST
LINCOLN PUBLIC SCHOOLS-TWO GENERATION FAMILY LITERACY PROGRAM PO BOX 82889 LINCOLN, NE 68501	47-6006955	GOVERNMENT	2,802	0			PROGRAM OPERATING COST - IMPACT INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN PUBLIC SCHOOLS-TWO GENERATION FAMILY LITERACY PROGRAM PO BOX 82889 LINCOLN, NE 68501	47-6006955	GOVERNMENT	4,977	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LINCOLN LANCASTER COUNTY CHILD ADVOCACY CENTER 5025 GARLAND ST LINCOLN, NE 68504	47-0793765	501(C)(3)	77,250	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN LANCASTER COUNTY CHILD ADVOCACY CENTER 5025 GARLAND ST LINCOLN, NE 68504	47-0793765	501(C)(3)	29,801	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LINCOLN LANCASTER COUNTY CHILD ADVOCACY CENTER 5025 GARLAND ST LINCOLN, NE 68504	47-0793765	501(C)(3)	1,500	0			PROGRAM OPERATING COST - IMPACT INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN LANCASTER COUNTY CHILD ADVOCACY CENTER 5025 GARLAND ST LINCOLN, NE 68504	47-0793765	501(C)(3)	890	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
LINCOLN LANCASTER COUNTY CHILD GUIDANCE 2444 O ST LINCOLN, NE 685101125	47-0398819	501(C)(3)	175,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN LANCASTER COUNTY CHILD GUIDANCE 2444 O ST LINCOLN, NE 685101125	47-0398819	501(C)(3)	16,419	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LINCOLN LANCASTER COUNTY CHILD GUIDANCE 2444 O ST LINCOLN, NE 685101125	47-0398819	501(C)(3)	78	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN LANCASTER COUNTY HEALTH DEPARTMENT 3140 N ST LINCOLN, NE 68510	47-6006256	GOVERNMENT	10,000	0			COMMUNITY COLLABORATION
LUTHERAN EDUCATION FOUNDATION 1100 N 56TH ST LINCOLN, NE 68504	41-2032088	501(C)(3)	8,341	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN EDUCATION FOUNDATION 1100 N 56TH ST LINCOLN, NE 68504	41-2032088	501(C)(3)	1,040	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
LUTHERAN FAMILY SERVICES OF NEBRASKA INC 2301 O ST LINCOLN, NE 68510	23-7267972	501(C)(3)	32,604	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN FAMILY SERVICES OF NEBRASKA INC 2301 O ST LINCOLN, NE 68510	23-7267973	501(C)(3)	14,500	0			COMMUNITY COLLABORATIION - COMMUNITY RESPONSE INITIATIVE
LUTHERAN FAMILY SERVICES OF NEBRASKA INC 2301 O ST LINCOLN, NE 68510	23-7267972	501(C)(3)	10,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHERAN FAMILY SERVICES OF NEBRASKA INC 2301 O ST LINCOLN, NE 68510	23-7267972	501(C)(3)	364	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
LUX CENTER FOR THE ARTS 2601 N 48TH ST LINCOLN, NE 68504	47-0629528	501(C)(3)	10,680	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUX CENTER FOR THE ARTS 2601 N 48TH ST LINCOLN, NE 68504	47-0629528	501(C)(3)	3,833	0			DONOR DESIGNATED FOR GENERAL SUPPORT
MADONNA FOUNDATION 5401 SOUTH ST LINCOLN, NE 68506	23-7159940	501(C)(3)	10,690	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALONE COMMUNITY CENTER 2032 U ST LINCOLN, NE 685032955	47-0376577	501(C)(3)	35,000	0			PROGRAM OPERATING COST
MALONE COMMUNITY CENTER 2032 U ST LINCOLN, NE 685032955	47-0376577	501(C)(3)	7,750	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MALONE COMMUNITY CENTER 2032 U ST LINCOLN, NE 685032955	47-0376577	501(C)(3)	180	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
MATT TALBOT KITCHEN & OUTREACH INC PO BOX 80935 LINCOLN, NE 685010935	36-3945814	501(C)(3)	74,535	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATT TALBOT KITCHEN & OUTREACH INC PO BOX 80935 LINCOLN, NE 685010935	36-3945814	501(C)(3)	28,000	0			PROGRAM OPERATING COST
MATT TALBOT KITCHEN & OUTREACH INC PO BOX 80935 LINCOLN, NE 685010935	36-3945814	501(C)(3)	3,513	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MID-PLAINS UNITED WAY INC PO BOX 172 NORTH PLATTE, NE 69103	47-0525576	501(C)(3)	5,252	0			DONOR DESIGNATED FOR GENERAL SUPPORT
MOURNING HOPE GRIEF CENTER 4919 BALDWIN AVE LINCOLN, NE 685042810	47-0782915	501(C)(3)	23,753	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOURNING HOPE GRIEF CENTER 4919 BALDWIN AVE LINCOLN, NE 685042810	47-0782915	501(C)(3)	20,000	0			PROGRAM OPERATING COST
MOURNING HOPE GRIEF CENTER 4919 BALDWIN AVE LINCOLN, NE 685042810	47-0782915	501(C)(3)	60	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORFOLK AREA UNITED WAY INC PO BOX 1041 NORFOLK, NE 687021041	47-0492054	501(C)(3)	10,836	0			DONOR DESIGNATED FOR GENERAL SUPPORT
NORTHEAST FAMILY CENTER 6220 LOGAN AVE LINCOLN, NE 685071247	91-1787068	501(C)(3)	40,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST FAMILY CENTER 6220 LOGAN AVE LINCOLN, NE 685071247	91-1787068	501(C)(3)	4,300	0			PROGRAM OPERATING COST - IMPACT INITIATIVE
NORTHEAST FAMILY CENTER 6220 LOGAN AVE LINCOLN, NE 685071247	91-1787068	501(C)(3)	1,969	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST FAMILY CENTER 6220 LOGAN AVE LINCOLN, NE 685071247	91-1787068	501(C)(3)	240	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
PEOPLE'S CITY MISSION PO BOX 80636 LINCOLN, NE 685010636	47-0376896	501(C)(3)	138,310	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE'S CITY MISSION PO BOX 80636 LINCOLN, NE 685010636	47-0376896	501(C)(3)	10,000	0			PROGRAM OPERATING COST
PEOPLE'S CITY MISSION PO BOX 80636 LINCOLN, NE 685010636	47-0376896	501(C)(3)	2,966	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLANNED PARENTHOOD OF THE HEARTLAND 1171 SEVENTH ST DES MOINES, IA 503142505	47-0529756	501(C)(3)	6,816	0			DONOR DESIGNATED FOR GENERAL SUPPORT
ST MARK'S UNITED METHODIST CHURCH 8550 PIONEERS BLVD LINCOLN, NE 68520	36-2167731	501(C)(3)	13,700	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MONICA'S BEHAVIORAL HEALTH SERVICES FOR WOMEN 120 WEDGEWOOD DR LINCOLN, NE 685102431	47-0490169	501(C)(3)	28,350	0			DONOR DESIGNATED FOR GENERAL SUPPORT
ST MONICA'S BEHAVIORAL HEALTH SERVICES FOR WOMEN 120 WEDGEWOOD DR LINCOLN, NE 685102431	47-0490169	501(C)(3)	28,250	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MONICA'S BEHAVIORAL HEALTH SERVICES FOR WOMEN 120 WEDGEWOOD DR LINCOLN, NE 685102431	47-0490169	501(C)(3)	860	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
TEAMMATES MENTORING PROGRAM PO BOX 82889 LINCOLN, NE 685012889	90-0057598	501(C)(3)	62,500	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TEAMMATES MENTORING PROGRAM PO BOX 82889 LINCOLN, NE 685012889	90-0057598	501(C)(3)	19,856	0			DONOR DESIGNATED FOR GENERAL SUPPORT
THE FOUNDATION FOR LINCOLN PUBLIC SCHOOLS PO BOX 82889 LINCOLN, NE 68501	36-3490560	501(C)(3)	10,000	0			PROGRAM OPERATING COST - IMPACT INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOUNDATION FOR LINCOLN PUBLIC SCHOOLS PO BOX 82889 LINCOLN, NE 68501	36-3490560	501(C)(3)	6,986	0			DONOR DESIGNATED FOR GENERAL SUPPORT
THE HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS 1037 S 12TH ST LINCOLN, NE 685083220	20-8008617	501(C)(3)	50,911	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS 1037 S 12TH ST LINCOLN, NE 685083220	20-8008617	501(C)(3)	2,275	0			PROGRAM OPERATING COST - IMPACT INITIATIVE
THE HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS 1037 S 12TH ST LINCOLN, NE 685083220	20-8008617	501(C)(3)	3,105	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY LINCOLN NEBRASKA 2625 POTTER ST LINCOLN, NE 685031053	36-2167910	501(C)(3)	87,634	0			PROGRAM OPERATING COST
THE SALVATION ARMY LINCOLN NEBRASKA 2625 POTTER ST LINCOLN, NE 685031053	36-2167910	501(C)(3)	16,589	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY LINCOLN NEBRASKA 2625 POTTER ST LINCOLN, NE 685031053	36-2167910	501(C)(3)	2,600	0			PROGRAM OPERATING COST - IMPACT INITIATIVE
THE SALVATION ARMY LINCOLN NEBRASKA 2625 POTTER ST LINCOLN, NE 685031053	36-2167910	501(C)(3)	52	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SOUTH CENTRAL NEBRASKA 3301 S BURLINGTON ST HASTINGS, NE 68901	47-0402359	501(C)(3)	5,825	0			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF THE KEARNEY AREA 4009 6TH AVE STE 19 KEARNEY, NE 68845	47-0488294	501(C)(3)	5,896	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE MIDLANDS 2201 FARNAM ST OMAHA, NE 68102	47-0376605	501(C)(3)	39,071	0			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF THE MIDLANDS 2201 FARNAM ST OMAHA, NE 68102	47-0376605	501(C)(3)	29,509	0			COMMUNITY COLLABORATION-2 1 1

