

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493308009209

Form 990

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2018

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

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

D Employer identification number

47-0376624

E Telephone number

(402) 441-7700

G Gross receipts \$ 7,608,718

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)

29

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

29

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)

28

6 Total number of volunteers (estimate if necessary)

4,400

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

0

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

13,562

Revenue

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

7,173,841

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

0

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

55,028

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

127,379

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

7,356,248

Expenses

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

5,132,953

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

0

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

1,254,041

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

0

b Total fundraising expenses (Part IX, column (D), line 25) ▶906,669

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

793,294

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

7,180,288

19 Revenue less expenses Subtract line 18 from line 12

175,960

Net Assets or Fund Balances

20 Total assets (Part X, line 16)

7,901,585

21 Total liabilities (Part X, line 26)

6,081,408

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

1,820,177

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

2019-10-28

Date

TIM SABO TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2019-10-28

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 (2018)

**Part III Statement of Program Service Accomplishments**Check 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 \$ 837,502 including grants of \$ 837,502 ) (Revenue \$ )

See Additional Data

**4b** (Code ) (Expenses \$ 793,450 including grants of \$ 793,450 ) (Revenue \$ )

See Additional Data





















**4c** (Code ) (Expenses \$ 388,000 including grants of \$ 388,000 ) (Revenue \$ )

See Additional Data

See Additional Data Table

**4d** Other program services (Describe in Schedule O )  
(Expenses \$ 3,929,612 including grants of \$ 3,126,913 ) (Revenue \$ 130,978 )**4e** Total program service expenses **▶** 5,948,564

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	<b>1</b> Yes	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	<b>2</b> Yes	
<b>3</b> 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	<b>3</b>	No
<b>4 Section 501(c)(3) organizations.</b> 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	<b>4</b>	No
<b>5</b> 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	<b>5</b>	No
<b>6</b> 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 	<b>6</b>	No
<b>7</b> 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 	<b>7</b>	No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	<b>8</b>	No
<b>9</b> 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 	<b>9</b>	No
<b>10</b> 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 	<b>10</b>	No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 	<b>11a</b> Yes	
<b>b</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 	<b>11b</b>	No
<b>c</b> 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 	<b>11c</b>	No
<b>d</b> 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 	<b>11d</b>	No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	<b>11e</b> Yes	
<b>f</b> 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 	<b>11f</b> Yes	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	<b>12a</b>	No
<b>b</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 	<b>12b</b> Yes	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	No
<b>b</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	<b>14b</b>	No
<b>15</b> 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	<b>15</b>	No
<b>16</b> 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	<b>16</b>	No
<b>17</b> 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) 	<b>17</b>	No
<b>18</b> 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 	<b>18</b> Yes	
<b>19</b> 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 	<b>19</b>	No
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	
<b>21</b> 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? If "Yes," complete Schedule I, Parts I and II 	<b>21</b> Yes	
<b>22</b> 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? If "Yes," complete Schedule I, Parts I and III 	<b>22</b>	No

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>23</b> 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> . . . . .	<b>23</b> Yes	
<b>24a</b> 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> . . . . .	<b>24a</b>	No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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> . . . . .	<b>25a</b>	No
<b>b</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> . . . . .	<b>25b</b>	No
<b>26</b> 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> . . . . .	<b>26</b>	No
<b>27</b> 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> . . . . .	<b>27</b>	No
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28a</b>	No
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	<b>28b</b>	No
<b>c</b> 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> . . . . .	<b>28c</b>	No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>29</b> Yes	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	<b>30</b>	No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	<b>31</b>	No
<b>32</b> 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> . . . . .	<b>32</b>	No
<b>33</b> 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> . . . . .	<b>33</b>	No
<b>34</b> 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> . . . . .	<b>34</b> Yes	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> Yes	
<b>b</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> . . . . .	<b>35b</b>	No
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	<b>36</b>	No
<b>37</b> 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> . . . . .	<b>37</b>	No
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	<b>38</b> 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b> 3	
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b> Yes	

<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .		<b>2a</b>	28			
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				<b>2b</b>	Yes	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .				<b>3a</b>		No
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .				<b>3b</b>		
<b>4a</b> 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)? . . . . .				<b>4a</b>		No
<b>b</b> If "Yes," enter the name of the foreign country <span style="border-bottom: 1px solid black; display: inline-block; width: 200px;"></span> See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)						
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .				<b>5a</b>		No
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?				<b>5b</b>		No
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T? . . . . .				<b>5c</b>		
<b>6a</b> 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? . . . . .				<b>6a</b>		No
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .				<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>						
<b>a</b> 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? . . . . .				<b>7a</b>	Yes	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .				<b>7b</b>	Yes	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .				<b>7c</b>		No
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .				<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?				<b>7e</b>		No
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .				<b>7f</b>		No
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .				<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .				<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .						
				<b>8</b>		
<b>9a</b> Did the sponsoring organization make any taxable distributions under section 4966? . . . . .				<b>9a</b>		
<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .				<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter						
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .				<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities				<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter						
<b>a</b> Gross income from members or shareholders . . . . .				<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) . . . . .				<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?						
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year				<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>						
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O				<b>13a</b>		
<b>b</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 . . . . .				<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .				<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .				<b>14a</b>		No
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .				<b>14b</b>		
<b>15</b> Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N . . . . .				<b>15</b>		No
<b>16</b> Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O . . . . .				<b>16</b>		No

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 29		
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>b</b> Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 29		
<b>2</b> 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?	<b>2</b>	Yes	
<b>3</b> 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?	<b>3</b>		No
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	<b>4</b>	Yes	
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?	<b>5</b>		No
<b>6</b> Did the organization have members or stockholders?	<b>6</b>		No
<b>7a</b> 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?	<b>7a</b>		No
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	<b>7b</b>		No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
<b>a</b> The governing body?	<b>8a</b>	Yes	
<b>b</b> Each committee with authority to act on behalf of the governing body?	<b>8b</b>	Yes	
<b>9</b> 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.	<b>9</b>		No

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?	<b>10a</b>	No
<b>b</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?	<b>10b</b>	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<b>11a</b>	Yes
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	<b>12a</b>	Yes
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<b>12b</b>	Yes
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	<b>12c</b>	Yes
<b>13</b> Did the organization have a written whistleblower policy?	<b>13</b>	Yes
<b>14</b> Did the organization have a written document retention and destruction policy?	<b>14</b>	Yes
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization	<b>15b</b>	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	<b>16a</b>	No
<b>b</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?	<b>16b</b>	

**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-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☒ Own website ☒ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

**19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, 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

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

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

□

● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

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

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

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

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

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

[illegible]

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

(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			
See Additional Data Table										
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>								216,883	0	25,206

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► **1**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .		No
<b>4</b> 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? If "Yes," complete Schedule J for such individual . . . . .	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .		No

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

Contributions, Gifts, Grants  
and Other Similar Amounts

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
<b>1a</b>	Federated campaigns . . .	<b>1a</b>				
<b>b</b>	Membership dues . . .	<b>1b</b>				
<b>c</b>	Fundraising events . . .	<b>1c</b>	60,576			
<b>d</b>	Related organizations	<b>1d</b>				
<b>e</b>	Government grants (contributions)	<b>1e</b>				
<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	7,197,555			
<b>g</b>	Noncash contributions included in lines 1a - 1f \$ 139,841					
<b>h Total.</b>	Add lines 1a-1f . . . . .		7,258,131			

Program Service Revenue

<b>2a</b>		Business Code				
<b>b</b>						
<b>c</b>						
<b>d</b>						
<b>e</b>						
<b>f</b>	All other program service revenue					
<b>9 Total.</b>	Add lines 2a-2f . . . . .					

