50m 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

OMB No 1545-0052

Department of the Treasury Open to Public Inspection ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. Internal Revenue Service 06/30.2017 12/21 , 2016, and ending For calendar year 2016 or tax year beginning Name of foundation A Employer identification number 81-4756706 HARBOR OF DREAMS, INC. Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite 8555 PIONEERS BOULEVARD (402) 440-2768City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending check here. . . LINCOLN, NE 68520 G Check all that apply. Initial return Initial return of a former public charity Х D 1 Foreign organizations, check here . Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization X Section 501(c)(3) exempt private foundation E If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . J Accounting method | X Cash I Fair market value of all assets at If the foundation is in a 60-month termination end of year (from Part II, col. (c), line Other (specify) under section 507(b)(1)(B), check here . > 6,685,598. 16) **►** \$ (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and for charitable (b) Net investment (c) Adjusted net total of amounts in columns (b), (c), and (d) expenses per purposes may not necessarily equal the amounts in income income books column (a) (see instructions)) (cash basis only) 6,967 1 Contributions, gifts, grants, etc., received (attach schedule). if the foundation is not required to 2 Check ▶ attach Sch B. 3 Interest on savings and temporary cash investments. 49,404 49,404 ATCH 1 4 Dividends and interest from securities 5a Gross rents Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2), Net short-term capital gain. 8 Income modifications 10 a Gross sales less returns and allowances . . . b Less Cost of goods sold . c Gross profit or (loss) (attach schedule) 111 Other income (attach schedule) 56,371 49,404 12 Total. Add lines 1 through 11 0. 13 Compensation of officers, directors, trustees, etc ğ 14 Other employee salaries and wages 15 Pension plans, employee benefits b Accounting fees (attach schedule) strative Other professional fees (attach schedule) Interest 8 . MAR . 2 1 . 2018 . 17 Taxes (attach schedule) (see instruction 18 Depreciation (attach schedule) and depletion 19 POCIAL OIL P 20 Occupancy . DUB 21 21 Travel, conferences, and meetings . . Printing and publications 36 36. [23 Other expenses (attach schedule) ATCH . 2 . 24 Total operating and administrative expenses. 36 36 Add lines 13 through 23. O 25 Contributions, gifts, grants paid Ō. 36 36. 26 Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12 27 56,335 a Excess of revenue over expenses and disbursements . . b Net investment income (if negative, enter -0-) 49,368 c Adjusted net income (if negative, enter -0-). .