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF THE MIDLANDS 2201 FARNAM ST OMAHA, NE 68102	47-0376605	501(C)(3)	2,648	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
UNITED WAY OF WESTERN NEBRASKA 1517 BROADWAY STE 106 SCOTTSBLUFF, NE 693613184	47-0424788	501(C)(3)	11,563	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF WESTERN NEBRASKA 1517 BROADWAY STE 106 SCOTTSBLUFF, NE 693613184	47-0424788	501(C)(3)	156	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
VOICES OF HOPE LINCOLN INC 2545 N ST LINCOLN, NE 685101250	47-0726814	501(C)(3)	84,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES OF HOPE LINCOLN INC 2545 N ST LINCOLN, NE 685101250	47-0726814	501(C)(3)	31,834	0			DONOR DESIGNATED FOR GENERAL SUPPORT
VOICES OF HOPE LINCOLN INC 2545 N ST LINCOLN, NE 685101250	47-0726814	501(C)(3)	4,000	0			PROGRAM OPERATING COST - IMPACT INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES OF HOPE LINCOLN INC 2545 N ST LINCOLN, NE 685101250	47-0726814	501(C)(3)	427	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT
VOLUNTEER PARTNERS 211 N 14TH ST LINCOLN, NE 68508	58-2574619	501(C)(3)	16,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOLUNTEER PARTNERS 211 N 14TH ST LINCOLN, NE 68508	58-2574619	501(C)(3)	140	0			DONOR DESIGNATED FOR GENERAL SUPPORT
WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 685221257	47-0635271	501(C)(3)	12,200	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 685221257	47-0635271	501(C)(3)	10,324	0			DONOR DESIGNATED FOR GENERAL SUPPORT
WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 685221257	47-0635271	501(C)(3)	364	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA LINCOLN 1701 S 17TH ST STE 2D LINCOLN, NE 68502	47-0376578	501(C)(3)	5,000	0			PROGRAM OPERATING COST
YWCA LINCOLN 1701 S 17TH ST STE 2D LINCOLN, NE 68502	47-0376578	501(C)(3)	2,107	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA LINCOLN 1701 S 17TH ST STE 2D LINCOLN, NE 68502	47-0376578	501(C)(3)	100	0			DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT

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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
► Attach to Form 990.
►Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
UNITED WAY OF LINCOLN AND LANCASTER
COUNTY

Employer identification number
47-0376624

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ► (ADVERTISING)	X	4	131,176	FAIR MARKET VALUE
26	Other ► (GLOVE AUCTION)	X	294	26,567	FAIR MARKET VALUE
27	Other ► (SUPPLIES)	X	12	9,495	FAIR MARKET VALUE
28	Other ► (GOLF EVENT)	X	8	6,887	FAIR MARKET VALUE
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?				
b	If "Yes," describe the arrangement in Part II				
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?				
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				
b	If "Yes," describe in Part II				
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II				

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

Cat No 51227J

Schedule M (Form 990) (2016)

Part II **Supplemental Information.**

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

Return Reference	Explanation
PART I, LINE 32B	THE ORGANIZATION USES BROKERS TO IMMEDIATELY SELL ANY DONATIONS OF STOCK RECEIVED

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -	DLN: 93493317015627
SCHEDULE O (Form 990 or 990-EZ) <small>Department of the Treasury Internal Revenue Service</small>	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. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 .		OMB No 1545-0047
			2016 Open to Public Inspection
Name of the organization UNITED WAY OF LINCOLN AND LANCASTER COUNTY		Employer identification number 47-0376624	