Other Revenue

<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		105,583			105,583
<b>4</b>	Income from investment of tax-exempt bond proceeds					
<b>5</b>	Royalties . . . . .					
<b>6a</b>	Gross rents	(i) Real (ii) Personal				
<b>b</b>	Less rental expenses					
<b>c</b>	Rental income or (loss)					
<b>d</b>	Net rental income or (loss) . . . . .					
<b>7a</b>	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
<b>b</b>	Less cost or other basis and sales expenses					
<b>c</b>	Gain or (loss)					
<b>d</b>	Net gain or (loss) . . . . .					
<b>8a</b>	Gross income from fundraising events (not including \$ 60,576 of contributions reported on line 1c) See Part IV, line 18 . . . . .	<b>a</b>	114,026			
<b>b</b>	Less direct expenses . . . . .	<b>b</b>	100,230			
<b>c</b>	Net income or (loss) from fundraising events . . . . .		13,796			13,796
<b>9a</b>	Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>				
<b>b</b>	Less direct expenses . . . . .	<b>b</b>				
<b>c</b>	Net income or (loss) from gaming activities . . . . .					
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>				
<b>b</b>	Less cost of goods sold . . . . .	<b>b</b>				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .					
Miscellaneous Revenue		Business Code				
<b>11a</b>	ADMINISTRATIVE INCOME	900099	130,978	130,978		
<b>b</b>						
<b>c</b>						
<b>d</b>	All other revenue . . . . .					
<b>e Total.</b>	Add lines 11a-11d . . . . .		130,978			
<b>12 Total revenue.</b>	See Instructions . . . . .		7,508,488	130,978	0	119,379

**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
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	5,145,865	5,145,865		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22.				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
<b>4</b> Benefits paid to or for members.				
<b>5</b> Compensation of current officers, directors, trustees, and key employees.	245,125	55,880	122,286	66,959
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
<b>7</b> Other salaries and wages.	744,537	219,428	107,527	417,582
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	30,707	9,722	4,004	16,981
<b>9</b> Other employee benefits.	107,996	34,182	14,108	59,706
<b>10</b> Payroll taxes.	72,907	20,319	16,979	35,609
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management.				
<b>b</b> Legal.				
<b>c</b> Accounting.	9,746		9,746	
<b>d</b> Lobbying.				
<b>e</b> Professional fundraising services. See Part IV, line 17.				
<b>f</b> Investment management fees.				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	68,028	32,248	5,586	30,194
<b>12</b> Advertising and promotion.	174,901	74,127	2,391	98,383
<b>13</b> Office expenses.	5,959	1,789	805	3,365
<b>14</b> Information technology.				
<b>15</b> Royalties.				
<b>16</b> Occupancy.	105,471	33,366	13,736	58,369
<b>17</b> Travel.	12,382	3,573	656	8,153
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials.				
<b>19</b> Conferences, conventions, and meetings.	5,946	1,082	2,614	2,250
<b>20</b> Interest.				
<b>21</b> Payments to affiliates.				
<b>22</b> Depreciation, depletion, and amortization.	11,462	3,668	1,490	6,304
<b>23</b> Insurance.	7,258	2,298	946	4,014
<b>24</b> 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):				
<b>a</b> PROGRAM INITIATIVES	268,840	268,840		
<b>b</b> MEMBERSHIP DUES	77,586	23,605	12,263	41,718
<b>c</b> MISCELLANEOUS	27,883	8,308	3,700	15,875
<b>d</b> EQUIPMENT RENTAL AND MA	20,572	3,060	2,930	14,582
<b>e</b> All other expenses	45,465	7,204	11,636	26,625
<b>25</b> Total functional expenses. Add lines 1 through 24e.	7,188,636	5,948,564	333,403	906,669
<b>26</b> 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 Sheet**Check if Schedule O contains a response or note to any line in this Part IX ☐

			(A) Beginning of year		(B) End of year	
<b>Assets</b>	<b>1</b>	Cash—non-interest-bearing . . . . .	4,093,298	<b>1</b>	4,610,558	
	<b>2</b>	Savings and temporary cash investments . . . . .	1,294,630	<b>2</b>	1,298,106	
	<b>3</b>	Pledges and grants receivable, net . . . . .	2,376,673	<b>3</b>	2,349,083	
	<b>4</b>	Accounts receivable, net . . . . .	68,915	<b>4</b>	46,736	
	<b>5</b>	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		<b>5</b>		
	<b>6</b>	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 . . . . .		<b>6</b>		
	<b>7</b>	Notes and loans receivable, net . . . . .		<b>7</b>		
	<b>8</b>	Inventories for sale or use . . . . .		<b>8</b>		
	<b>9</b>	Prepaid expenses and deferred charges . . . . .	42,750	<b>9</b>	37,845	
	<b>10a</b>	Land, buildings, and equipment—cost or other basis. Complete Part VI of Schedule D	208,570			
	<b>b</b>	Less: accumulated depreciation	151,657	25,319	<b>10c</b>	56,913
	<b>11</b>	Investments—publicly traded securities . . . . .		<b>11</b>		
	<b>12</b>	Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>		
	<b>13</b>	Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>		
	<b>14</b>	Intangible assets . . . . .		<b>14</b>		
	<b>15</b>	Other assets. See Part IV, line 11 . . . . .		<b>15</b>		
<b>16</b>	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	7,901,585	<b>16</b>	8,399,241		
<b>Liabilities</b>	<b>17</b>	Accounts payable and accrued expenses . . . . .	103,981	<b>17</b>	91,334	
	<b>18</b>	Grants payable . . . . .	2,086,372	<b>18</b>	2,083,939	
	<b>19</b>	Deferred revenue . . . . .	153,643	<b>19</b>	290,264	
	<b>20</b>	Tax-exempt bond liabilities . . . . .		<b>20</b>		
	<b>21</b>	Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .		<b>21</b>		
	<b>22</b>	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 . . . . .		<b>22</b>		
	<b>23</b>	Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>		
	<b>24</b>	Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>		
	<b>25</b>	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 . . . . .	3,737,412	<b>25</b>	3,793,675	
	<b>26</b>	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	6,081,408	<b>26</b>	6,259,212	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>					
	<b>27</b>	Unrestricted net assets . . . . .	1,820,177	<b>27</b>	2,140,029	
	<b>28</b>	Temporarily restricted net assets . . . . .		<b>28</b>		
	<b>29</b>	Permanently restricted net assets . . . . .		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>					
	<b>30</b>	Capital stock or trust principal, or current funds . . . . .		<b>30</b>		
	<b>31</b>	Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>		
	<b>32</b>	Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>		
<b>33</b>	<b>Total net assets or fund balances</b> . . . . .	1,820,177	<b>33</b>	2,140,029		
<b>34</b>	<b>Total liabilities and net assets/fund balances</b> . . . . .	7,901,585	<b>34</b>	8,399,241		

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	7,508,488
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,188,636
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	319,852
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	1,820,177
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	2,140,029

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

	Yes	No
<b>1</b> 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		
<b>2a</b> 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>b</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	
<b>c</b> 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	
<b>3a</b> 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>b</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 (2018)

**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 2018-2019 FISCAL YEAR, FUNDED PROGRAMS REPORTED THE FOLLOWING 1)71% OF STUDENTS WERE MORE ON TRACK WITH CHILD DEVELOPMENT/SCHOOL READINESS2)78% OF STUDENTS MADE ACADEMIC PROGRESS3)93% OF STUDENTS DEVELOPED AT LEAST ONE POSITIVE ADULT RELATIONSHIP

**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 2018-2019 FISCAL YEAR, FUNDED PROGRAMS REPORTED THE FOLLOWING 1) 21,093 NIGHTS OF EMERGENCY SHELTER AND 31,696 NIGHTS OF TRANSITIONAL SHELTER WERE PROVIDED TO THOSE FLEEING DOMESTIC VIOLENCE 2) 85% OF PARTICIPANTS REPORTED THAT THEY KNOW MORE WAYS TO PLAN FOR THEIR SAFETY 3) 78% OF PARTICIPANTS WERE SUCCESSFULLY DISCHARGED FROM YOUTH BEHAVIORAL HEALTH SERVICES

---

**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 2018-2019 FISCAL YEAR, FUNDED PROGRAMS REPORTED THE FOLLOWING 1) 1,094,671 MEALS WERE SERVED AND 5,029,820 POUNDS OF FOOD WERE DISTRIBUTED 2) 50,091 BED NIGHTS WERE PROVIDED FOR EMERGENCY SHELTER 3) 12,795 BED NIGHTS WERE PROVIDED TO PEOPLE TRANSITIONING TO STABLE HOUSING

---

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

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code ) (Expenses \$ 259,544 including grants of \$ 259,544 ) (Revenue \$ )

ENGAGE EMPOWER GRADUATE (EEG) THE WOMEN'S LEADERSHIP UNITED AND EMERGING LEADERS UNITED AFFINITY GROUPS COMBINED TO SUPPORT BREAKTHROUGH OPPORTUNITIES IN THE MCPHEE AND CAMPBELL ELEMENTARY SCHOOL COMMUNITIES 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 \$259,544 WAS ALLOCATED TO THE FOLLOWING EEG SUPPORTED PROGRAMS JUMP START TO KINDERGARTEN, COMMUNITY LEARNING CENTERS, TWO GENERATION FAMILY LITERACY, PARENT CHILD ENGAGEMENT, MENTAL HEALTH SERVICES, AND SUMMER ENRICHMENT