ron	11 330	- (2016)	Attached schedules and amounts in the	Beginning of year	End o	f year
Pa	art II	Balance Sheets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing		49,368.	49,368.
-	2	Savings and temporary	cash investments		15/3001	
1	3	Accounts receivable ▶				
		Less allowance for dou	ibtful accounts ▶			
	4	Pledges receivable ▶_			+ - -	
		Less allowance for dou	_ 1			
١	5	Grants receivable				
İ	6	Receivables due from	officers, directors, trustees, and other			
1	-		ttach schedule) (see instructions)			,
-	7		receivable (attach schedule)			
	•		ubtful accounts ▶			
S	8		se			
se	9		deferred charges			
Assets	10a	Investments - U.S. and sta	te government obligations (attach schedule)			6 636 330
	h	Investments - corporat	e stock (attach schedule) ATCH 3		6,967.	6,636,230.
	C	Investments - cornorat	e bonds (attach schedule)			
	11	Investments - land, building	gs. >			
		and equipment basis Less accumulated deprec	elation >			
	40		e loans			
	12 13	Investments - other (at	tach schedule)			
	14	Land, buildings, and	•			
		equipment basis Less accumulated deprec	elation >			
	15	(attach schedule)	>)			
	16	Total assets (to be	completed by all filers - see the			6 605 500
	''	instructions Also, see	page 1, item I)	0.	56,335	6,685,598.
-	47		accrued expenses	1		
	17	Conto payable and				1
G	18					
Liabilities	19		tors, trustees, and other disqualified persons.			
Ē	20	Mortgages and other r	notes payable (attach schedule)			
Lia	22		be ►)			_
	122	Other habilities (descri				1
	23	Total liabilities (add lu	nes 17 through 22)	0.	. 0	<u>-</u>
_	 		ollow SFAS 117, check here . ▶			
S		and complete lines	24 through 26 and lines 30 and 31.	,		
ű	24			I .		
100	25					_
ä	25		۱			_
ב	24 25 26		o not follow SFAS 117,			
ū	<u>'</u>	check here and co	mplete lines 27 through 31.			
č	27		incipal, or current funds			
Ų	28 29		or land, bldg., and equipment fund			_
90	29		mulated income, endowment, or other funds		56,335	
9			nd balances (see instructions)		. 56,335	<u>'-</u>
10	30		nd net assets/fund balances (see			1
_	• •		<u> </u>	l n	. 56,335	•
I	Part	II Analysis of Ch	nanges in Net Assets or Fund Bal	ances		
	1 To	ital net assets or fund	l balances at beginning of year - Par	t II, column (a), line 30	(must agree with	
	er	id-of-vear figure repo	rted on prior year's return)			EC 225
	2 Er	nter amount from Par	t I, line 27a		<u>2</u>	
	3 O	ther increases not inc	luded in line 2 (itemize) ▶			F.C. 225
	4 A	id lines 1, 2, and 3			<u>4</u>	
	E D	acreases not included	in line 2 (itemize)			EC 225
	6 To	otal net assets or fund	balances at end of year (line 4 mini	us line 5) - Part II, column	(b), line 30 6	
-	<u> </u>					Form 990-PF (2016)

Pa	(a) List an	and Losses for Tax on Inv d describe the kind(s) of property sold rick warehouse, or common stock, 200	(e g , real estate,	(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr)
1 a						
b						
C				<u> </u>		
<u>d</u>				 	ļ	
<u>e</u>			(g) Cost or other basis	┼	4.20	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale	-	(h) Gain or (los (e) plus (f) minu	
<u>a</u> b						
d				ļ		
e				ļ		
	Complete only for assets s	howing gain in column (h) and owner			Gains (Col. (h) ga	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	COI	(k), but not less the Losses (from col	
a						
b						
<u>C</u>				 		
d e						
3	If gain, also enter in P	aın or (loss) as defined in sections art I, line 8, column (c) (see ıns	structions) If (loss), enter -0- in $\}$	3		
Da		Inder Section 4940(a) for Po	duced Tax on Net Investment I			
Vas		·	butable amount of any year in the b	ase perio	d?	Yes No
1			ear; see the instructions before mak	ing anv er	ntries.	
	(a)	(b)	(c)		(d)	
Cal	Base period years endar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		Distribution rat	
	2015				·	<u> </u>
	2014				<u>., </u>	
	2013					
	2012			<u> </u>		
	2011		L	 		
2	Total of line 1, column (d)		2	<u> </u>	
3		•	ide the total on line 2 by 5, or by the ess than 5 years	1		
4	Enter the net value of no	oncharitable-use assets for 2016	from Part X, line 5	4		
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investm	ent income (1% of Part I, line 27b))	6		
7	Add lines 5 and 6			7		
8			x in Part VI, line 1b, and complete		t using a 1% ta	x rate See t

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Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes," complete Part XIV.

Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. ATCH, 4

	_				_
Form	99	0-P	F	2016	i)

10

P	art:VII-A ' Statements Regarding Activities (continued)			Page
	1 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the		TV	Т
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	1	Yes	1
1:	2 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	11		_X
	person had advisory privileges? If "Yes," attach statement (see instructions)	1	1	١
1:	person had advisory privileges? If "Yes," attach statement (see instructions)	12	 	X
	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address N/A	13	<u> </u>	L
14	DAMPICK PRANC	0 07		
	1 PER DI ONE ED C. DI VID. L'EVOLEN VID.	7-27	<u> </u>	
15				_
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	• • •	• • •	· L
16	and enter the amount of tax-exempt interest received or accrued during the year		T	
	At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority	<u></u>	Yes	
	over a bank, securities, or other financial account in a foreign country?. See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	16	L	X
	the foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	Ь		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	 -	V 1	
1	a During the year did the foundation (either directly or indirectly):		Yes	No
	(A) Fig. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accord them from) a discussion of			
	(4) Pay compensation to, or pay or reimburse the expenses of a discussified page 2			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		- 1	
	the henefit or use of a disqualified normal 2	1 1	İ	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		j	
	foundation agreed to make a grant to or to employ the official for a period after		j	
	termination of government senge if terminating within on days.		- 1	
1	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations		1	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	41		<u> </u>
	Organizations relying on a current notice regarding disaster assistance check here	1b		 -
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	- 1		,
	were not corrected before the first day of the tax year beginning in 2016?			
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	1c		
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	1		ļ
а	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and		İ	1
	6e, Part XIII) for tax year(s) beginning before 2016?			
	If "Yes," list the years			. '
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			-
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			1
	all years listed, answer "No" and attach statement - see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	-		- 1
	1	- 1		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		-	
	at any time during the year?		` ,] .	ŀ
b	if "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		· · ;	1
	commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or beguest; or (3) the large of	-		!
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C. Form 4720 to determine if the		}	{
	foundation had excess business holdings in 2016)	3b		
4a	the roundation invest during the year any amount in a manner that would reopardize its charatable purposes?	4a	\dashv	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	-Tu		<u> </u>
	charitable purpose that had not been removed from jeonardy before the first day of the tay were because	4b		

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ırm	; , [;] 990-PF (2016)			•	•	Page 6
	rt VII-B Statements Regarding Activities	for Which Form	4720 May Be Red	uired (continued))	
	During the year did the foundation pay or incur any amo			·		
	(1) Carry on propaganda, or otherwise attempt to influe		n 4945(e))?	Yes X	No	
	(2) Influence the outcome of any specific public ele					
	directly or indirectly, any voter registration drive?			Yes X	No	1 1
	(3) Provide a grant to an individual for travel, study, or o				No	
	(4) Provide a grant to an organization other than a					
	section 4945(d)(4)(A)? (see instructions)	_			No	
	(5) Provide for any purpose other than religious, ch]]
	purposes, or for the prevention of cruelty to children				No	1
				• ——		
b	If any answer is "Yes" to 5a(1)-(5), did any of the		· ·			<u> </u>
	Regulations section 53 4945 or in a current notice regar	-			5b_	
	Organizations relying on a current notice regarding disa				▶└	ì
C	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax	1	}
	because it maintained expenditure responsibility for the	grant?		Yes I	No	
	If "Yes," attach the statement required by Regulations se	ction 53 4945-5(d)			1	
6a	Did the foundation, during the year, receive any fur	nds, directly or indire	ectly, to pay premiui	ms	1	
	on a personal benefit contract?			Yes X	No	
b					. 6b	X
	If "Yes" to 6b, file Form 8870					
7a	At any time during the tax year, was the foundation a p	arty to a prohibited tax	x shelter transaction?	Yes X	No]]
	If "Yes," did the foundation receive any proceeds or have	-			. 7b	
_	rt VIII Information About Officers, Directo					
	and Contractors List all officers, directors, trustees, foundation r	and their	- annoncation (and	ingterestions		
<u>1_</u> _	List all officers, directors, trustees, foundation r	(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Experi	se account,
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	l `áthár all	lowances
TC	CH 5		0.	l 0		0.
_	A STATE OF THE STA	[1	
					1	
					- 	
					1	
- -	Compensation of five highest-paid employees	/other than thes	o included on lin	o 1 soo instrue	tions) If n	one onter
_	"NONE."	(Other than thos	e iliciaded on illi	e i - see ilistiuc	tions). Il ti	one, enter
		(b) Title, and average		(d) Contributions to	(a) Eyman	
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	other all	se account, lowances
		devoted to position	··	compensation	 	
	NONE					
	NONE					
	<u>.</u>]	1	
						