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>THE FOLLOWING AGENCIES AND PROGRAMS WERE AWARDED GRANTS IN THIS FOCUS AREA ASIAN COMMUNITY AND CULTURAL CENTER YOUTH PROGRAM OFFERS MENTORING FOR AT-RISK YOUTH (LOW-INCOME, REFUGEES), PROMOTES SOCIAL AND PHYSICAL WELL-BEING, STRENGTHENS CONNECTIONS TO SCHOOL AND FAMILY, TEACHES LIFE AND COPING SKILLS GRANT AMOUNT - \$5,000 THE ARC OF LINCOLN YOUTH PROGRAMMING PROVIDES YOUTH WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (IDD) SUCH AS AUTISM AND DOWN SYNDROME, THE OPPORTUNITY TO HAVE MEANINGFUL INTERACTIONS WITH PEERS, ADULTS, AND THEIR COMMUNITY IT DOES THIS BY HELPING TO CREATE INCLUSIVE RECREATION AND SOCIAL OPPORTUNITIES THE BE HEALTHY INCLUSIVE PROJECT (BEHIP) PAIRS COLLEGE STUDENTS MAJORING IN SPECIAL EDUCATION WITH IDD YOUTH AGES 5-21 WHO ARE INTERESTED IN PARTICIPATING IN A SPORT, CLASS, OR ACTIVITY THAT NEED EXTRA SUPPORT THE ASSOCIATION OF THE COOLEST PEOPLE EVER IS A SOCIAL CLUB THAT PROVIDES IDD TRANSITION-AGE YOUTH 16-24 THE OPPORTUNITY TO BUILD THEIR SOCIAL SKILLS AND NETWORK THROUGH FUN ACTIVITIES GRANT AMOUNT - \$7,500 BOYS AND GIRLS CLUBS OF LINCOLN/LANCASTER COUNTY BOYS AND GIRLS CLUBS OF LINCOLN/LANCASTER COUNTY PROGRAM ENHANCES THE QUALITY OF LIFE FOR BOYS AND GIRLS AS PARTICIPATING MEMBERS OF SOCIETY BY PROVIDING SERVICES BASED ON PRINCIPLES OF A YOUTH DEVELOPMENT STRATEGY WHICH PROMOTE THE HEALTH, SOCIAL, EDUCATIONAL, VOCATIONAL, CHARACTER AND LEADERSHIP DEVELOPMENT OF GIRLS AND BOYS SERVED PRIORITY OUTCOMES INCLUDE ACADEMIC SUCCESS, GOOD CHARACTER AND CITIZENSHIP, AND HEALTHY LIFESTYLES YOUNG PEOPLE HAVE FUN IN A SAFE PLACE WHERE THEY CAN DEVELOP THE QUALITIES AND SKILLS TO BECOME RESPONSIBLE CITIZENS AND CARING ADULTS GRANT AMOUNT - \$40,000 CEDARS YOUTH SERVICES CEDARS COMMUNITY LEARNING CENTER (CLC) PROGRAM COLLABORATES WITH CLINTON AND HARTLEY ELEMENTARY SCHOOLS TO CREATE COMMUNITY SCHOOLS WHERE NEEDS ARE MET FOR EVERY STUDENT TO BE SUCCESSFUL ACADEMICALLY WHILE ALSO SUPPORTING BASIC FAMILY NEEDS AS PART OF THE LINCOLN CLC INITIATIVE, CEDARS FULLY SUPPORTS AND WORKS TO MEET SHARED GOALS TO IMPROVE STUDENT LEARNING AND YOUTH DEVELOPMENT, STRENGTHEN AND SUPPORT FAMILIES, AND STRENGTHEN AND ENGAGE NEIGHBORHOODS CORE PROGRAMMING SUPPORTS ACADEMIC SUCCESS THROUGH COLLABORATION WITH TEACHERS, EXPANDED LEARNING CLUBS FOR SOCIAL AND CULTURAL ENRICHMENT AND COMMUNITY CAFES TO STRENGTHEN NEIGHBORHOOD CONNECTIONS GRANT AMOUNT - \$70,000 CEDARS YOUTH SERVICES CEDARS EARLY CHILDHOOD CENTERS PROGRAM PROVIDES ACCREDITED, FULL DAY, FULL-YEAR CHILD CARE TO CHILDREN SIX WEEKS TO SIX YEARS OLD TWO CENTERS LOCATED IN HIGH POVERTY NEIGHBORHOODS OFFER QUALITY DEVELOPMENTALLY APPROPRIATE SERVICES WHERE CHILDREN EXCEL IN A CULTURALLY RICH ENVIRONMENT CENTERS UTILIZE CREATIVE CURRICULUM DESIGNED TO PROMOTE SCHOOL READINESS AND THE EFFECTIVE DEVELOPMENT OF SOCIAL AND EMOTIONAL SKILLS INDIVIDUALIZED ASSESSMENTS AND PLANS ARE CREATED FOR EACH CHILD CLASSROOM TEACHERS PARTNER WITH PARENTS TO ENHANCE LEARNING AT HOME A MASTE</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>R'S LEVEL BEHAVIOR CONSULTANT MAKES RECOMMENDATIONS TO IMPROVE THE CLASSROOM ENVIRONMENT AND STRATEGIES TO PROMOTE SUCCESS OF ALL CHILDREN, INCLUDING THOSE WITH BEHAVIORAL CHALLENGES. GRANT AMOUNT - \$169,500. CITY IMPACT IMPACT READING CENTER PROGRAM (IRC) SERVES ELEMENTARY AGE STUDENTS IN TARGETED TITLE I SCHOOLS (CURRENTLY ELLIOTT, CLINTON, MCPHEE, & HARTLEY ELEMENTARY). TEACHERS SELECT STUDENTS WHO ARE EITHER READING BELOW GRADE LEVEL OR IDENTIFIED AS BEING AT RISK FOR FAILURE IN READING. VOLUNTEERS PARTNER WITH A CHILD DURING THE DAY AND PROVIDE READING INSTRUCTION UTILIZING RESEARCH-BASED EFFECTIVE CURRICULUM THAT IS ALSO VOLUNTEER-FRIENDLY. EACH SCHOOL YEAR IRC VOLUNTEERS HAVE DAILY TUTORING SESSIONS WITH HUNDREDS OF STRUGGLING STUDENTS HELPING AND ENCOURAGING THEM TO ACHIEVE POSITIVE LITERACY RESULTS. GRANT AMOUNT - \$35,000. COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND SAUNDERS COUNTIES EARLY HEAD START AND HEAD START PROGRAMS PROVIDE EARLY INTERVENTIONS TO OUR COMMUNITY'S MOST VULNERABLE CHILDREN IN THE AREAS OF COGNITIVE, SOCIAL-EMOTIONAL, LINGUISTIC, AND PHYSICAL DEVELOPMENT. THE LANCASTER COUNTY HEAD START PROGRAM, WHICH SERVES 119 CHILDREN AGES 3 TO 5 AND THEIR FAMILIES, IS OFFERED THROUGH A FULL DAY, FULL-YEAR CENTER-BASED PROGRAM OPTION AT TWO LINCOLN LOCATIONS. EARLY HEAD START, WHICH SERVES 268 CHILDREN AGES 0 TO 3, PREGNANT WOMEN, AND THEIR FAMILIES, IS ALSO OFFERED THROUGH THE CENTER-BASED OPTION AS WELL AS A HOME BASED OPTION. ENROLLMENT SLOTS ARE RESERVED FOR CHILDREN WHO LIVE IN POVERTY, HAVE DISABILITIES, ARE HOMELESS, AND/OR ARE WARDS OF THE STATE AND ARE PROVIDED AT NO COST TO FAMILIES. PROGRAMS ENSURE CHILDREN RECEIVE THE INTERVENTIONS NECESSARY TO MEET DEVELOPMENTAL MILESTONES NECESSARY FOR SUCCESSFULLY ENTERING KINDERGARTEN, AND THAT THEIR PARENTS ARE READY AND ABLE TO PROVIDE POSITIVE SUPPORT. GRANT AMOUNT - \$65,000. EL CENTRO DE LAS AMERICAS ADELANTE EDUCATIONAL PROGRAM INCREASES THE ACADEMIC ACHIEVEMENT OF LATINOS BY OFFERING ACADEMIC CASE MANAGEMENT OF LATINO YOUTH AND BY PROVIDING SPANISH GED CLASSES. THE PROGRAM SEEKS TO INCREASE THE GRADUATION RATE AMONG LATINOS THROUGH HIGH SCHOOL OR GED GRADUATION. THE YOUTH CASE MANAGEMENT PROGRAM TRACKS GRADES, ATTENDANCE, AND BEHAVIOR REPORTS FOR YOUTH, BRINGS YOUTH IN FOR GROWTH SESSIONS ONCE A WEEK, AND TACKLES ANY BARRIERS TO ACADEMIC PERFORMANCE, WHILE ALSO CONNECTING THEM TO NECESSARY ASSISTANCE SUCH AS TUTORING. GRANT AMOUNT - \$15,000. FAMILY SERVICE ASSOCIATION OF LINCOLN COMMUNITY LEARNING CENTER PROGRAM OFFERS CHILDREN, YOUTH, FAMILIES AND NEIGHBORHOOD RESIDENTS PROGRAMMING WITH THE GOAL TO HAVE IMPROVED LEARNING OUTCOMES, INCREASED ENRICHMENT OPPORTUNITIES AND ACCESSIBLE SUPPORT SERVICES BECAUSE OF STRONG SCHOOL/COMMUNITY PARTNERSHIPS THAT ARE CONNECTED IN MEANINGFUL WAYS. GRANT AMOUNT - \$60,000. GIRL SCOUTS SPIRIT OF NEBRASKA OUTREACH PROGRAM PROVIDES GIRL-FOCUSED CURRICULUM TO EMPOWER GIRLS AND ELIMINATE BARRIERS OF PARTICIPATION. GIRL SCOUTS IS FOR EVERY G</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>IRL REGARDLESS OF ETHNICITY, SOCIOECONOMIC STATUS, SEXUAL ORIENTATION, DISABILITY, GENDER IDENTITY, OR GEOGRAPHIC LOCATION GIRL SCOUTS SPIRIT OF NEBRASKA HAS BEEN INVESTING IN GIRLS THROUGH OUTREACH PROGRAMMING SINCE 1990 GRANT AMOUNT - \$15,000 HEARTLAND BIG BROTHERS BIG SISTERS (HBBBS) BIG BROTHERS BIG SISTERS PROGRAM PROVIDES PROFESSIONALLY SUPPORTED ONE TO ONE MENTORING RELATIONSHIPS WITH MEASURABLE IMPACT TO SCHOOL-AGED YOUTH THIS NATION ALLY PROVEN EVIDENCE BASED PROGRAM SERVES YOUTH WHO ARE PRIMARILY FROM LOW-INCOME/SINGLE PARENT FAMILIES WHO ARE IN NEED OF A SPECIAL FRIEND TO HELP THEM BUILD SELF-ESTEEM, IMPROVE ACADEMIC PERFORMANCE, AND STRENGTHEN THEIR DEVELOPMENTAL ASSETS THE PROGRAM SERVES STUDENTS EXHIBITING SUCH RISK FACTORS AS POOR ACADEMIC PERFORMANCE, HIGH-RISK BEHAVIORS, AND SOCIAL ISOLATION THESE "LITTLES" HAVE IMPROVED ACADEMIC PERFORMANCE, BETTER RELATIONSHIPS WITH THEIR PEERS AND FAMILY, AND ARE LESS LIKELY TO BECOME INVOLVED IN DRUGS AND ALCOHOL GRANT AMOUNT - \$62,500 THE HUB-CENTRAL ACCESS POINT FOR YOUNG ADULTS LINCOLN EDUCATION OUTREACH (LEO) PROGRAM OFFERS GED PREP CLASSES TO YOUTH AGES 16-24 WHO HAVE DROPPED OUT OF SCHOOL THE PROGRAM PARTNERS WITH LINCOLN PUBLIC SCHOOLS TO REACH OUT TO STUDENTS WHO ARE BEGINNING TO SHOW WARNING SIGNS OF ACADEMIC AND ATTENDANCE CHALLENGES LEO OFFERS GED PREPARATION CLASSES/ACADEMIC SUPPORT, HIGH SCHOOL REENGAGEMENT/TRUANCY PREVENTION, POST-SECONDARY EDUCATIONAL PURSUIT OR CAREER SKILL DEVELOPMENT, AND EMPLOYMENT READINESS TRAINING GRANT AMOUNT - \$32,233 THE HUB-CENTRAL ACCESS POINT FOR YOUNG ADULTS YOUTH AND COMMUNITY TOGETHER (YOUTHACT) SERVES YOUNG MEN & WOMEN WHO ARE STUDENT PARENTS AT LINCOLN HIGH, NORTHSTAR, BRYAN, AND NORTHEAST HIGH SCHOOLS YOUTH ACT WORKS WITH THESE STUDENT PARENTS IN GENERAL SPECIFIC GROUPS TO SUPPORT AND ASSIST THEM AS THEY ACCELERATE THROUGH THEIR TRANSITION INTO ADULTHOOD GRANT AMOUNT - \$18,678 LIGHTHOUSE AFTERSCHOOL MENTORING PROGRAM OFFERS MIDDLE AND HIGH SCHOOL-AGED YOUTH ACADEMIC SUPPORT, EVENING MEALS AND ENRICHMENT/RECREATIONAL ACTIVITIES DURING NON-SCHOOL HOURS MONDAY-FRIDAY TWELVE MONTHS A YEAR YOUTH FEEL SAFE AT LIGHTHOUSE AND HAVE A BETTER CHANCE OF BEING PROMOTED TO THE NEXT GRADE LEVEL, GRADUATE FROM HIGH SCHOOL, OR EARN A GED LIGHTHOUSE PARTICIPANTS THAT GRADUATE HAVE THE SKILLS NECESSARY TO PURSUE HIGHER EDUCATION, VOCATIONAL TRAINING, OR MEANINGFUL EMPLOYMENT, LEARN ABOUT CAREER AND POST HIGH SCHOOL EDUCATION/TRAINING OPPORTUNITIES, AND ARE LESS PRONE TO ENGAGE IN CRIMINAL OR ILLEGAL BEHAVIOR GRANT AMOUNT - \$65,000</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>LIGHTHOUSE EDUCATION PROGRAM PROVIDES HIGH QUALITY AFTER-SCHOOL PROGRAMMING IN A SAFE ENVIRONMENT THAT SEEKS TO INCREASE THE LIKELIHOOD OF HIGH SCHOOL GRADUATION OF MIDDLE AND HIGH SCHOOL-AGED YOUTH. YOUTH THAT REGULARLY PARTICIPATE IN THE PROGRAM ARE MORE LIKELY TO BE PROMOTED TO THE NEXT GRADE LEVEL, GRADUATE FROM HIGH SCHOOL OR EARN A GED. THEY ARE LESS PRONE TO ENGAGE IN CRIMINAL OR ILLEGAL BEHAVIOR. PARTICIPANTS DEVELOP SKILLS NECESSARY TO PURSUE HIGHER EDUCATION, VOCATIONAL TRAINING, OR MEANINGFUL EMPLOYMENT, AND LEARN ABOUT CAREER AND POST-HIGH SCHOOL EDUCATION/TRAINING OPPORTUNITIES. GRANT AMOUNT - \$15,000.</p> <p>LINCOLN/LANCASTER COUNTY CHILD GUIDANCE CENTER OUTPATIENT SERVICES PROGRAM PROVIDES INDIVIDUAL, FAMILY, GROUP, AND MARITAL THERAPEUTIC SERVICES TO CHILDREN, ADOLESCENTS, AND ADULTS. THESE SERVICES ARE PROVIDED AT THE DOWNTOWN SITE AND WITHIN THE LINCOLN PUBLIC SCHOOLS. THE MAJORITY OF CLIENTS HAVE EXPERIENCED SEXUAL, PHYSICAL, AND/OR EMOTIONAL TRAUMA. THE PROGRAM SERVES AS A SAFETY NET FOR CLIENTS WHO HAVE MEDICAID OR WHO HAVE NO ACCESS TO THIRD PARTY PAYMENT. GRANT AMOUNT - \$175,000.</p> <p>LINCOLN LITERACY FAMILY LITERACY ACTIVITIES FOR IMMIGRANTS & REFUGEES (FLAIR) PROGRAM PROVIDES MEANINGFUL ENGAGEMENT WITH IMMIGRANT AND REFUGEE CHILDREN AND TEACHES THEIR PARENTS ENGLISH LANGUAGE LITERACY. THE GOAL IS TO FOSTER SUCCESS IN SCHOOL. FLAIR DOES THIS BY DEPLOYING CERTIFIED TEACHERS AND TRAINED INSTRUCTORS AND VOLUNTEERS TO PRESENT FUN LESSONS ON A WIDE VARIETY OF TOPICS TIED TO BOOKS. FOR CHILDREN THIS MEANS LEARNING ORAL ENGLISH, THE ALPHABET, NUMBERS, PHONICS, AND READING - AS WELL AS LEARNING TO FOLLOW DIRECTIONS, RAISE HANDS, AND TAKE TURNS WITH OTHERS. FOR PARENTS, IT MEANS LEARNING ENGLISH, READING WITH THEIR CHILDREN, MODELING LIFELONG LEARNING, AND GETTING INVOLVED IN THEIR CHILDREN'S EDUCATION. GRANT AMOUNT - \$33,000.</p> <p>LINCOLN PUBLIC SCHOOLS TWO GENERATION FAMILY LITERACY PROGRAM PHILOSOPHY IS THAT THE PARENT IS THE CHILD'S FIRST AND MOST IMPORTANT TEACHER AND THE HOME IS THE CHILD'S FIRST SCHOOL. THE GOAL IS IMPROVED ACADEMIC AND SOCIAL/EMOTIONAL DEVELOPMENT. THE PROGRAM IS BASED ON THE FOUR-COMPONENT FAMILY LITERACY MODEL DEVELOPED BY THE NATIONAL CENTER FOR FAMILY LITERACY: ADULT LITERACY, CHILD EDUCATION, PARENT EDUCATION, AND PARENT AND CHILD TOGETHER TIME (PACT). THE PROGRAM IS SCHOOL-BASED, BUT COLLABORATION IS A FUNDAMENTAL COMPONENT, AS MULTIPLE PARTNERS CONTRIBUTE TO THE PROGRAM'S SUCCESS. LOCAL RESULTS INDICATE THAT CHILDREN TARGETED BY THE PROGRAM IMPROVE THEIR ACADEMIC AND SOCIAL/EMOTIONAL DEVELOPMENT WHILE THEY PARTICIPATE IN THE PROGRAM WITH THEIR FAMILIES. THE PROGRAM OPERATES IN NINE SCHOOLS: ARNOLD, CAMPBELL, CLINTON, ELLIOTT, EVERETT, LAKEVIEW, PRESCOTT, RANDOLPH AND WEST LINCOLN. GRANT AMOUNT - \$17,500.</p> <p>LUX CENTER FOR THE ARTS AFTER-SCHOOL ENRICHMENT THROUGH ARTS EDUCATION FOR CHILDREN AND YOUTH CONSIDERED AT-RISK FOR ACADEMIC AND/OR SOCIAL FAILURE PROGRAM PROVIDES HIGH QUALITY, ARTIST-LED ART CLASSES FOR OUR</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>DIVERSE COMMUNITY SKILLED ARTISTS TEACH CLASSES IN PAINTING, DRAWING, PRINTMAKING AND CERAMICS EQUIPMENT, SUPPLIES, AND MATERIALS FOR CLASSES ARE TRANSPORTED TO THE HOST SITE'S CLASSROOM ART CLASSES ARE PROVIDED YEAR ROUND AFTER-SCHOOL AND DURING THE SUMMER MONTHS FOR CHILDREN AT THREE TITLE I SCHOOLS IN ADDITION, ART CLASSES ARE PROVIDED THROUGH THE ARTIST INSIDE PROGRAM FOR YOUTH LIVING AT YOUTH SERVICES CENTER GRANT AMOUNT - \$10,680</p> <p>MALONE COMMUNITY CENTER EARLY EDUCATION PROGRAM IS DESIGNED TO PROVIDE A MONTESSORI INSPIRED, NEIGHBORHOOD BASED, EDUCATIONAL AND RECREATIONAL PROGRAM FOR CHILDREN AGES 3 TO 5 ACTIVITIES ARE PROVIDED THROUGHOUT THE DAY TO HELP CHILDREN LEARN SOCIAL AND COGNITIVE SKILLS AS WELL AS INDEPENDENCE THE PROGRAM OBJECTIVE IS TO PREPARE CHILDREN FOR SCHOOL IN A PLAYFUL BUT STRUCTURED WAY ACTIVITIES INCLUDE FREE PLAY, CIRCLE TIME, LETTER OF THE WEEK, OUTDOOR TIME, MUSIC AND MOVEMENT TIME, AND SMALL GROUP ACTIVITIES CENTERING AROUND LITERACY, MATH, SCIENCE, AND ART GRANT AMOUNT - \$10,000</p> <p>MALONE COMMUNITY CENTER OUT-OF-SCHOOL PROGRAM IS FOR YOUTH AGES 5-13 THE PROGRAM TARGETS CULTURALLY AND ETHNICALLY DIVERSE CHILDREN FROM LOW-INCOME FAMILIES PARTICIPANTS ARE TRANSPORTED FROM SCHOOL TO THE CENTER MONDAY THROUGH FRIDAY PROGRAMMING PROVIDES ACADEMIC SUPPORT, STRUCTURED RECREATION, ARTS, CRAFTS, NUTRITION EDUCATION, AND CULTURAL AWARENESS SPECIFIC ACADEMIC SUPPORT ACTIVITIES INCLUDE HOMEWORK ASSISTANCE AND SUPPLEMENTAL ONE-ON-ONE HELP IN READING, WRITING, AND MATH ON MOST OUT-OF-SCHOOL DAYS AND DURING SCHOOL BREAKS, THE CENTER IS OPEN ALL DAY AND PROVIDES BREAKFAST, LUNCH, AND SNACKS IN ADDITION, FIELD TRIPS ARE PLANNED FOR OUT OF SCHOOL DAYS GRANT AMOUNT - \$25,000</p> <p>NORTHEAST FAMILY CENTER PARENTS AS PARTNERS EARLY CHILDHOOD CENTER PROGRAM OFFERS ONGOING ENRICHMENT, EDUCATION AND SUPPORT OPPORTUNITIES THE EARLY LEARNING CENTER (ELC) PROVIDES A FULL-TIME, ACADEMIC BASED AND LICENSED EARLY CHILDHOOD EDUCATION PROGRAM FOR CHILDREN 6WK-5YR MONDAY-FRIDAY FROM 6 00AM TO 6 00PM THE CREATIVE CURRICULUM UTILIZED IN THE ELC IS A COMPREHENSIVE RESEARCH BASED EARLY CHILDHOOD CURRICULUM THAT HAS BEEN SHOWN TO IMPROVE COGNITIVE AND SOCIAL/EMOTIONAL OUTCOMES IN YOUNG CHILDREN IT MEASURES 50 OBJECTIVES IN 10 GOAL AREAS WHICH ALSO MEASURE THE HEAD START DOMAIN ELEMENTS AND INDICATORS FAMILY CONFERENCES ARE HELD EVERY OTHER MONTH AND MONTHLY FAMILY CONNECTION NIGHTS OFFER SUPPORT TO PARENTS AND DEVELOPMENT KNOWLEDGE GRANT AMOUNT - \$40,000</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>THE SALVATION ARMY LINCOLN, NEBRASKA CORPS AFTER SCHOOL PROGRAM/FINE ARTS ACADEMY PROVIDES A SCHOOL'S OUT PROGRAM FOR ELEMENTARY AGE SCHOOL CHILDREN DURING SCHOOL HOURS FROM 3 PM TO 7 PM AND ON NON-SCHOOL DAYS FROM 9 00 AM TO 5 PM FROM NOVEMBER THROUGH MARCH THE PROGRAM IS ALSO OPEN ON SATURDAYS FROM 10 AM TO 4 PM DURING THE SUMMER IT IS OPEN MONDAY-FRIDAY, 9AM-5PM PROGRAMMING INCLUDES HOMEWORK ASSISTANCE, MISSION LITERACY, ANTI-OBESITY EDUCATION, ANTI-TOBACCO EDUCATION, RECREATION AND SPORTS PROGRAMS, MATH AND SCIENCE ACTIVITIES, MENTORING PROGRAMS, AND CHARACTER BUILDING PROGRAMS THE FACILITY HOSTS A SUPERVISED TEEN NIGHT OPEN RECREATION PROGRAM DURING THE SCHOOL YEAR ON FRIDAY'S FROM 8 PM - 11 PM GRANT AMOUNT - \$28,000 TEAMMATES OF LINCOLN PUBLIC SCHOOLS TEAMMATES MENTORING PROGRAM OF LINCOLN PUBLIC SCHOOLS IS A SCHOOL BASED, ONE-TO-ONE MENTORING PROGRAM ITS MISSION IS TO POSITIVELY IMPACT THE WORLD BY INSPIRING YOUTH TO REACH THEIR FULL POTENTIAL THROUGH MENTORING WORKING WITH YOUTH IN GRADES 3-12, ADULT MENTORS MEET WITH THEIR MENTEES IN LINCOLN'S PUBLIC AND PAROCHIAL SCHOOLS ONE TIME PER WEEK BY CREATING SUPPORTIVE RELATIONSHIPS WITH THEIR MENTEES, TEAMMATES MENTORS RECOGNIZE AND BUILD UPON THEIR MENTEES' STRENGTHS, SUPPORT THEIR HOPES FOR THE FUTURE, AND ENCOURAGE THEM TO GRADUATE FROM HIGH SCHOOL AND PURSUE POST-SECONDARY EDUCATION GRANT AMOUNT - \$62,500 WILLARD COMMUNITY CENTER LAKEVIEW COMMUNITY LEARNING CENTER (CLC) PROGRAM OFFERS DISCOUNTED RATES FOR QUALIFIED FAMILIES, SNACKS, EDUCATIONAL AND ENRICHMENT CENTERS, CLUBS, COMPUTER TIME, RECREATIONAL ACTIVITIES AND HOMEWORK TIME THE PURPOSE OF THE CLC IS TO CREATE AN EXTENDED LEARNING OPPORTUNITY DURING NON-SCHOOL HOURS TO PROVIDE STUDENTS WITH ACADEMIC ENRICHMENT OPPORTUNITIES AS WELL AS ADDITIONAL ACTIVITIES DESIGNED TO COMPLEMENT THEIR REGULAR ACADEMIC PROGRAM GOALS INCLUDE FOSTERING SUCCESSFUL YOUTH, THRIVING FAMILIES, AND STRONGER NEIGHBORHOODS GRANT AMOUNT - \$12,200 YWCA LINCOLN SMART GIRLS CLUB PROGRAM ENABLES GIRLS IN 4TH THROUGH 8TH GRADES TO EXPLORE SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH (STEM) FIELDS AND ACTIVITIES IN A SUPPORTIVE AFTER SCHOOL SETTING GIRLS CONDUCT HANDS-ON EXPERIMENTS AND INVESTIGATIONS THEY BUILD ESSENTIAL LIFE SKILLS INCLUDING CRITICAL THINKING, COLLABORATION, TEAMWORK, CREATIVITY, AND PROBLEM SOLVING EXPERIMENTS, INVESTIGATIONS, AND DESIGN-CHALLENGES REQUIRE THE GIRLS TO USE 21ST CENTURY LEARNING SKILLS SMART GIRLS CLUB EMPOWERS GIRLS TO SEE STEM SUBJECTS AS VIABLE, ATTAINABLE, AND RELATABLE AND TO ENVISION FUTURE CAREERS IN STEM-RELATED FIELDS ROLE MODELS WHO HAVE BACKGROUNDS IN SCIENCE, TECHNOLOGY, ENGINEERING AND MATH VISIT CLUB AND PROVIDE INSIGHT INTO STEM CAREERS GRANT AMOUNT - \$5,000</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>THE FOLLOWING AGENCIES AND PROGRAMS WERE AWARDED GRANTS IN THIS FOCUS AREA AMERICAN RED CROSS- CORNHUSKER CHAPTER DISASTER SERVICES PROGRAM FOSTERS COMMUNITY-WIDE RESILIENCY BY HELPING PEOPLE PREPARE FOR, RESPOND TO, AND RECOVER FROM DISASTERS WITH PARTICULAR FOCUS ON VULNERABLE AND UNDERSERVED POPULATIONS THE PROGRAM ENHANCES INDIVIDUAL AND COMMUNITY RESILIENCY BY ENCOMPASSING ALL ASPECTS OF THE DISASTER CYCLE INCLUDING PREPAREDNESS, RESPONSE , RECOVERY AND MITIGATION DISASTER RESPONSE WORKERS PROVIDE DIRECT ASSISTANCE WITH SHELTER, FOOD, AND HEALTH AND EMOTIONAL HEALTH IN ACCORDANCE WITH THE CLIENTS' NEEDS GRANT AMOUNT - \$40,000 CASA FOR LANCASTER COUNTY COURT APPOINTED SPECIAL ADVOCATE PROGRAM RECRUITS , TRAINS AND SUPPORTS COMMUNITY VOLUNTEERS WHO ADVOCATE FOR THE NEEDS AND BEST INTERESTS OF ABUSED, NEGLECTED, TRUANT AND UNGOVERNABLE CHILDREN IN JUVENILE COURT THE GOALS OF A CASA VOLUNTEER ARE TO PROVIDE A VOICE FOR CHILDREN IN THE COURT SYSTEM, EXPEDITE PERMANENCY, PROVIDE REFERRALS FOR NEEDED SERVICES, AND ENSURE THAT CHILDREN HAVE SAFE PERMANENT HOMES GRANT AMOUNT - \$21,000 CATHOLIC SOCIAL SERVICES ST GIANNA WOMEN'S HOMES IS A TRANSITIONAL, SELF-CONTAINED, AND SECURE HOUSING PROGRAM FOR WOMEN FLEEING DOMESTIC VIOLENCE RESIDENTS RECEIVE INTENSIVE CASE MANAGEMENT SERVICES INCLUDING ASSISTANCE DEALING WITH PAST ABUSE AND RELATIONSHIP ISSUES, PROCURING PERMANENT HOUSING AND EMPLOYMENT, ASSESSING NEEDS AND OBTAINING SERVICES FOR MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES, AND OBTAINING SERVICES AND LEGAL ASSISTANCE FOR CUSTODY AND OTHER ISSUES THAT ARE OFTEN PART OF A DOMESTIC VIOLENCE SITUATION GRANT AMOUNT - \$18,000 CEDARS YOUTH SERVICES CEDARS HEALTHY FAMILIES AMERICA (HFA) PARENT SUPPORT PROGRAM IS A PARTNERSHIP BETWEEN CEDARS AND LINCOLN/LANCASTER COUNTY HEALTH DEPARTMENT TO CONDUCT LONG-TERM HOME VISITATION WITH PREGNANT WOMEN AND THEIR FAMILIES DEEMED PRESUMPTIVELY ELIGIBLE FOR MEDICAID THE PROGRAM FOLLOWS THE HEALTHY FAMILIES AMERICA MODEL, WHICH IS PROVEN TO PREVENT CHILD ABUSE AND NEGLECT ALONG WITH MANY OTHER NEGATIVE OUTCOMES IN ADDITION TO REGULAR HOME VISITS, THE PROGRAM PROVIDES SAFETY AND EMOTIONAL SUPPORT, ASSESSMENT OF CHILDREN'S DEVELOPMENT, AND CORRESPONDING PARENTING EDUCATION, AS WELL AS MORE TRADITIONAL COMPONENTS OF CASE MANAGEMENT TO ACHIEVE SELF-SUFFICIENCY GRANT AMOUNT - \$24,000 CEDARS YOUTH SERVICES CEDARS PARTNERS IN PERMANENCY (PIP) PROGRAM SERVES FAMILIES WITH CHILDREN AGES BIRTH THROUGH 18 YEARS PIP WORKS TO PREVENT THE REMOVAL OF A CHILD OR CHILDREN FROM THEIR HOME THE PROGRAM USES THE WRAP-AROUND PHILOSOPHY TO HELP CHILDREN AND FAMILIES REALIZE THEIR HOPES AND DREAMS AND ENSURE THAT CHILDREN AND YOUTH ARE GROWING UP SAFELY AND SUCCESSFULLY IN THEIR HOMES AND COMMUNITIES THIS PROCESS BRINGS TOGETHER PEOPLE FROM VARIOUS PARTS OF THE FAMILY'S LIFE, INCLUDING OTHER FAMILY MEMBERS AND NON-FAMILY SUPPORTS, TO COORDINATE ACTIVITIES AND BLEND PERSPECTIVES TO HELP PROBLEM-SOLVE FOR SUCCESS THERAPEUT</p>