(Code ) (Expenses \$ 43,959 including grants of \$ 43,959 ) (Revenue \$ )

COMMUNITY RESPONSE UNITED WAY OF LINCOLN AND LANCASTER COUNTY 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 UNITED AND EMERGING LEADERS UNITED GROUPS IN THE AMOUNT OF \$43,959



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

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

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

COMMUNITY LEARNING CENTERS (CLC) \$38,000 HAS BEEN ALLOCATED TO THE 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 2018-2019 SCHOOL YEAR, 116 STUDENTS ATTENDED THE CLC FOR 30 DAYS OR MORE IN TEACHER-ASSESSED RATINGS OF ACADEMIC PERFORMANCE, 63% OF STUDENTS SHOWED MODERATE IMPROVEMENT IN READING, 56% OF STUDENTS SHOWED MODERATE IMPROVEMENT IN WRITING, AND 71% OF STUDENTS SHOWED MODERATE IMPROVEMENT IN MATHEMATICS

(Code ) (Expenses \$ 38,565 including grants of \$ 38,565 ) (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 \$38,565 TO TEN UNITED WAY PARTNER AGENCIES TO PURCHASE DIAPERS AND CLOTHING FOR THE LOW-INCOME CHILDREN AND FAMILIES THEY SERVE

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

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code ) (Expenses \$ 32,000 including grants of \$ 32,000 ) (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 2018-2019 FISCAL YEAR, 4,211 CALLS WERE RECEIVED THE MAJORITY OF CALLERS WERE SEEKING HOUSING AND UTILITIES ASSISTANCE UNITED WAY ALLOCATES \$ \$32,000 FOR THIS INITIATIVE

(Code ) (Expenses \$ 15,000 including grants of \$ 15,000 ) (Revenue \$ )

EARLY CARE QUALITY INITIATIVE \$15,000 WAS ALLOCATED TO ADDRESS THE LACK OF EARLY CHILDCARE CAPACITY THAT MEETS THE NEBRASKA DEPARTMENT OF EDUCATION "STEP UP TO QUALITY" STANDARDS THESE STANDARDS AIM TO ACHIEVE OPTIMAL OUTCOMES FOR DEVELOPMENTAL MILESTONES OF CHILDREN AND REQUIRE AN INVESTMENT OF TIME AND TRAINING THIS LACK OF EARLY CARE CAPACITY IS ESPECIALLY SEVERE IN LOW-INCOME NEIGHBORHOODS, AND CHILDCARE PROVIDERS IN THESE NEIGHBORHOODS ARE CHALLENGED TO FIND THE TIME/RESOURCES TO TAKE STEPS IN THIS DIRECTION THE PROGRAM WILL PROVIDE FUNDING TO NATIONAL/NEBRASKA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN (NAEYC) TO PROVIDE HIGH QUALITY TRAINING AND COACHING NECESSARY TO FULFILL REQUIREMENTS TO ACHIEVE STEPS 1 AND 2 OF THE NEBRASKA DEPARTMENT OF EDUCATION (NDE) "STEP UP TO QUALITY" SERVICE DELIVERY STANDARDS PROVIDERS WILL THEN BE ABLE TO ACCESS GREATER RESOURCES FROM THE 'STEP UP TO QUALITY' INITIATIVE IMPROVING THE QUALITY OF INSTRUCTION, INCREASING REIMBURSEMENT DOLLARS FOR TITLE XX PARTICIPANTS, AND INCREASING SCHOLARSHIP ELIGIBILITY FOR CHILDREN ULTIMATELY, THE PROGRAM WILL HELP INCREASE HIGH QUALITY EARLY CARE CAPACITY NEBRASKA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN WORKS WITH WILLARD COMMUNITY CENTER FOR IMPLEMENTATION OF THIS INITIATIVE BASELINE DATA HAS BEEN COLLECTED, AND WILLARD COMMUNITY CENTER HAS ADOPTED AND RECENTLY IMPLEMENTED USE OF THE "CREATIVE CURRICULUM" IN ITS CLASSROOMS

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

<b>Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.</b>				
(Code	)	(Expenses \$	13,411	(Revenue \$
VIRTUAL BOOK DRIVE AN ONLINE CAMPAIGN SPONSORED BY THE UNITED WAY WOMEN IN PHILANTHROPY AND EMERGING LEADERS UNITED GROUPS RAISED \$13,411 FOR THE PURCHASE OF BOOKS AND SCHOOL SUPPLIES FOR CHILDREN IN LANCASTER COUNTY VOLUNTEERS DURING DAY OF ACTION AND DAY OF CARING READ AND DISTRIBUTED OVER 1,400 BOOKS TO CHILDREN				
(Code	)	(Expenses \$	10,000	(Revenue \$
SUMMER FOOD PROGRAM \$10,000 WAS ALLOCATED FOR THIS PROGRAM OFFERED BY THE FOOD BANK OF LINCOLN 99,111 MEALS WERE SERVED TO STUDENTS DURING THE SUMMER OF 2019				

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

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(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 \$	7,500	including grants of \$	7,500	) (Revenue \$	)
HOMELESS CONNECT \$7,500 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)**

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

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

LINCOLN VITAL SIGNS UNITED WAY 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

(Code ) (Expenses \$ 2,400 including grants of \$ 2,400 ) (Revenue \$ )

DATA-TRACKING PROJECT THIS PROJECT RECEIVED A \$2,400 ALLOCATION IN A JOINTLY FUNDED EFFORT WITH THE JOINT BUDGET COMMITTEE TO HELP TRACK FOOD PANTRY AND FOOD DISTRIBUTION EFFORTS IN THE COMMUNITY THE GOAL IS TO DETERMINE AN UNDUPLICATED COUNT OF CLIENTS SERVED TO BETTER INCREASE THEIR FOOD STABILITY

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

**Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**

(Code ) (Expenses \$ 553,435 including grants of \$ ) (Revenue \$ )

COMBINED HEALTH AGENCIES DRIVE (CHAD) UNITED WAY PARTNERS WITH CHAD TO RAISE FUNDS FOR THE ANNUAL CAMPAIGN IN LINCOLN CHAD PROGRAMS AND ORGANIZATIONS PROVIDE MEDICAL RESEARCH, PATIENT AND FAMILY SERVICES, AND COMMUNITY EDUCATION AND ADVOCACY TO ASSIST INDIVIDUALS AND FAMILIES FACING CHRONIC ILLNESS THE ALLOCATION FOR CHAD FROM THE 2018 CAMPAIGN WAS \$553,435

(Code ) (Expenses \$ 2,103,916 including grants of \$ 2,103,916 ) (Revenue \$ 130,978 )

DESIGNATIONS UNITED WAY PROCESSED \$2,103,916 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 COMPLIANT WITH THE PATRIOT ACT

<b>Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)</b>			
<b>Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.</b>			
(Code	) (Expenses \$	796,882	including grants of \$ 547,618 ) (Revenue \$ )
PROGRAM GENERAL OPERATING COSTS EXPENSES OF \$796,882 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
JIM BARONE ..... DIRECTOR	1 00 .....	X						0	0	0
BRIAN BECK ..... DIRECTOR	1 00 .....	X						0	0	0
MAUREEN BRASE-HOUCHIN ..... DIRECTOR	1 00 .....	X						0	0	0
DWIGHT BROWN ..... DIRECTOR	1 00 .....	X						0	0	0
CHRIS CALLIHAN ..... DIRECTOR	1 00 .....	X						0	0	0
BRIAN CHAFFIN ..... DIRECTOR	1 00 .....	X						0	0	0
JOY CITTA ..... DIRECTOR	1 00 .....	X						0	0	0
JAMIE DETERDING ..... DIRECTOR	1 00 .....	X						0	0	0
CONNIE DUNCAN ..... 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			
TODD DUNCAN ..... DIRECTOR	1 00 .....	X						0	0	0
CHARLIE FOSTER ..... DIRECTOR	1 00 .....	X						0	0	0
JOHN GREVING ..... DIRECTOR	1 00 .....	X						0	0	0
ERIN HART ..... DIRECTOR	1 00 .....	X						0	0	0
DR STEVE JOEL ..... PAST PRESIDENT-2018	1 00 .....	X		X				0	0	0
LARRY KEITER ..... DIRECTOR	1 00 .....	X						0	0	0
RHONDA LAHM ..... SECRETARY	1 00 .....	X		X				0	0	0
MONICA LEDBETTER ..... DIRECTOR	1 00 .....	X						0	0	0
ERIC MOOSS ..... DIRECTOR	1 00 .....	X						0	0	0
BILL MUELLER ..... PRESIDENT ELECT	1 00 .....	X		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			
RUSS SEBEK ..... DIRECTOR	1 00 .....	X						0	0	0
MICHELLE ST CLAIR ..... DIRECTOR	1 00 .....	X						0	0	0
MARK STUEVEN ..... DIRECTOR	1 00 .....	X						0	0	0
BRETT SUNDBERG ..... DIRECTOR	1 00 .....	X						0	0	0
JEFF SYLVESTER ..... DIRECTOR	1 00 .....	X						0	0	0
AVA THOMAS ..... DIRECTOR	1 00 .....	X						0	0	0
CHRISSY WAIDO ..... DIRECTOR	1 00 .....	X						0	0	0
KEVIN WAILES ..... VICE PRESIDENT	1 00 .....	X		X				0	0	0
JACK WEEKS ..... DIRECTOR	1 00 .....	X						0	0	0
BRIAN WACHMAN ..... EXECUTIVE DIRECTOR	40 00 .....			X				132,119	0	19,768