				1	1	
			·			
				1		
nta	I number of other employees paid over \$50,000	· · · · · · · · · · · · · · · · · · ·				

: .*

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emand Contractors (continued)	iployees,
3 Five h	ighest-paid independent contractors for professional services (see instructions). If none, enter "I	NONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
· · · · · · · · · · · · · · · · · · ·		}
otal number	er of others receiving over \$50,000 for professional services	<u> </u>
Part IX-A	Summary of Direct Charitable Activities	
	dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the numbers and other beneficianes served, conferences convened, research papers produced, etc.	r of Expenses
1 N/A		
		_
2		
3		
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	
	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE		_
2		_
		_
All other pro	gram-related investments See instructions	
3 NONE	Arantagara macanicina age manachona	
3 NONE		
		
otal Add li	nes 1 through 3	
Viai. Auu II	nes 1 through 3	Form 990-PF (201

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions)	ign foundations,	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes		
а	Average monthly fair market value of securities	1a	5,304,050.
b		1b	31,725.
С	Fair market value of all other assets (see instructions)	1c	
đ	Total (add lines 1a, b, and c)	1d	5,335,775.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	5,335,775.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	80,037.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,255,738.
6	Minimum investment return. Enter 5% of line 5	6	262,787.
Pari	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four	ndations	
	and certain foreign organizations check here ▶ and do not complete this part)		
1	Minimum investment return from Part X, line 6	1	262,787.
2a	Tax on investment income for 2016 from Part VI, line 5 2a 987		
b	Income tax for 2016 (This does not include the tax from Part VI). 2b]	
С	Add lines 2a and 2b	2c	987.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	261,800.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	261,800.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	261,800.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	
b		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the.		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	alculating whether	the foundation
	qualifies for the section 4940(a) reduction of tay in those years	-	

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Part XIII Undistributed Income (see ins	tructions)			
1 Distributable amount for 2016 from Part XI	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
line 7				261,800.
2 Undistributed income, if any, as of the end of 2016				
a Enter amount for 2015 only.	[
b Total for pnor years 20 14 ,20 13 ,20 12	·	 		
3 Excess distributions carryover, if any, to 2016	•			
a From 2011		}		
b From 2012	_			
c From 2013		1		
d From 2014				
e From 2015	_	1		
f Total of lines 3a through e				ļ
4 Qualifying distributions for 2016 from Part XII	,			
line 4 ▶ \$		Į į		
a Applied to 2015, but not more than line 2a		ļ <u></u> .		<u> </u>
b Applied to undistributed income of prior years	3			
(Election required - see instructions)	· <u> </u>	<u> </u>		
c Treated as distributions out of corpus (Election	1]		
required - see instructions)				
d Applied to 2016 distributable amount				
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2016 .				
(If an amount appears in column (d), the same				
amount must be shown in column (a)) 6 Enter the net total of each column as		ĺ		
indicated below:	^			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	5			
b Prior years' undistributed income Subtrac				
line 4b from line 2b	.			
c Enter the amount of prior years' undistributed				
income for which a notice of deficiency has		[
been issued, or on which the section 4942(a) tax has been previously assessed				
,				
d Subtract line 6c from line 6b Taxable amount - see instructions	•	1		
e Undistributed income for 2015 Subtract line				
4a from line 2a Taxable amount - see		Ì		
instructions				
f Undistributed income for 2016 Subtract lines	1]		
4d and 5 from line 1. This amount must be distributed in 2017]		261,800.
7 Amounts treated as distributions out of corpus		İ		
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be				
required - see instructions)				
8 Excess distributions carryover from 2011 no				
applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9	1	j }		
a Excess from 2012				
b Excess from 2013	4			
c Excess from 2014	4]		
d Excess from 2015	4			
e Excess from 2016		1		1