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FORM 990, PART III, LINE 4B	<p>IC SERVICES ARE ALSO IMPORTANT TO CREATING LONG-TERM IMPACT WITH FAMILIES GRANT AMOUNT - \$70,000 EL CENTRO DE LAS AMERICAS MUJERES EN CONFINAZA - WOMEN AMONG FRIENDS PROGRAM IS AN OUTREACH AND REFERRAL PROGRAM WHICH TARGETS LATINA WOMEN AND THEIR CHILDREN WHO HAVE EXPERIENCED DOMESTIC VIOLENCE THE PROGRAM HOSTS AND FACILITATES WEEKLY SUPPORT GROUPS BY PROVIDING A SAFE SPACE IN WHICH SPANISH-SPEAKING VICTIMS CAN CONVERSE IN THEIR NATIVE LANGUAGE AND LEARN ABOUT RESOURCES AVAILABLE TO THEM A BILINGUAL SPECIALIST HELPS TO BUILD A SUPPORT SYSTEM WHILE CONNECTING VICTIMS TO OTHER IMPORTANT COMMUNITY RESOURCES THE PROGRAM IS A NETWORK MODEL OF SUPPORT SPECIFICALLY DESIGNED FOR LATINA ABUSE VICTIMS GRANT AMOUNT - \$8,000 FAMILY SERVICE ASSOCIATION OF LINCOLN BEHAVIORAL HEALTH PROGRAM PROVIDES THERAPY AND COMMUNITY RESPONSE SERVICES TO YOUTH AND FAMILIES IN 14 LINCOLN PUBLIC SCHOOLS SERVICES ARE CURRENTLY PROVIDED AT 7 ELEMENTARY SCHOOLS, 3 MIDDLE SCHOOLS, AND 4 HIGH SCHOOLS WHICH ASSIST STUDENTS AND FAMILIES IN DEALING WITH LIFE STRESSORS THAT IMPACT THEIR BEHAVIORS AND RELATIONSHIPS AT SCHOOL AND HOME PROVIDING SERVICES WITHIN SCHOOL SETTINGS FREE OF CHARGE SERVES FAMILIES WHO OTHERWISE ARE NOT ABLE TO ACCESS HELP BECAUSE OF THE ECONOMIC HARDSHIP OF NOT QUALIFYING FOR MEDICAID/MAGELLAN OR THIRD PARTY INSURANCE TRAINED STAFF MEMBERS MEET WITH YOUTH AT THEIR SCHOOL, WHICH IS A NATURAL AND FAMILIAR ENVIRONMENT GRANT AMOUNT - \$20,000</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>LEGAL AID OF NEBRASKA DOMESTIC VIOLENCE REPRESENTATION PROJECT PROGRAM HELPS SECURE FREE LEGAL SERVICES FOR VICTIMS HELPING THEM TO ESCAPE ABUSIVE RELATIONSHIPS AND MOVE TOWARDS A LIFE OF SELF-SUFFICIENCY ADVOCATES WILL PURSUE SEPARATION FROM THE ABUSER IN ALL AREAS INCLUDING FAMILY, FINANCIAL, HOUSING AND SAFETY BY PROVIDING LEGAL ASSISTANCE INCLUDING PROTECTION ORDERS, DIVORCE, CUSTODY/VISITATION, PATERNITY, CHILD/SPOUSAL SUPPORT, OTHER FAMILY LAW MATTERS, CONSUMER (CREDIT, DEBT, BANKRUPTCY AND TAX), PUBLIC BENEFITS (TANF, MEDICAID, DISABILITY, FOOD STAMPS, UNEMPLOYMENT), AND HOUSING (PUBLIC HOUSING, LANDLORD/TENANT, AND REAL ESTATE) THE PROGRAM WORKS TO END THE CYCLE OF VIOLENCE, AND COLLABORATES WITH DOMESTIC VIOLENCE SHELTERS AND OTHER PROGRAMS TO PROVIDE WRAP AROUND SERVICES GRANT AMOUNT - \$15,000 LINCOLN/LANCASTER COUNTY CHILD ADVOCACY CENTER DIRECT SERVICES TO CHILD VICTIMS OF ABUSE PROGRAM PROVIDES A SAFE, CHILD-FRIENDLY ENVIRONMENT FOR INTERVIEWS AND MEDICAL EVALUATIONS OF CHILD VICTIMS OF ABUSE & NEGLECT, AGES 3-18 GOALS ARE TO REDUCE TRAUMA SUFFERED BY CHILD VICTIMS, STRENGTHEN FAMILIES TO PROVIDE SAFE HOMES, AND INCREASE THE SUCCESSFUL PROSECUTION OF THEIR ABUSERS DIRECT SERVICES INCLUDE FORENSIC INTERVIEWS, MEDICAL EVALUATIONS, ONGOING ADVOCACY AND SUPPORT, COURT SCHOOL, REFERRALS FOR MENTAL HEALTH SERVICES, CASE COORDINATION, PROFESSIONAL TRAINING, AND COMMUNITY EDUCATION GRANT AMOUNT - \$77,250 LINCOLN MEDICAL EDUCATION PARTNERSHIP SCHOOL COMMUNITY INTERVENTION AND PREVENTION (SCIP) PROGRAM CONSISTS OF TWO MAIN COMPONENTS SCIP TEAMS LOCATED WITHIN THE SCHOOL BUILDING THAT PROVIDE SUPPORT TO STUDENTS, AND SCIP COORDINATORS THAT PROVIDE PROGRAM DESIGN AND EVALUATION, TRAINING, TECHNICAL ASSISTANCE, AND COMMUNITY AWARENESS SCIP TEAMS IDENTIFY STUDENTS WHO ARE EXPERIENCING DIFFICULTY BEING SUCCESSFUL IN THE SCHOOL SETTING, DOCUMENT THEIR CONCERNS, AND INTERVENE WITH THE STUDENT AND/OR FAMILY TO OFFER RESOURCES TO ADDRESS THE CONCERNS COMMUNITY AGENCIES, WORKING IN COOPERATIVE AGREEMENT WITH SCIP, PROVIDE SUBSTANCE USE AND MENTAL HEALTH SCREENINGS FOR A STUDENT REFERRED THROUGH SCIP THE SCREENING PROVIDES THE FAMILY WITH A PROFESSIONAL ASSESSMENT OF ISSUES AND RECOMMENDATIONS AT NO CHARGE GRANT AMOUNT - \$21,000 LUTHERAN FAMILY SERVICES CHILDREN'S BEHAVIORAL HEALTH (CBH) PROGRAM PROVIDES EVIDENCE BASED THERAPIES TO CHILDREN, YOUTH, AND FAMILIES IN LANCASTER COUNTY ALTHOUGH THE PROGRAM'S TARGET POPULATION IS ANY YOUTH OR CHILD UNDER AGE 18, THE THERAPIES ARE FAMILY FOCUSED AND TRAUMA INFORMED, AND THUS INVOLVE PARENTS, CAREGIVERS, AND SIBLINGS THE CBH PROGRAM SERVES INDIVIDUALS FROM ALL BACKGROUNDS HOWEVER, A MAJORITY OF CLIENTS COME FROM POORER SOCIOECONOMIC GROUPS GRANT AMOUNT - \$10,000 MOURNING HOPE GRIEF CENTER BEREAVEMENT SUPPORT SERVICES AND COMMUNITY OUTREACH PROGRAM IS AVAILABLE FOR YOUTH AND THEIR CAREGIVERS GRIEVING THE DEATH OF ANYONE SIGNIFICANT IN THEIR LIVES CHILDREN AND TEENS MEET IN AGE-APPROPRIATE P</p>