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			
MARY ALDRICH-KNIGHT ..... SENIOR DIRECTOR OF FINANCE	40 00 .....			X				84,764	0	5,438

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury

Internal Revenue Service

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

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 **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), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	7,234,476	7,274,672	7,232,886	7,173,841	7,258,131	36,174,006
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	<b>Total.</b> Add lines 1 through 3	7,234,476	7,274,672	7,232,886	7,173,841	7,258,131	36,174,006
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	<b>Public support.</b> Subtract line 5 from line 4						36,174,006

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4	7,234,476	7,274,672	7,232,886	7,173,841	7,258,131	36,174,006
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	9,702	11,586	27,033	55,028	105,583	208,932
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 )	214,167	207,520	216,596	197,671	245,004	1,080,958
11	<b>Total support.</b> Add lines 7 through 10						37,463,896
12	Gross receipts from related activities, etc (see instructions)					12	
13	<b>First five years.</b> 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 <b>stop here</b> . . . . .						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage		
<b>14</b>	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	<b>14</b> 96.560 %
<b>15</b>	Public support percentage for 2017 Schedule A, Part II, line 14	<b>15</b> 96.830 %
<b>16a 33 1/3% support test—2018.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>		
<b>b 33 1/3% support test—2017.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2018.</b> 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 <b>stop here.</b> 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>b 10%-facts-and-circumstances test—2017.</b> 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 <b>stop here.</b> 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>18 Private foundation.</b> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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**

<b>15</b> Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2017 Schedule A, Part III, line 15	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2018</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2017</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2018.** 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—2017.** 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
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	<b>1</b>	
<b>2</b> 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 <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>	<b>2</b>	
<b>3a</b> 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>	<b>3a</b>	
<b>b</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 <b>Part VI</b> when and how the organization made the determination.</i>	<b>3b</b>	
<b>c</b> 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 <b>Part VI</b> what controls the organization put in place to ensure such use.</i>	<b>3c</b>	
<b>4a</b> 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>	<b>4a</b>	
<b>b</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 <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>	<b>4b</b>	
<b>c</b> 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 <b>Part VI</b> 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>	<b>4c</b>	
<b>5a</b> 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 <b>Part VI</b>, 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>	<b>5a</b>	
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	<b>5b</b>	
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?	<b>5c</b>	
<b>6</b> 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 <b>Part VI</b>.</i>	<b>6</b>	
<b>7</b> 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>	<b>7</b>	
<b>8</b> 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>	<b>8</b>	
<b>9a</b> 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 <b>Part VI</b>.</i>	<b>9a</b>	
<b>b</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 <b>Part VI</b>.</i>	<b>9b</b>	
<b>c</b> 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 <b>Part VI</b>.</i>	<b>9c</b>	
<b>10a</b> 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>	<b>10a</b>	
<b>b</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>	<b>10b</b>	



Part IV

Supporting Organizations (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> 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>		

Section B. Type I Supporting Organizations

	Yes	No
<b>1</b> 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>		
<b>2</b> 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>		

Section C. Type II Supporting Organizations

	Yes	No
<b>1</b> 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>		

Section D. All Type III Supporting Organizations

	Yes	No
<b>1</b> 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?		
<b>2</b> 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>		
<b>3</b> 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>		

Section E. Type III Functionally-Integrated Supporting Organizations

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</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>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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>		
<b>b</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>		

<b>Part V</b> <b>Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations</b>			
<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). <b>See instructions.</b> All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	
<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><input type="checkbox"/></div> 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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013. . . . .			
b From 2014. . . . .			
c From 2015. . . . .			
d From 2016. . . . .			
e From 2017. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014. . . . .			
b Excess from 2015. . . . .			
c Excess from 2016. . . . .			
d Excess from 2017. . . . .			
e Excess from 2018. . . . .			

Additional Data

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

**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

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.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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) 2018

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 . . . . .		208,570	151,657	56,913
e Other . . . . .				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				56,913

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.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
CUSTODIAL FUNDS	31,116
CAMPAIGN DESIGNATIONS	1,703,210
OPERATIONS PAYABLE	1,409,244
AGENCY APPROPRIATIONS	650,105
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶	3,793,675

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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	5,265,035
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	100,230
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	100,230
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	5,164,805
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	2,343,683
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,343,683
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .	<b>5</b>	7,508,488

**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.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	4,945,183
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	
<b>c</b>	Other losses . . . . .	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>	100,230
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	100,230
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,844,953
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>	2,343,683
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,343,683
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .	<b>5</b>	7,188,636

**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 AS SUCH, INCOME EARNED IN THE PERFORMANCE OF THEIR EXEMPT PURPOSE IS NOT SUBJECT TO INCOME TAX ANY INCOME EARNED THROUGH UNRELATED BUSINESS ACTIVITIES IS SUBJECT TO INCOME TAX AT NORMAL CORPORATE RATES THE ORGANIZATION HAS QUALIFIED TRANSPORTATION FRINGE BENEFITS WHICH ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME 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 100,230

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 2,103,916    PROVISION FOR UNCOLLECTIBLE PLEDGES 239,767

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	DIRECT FUNDRAISING EXPENSE 100,230

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS	DONOR DESIGNATIONS 2,103,916    PROVISION FOR UNCOLLECTIBLE PLEDGES 239,767

### Supplemental Information Regarding Fundraising or Gaming Activities

# 2018

**Open to Public Inspection**

**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.**

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Employer identification number

47-0376624

**1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- 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

**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.

		(a) Event #1	(b) Event #2	(c) Other events	(d)
		<b>HELPING HANDS AUCTION</b> (event type)	<b>GOLF TOURNAMENT</b> (event type)	<b>1</b> (total number)	Total events (add col (a) through col (c))
Revenue	<b>1</b> Gross receipts . . . . .	71,678	33,267	31,612	136,557
	<b>2</b> Less Contributions . . . . .	47,228		13,348	60,576
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	24,450	33,267	18,264	75,981
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	2,657	12,550	1,303	16,510
	<b>7</b> Food and beverages . . . . .	10,446		1,025	11,471
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	9,342	496	15,936	25,774
	<b>10</b> Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶				53,755
	<b>11</b> Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶				22,226

**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.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	<b>1</b> Gross revenue . . . . .				
Direct Expenses	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
	<b>6</b> 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	
<b>7</b> Direct expense summary Add lines 2 through 5 in column (d) . . . . . ▶					
<b>8</b> 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 \_\_\_\_\_



<b>11</b> Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>12</b> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>13</b> Indicate the percentage of gaming activity conducted in					
<b>a</b> The organization's facility	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 100px; text-align: center;"><b>13a</b></td><td style="width: 100px; text-align: center;">%</td></tr><tr><td style="text-align: center;"><b>13b</b></td><td style="text-align: center;">%</td></tr></table>	<b>13a</b>	%	<b>13b</b>	%
<b>13a</b>	%				
<b>13b</b>	%				
<b>b</b> An outside facility					

**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 provide any additional information. See instructions.

Return Reference

Explanation

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I  
(Form 990)