	TA XIV	orating Foundations	/coo instructions s	and Bort VIII A guer	otion (I)	NOT APPLICABLE
		erating Foundations				NOT APELICABLE
1 a	If the foundation has	-				
	foundation, and the rulin	g is effective for 2016, e	nter the date of the ruling	1	▶[
b	Check box to indicate v	whether the foundation	is a private operating	foundation described	in section 4942	(j)(3) or 4942(j)(5)
		Tax year		Prior 3 years		() = atal
2 a	Enter the lesser of the ad-	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	justed net income from Part I or the minimum investment		(5)2010	(0/2017	(4)2010	
	return from Part X for each					
	year listed	L		<u> </u>		
h	85% of line 2a	1			1	
-	00 /0 01 IIIIC 2a					
С	Qualifying distributions from Part	[
	XII, line 4 for each year listed .			 		
d	Amounts included in line 2c not					
	used directly for active conduct					
	of exempt activities			 	 / / 	
е	Qualifying distributions made	1				
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c			/		
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test - enter	1			ĺ	
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section	1			ĺ	
	4942(j)(3)(B)(i)	<u></u>		<u> </u>		
Þ	"Endowment" alternative test-]	/	1	j	
	enter 2/3 of minimum invest-	1			1	
	ment return shown in Part X	1			1	ì
	line 6 for each year listed				- 	
C	"Support" alternative test - enter	1			1	
	(1) Total support other than	ĺ			1	•
	gross investment income (interest, dividends, rents,	1			}	1
	payments on securities	-		İ	1	
	loans (section 512(a)(5)),	1			ſ	İ
	or royalties)		<u> </u>			
	(2) Support from general	/				
	public and 5 or more exempt organizations as				1	
	provided in section 4942	1				
	(j)(3)(B)(m)	<u> </u>		 		
	(3) Largest amount of sup-	/			1	
	port from an exempt		1	1	{	
	organization			 	- 	
	(4) Gross investment income.				lation had 65 000 a	
Pa				only if the found	iation nad \$5,000 c	or more in assets at
	any time d	uring the year - see	instructions.)			
1	Information Regardin	g Foundation Manage	rs:			
а	_	-		re than 2% of the to	otal contributions rece	ived by the foundation
~					(See section 507(d)(2)	
	·		io, navo cominibator		(000 0000000000000000000000000000000000	•
	MICHAEL D I					
b	List any managers of	the foundation who	own 10% or more of	of the stock of a co	rporation (or an equa	lly large portion of the
	ownership of a partner					
	of a barrara					
	N/A					
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholars	hip, etc., Programs:		
	<u> </u>	•		· · ·	:4-1-1	
	Check here ► if t	ne foundation only	makes contributions	to preselected chi	aritable organizations	and does not accept
				ants, etc (see instru	actions) to individuals	or organizations under
	other conditions, comp	olete items 2a, b, c, an	d d			
a	The name, address, a	nd telephone number	or e-mail address of	the person to whom a	applications should be a	ddressed
	N/A	co.op.io.io			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		, , , , , , , , , , , , , , , , , , , 			and the state of t	
b	The form in which app	iications should be sul	omitted and informati	on and materials the	ey should include	
	N/A					
						
С	Any submission dead	ilies.				
	N/A					
d		mitations on awards	such as by geog	raphical areas char	itable fields kinds of	f institutions, or other
~	factors.		, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		ee, ee.
	N/A					

Popularit	If recipient is an individual,	Foundation T	uture rayment	
Grants and Contributions Paid Du Recipient Name and address (home or business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Paid during the year	or substantial contributor	recipient		
Taid during the year		j j		
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Tatal		ll		
Total	 	 .	▶ 3a	
Approved for future payment				
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	}]		
				