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FORM 990, PART III, LINE 4B	<p>EER GRIEF SUPPORT SESSIONS FACILITATED BY MENTAL HEALTH PROFESSIONALS AND TRAINED VOLUNTEER RS CONCURRENT SUPPORT IS ALSO PROVIDED FOR PARENTS, CAREGIVERS, OR ANY OTHER ADULT PLAYIN G A SUPPORTIVE ROLE IN THE CHILD'S LIFE THE CENTER ALSO SERVES THE COMMUNITY THROUGH ITS LENDING RESOURCE LIBRARY, EDUCATIONAL GRIEF-RELATED PRESENTATIONS, OUTREACH, AND REFERRALS MOURNING HOPE'S ULTIMATE GOAL IS TO CREATE A SAFE, SUPPORTIVE COMMUNITY SO THAT NO CHILD EVER HAS TO GRIEVE ALONE GRANT AMOUNT - \$20,000 ST MONICA'S BEHAVIORAL HEALTH SERVICES FOR WOMEN PROJECT MOTHER & CHILD PROGRAM IS A 6-MONTH THERAPEUTIC RESIDENTIAL TREATMENT PROGRAM FOR CHEMICALLY DEPENDENT OR DUALY DIAGNOSED PREGNANT WOMEN AND WOMEN WITH CHILDRE N UNDER THE AGE OF 12 APPROXIMATELY 90 PERCENT OF THE WOMEN IN THIS PROGRAM SELF-REPORT D OMESTIC VIOLENCE ISSUES AND/OR ARE HOMELESS THE PROGRAM UTILIZES A COMPREHENSIVE APPROACH TO ADDRESS THE ISSUES OF BASIC NEEDS, DOMESTIC VIOLENCE, TRAUMA, SUBSTANCE ABUSE, AND PAR ENTING ISSUES CHILDREN OF CLIENTS RECEIVE SERVICES AT THE ST MONICA'S EARLY CHILDHOOD CE NTER WOMEN GRADUATE WITH PLANS FOR HOUSING, SAFETY AND EMPLOYMENT AS WELL AS PARENTING ED UCATION AND SUPPORT GRANT AMOUNT - \$28,250 THE SALVATION ARMY LINCOLN, NEBRASKA CORPS D ISASTER SERVICES PROGRAM PROVIDES FOOD AND BEVERAGES AT NATURAL AND MAN-MADE DISASTERS TH E PROGRAM ALSO PROVIDES SPIRITUAL AND EMOTIONAL CARE AT THE SCENE OF A DISASTER AS WELL AS FOLLOW UP CARE BASED ON THE SCOPE OF THE DISASTER, SERVICES MAY INCLUDE MATERIALS MANAGE MENT/DISTRIBUTION, WAREHOUSING, SHELTERING, AND EMERGENCY CASE MANAGEMENT THE PROGRAM WIL L ASSIST WITH TEMPORARY HOUSING VOUCHERS AFTER THE RED CROSS HAS EXHAUSTED THEIR FUNDS ON AN AS NEEDED BASIS GRANT AMOUNT - \$6,000 VOICES OF HOPE LINCOLN, INC CRISIS INTERVENTIO N AND ADVOCACY PROGRAM IS THE PRIMARY CRISIS RESPONSE MECHANISM FOR VICTIMS THROUGH THE DO MESTIC VIOLENCE COORDINATED RESPONSE TEAM AND SEXUAL ASSAULT RESPONSE TEAM THE PROGRAM FO CUSES ON VICTIM SAFETY AND PERPETRATOR ACCOUNTABILITY THIS CRISIS INTERVENTION AND ADVOCA CY PROGRAM PROVIDES SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE, INTIMATE PARTNER VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT AND INCEST, AND THEIR FAMILIES THIS INCLUDES A 24-HOUR CR ISIS LINE, CRISIS AND WALK-IN COUNSELING, SUPPORT GROUPS, SAFETY PLANNING, 24-HOUR ADVOCAC Y TO THE HOSPITAL AND TO ATTEND INTERVIEWS WITH ALL FOUR LAW ENFORCEMENT AGENCIES, ASSISTANCE WITH PROTECTION ORDERS, CRISIS SHELTER IN CONJUNCTION WITH FRIENDSHIP HOME, CASE MANAG EMENT AND ASSISTANCE WITH BASIC AND EMERGENCY NEEDS GRANT AMOUNT - \$84,000 VOLUNTEER PAR TNERS (AKA VOLUNTEER LINC) EMERGENCY VOLUNTEER PROGRAM ENGAGES CITIZEN VOLUNTEERS IN COMM UNITY PREPAREDNESS AND RESPONSE TRAINED VOLUNTEERS AND A NETWORK OF LOCATIONS IS DEVELOPE D, EXPANDED AND MAINTAINED TO MANAGE SPONTANEOUS UNAFFILIATED VOLUNTEERS IN RESPONSE TO CO MMUNITY DISASTERS NEIGHBORHOOD PREPAREDNESS EDUCATORS FOCUS ON PREPAREDNESS IN LOW INCOME COMMUNITIES VIA CONNECTIONS W</p>