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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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 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 noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(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 . . . . . ▶ 62
- 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash 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 COMMUNITY IMPACT 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 IS COMPOSED OF LOCAL CPA'S WHO 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
AMERICAN CRAFT COUNCIL 1224 MARSHALL ST NE STE 200 MINNEAPOLIS, MN 55413	13-1566058	501(C)(3)	5,000	0			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN FRIENDS OF JAMAICA 1697 BROADWAY STE 501 NEW YORK, NY 10019	13-3115102	501(C)(3)	6,000	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 4600 VALLEY RD STE 300 LINCOLN, NE 68510	47-0376573	501(C)(3)	14,554	0			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS - CAPITAL AREA & EASTERN NEBRASKA 4600 VALLEY RD STE 300 LINCOLN, NE 68510	47-0376573	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
ARC OF LINCOLN LANCASTER COUNTY 6500 HOLDREGE ST LINCOLN, NE 68505	47-0498629	501(C)(3)	6,869	0			DONOR DESIGNATED FOR GENERAL SUPPORT
ARC OF LINCOLN LANCASTER COUNTY 6500 HOLDREGE ST LINCOLN, NE 68505	47-0498629	501(C)(3)	9,000	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)	3,252	0			DONOR DESIGNATED 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
BIG BROTHERS BIG SISTERS LINCOLN 6201 HAVELOCK AVE LINCOLN, NE 685071236	47-0794732	501(C)(3)	12,952	0			DONOR DESIGNATED FOR GENERAL SUPPORT
BIG BROTHERS BIG SISTERS LINCOLN 6201 HAVELOCK AVE LINCOLN, NE 685071236	47-0794732	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
BOYS & GIRLS CLUBS OF LINCOLN LANCASTER COUNTY PO BOX 22344 LINCOLN, NE 68542	20-8677226	501(C)(3)	27,318	0			DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS & GIRLS CLUBS OF LINCOLN LANCASTER COUNTY PO BOX 22344 LINCOLN, NE 685422344	20-8677226	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
BRYAN FOUNDATION 1600 S 48TH ST LINCOLN, NE 685061283	23-7005720	501(C)(3)	8,500	0			DONOR DESIGNATED FOR GENERAL SUPPORT
CASA FOR LANCASTER COUNTY 1141 H ST STE C LINCOLN, NE 68508	47-0833799	501(C)(3)	9,464	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
CATHOLIC BISHOP OF LINCOLN 3400 SHERIDAN BLVD LINCOLN, NE 68506	47-0436557	501(C)(3)	14,050	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)	93,704	0			DONOR DESIGNATED FOR GENERAL SUPPORT
CATHOLIC SOCIAL SERVICES 2241 O ST LINCOLN, NE 685101122	47-0751554	501(C)(3)	12,353	0			FLOOD RELIEF

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)	46,000	0			PROGRAM OPERATING COST
CBOL - HOUSE FOR NEW LIFE 233 S 13TH ST SUITE 1900 LINCOLN, NE 68508	47-0707083	501(C)(3)	17,607	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)	7,620	0			COMMUNITY COLLABORATION - COMMUNITY RESPONSE INITIATIVE
CEDARS YOUTH SERVICES 6601 PIONEERS BLVD STE 1 LINCOLN, NE 685065260	47-0551975	501(C)(3)	31,310	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
CEDARS YOUTH SERVICES 6601 PIONEERS BLVD STE 1 LINCOLN, NE 685065260	47-0551975	501(C)(3)	330,000	0			PROGRAM OPERATING COST
CEDARS YOUTH SERVICES 6601 PIONEERS BLVD STE 1 LINCOLN, NE 685065260	47-0551975	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
CENTER FOR PEOPLE IN NEED INC 3901 N 27TH ST UNIT 1 LINCOLN, NE 685214177	06-1669552	501(C)(3)	16,658	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)	36,500	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
CITY IMPACT 1035 N 33RD ST LINCOLN, NE 68503	47-0800906	501(C)(3)	22,181	0			DONOR DESIGNATED 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
COLUMBUS AREA UNITED WAY 3020 18TH ST STE 8 COLUMBUS, NE 68601	47-6029411	501(C)(3)	2,558	0			DONOR DESIGNATED FOR GENERAL SUPPORT
COLUMBUS AREA UNITED WAY 3020 18TH ST STE 8 COLUMBUS, NE 68601	47-6029411	501(C)(3)	3,264	0			FLOOD RELIEF

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)	34,800	0			COMMUNITY COLLABORATION - COMMUNITY RESPONSE INITIATIVE
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY 210 O ST LINCOLN, NE 685082322	47-0491162	501(C)(3)	5,443	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)	131,366	0			PROGRAM OPERATING COST
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY 210 O ST LINCOLN, NE 685082322	47-0491162	501(C)(3)	5,555	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
COMMUNITY CROPS 1301 S 11 LINCOLN, NE 68502	20-3174357	501(C)(3)	7,130	0			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY CROPS 1301 S 11 LINCOLN, NE 68502	20-3174357	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
COMBINED HEALTH AGENCIES DRIVE (CHAD) 212 S 74TH ST STE 205 OMAHA, NE 68114	23-7162972	501(C)(3)	553,435	0			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY SERVICES FUND 3800 VERMASS PL STE 200 LINCOLN, NE 68502	36-3431222	501(C)(3)	451,118	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
EL CENTRO DE LAS AMERICAS 210 O ST LINCOLN, NE 68508	47-0658284	501(C)(3)	6,656	0			DONOR DESIGNATED FOR GENERAL SUPPORT
EL CENTRO DE LAS AMERICAS 210 O ST LINCOLN, NE 68508	47-0658284	501(C)(3)	37,000	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)	128,283	0			COMMUNITY COLLABORATION - COMMUNITY RESPONSE INITIATIVE
FAMILY SERVICE ASSOCIATION OF LINCOLN 501 S 7TH ST LINCOLN, NE 685082920	47-0376584	501(C)(3)	6,726	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
FAMILY SERVICE ASSOCIATION OF LINCOLN 501 S 7TH ST LINCOLN, NE 685082920	47-0376584	501(C)(3)	49,700	0			PROGRAM OPERATING COST
FIRST PLYMOUTH CONGREGATIONAL CHURCH 2000 D ST LINCOLN, NE 68502	47-0376589	501(C)(3)	20,111	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)	10,000	0			COMMUNITY COLLABORATION
FOOD BANK OF LINCOLN INC 4840 DORIS BAIR CIR STE A LINCOLN, NE 685041465	47-0640293	501(C)(3)	108,982	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
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
FRESH START INC 6433 HAVELOCK AVE LINCOLN, NE 685071332	36-3785810	501(C)(3)	10,964	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
FRIENDSHIP HOME OF LINCOLN INC PO BOX 85358 LINCOLN, NE 685015358	47-0619855	501(C)(3)	52,106	0			DONOR DESIGNATED FOR GENERAL SUPPORT
FRIENDSHIP HOME OF LINCOLN INC PO BOX 85358 LINCOLN, NE 685015358	47-0619855	501(C)(3)	78,500	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
FRIENDSHIP HOME OF LINCOLN INC PO BOX 85358 LINCOLN, NE 685015358	47-0619855	501(C)(3)	2,500	0			PROGRAM OPERATING COST - IMPACT INITIATIVE
GIRL SCOUTS SPIRIT OF NEBRASKA 8230 BEECHWOOD DR LINCOLN, NE 68510	47-0432299	501(C)(3)	7,050	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
GIRL SCOUTS SPIRIT OF NEBRASKA 8230 BEECHWOOD DR LINCOLN, NE 68510	47-0432299	501(C)(3)	15,000	0			PROGRAM OPERATING COST
GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 685031750	20-0391739	501(C)(3)	7,183	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
GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 685031750	20-0391739	501(C)(3)	39,500	0			PROGRAM OPERATING COST
GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 685031750	20-0391739	501(C)(3)	5,555	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
HOPESPOKE 2444 O ST LINCOLN, NE 685101125	47-0398819	501(C)(3)	47,113	0			COMMUNITY COLLABORATION - COMMUNITY RESPONSE INITIATIVE
HOPESPOKE 2444 O ST LINCOLN, NE 685101125	47-0398819	501(C)(3)	15,182	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
HOPESPOKE 2444 O ST LINCOLN, NE 685101125	47-0398819	501(C)(3)	175,000	0			PROGRAM OPERATING COST
HOPE COMMUNITY CHURCH 4700 S FOLSOM ST LINCOLN, NE 685239331	47-0528526	501(C)(3)	7,890	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 HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS 1037 S 12TH ST LINCOLN, NE 685083220	20-8008617	501(C)(3)	1,524	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)	42,322	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)	1,800	0			PROGRAM OPERATING COST - IMPACT INITIATIVE
LEAGUE OF HUMAN DIGNITY INC 1701 P ST LINCOLN, NE 685081741	23-7180481	501(C)(3)	3,625	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 325 LINCOLN, NE 685083649	47-0483506	501(C)(3)	7,374	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
LEGAL AID OF NEBRASKA 941 O ST STE 325 LINCOLN, NE 685083649	47-0483506	501(C)(3)	15,000	0			PROGRAM OPERATING COST
LEGAL AID OF NEBRASKA 941 O ST STE 325 LINCOLN, NE 685083649	47-0483506	501(C)(3)	6,000	0			FLOOD RELIEF