Total			▶ 3b	

JSA 6E1491 1 000

Part XVI-A Analysis of Income-Prod	ucing Act	ivities			
Enter gross amounts unless otherwise indicated	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e) Related or exempt
Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a	·	,		, , , , , , , , , , , , , , , , , , , ,	(acc w.edi acito)
b		<u></u>			
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments			ļ. <u>.</u>		
3 Interest on savings and temporary cash investments -					
4 Dividends and interest from securities			14	49,404.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					<u> </u>
b Not debt-financed property					
6 Net rental income or (loss) from personal property	ļ	· · · · · · · · · · · · · · · · · · ·			
7 Other investment income					
8 Gain or (loss) from sales of assets other than inventory			<u> </u>		
9 Net income or (loss) from special events · · ·	<u> </u>		 		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a			 		
b					
d					
e			1		
12 Subtotal. Add columns (b), (d), and (e)				49,404.	
13 Total. Add line 12, columns (b), (d), and (e)			<u> </u>		49,404.
(See worksheet in line 13 instructions to verify calc					
Part XVI-B Relationship of Activitie	s to the A	ccomplishment of Ex	xempt Pur	poses	
Explain below how each activit accomplishment of the foundation					
					<u> </u>
		<u> </u>			
					······
		· · · · · · · · · · · · · · · · · · ·			
	<u></u>				
		 			
					

Part	XVII	Information R Exempt Organ		nsfers To and Transac	tions and	d Relationships W	ith Nonc	hari	table	;
ır	n sect rganiz	on 501(c) of the Co	ode (other than s	engage in any of the following ection 501(c)(3) organization	ns) or in se				Yes	No
			_	a noncharitable exempt orga						v
•	•							a(1)		$-\frac{X}{X}$
`.	•			· · · · · · · · · · · · · · · · · · ·				a(2)		
		ransactions	naharitahla ayam	pt organization				h(1)		Х
				ole exempt organization						X
				assets						X
								b(4)		Х
							i i	- 1		X
				p or fundraising solicitations .						X
				s, other assets, or paid emplo				1c		X
				," complete the following s						
				es given by the reporting for						
		(b) Amount involved		ement, show in column (d)		cription of transfers, transaction				
(a) Line	no	N/A	(c) Name of no	oncharitable exempt organization	N/A	cription of transfers, transaction	ons, and snam	ig arra	ngeme	ns .
		11/11			117.11					
			 		 					
	_		<u> </u>		<u> </u>					
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	-		<u> </u>		 					
			 							
			 		 					
			 		 					
			 		 					
d	escrib	ed in section 501(c) " complete the follo	of the Code (oth wing schedule	liated with, or related to, oner than section 501(c)(3)) o				Y6	es X] No
		(a) Name of organization	n	(b) Type of organization		(c) Description	on of relationship	ip		
										
		·								
				ed this return, including accompanying			my knowledge	and b	elief, it	is true
Sian	correct	t, and complete Declaration of	f preparer (other than tax	payer) is based on all information of which	n preparer has a	· · · · · · · · · · · · · · · · · · ·				
Sign		1552	Ban	3-11-18	TRE	A	May the IRS with the prep			retum below
Here	Sign	ature of officer or trustee		Date	Title		(see instructions)	γ X	Yes	No
	<u> </u>	Print/Type preparer's na		Preparer's signature		Date Chec	ır PT	1N		
Paid		PAMELA S SHEE		PAMELA S SHEETS		03/09/2018 self-e	~ L " !		1573	4
Prepa	arer					Firm's EIN	► 47-08			-
Use C		Timi static								

68520

Form 990-PF (2016)