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FORM 990, PART III, LINE 4B	ITH NEIGHBORHOOD ASSOCIATIONS, FAITH-BASED ORGANIZATIONS AND COMMUNITY LEARNING CENTERS VOLUNTEER PARTNERS FACILITATES THE LOCAL CITIZEN CORPS PROGRAM AND RECRUITS INDIVIDUALS FOR COMMUNITY EMERGENCY RESPONSE TEAMS (CERT) TRAININGS GRANT AMOUNT - \$16,000

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FORM 990, PART III, LINE 4C	<p>THE FOLLOWING AGENCIES AND PROGRAMS WERE AWARDED GRANTS IN THIS FOCUS AREA ASIAN COMMUNITY AND CULTURAL CENTER FAMILY RESOURCE PROGRAM ADVANCES THE STABILITY OF ASIAN AND OTHER MINORITY FAMILIES IN LINCOLN WHO FACE ECONOMIC AND CULTURAL BARRIERS TO SELF-SUFFICIENCY THE PROGRAM HELPS FAMILIES BUILD ENGLISH LANGUAGE PROFICIENCY, PURSUE CITIZENSHIP AND EMPLOYMENT, AND ESTABLISH MEDICAL/DENTAL HOMES IT PROVIDES MEALS, ASSISTS WITH SNAP APPLICATIONS AND RENEWALS, AND HELPS FAMILIES FILE STATE AND FEDERAL INCOME TAX RETURNS THE PROGRAM PROVIDES TRANSLATION SERVICES FOR IMPORTANT DOCUMENTS FROM OTHER RELEVANT HEALTH AND SOCIAL SERVICE AGENCIES TO SERVE CLIENTS WITH LIMITED ENGLISH PROFICIENCY GRANT AMOUNT - \$5,000 CATHOLIC SOCIAL SERVICES EMERGENCY SERVICES PROGRAM PROVIDES CASH ASSISTANCE TO HOMELESS CLIENTS TO ASSIST IN OBTAINING HOUSING AND ALSO TO THE NEAR HOMELESS IN ORDER THAT THOSE FAMILIES/INDIVIDUALS DO NOT LOSE THEIR HOUSING THESE PAYMENTS ARE PRIMARILY FOR RENT AND UTILITIES APPLICANTS RECEIVE BUDGET COUNSELING AND REFERRALS IN ADDITION TO WHATEVER CASH ASSISTANCE MIGHT BE AVAILABLE GRANT AMOUNT - \$20,000 CATHOLIC SOCIAL SERVICES ST FRANCIS FOOD PANTRY PROGRAM PROVIDES A WEEK'S WORTH OF FOOD FOR OVER 8,000 INDIVIDUALS EVERY YEAR WITHIN LINCOLN/LANCASTER COUNTY THE PANTRY ADDRESSES THE PROBLEM OF HUNGER IN OUR COMMUNITY AND ALSO ACTS AS AN INCOME EXTENDER BY ALLOWING FAMILIES TO UTILIZE THE MONIES THEY WOULD HAVE SPENT ON FOOD ON OTHER VITAL NECESSITIES SUCH AS SHELTER AND UTILITIES THE PANTRY ASSISTS FAMILIES IN OBTAINING A MORE STABLE FOOD SOURCE BY EDUCATING AND ASSISTING CLIENTS TO OBTAIN FOOD STAMPS WHEN NEEDED GRANT AMOUNT - \$8,000 CEDARS YOUTH SERVICES CEDARS EMERGENCY SHELTER SERVICES PROVIDES EMERGENCY SHELTER FOR RUNAWAY, HOMELESS OR UNACCOMPANIED YOUTH THIS PROGRAM FOCUSES ITS SERVICES ON YOUTH FROM AGE 13 TO 18, BUT WILL SERVE YOUTH THAT ARE YOUNGER WHEN NECESSARY AND APPROPRIATE IN ADDITION TO THE PROVISION OF SAFE SHELTER, YOUTH ARE PROVIDED WITH SERVICE PLANNING AND CASE MANAGEMENT THAT IS APPROPRIATE TO EACH INDIVIDUAL'S SITUATION BASED ON INDIVIDUAL NEEDS, YOUTH ARE ALSO OFFERED TRAINING IN INDEPENDENT LIVING SKILLS, PARENTING EDUCATION, AND INDIVIDUAL, GROUP AND FAMILY COUNSELING GRANT AMOUNT - \$33,000 CEDARS YOUTH SERVICES CEDARS EMERGENCY FOOD ASSISTANCE TO STREET YOUTH PROGRAM CONDUCTS OUTREACH AND ENGAGES HOMELESS AND RUNAWAY YOUTH TO SEEK MORE FORMAL ASSISTANCE IN CREATING SAFER, MORE STABLE LIVING SITUATIONS AND TO ADDRESS THE ISSUE(S) THAT LED TO THEIR HOMELESSNESS STREET OUTREACH WORKERS FREQUENT PLACES WHERE THE TARGET POPULATION CAN TYPICALLY BE FOUND, AND GIVE PRESENTATIONS TO CREATE COMMUNITY AWARENESS WORKERS TYPICALLY HAND OUT HYGIENE KITS, EMERGENCY FOOD, CLOTHING AND BLANKETS, TRANSPORTATION VOUCHERS, AND OTHER ITEMS THAT CAN ASSIST YOUTH IN ADDRESSING AN IMMEDIATE NEED GRANT AMOUNT - \$5,000 CENTER FOR PEOPLE IN NEED, INC NEIGHBORHOOD FOOD PROGRAM PROVIDES FOOD, INFORMATION AND RE</p>