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)	26,213	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LIGHTHOUSE 2601 N ST LINCOLN, NE 685021244	36-3656310	501(C)(3)	85,000	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 COMMUNITY FOUNDATION 215 CENTENNIAL MALL S STE 100 LINCOLN, NE 68508	47-0458128	501(C)(3)	5,000	0			COMMUNITY COLLABORATION
LINCOLN COMMUNITY FOUNDATION 215 CENTENNIAL MALL S STE 100 LINCOLN, NE 68508	47-0458128	501(C)(3)	6,800	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
LINCOLN COMMUNITY FOUNDATION 215 CENTENNIAL MALL S STE 100 LINCOLN, NE 68508	47-0458128	501(C)(3)	7,500	0			PROGRAM OPERATING COST - IMPACT INITIATIVE
LINCOLN LANCASTER COUNTY CHILD ADVOCACY CENTER 5025 GARLAND ST LINCOLN, NE 68504	47-0793765	501(C)(3)	30,738	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 LANCASTER COUNTY CHILD ADVOCACY CENTER 5025 GARLAND ST LINCOLN, NE 68504	47-0793765	501(C)(3)	82,000	0			PROGRAM OPERATING COST
LINCOLN LANCASTER COUNTY CHILD ADVOCACY CENTER 5025 GARLAND ST LINCOLN, NE 68504	47-0793765	501(C)(3)	2,500	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 LITERACY 745 S 9TH ST LINCOLN, NE 685083107	47-0655582	501(C)(3)	18,255	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LINCOLN LITERACY 745 S 9TH ST LINCOLN, NE 685083107	47-0655582	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
LINCOLN MEDICAL EDUCATION PARTNERSHIP 4600 VALLEY RD STE 225 LINCOLN, NE 685104892	47-0553011	501(C)(3)	1,369	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LINCOLN MEDICAL EDUCATION PARTNERSHIP 4600 VALLEY RD STE 225 LINCOLN, NE 685104892	47-0553011	501(C)(3)	22,000	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)	1,007	0			COMMUNITY COLLABORATION - COMMUNITY RESPONSE INITIATIVE
LINCOLN PUBLIC SCHOOLS PO BOX 82889 LINCOLN, NE 68501	47-6006955	GOVERNMENT	271,424	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 PO BOX 82890 LINCOLN, NE 68502	47-6006956	GOVERNMENT	78,000	0			PROGRAM OPERATING COST - IMPACT INITIATIVE
LINCOLN PUBLIC SCHOOLS-TWO GENERATION FAMILY LITERACY PROGRAM PO BOX 82889 LINCOLN, NE 68501	47-6006955	GOVERNMENT	4,258	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 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	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
LUTHERAN EDUCATION FOUNDATION 1100 N 56TH ST LINCOLN, NE 68504	41-2032088	501(C)(3)	7,751	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LUTHERAN FAMILY SERVICES OF NEBRASKA INC 2301 O ST LINCOLN, NE 68510	23-7267972	501(C)(3)	38,905	0			COMMUNITY COLLABORATIION - 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
LUTHERAN FAMILY SERVICES OF NEBRASKA INC 2301 O ST LINCOLN, NE 68510	23-7267972	501(C)(3)	43,763	0			DONOR DESIGNATED FOR GENERAL SUPPORT
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)	10,000	0			FLOOD RELIEF
LUX CENTER FOR THE ARTS 2601 N 48TH ST LINCOLN, NE 68504	47-0629528	501(C)(3)	6,071	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
LUX CENTER FOR THE ARTS 2601 N 48TH ST LINCOLN, NE 68504	47-0629528	501(C)(3)	10,680	0			PROGRAM OPERATING COST
MADONNA FOUNDATION 5401 SOUTH ST LINCOLN, NE 68506	23-7159940	501(C)(3)	6,000	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)	9,701	0			DONOR DESIGNATED FOR GENERAL SUPPORT
MALONE COMMUNITY CENTER 2032 U ST LINCOLN, NE 685032955	47-0376577	501(C)(3)	51,500	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
MATT TALBOT KITCHEN & OUTREACH INC PO BOX 80935 LINCOLN, NE 685010935	36-3945814	501(C)(3)	70,984	0			DONOR DESIGNATED FOR GENERAL SUPPORT
MATT TALBOT KITCHEN & OUTREACH INC PO BOX 80935 LINCOLN, NE 685010935	36-3945814	501(C)(3)	28,000	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
MOURNING HOPE GRIEF CENTER 4919 BALDWIN AVE LINCOLN, NE 685042810	47-0782915	501(C)(3)	24,606	0			DONOR DESIGNATED FOR GENERAL SUPPORT
MOURNING HOPE GRIEF CENTER 4919 BALDWIN AVE LINCOLN, NE 685042810	47-0782915	501(C)(3)	20,000	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
NEBRASKA ASSOCIATION FOR THE EDUCATION OF YOUNG CHILDREN 650 J ST STE 23 LINCOLN, NE 68508	26-0013083	501(C)(3)	15,000	0			PROGRAM OPERATING COST - IMPACT INITIATIVE
NORFOLK AREA UNITED WAY INC PO BOX 1041 NORFOLK, NE 687021041	47-0492054	501(C)(3)	5,785	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
NORFOLK AREA UNITED WAY INC PO BOX 1041 NORFOLK, NE 687021041	47-0492054	501(C)(3)	3,264	0			FLOOD RELIEF
NORTHEAST FAMILY CENTER 6220 LOGAN AVE LINCOLN, NE 685071247	91-1787068	501(C)(3)	1,454	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)	44,000	0			PROGRAM OPERATING COST
NORTHEAST FAMILY CENTER 6220 LOGAN AVE LINCOLN, NE 685071247	91-1787068	501(C)(3)	5,055	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
PEOPLE'S CITY MISSION PO BOX 80636 LINCOLN, NE 685010636	47-0376896	501(C)(3)	106,830	0			DONOR DESIGNATED FOR GENERAL SUPPORT
PEOPLE'S CITY MISSION PO BOX 80636 LINCOLN, NE 685010636	47-0376896	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
THE SALVATION ARMY LINCOLN NEBRASKA 2625 POTTER ST LINCOLN, NE 685031053	36-2167910	501(C)(3)	13,850	0			DONOR DESIGNATED FOR GENERAL SUPPORT
THE SALVATION ARMY LINCOLN NEBRASKA 2625 POTTER ST LINCOLN, NE 685031053	36-2167910	501(C)(3)	97,634	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 SALVATION ARMY LINCOLN NEBRASKA 2625 POTTER ST LINCOLN, NE 685031053	36-2167910	501(C)(3)	2,600	0			PROGRAM OPERATING COST - IMPACT INITIATIVE
ST MARK'S UNITED METHODIST CHURCH 8550 PIONEERS BLVD LINCOLN, NE 68520	36-2167731	501(C)(3)	15,200	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)	19,911	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)	38,250	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
TEAMMATES MENTORING PROGRAM OF LINCOLN PO BOX 82889 LINCOLN, NE 685012889	90-0057598	501(C)(3)	21,060	0			DONOR DESIGNATED FOR GENERAL SUPPORT
TEAMMATES MENTORING PROGRAM OF LINCOLN PO BOX 82889 LINCOLN, NE 685012889	90-0057598	501(C)(3)	60,000	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
UNITED WAY OF THE KEARNEY AREA 4009 6TH AVE STE 19 KEARNEY, NE 68845	47-0488294	501(C)(3)	6,270	0			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF THE MIDLANDS 2201 FARNAM ST OMAHA, NE 68102	47-0376605	501(C)(3)	32,000	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)	26,762	0			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF THE MIDLANDS 2201 FARNAM ST OMAHA, NE 68102	47-0376605	501(C)(3)	2,500	0			FLOOD RELIEF