402-437-8383

Phone no

LINCOLN,

NE

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No 1545-0047

2016

Name of the organization	TNC	Employer identification number
HARBOR OF DREAMS,	INC.	81-4756706
Organization type (check o	ne)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated	as a private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a	ı private foundatıon
	501(c)(3) taxable private foundation	
	on filing Form 990, 990-EZ, or 990-PF that received, during th y or property) from any one contributor. Complete Parts I and I contributions	
Special Rules	Contributions	
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ th sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Scheduard that received from any one contributor, during the year, to of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 9	lle A (Form 990 or 990-EZ), Part II, line tal contributions of the greater of (1)
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 og the year, total contributions of more than \$1,000 exclusively clonal purposes, or for the prevention of cruelty to children or a	for religious, charitable, scientific,
contributor, durin contributions tota during the year fo General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or the year, contributions exclusively for religious, charitable, et led more than \$1,000. If this box is checked, enter here the town an exclusively religious, charitable, etc., purpose. Don't complies to this organization because it received nonexclusively religions or more during the year.	c , purposes, but no such tal contributions that were received blete any of the parts unless the gious, charitable, etc , contributions
	at isn't covered by the General Rule and/or the Special Rules	

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization HARBOR OF DREAMS, INC.

Employer identification number 81-4756706

Part I	Contributors (See instructions). Use duplicate cop	ies of Part I if additional space is n	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MICHAEL D HAYS 8555 PIONEERS BOULEVARD LINCOLN, NE 68520	\$\$.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization HARBOR OF DREAMS, INC.

Employer identification number 81-4756706

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	246,700 SHARES NATIONAL RESEARCH CORPORATION CLASS A COMMON STOCK		
		\$\$.	12/30/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\ \ \\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		 \$	-

Employer identification number 81-4756706

Part III		the year from any one ions completing Part III, e year (Enter this inform	e contributor. C enter the total o	Complete columns (a) through (e) and of exclusively religious, charitable, etc.
(a) No. from	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
Part i				
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
Part I				
				
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfer o	f gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
		(e) Transfer o	of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
				·

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	
REVENUE AND EXPENSES PER BOOKS	64.
DESCRIPTION	INTEREST DIVIDENDS

49,404.

49,404.

TOTAL

ATTACHMENT 2

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND EXPENSES PER BOOKS

NET INVESTMENT INCOME

TOTALS

DESCRIPTION INVESTMENT MANAGEMENT FEES

36.

36.

36.

ATTACHMENT 3

STOCK
CORPORATE
ı
L
PART
990PF.
) MAC

ENDING <u>FMV</u>	6,636,230.	6,636,230.
ENDING BOOK VALUE	. 7967.	. 1967.
DESCRIPTION	NATIONAL RESEARCH CORP. CL A	TOTALS

PART VII-A, LINE 10 - SUBSTANTIAL CONTRIBUTORS

FORM 990PF,

ATTACHMENT 4

NAME AND ADDRESS

MICHAEL D HAYS 8555 PIONEERS BOULEVARD LINCOLN, NE 68520

FORM 990PF, PART VIII - LIST OF OFFICERS,	ICERS, DIRECTORS, AND TRUSTEES		ATTACHMENT	IMENT 5	
NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	•
ASHLEY RINAKER; TIME AS NEEDED 8555 PIONEERS BOULEVARD LINCOLN, NE 68520	PRESIDENT & DIRECTOR	Ö	o	o	
KAREN HAYS; TIME AS NEEDED 8555 PIONEERS BOULEVARD LINCOLN, NE 68520	VICE PRESIDENT & DIRECTOR	Ö	0	.0	
MICHAEL HAYS; TIME AS NEEDED 8555 PIONEERS BOULEVARD LINCOLN, NE 68520	SECRETARY & DIRECTOR	.0	.0	Ö	
PATRICK E BEANS; TIME AS NEEDED 8555 PIONEERS BOULEVARD LINCOLN, NE 68520	TREASURER	.0	.0	Ċ	
	GRAND TOTALS	0.	0	0	