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FORM 990, PART III, LINE 4C	<p>FERRAL SERVICES FOR LOW-INCOME RESIDENTS OF LANCASTER COUNTY AND DISTRIBUTES FOOD AND USDA COMMODITIES TO LOW-INCOME AREAS IN LINCOLN AT FOUR NEIGHBORHOOD SITES F STREET RECREATION CENTER, MALONE COMMUNITY CENTER, OAK LAKE CHURCH, AND THE CENTER FOR PEOPLE IN NEED GRANT AMOUNT - \$25,000 COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND SAUNDERS COUNTIES BASIC AND EMERGENCY NEEDS SERVICES PROGRAM PROVIDES SUPPORT TO INDIVIDUALS AND FAMILIES IN LANCASTER COUNTY WHO ARE EITHER HOMELESS, OR FACE AN IMMINENT THREAT FOR BECOMING HOMELESS THROUGH FOUR PROGRAMS EMERGENCY SERVICES PROVIDE RENT PAYMENT, UTILITY, AND DEPOSIT ASSISTANCE TO NEAR-HOMELESS OR HOMELESS FAMILIES HOMELESS VOUCHERS PROVIDE HOUSING STABILITY CASE MANAGEMENT TO FAMILIES ON A SECTION 8 HOUSING VOUCHER REPRESENTATIVE PAYEE PROVIDES FINANCIAL CASE MANAGEMENT TO SOCIAL SECURITY RECIPIENTS WHO HAVE BEEN DEEMED UNFIT TO MANAGE THEIR BENEFIT PAYMENTS TENANT SUPPORT SERVICES PROVIDE EDUCATION AND MEDIATION TO LANDLORDS AND TENANTS WITH A GOAL OF EVICTION PREVENTION GRANT AMOUNT - \$42,366 COMMUNITY CROPS COMMUNITY GARDENS PROGRAM EDUCATES NEW AND RETURNING COMMUNITY GARDENERS AND LOW-INCOME FAMILIES WHO HAVE THEIR OWN LAND ABOUT THE BEST METHODS TO GROW THE MAXIMUM AMOUNT OF FOOD FAMILIES GAIN THE KNOWLEDGE AND ABILITY TO GROW A SIGNIFICANT AMOUNT OF FRESH, NUTRITIOUS FOOD YEAR AFTER YEAR CROPS RELIES ON DOZENS OF VOLUNTEERS TO BUILD NEW GARDENS AND HELP MAINTAIN ALL OF THE EXISTING SITES THE PROGRAM STRIVES TO FIND NEW AND INNOVATIVE WAYS TO INCREASE THE NUMBER OF PEOPLE WHO GARDEN, AND ASSIST THEM TO BE SUCCESSFUL GARDENERS GRANT AMOUNT - \$8,000 EL CENTRO DE LAS AMERICAS CRISIS ASSISTANCE & PREVENTION PROGRAM COMBINES THE ELEMENTS OF EMPLOYMENT ASSISTANCE, RESOURCE NAVIGATION, AND CASE MANAGEMENT TO HELP CLIENTS OBTAIN ESSENTIAL RESOURCES FOR THEMSELVES AND THEIR FAMILIES, GAIN EMPLOYMENT, AND AVOID HOMELESSNESS CLIENTS RECEIVE ASSISTANCE COMPLETING EMPLOYMENT APPLICATIONS, CREATING RESUMES, OBTAINING PANTRY, CLOTHING, UTILITY/RENT, AND OTHER ESSENTIAL NEEDS, AND APPLYING FOR TEMPORARY ASSISTANCE PROGRAMS, SUCH AS MEDICAID AND SNAP EACH CLIENT IS PROVIDED CASE MANAGEMENT TO ENSURE THEY RECEIVE ESSENTIAL NEEDS ALONG WITH FOLLOW-UP COMMUNICATION TO SUPPORT THE CLIENT AS THEY CONTINUE TO WORK TOWARDS SELF-SUSTAINABILITY THE GOAL IS TO HELP REMOVE BARRIERS PREVENT HOUSING AND FINANCIAL STABILITY GRANT AMOUNT - \$17,000 FOOD BANK OF LINCOLN, INC FOOD BANK MOBILE PANTRY PROGRAM-PRODUCE PURCHASING SUPPORT PARTNERS WITH THE CENTER FOR PEOPLE IN NEED, JACOB'S WELL/FIRST PRESBYTERIAN CHURCH, THE BAY, THE VETERANS ADMINISTRATION, CITY OF LINCOLN, LINCOLN PUBLIC SCHOOLS, CAPITOL CITY CHRISTIAN CHURCH, THE MALONE CENTER, AND OAK LAKE CHURCH TO DELIVER FOOD INTO LINCOLN'S LOW INCOME NEIGHBORHOODS AND IMPROVE ACCESS TO FOOD & GROCERY PRODUCTS PROVIDING FRESH PRODUCE IS A STAPLE OF THE PROGRAM GRANT AMOUNT - \$30,000 FRESH START, INC TRANSITIONAL SHELTER SERVICES AND HOLISTIC GOALS PRO</p>

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FORM 990, PART III, LINE 4C	<p>GRAM FOR HOMELESS WOMEN OFFERS A TRANSITIONAL SHELTER PROGRAM FOR HOMELESS WOMEN WITHOUT CHILDREN IN THEIR CUSTODY. WOMEN MAY STAY FOR UP TO ONE YEAR DURING WHICH TIME ALL BASIC NEEDS ARE PROVIDED ALONG WITH OTHER SUPPORT. CASE MANAGEMENT, WORKSHOPS, AND OTHER SUPPORTS ARE OFFERED. FRESH START ALSO CONNECTS RESIDENTS TO COUNSELING, TREATMENT, EDUCATIONAL OPPORTUNITIES, AND OTHER SERVICES AVAILABLE IN THE COMMUNITY. THERE IS AN EMPHASIS ON DEVELOPING A HEALTHY SUPPORT SYSTEM, IMPROVING LIFE SKILLS, AND PROMOTING RESIDENTS' STRENGTHS. UPON SUCCESSFUL COMPLETION OF THE RESIDENTIAL SERVICES, WOMEN MAY RECEIVE COMMUNITY SUPPORT SERVICES FOR AN ADDITIONAL TWO YEARS, INCLUDING HOME VISITS, QUARTERLY FOOD BASKETS, AND REFERRALS. GRANT AMOUNT - \$35,000.</p> <p>FRIENDSHIP HOME OF LINCOLN, INC. EMERGENCY SHELTER PROGRAM PROVIDES EMERGENCY SHELTER AND SUPPORTIVE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN. THE PROGRAM ADDRESSES BOTH DOMESTIC VIOLENCE AND THE HOMELESSNESS THAT OFTEN ACCOMPANIES IT. SERVICES INCLUDE PRE-SHELTER SUPPORT, SAFETY PLANNING, CRISIS COUNSELING, CASE MANAGEMENT, ADVOCACY FOR VICTIMS AND CHILDREN, SHORT-TERM MENTAL HEALTH AND SUBSTANCE USE COUNSELING SERVICES, SUPPORT GROUPS FOR VICTIMS AND CHILDREN, INFORMATION AND REFERRAL SERVICES, PROVISION OF BASIC NEEDS, AND ONGOING POST-SHELTER SUPPORT. GRANT AMOUNT - \$78,500.</p> <p>GOOD NEIGHBOR COMMUNITY CENTER (GNCC) BASIC NEEDS PROGRAM PROVIDES CLOTHING, HOUSEHOLD ITEMS, PERSONAL CARE/HYGIENE PRODUCTS, HOLIDAY GIFTS AND DIAPERS TO QUALIFYING FAMILIES. EACH CLIENT IS INTERVIEWED TO DETERMINE ELIGIBILITY RANGING FROM NATURAL DISASTER, HOMELESSNESS, DOMESTIC VIOLENCE, RECOVERING ADDICTS, LIMITED INCOME, OR TRANSITIONING FROM PRISON. THEY ARE ALLOWED TO RECEIVE SERVICES FROM THIS PROGRAM EVERY 60 DAYS OR AS EMERGENCIES ARISE, AND ITEMS ARE GIVEN ACCORDING TO FAMILY SIZE AND AVAILABILITY. ASSISTANCE FOR PAYING UTILITIES IS ALSO AVAILABLE. GNCC'S GOAL IS TO HELP INDIVIDUALS MAINTAIN THEIR DIGNITY. GRANT AMOUNT - \$10,000.</p> <p>GOOD NEIGHBOR COMMUNITY CENTER FOOD PANTRY & PERISHABLE FOOD PROGRAM ALLOWS FAMILIES TO SELECT NON-PERISHABLE FOOD ITEMS OF THEIR CHOICE EVERY THIRTY DAYS. THE AMOUNT OF FOOD GIVEN IS DETERMINED BY FAMILY SIZE AND AVAILABILITY. EACH CLIENT MAY ALSO SHOP FOR PERISHABLE FOOD ITEMS TWICE A WEEK. THE PROGRAM COLLABORATES WITH THE FOOD BANK OF LINCOLN AND FEEDING AMERICA AND IS A FOODNET SITE IN COLLABORATION WITH ALLON CHAPEL SEVENTH-DAY ADVENTIST CHURCH. CLIENTS ARE PROVIDED WITH INFORMATION OF ALL AVAILABLE FOOD NET SITES IN LINCOLN. GRANT AMOUNT - \$23,000.</p>

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FORM 990, PART III, LINE 4C	<p>LEAGUE OF HUMAN DIGNITY, INC BARRIER REMOVAL PROGRAM IS AVAILABLE TO LINCOLN AND LANCASTER COUNTY RESIDENTS RENTERS OR HOME-OWNERS WHO EXPERIENCE A MOBILITY LIMITATION (OR HAVE SOMEONE IN THEIR FAMILY WHO DOES) AND WHO ARE LOW- TO MODERATE-INCOME MAY APPLY FOR A GRANT TO REMOVE OR MODIFY BARRIERS IN THEIR HOMES A FEW MODIFICATIONS THAT MAY BE ELIGIBLE INCLUDE OUTSIDE RAMPS AND LIFTS, GRAB BARS, HANDRAILS, WIDER DOORWAYS, ACCESSIBLE TUBS AND SHOWERS, AND REACHABLE SINKS AND COUNTERS THE PROGRAM FOCUSES ON ELIMINATING BARRIERS AND ENABLING PEOPLE TO MAINTAIN THEIR INDEPENDENCE GRANT AMOUNT - \$5,000 MATT TALBOT KITCHEN AND OUTREACH, INC HOMELESS PREVENTION PROGRAM WORKS TO PREVENT HOMELESSNESS THROUGH A TRANSITIONAL HOUSING PROGRAM THAT ASSISTS CHRONICALLY HOMELESS MEN & WOMEN WHO ARE COMMITTED TO SOBRIETY & RECOVERY CASE MANAGEMENT SERVICES ARE PROVIDED TO THE PARTICIPANTS IN THE PROGRAM & TO FAMILIES AND INDIVIDUALS ENROLLED IN THE HOMELESS VOUCHER PROGRAM HOUSING & CASE MANAGEMENT SERVICES WORK TOGETHER TO PREVENT HOMELESSNESS OTHER HOMELESS PREVENTION SERVICES INCLUDE A SIX-WEEK SERIES OF LIFE SKILLS CLASSES TOPICS COVER LANDLORD TENANT ISSUES, BUDGETING, EMPLOYMENT SKILLS, NUTRITION, PARENTING, AND SELF-ESTEEM THE HOMELESS IDENTIFICATION PROJECT HELPS HOMELESS INDIVIDUALS OBTAIN VITAL DOCUMENTS NEEDED TO GAIN EMPLOYMENT AND ACCESS TO HEALTH AND HUMAN SERVICES GRANT AMOUNT - \$17,000 MATT TALBOT KITCHEN AND OUTREACH, INC HUNGER RELIEF & NUTRITION EDUCATION PROGRAM PROVIDES DAILY HUNGER RELIEF THROUGH THE PROVISION OF TWO ON-SITE MEALS 365 DAYS A YEAR MEALS ARE PROVIDED TO ANYONE IN NEED EMERGENCY FOOD PANTRIES ARE ALSO PROVIDED TO INDIVIDUALS AND FAMILIES WHEN FOOD ITEMS ARE AVAILABLE NUTRITION EDUCATION IS PROVIDED BY THE STAFF DIETITIAN, WHO IS A MEDICAL NUTRITION THERAPIST SERVICES INCLUDE ONE-ON-ONE NUTRITION COUNSELING, CLASSES, AND GROUP PRESENTATIONS CLASSES INCLUDE COOKING, BUDGETING, NUTRITION, AND FOOD SAFETY GRANT AMOUNT - \$11,000 PEOPLE'S CITY MISSION FAMILY SHELTER PROGRAM PROVIDES SHELTER, FOOD, CLOTHING, CASEWORK, AND REFERRALS AND RELATED ASSISTANCE TO ENABLE HOMELESS WOMEN AND FAMILIES TO MOVE INTO PERMANENT HOUSING, WITH THE SKILLS AND RESOURCES NECESSARY TO MAINTAIN THAT HOUSING GRANT AMOUNT - \$10,000 THE SALVATION ARMY LINCOLN, NEBRASKA CORPS FOOD SECURITY PROGRAM PROVIDES CONSUMER CHOICE THROUGH A FOOD PANTRY BASED ON THE FOOD PYRAMID CLIENTS ARE ELIGIBLE TO RECEIVE FOOD ON A MONTHLY BASIS CLIENTS SHOP FOR THEIR OWN FOOD SO THERE IS NO WASTE PERISHABLE FOOD DISTRIBUTION ALLOWS CLIENTS TO RECEIVE PERISHABLE GOODS EVERY TUESDAY AND FRIDAY MORNING WINTER NIGHT WATCH PROVIDES A SEASONAL HOT MEAL EVERY SATURDAY AND SUNDAY NIGHTS FROM OCTOBER 15 - APRIL 15 TO HOMELESS AND NEAR HOMELESS IN THE SOUTH CAPITAL AREA KIDS CAFE SERVES HOT MEALS TO CHILDREN MONDAY THROUGH FRIDAY YEAR AROUND THE SUMMER FEEDING PROGRAM BETTER FEEDS CHILDREN BY USING A MOBILE KITCHEN TO GO TO KIDS IN THREE SELECT AREAS AND FEED</p>