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)	5,537	0			DONOR DESIGNATED FOR GENERAL SUPPORT
VOICES OF HOPE LINCOLN INC 2545 N ST LINCOLN, NE 685101250	47-0726814	501(C)(3)	30,723	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
VOICES OF HOPE LINCOLN INC 2545 N ST LINCOLN, NE 685101250	47-0726814	501(C)(3)	86,000	0			PROGRAM OPERATING COST
VOICES OF HOPE LINCOLN INC 2545 N ST LINCOLN, NE 685101250	47-0726814	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
WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 685221257	47-0635271	501(C)(3)	21,316	0			DONOR DESIGNATED FOR GENERAL SUPPORT
WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 685221257	47-0635271	501(C)(3)	24,000	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
YWCA LINCOLN 1701 S 17TH ST STE 2E LINCOLN, NE 68502	47-0376578	501(C)(3)	4,111	0			DONOR DESIGNATED FOR GENERAL SUPPORT
YWCA LINCOLN 1701 S 17TH ST STE 2E LINCOLN, NE 68502	47-0376578	501(C)(3)	6,000	0			PROGRAM OPERATING COST

<b>Schedule J</b> (Form 990)	<b>Compensation Information</b>  For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <b>▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</b> <b>▶ Attach to Form 990.</b> <b>▶ Go to <u>www.irs.gov/Form990</u> for instructions and the latest information.</b>	OMB No 1545-0047  <div style="font-size: 2em; font-weight: bold; text-align: center;">2018</div>
	Open to Public Inspection	
	Department of the Treasury Internal Revenue Service	<div style="border: 1px solid black; padding: 5px;"> <b>Employer identification number</b>                          47-0376624                     </div>

<b>Part I    Questions Regarding Compensation</b>		
	Yes	No
<b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items		
<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> First-class or charter travel  <input type="checkbox"/> Travel for companions  <input type="checkbox"/> Tax indemnification and gross-up payments  <input type="checkbox"/> Discretionary spending account                         </div> <div> <input type="checkbox"/> Housing allowance or residence for personal use  <input type="checkbox"/> Payments for business use of personal residence  <input type="checkbox"/> Health or social club dues or initiation fees  <input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)                         </div> </div>		
<b>b</b> If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
<b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes
<b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III		
<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> Compensation committee  <input type="checkbox"/> Independent compensation consultant  <input checked="" type="checkbox"/> Form 990 of other organizations                         </div> <div> <input type="checkbox"/> Written employment contract  <input checked="" type="checkbox"/> Compensation survey or study  <input checked="" type="checkbox"/> Approval by the board or compensation committee                         </div> </div>		
<b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
<b>a</b> Receive a severance payment or change-of-control payment?	4a	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
<b>a</b> The organization?	5a	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
<b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
<b>a</b> The organization?	6a	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
<b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
<b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
<b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

[illegible]

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 3	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 AUGUST 2018 BOARD MEETING IN EXECUTIVE SESSION. THE EXECUTIVE SESSION DISCUSSION AND BOARD REVIEW AND APPROVAL WERE DOCUMENTED IN THE MINUTES.





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.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

2018

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 ► See Additional Data				
26 Other ► ( _____ )				
27 Other ► ( _____ )				
28 Other ► ( _____ )				

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 nonstandard 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

Yes

No

30a

No

31

Yes

32a

Yes

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

Cat No 51227J

Schedule M (Form 990) (2018)

**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

# Additional Data

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

## Part I, Lines 25-28

Other ► ( ADVERTISING )  
Other ► ( GLOVE AUCTION )  
Other ► ( WINGFEST EVENT )  
Other ► ( GOLF EVENT )  
Other ► ( SUPPLIES )  
Other ► ( PHOTOGRAPHY )

(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
X	7	109,493	FAIR MARKET VALUE
X	270	16,164	FAIR MARKET VALUE
X	11	6,500	FAIR MARKET VALUE
X	5	4,640	FAIR MARKET VALUE
X	18	2,969	FAIR MARKET VALUE
X	1	75	FAIR MARKET VALUE

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

UNITED WAY OF LINCOLN AND LANCASTER  
COUNTY**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2018****Open to Public  
Inspection**

Employer identification number

47-0376624

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 2	EMERGING LEADERS UNITED INITIATIVE UNITED WAY'S EMERGING LEADERS UNITED AFFINITY GROUP RAISED \$11,880 TO PROVIDE OUTDOOR CLASSROOM LEARNING OPPORTUNITIES AT CAMPBELL ELEMENTARY SCHOOL THIS FUNDING SUPPORTS THE DEVELOPMENT OF AN OUTDOOR CLASSROOM/LEARNING SPACE AT THE SCHOOL THE COMMUNITY LEARNING CENTER LOCATED WITHIN CAMPBELL ELEMENTARY SCHOOL WILL FACILITATE BEFORE AND AFTER-SCHOOL PROGRAMMING UPON COMPLETION OF THE OUTDOOR CLASSROOM