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FORM 990, PART III, LINE 4C	THEM LUNCH, MONDAY-FRIDAY GRANT AMOUNT - \$20,000 THE SALVATION ARMY LINCOLN, NEBRASKA C ORPS UTILITY ASSISTANCE PROGRAM PROVIDES EMERGENCY UTILITY ASSISTANCE TO THOSE WHO ARE AT RISK FOR OR HAVE HAD THEIR UTILITIES SHUT OFF DUE TO NON-PAYMENT THE PROGRAM ALSO PROVIDES ENERGY EDUCATION TO CLIENTS, PARTICULARLY THOSE WHO APPLY FOR ASSISTANCE MORE THAN ONCE , TO PREVENT BEING IN PERPETUAL CRISIS IN ADDITION, THOSE WHO STRUGGLE EACH MONTH TO MAKE ENDS MEET CAN PARTICIPATE IN A BUDGETING CLASS GRANT AMOUNT - \$33,634

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FORM 990, PART VI, SECTION A, LINE 2	SIX BOARD MEMBERS (THREE COUPLES) ARE MARRIED

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PROVIDED TO AND FORMALLY REVIEWED BY THE BOARD OF DIRECTORS PRIOR TO SUBMISSION TO THE IRS THE INDEPENDENT ACCOUNTANTS PRESENT THE FORM 990 ANNUALLY AT THE OCTOBER BOARD MEETING THE BOARD OF DIRECTORS REVIEW THE FORM 990 FOCUSING ON SIGNIFICANT AREAS OF THE TAX RETURN AND HOW THESE AREAS RELATE TO THE ANNUAL AUDITED FINANCIAL STATEMENTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>DIRECTORS, OFFICERS, EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS ARE REQUIRED TO DISCLOSE ANNUALLY ANY RELATIONSHIPS WHERE THEY AND/OR THEIR FAMILY MEMBERS MAY HAVE PERSONAL OR FINANCIAL INTERESTS THAT COULD INFLUENCE THEIR DECISION MAKING ABILITY. THEY ALSO SIGN A STATEMENT AFFIRMING THAT THEY HAVE RECEIVED, READ, AND WILL COMPLY WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. THEY ARE REQUIRED TO AFFIRM THEIR UNDERSTANDING THAT THE ORGANIZATION IS CHARITABLE AND MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. BOARD MEMBERS AND VOLUNTEERS MAY NOT SERVE ON A FUNDING TEAM THAT RECOMMEND GRANT AWARDS TO ORGANIZATIONS WHERE THERE MAY BE A CONFLICT OF INTEREST BETWEEN THAT PERSON AND THE RECIPIENT ORGANIZATION. WHERE A GOVERNING BOARD MEMBER BELIEVES THAT A MATTER TO BE VOTED UPON WILL PRESENT A CONFLICT OF INTEREST, THAT MEMBER WILL ANNOUNCE THE CONFLICT OF INTEREST AND WILL HOLD SILENT DURING DISCUSSION ON THE ISSUE. THE MEMBER WILL REFRAIN FROM VOTING ON ANY MOTIONS AFFECTING THE DECLARED CONFLICT OF INTEREST. IF THE GOVERNING BOARD OR COMMITTEE HAS REASONABLE CAUSE TO BELIEVE A MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICT OF INTEREST, IT SHALL INFORM THE MEMBER AND ALLOW THEM TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE. APPOINTED STAFF WILL REVIEW DECLARED CONFLICTS PRIOR TO VOTING AND BRING POSSIBLE CONFLICTS TO THE ATTENTION OF THE BOARD PRESIDENT AND/OR THE COMMITTEE CHAIRPERSON. THE MINUTES OF THE GOVERNING BOARD AND ALL COMMITTEES WITH BOARD DELEGATED POWERS SHALL CONTAIN THE NAMES OF THE PERSONS WHO DISCLOSED OR WERE FOUND TO HAVE AN ACTUAL OR POSSIBLE CONFLICT OF INTEREST, THE NATURE OF THE CONFLICT, ANY ACTION TAKEN TO DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, NAMES OF PERSONS PRESENT FOR DISCUSSIONS AND VOTES RELATING TO THE CONFLICT OF INTEREST, THE CONTENT OF THE DISCUSSION AND A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THE DISCUSSION.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>THE GOVERNING-BOARD APPOINTED COMPENSATION COMMITTEE CONDUCTED THE EXECUTIVE DIRECTOR PERFORMANCE REVIEW NO COMMITTEE MEMBER HAD A REAL OR PERCEIVED CONFLICT OF INTEREST WITH RESPECT TO THE COMPENSATION ARRANGEMENT COMPENSATION WAS DETERMINED BASED ON JOB PERFORMANCE WITHIN LIMITS OF UNITED WAY BUDGET PARAMETERS USING COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS THE COMPENSATION COMMITTEE DOCUMENTED THE DELIBERATION PROCESS AND THE BASIS FOR ITS DECISIONS THE COMMITTEE REPORTED ITS DETERMINATION AND RECOMMENDED BOARD APPROVAL AT THE JUNE 2016 BOARD MEETING IN EXECUTIVE SESSION THE EXECUTIVE SESSION DISCUSSION AND BOARD REVIEW AND APPROVAL WERE DOCUMENTED IN THE MINUTES THE EXECUTIVE DIRECTOR CONDUCTED THE PERFORMANCE REVIEW FOR THE SR DIRECTOR OF FINANCE AND ADMINISTRATION COMPENSATION WAS DETERMINED BASED ON JOB PERFORMANCE WITHIN LIMITS OF UNITED WAY BUDGET PARAMETERS USING COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS THE EXECUTIVE DIRECTOR REPORTED THE DETERMINATION AND BASIS FOR CONCLUSIONS TO MEMBERS OF THE COMPENSATION COMMITTEE THE COMMITTEE REPORTED THE DETERMINATION TO THE UNITED WAY BOARD OF DIRECTORS FOR APPROVAL AT THE JUNE 2016 BOARD MEETING IN EXECUTIVE SESSION THE EXECUTIVE SESSION DISCUSSION AND BOARD REVIEW AND APPROVAL WERE DOCUMENTED IN THE MINUTES</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY, AUDITED FINANCIAL STATEMENTS, AND FORM 990 ARE MADE AVAILABLE TO THE GENERAL PUBLIC VIA POSTING TO ITS WEBSITE AT WWW UNITEDWAYLINCOLN ORG IN ADDITION, GOVERNING DOCUMENTS INCLUDING ARTICLES OF INCORPORATION, BYLAWS, AND 501 (C) (3) DETERMINATION LETTER ARE MADE AVAILABLE THROUGH ALLOWED INSPECTION AT THE LOCAL UNITED WAY OFFICE COPIES OF THESE DOCUMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	UNITED WAY OF LINCOLN AND LANCASTER COUNTY'S FINANCE COMMITTEE IS RESPONSIBLE FOR OVERSIGHT AND APPROVAL OF THE ANNUAL AUDIT AND THE FORM 990

SCHEDULE R
(Form 990)

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, 36, or 37.

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
UNITED WAY OF LINCOLN AND LANCASTER COUNTY

Employer identification number
47-0376624

Part I Identification of Disregarded Entities

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

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

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)UNITED WAY OF LINCOLN AND LANCASTER COUNTY FOUNDATION INC 238 S 13TH STREET LINCOLN, NE 68508 20-1412874	SUPPORTING FOUNDATION	NE	501(C)(3)	509(A)(3) TYPE 1	UNITED WAY OF LINCOLN AND LANCASTER COUNTY	Yes	

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

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

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

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

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii)annuities, (iii) royalties, or(iv) rent from a controlled entity

1a

No

b Gift, grant, or capital contribution to related organization(s)

1b

Yes

c Gift, grant, or capital contribution from related organization(s)

1c

Yes

d Loans or loan guarantees to or for related organization(s)

1d

No

e Loans or loan guarantees by related organization(s)

1e

No

f Dividends from related organization(s)

1f

No

g Sale of assets to related organization(s)

1g

No

h Purchase of assets from related organization(s)

1h

No

i Exchange of assets with related organization(s)

1i

No

j Lease of facilities, equipment, or other assets to related organization(s)

1j

No

k Lease of facilities, equipment, or other assets from related organization(s)

1k

No

l Performance of services or membership or fundraising solicitations for related organization(s)

1l

No

m Performance of services or membership or fundraising solicitations by related organization(s)

1m

No

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

1n

No

o Sharing of paid employees with related organization(s)

1o

No

p Reimbursement paid to related organization(s) for expenses

1p

Yes

q Reimbursement paid by related organization(s) for expenses

1q

Yes

r Other transfer of cash or property to related organization(s)

1r

No

s Other transfer of cash or property from related organization(s)

1s

No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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