**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</p> <p>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</p> <p>THE ARC OF LINCOLN YOUTH PROGRAMMING WORKS WITH YOUTH WITH INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (I/DD) AND THEIR FAMILIES TO ENSURE THE BEST POSSIBLE OUTCOMES THE PROGRAM ASSISTS IN ACCESSING HIGH QUALITY SERVICES AND RESOURCES FAMILIES ARE EDUCATED ABOUT THE DIFFERENT SYSTEMS, TREATMENTS, THERAPIES, SERVICES, AND RESOURCES THAT CAN PRODUCE THE BEST OUTCOMES FOR CHILDREN AT EACH STEP IN THEIR DEVELOPMENT THE PROGRAM PROVIDES INCLUSIVE OPPORTUNITIES FOR YOUTH AND MEANINGFUL INTERACTIONS WITH PEERS, ADULTS, AND THEIR COMMUNITY GRANT AMOUNT - \$9,000</p> <p>BIG BROTHERS BIG SISTERS LINCOLN MENTORING PROGRAM PROVIDES SCHOOL-AGED YOUTH WITH PROFESSIONALLY SUPPORTED, ONE-TO-ONE MENTORING RELATIONSHIPS WITH MEASURABLE IMPACT THE PROGRAM PRIMARILY SERVES YOUTH FROM LOW-INCOME/SINGLE-PARENT FAMILIES WHO ARE IN NEED OF A MENTOR AND ROLE MODEL TO HELP THEM BUILD THEIR SELF-ESTEEM, IMPROVE ACADEMIC PERFORMANCE, AND MITIGATE NEGATIVE INFLUENCES YOUTH ("LITTLES") ARE PAIRED WITH CARING ADULT MENTORS ("BIGS") AND MEET REGULARLY DOING ACTIVITIES THEY BOTH ENJOY THESE MEETINGS GIVE LITTLES THE OPPORTUNITY TO ENJOY NEW EXPERIENCES AND LEARN VALUABLE LIFE SKILLS THE MENTORING MODEL DUPLICATES A NATIONAL, EVIDENCE-BASED PROGRAM THAT IS PROVEN TO HAVE A LASTING POSITIVE IMPACT ON CHILDREN SERVED LITTLES HAVE IMPROVED ACADEMIC PERFORMANCE, BETTER RELATIONSHIPS WITH THEIR PEERS AND FAMILY, AND ARE LESS LIKELY TO BECOME INVOLVED WITH DRUGS AND ALCOHOL GRANT AMOUNT - \$62,500</p> <p>BOYS AND GIRLS CLUBS OF LINCOLN/LANCASTER COUNTY BOYS AND GIRLS CLUBS OF LINCOLN/LANCASTER COUNTY PROGRAM PREPARES YOUTH TO BECOME HEALTHY AND PRODUCTIVE ADULTS BY ENGAGING THEM IN ACTIVITIES WITH ADULTS, PEERS, AND FAMILY MEMBERS THAT ENABLE THEM TO LEARN POWERFUL LIFE SKILLS AND INTRODUCE THEM TO NEW EXPERIENCES THE CLUB OFFERS PROGRAMS IN THE AREAS OF EDUCATIONAL ACHIEVEMENT, GOOD CHARACTER AND CITIZENSHIP, AND HEALTHY LIFESTYLES CARING STAFF MEMBERS PROVIDE HELP WITH HOMEWORK AND RE-ENFORCE LEARNING CONCEPTS TAUGHT DURING THE SCHOOL DAY GRANT AMOUNT - \$40,000</p> <p>CEDARS YOUTH SERVICES CEDARS COMMUNITY LEARNING CENTER (CLC) PROGRAM PROVIDES BEFORE AND AFTER SCHOOL PROGRAMMING, EXPANDED LEARNING CLUBS TO SUPPORT ACADEMIC SUCCESS AND SOCIAL ENRICHMENT, FULL TIME SUMMER CARE, AND FAMILY AND COMMUNITY EVENTS TO STRENGTHEN NEIGHBORHOOD CONNECTIONS THE PROGRAM COLLABORATES WITH CLINTON AND HARTLEY ELEMENTARY SCHOOLS PROVIDING COMPREHENSIVE COMMUNITY SCHOOL SERVICES TO MEET STUDENT NEEDS THE PROGRAM HELPS IMPROVE STUDENT LEARNING AND YOUTH DEVELOPMENT, STRENGTHEN AND SUPPORT FAMILIES, AND STRENGTHEN AND ENGAGE NEIGHBORHOODS A BEHAVIORAL HEALTH COMPONENT IS AVAILABLE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p> E TO IMPROVE BEHAVIOR AT SCHOOL AND HOME ENHANCING THE ROLE OF CEDARS AS A PARTNER WITH THE FAMILY AND AN EXTENSION OF THE SCHOOL, AND TO ADDRESS UNDERLYING CAUSES OF BEHAVIOR IN A HOLISTIC MANNER GRANT AMOUNT - \$70,000 CEDARS YOUTH SERVICES CEDARS EARLY CHILDHOOD DEVELOPMENT CENTERS PROGRAM PROVIDES ACCREDITED, FULL DAY, FULL-YEAR CHILDCARE 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 TO PROMOTE SCHOOL READINESS AND 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 BEHAVIOR CONSULTANT WORKS TO IMPROVE THE CLASSROOM ENVIRONMENT AND STRATEGIES TO PROMOTE SUCCESS OF ALL CHILDREN, INCLUDING THOSE WITH BEHAVIORAL CHALLENGES TEACHER RETENTION IS VERY HIGH, LEADING TO CONSISTENT QUALITY AND STABILITY IN PROGRAMMING SCHOLARSHIPS ARE AVAILABLE GRANT AMOUNT - \$100,000 CENTER FOR PEOPLE IN NEED, INC PATHWAY TO SUCCESS THROUGH ELL PROGRAM OFFERS FOUR LEVELS OF ENGLISH LANGUAGE LEARNING (ELL) CLASS BECAUSE THE MAJORITY OF STUDENTS SERVED ARE NOT EMPLOYED AND ARE RECEIVING TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) FROM THE STATE OF NEBRASKA, ALL ELL CLASSES ARE OFFERED TO STUDENTS AT NO COST STUDENTS LEARN ABOUT ONLINE JOB SEARCHES, CREATING A RESUME, AND COMPLETING ONLINE APPLICATIONS GRANT AMOUNT - \$5,000 CITY IMPACT IMPACT READING CENTER PROGRAM (IRC) IS AN INTENSIVE READING PROGRAM THAT UTILIZES RESEARCH-BASED CURRICULUM AND TEACHING TECHNIQUES TO EMPOWER CHILDREN WITH THE LIFE CHANGING BENEFITS OF LITERACY IMPACT READING HELPS ALL CHILDREN, SPECIFICALLY THOSE MOST VULNERABLE, REACH GRADE LEVEL THE PROGRAM SERVES ELEMENTARY AGE STUDENTS IN TARGETED TITLE I SCHOOLS TEACHERS IDENTIFY STUDENTS WHO ARE EITHER READING BELOW GRADE LEVEL OR AT RISK FOR FAILURE IN READING VOLUNTEERS PARTNER WITH CHILDREN DURING THE DAY AND PROVIDE READING INSTRUCTION UTILIZING RESEARCH-BASED EFFECTIVE CURRICULUM THAT IS ALSO VOLUNTEER-FRIENDLY GRANT AMOUNT - \$35,000 COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND SAUNDERS COUNTIES EARLY HEAD START AND HEAD START PROGRAMS PROVIDE EARLY INTERVENTIONS TO THE COMMUNITY'S MOST VULNERABLE CHILDREN IN THE AREAS OF COGNITIVE, SOCIAL-EMOTIONAL, LANGUAGE, AND PHYSICAL DEVELOPMENT THE HEAD START PROGRAM SERVES CHILDREN AGES 3 TO 5 AND THEIR FAMILIES, THROUGH A FULL DAY, FULL YEAR CENTER-BASED PROGRAM OPTION AT TWO LINCOLN LOCATIONS EARLY HEAD START, SERVES CHILDREN AGES 0 TO 3, PREGNANT WOMEN, AND THEIR FAMILIES, THROUGH THE CENTER-BASED OPTION DESCRIBED ABOVE AS WELL AS A HOME-BASED OPTION ENROLLMENT SLOTS ARE RESERVED FOR CHILDREN WHO ARE LIVING IN POVERTY, HAVE DISABILITIES, ARE HOMELESS, AND/OR ARE IN FOSTER CARE SERVICES ARE PROVIDED AT NO COST TO FAMILIES ENSURING CHILDREN RECEIVE THE IN </p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>INTERVENTIONS NECESSARY TO MEET DEVELOPMENTAL MILESTONES NECESSARY FOR SUCCESSFULLY ENTERING KINDERGARTEN GRANT AMOUNT - \$69,000 EL CENTRO DE LAS AMERICAS ADELANTE EDUCATIONAL PROGRAM INCREASES THE ACADEMIC ACHIEVEMENT OF LATINOS BY OFFERING TUTORING SERVICES, ACADEMIC YOUTH OUTREACH, AND GED AND ENGLISH CLASSES TO ADOLESCENT AND YOUNG ADULT LATINOS THE PROGRAM STRIVES TO INCREASE THE GRADUATION RATE AMONG LATINOS AND PROMOTE ENROLLMENT IN POST SECONDARY EDUCATION IT PROVIDES A SUPPORTIVE ENVIRONMENT FOR STUDENTS BY OFFERING A LOW T EACHER-STUDENT RATIO WITHIN GED AND ENGLISH CLASSES, AS WELL AS A FULL-TIME COORDINATOR AND TWO FULL-TIME AMERICORPS MEMBERS TO PROVIDE ONE-ON-ONE TUTORING AND CASE MANAGEMENT FOR ALL YOUTH PARTICIPANTS VOLUNTEERS BECOME CONSISTENT TUTORS AND MENTORS YOUTH ARE INVOLVED IN SOCIAL ACTIVITIES AND WEEKLY SOCIAL SKILL DEVELOPMENT SESSIONS TO LOWER THE RISK OF ENTRY INTO THE JUVENILE JUSTICE SYSTEM GRANT AMOUNT - \$15,000 GIRL SCOUTS SPIRIT OF NEBRASKA OUTREACH PROGRAM EMPOWERS GIRLS - REGARDLESS OF RACE, ETHNICITY, SOCIOECONOMIC STATUS, SEXUAL ORIENTATION, DISABILITY, GENDER IDENTITY, OR LOCATION - TO MAKE THE WORLD A BETTER PLACE OUTREACH PROVIDES PROGRAMMING TO K-12 GIRLS WHO CANNOT OTHERWISE AFFORD TO PARTICIPATE FINANCIAL, TRANSPORTATION, AND OTHER BARRIERS ARE ALLEVIATED BY FORMING TROOPS UNDER THE UMBRELLA OF AFTER-SCHOOL PROGRAMS IN LANCASTER COUNTY OUTREACH IS STAFF-LED WITH TRAINED VOLUNTEERS, WHO ESTABLISH POSITIVE RELATIONSHIPS WITH THE GIRLS GIRL SCOUTS DIRECTLY IMPACTS A STUDENT'S ABILITY TO SUCCEED IN SCHOOL GIRLS FEEL MORE CONNECTED TO THEIR SCHOOL, ARE MORE LIKELY TO HAVE GOOD SCHOOL ATTENDANCE RECORDS, AND ESTABLISH MEANINGFUL PEER CONNECTIONS THROUGH BULLY-PREVENTION WORKSHOPS, THEY LEARN THAT PEERS RELY ON THEM TO BE GOOD ROLE MODELS, ESPECIALLY WHEN CONFLICT ARISES THEY BECOME CONFIDENT IN THEIR ABILITIES TO CREATE POSITIVE CHANGE GRANT AMOUNT - \$15,000 THE HUB-CENTRAL ACCESS POINT FOR YOUNG ADULTS LINCOLN EDUCATION OUTREACH (LEO) PROGRAM IS AN INTERVENTION AND SUPPORTIVE ACADEMIC PROGRAM FOR YOUNG PEOPLE WHO ARE NOT ON TRACK TO GRADUATE FROM HIGH SCHOOL, IDENTIFIED AS HABITUALLY TRUANT, HIGH SCHOOL DROP OUTS, OR AT-RISK OF ENTERING OR RE-ENTERING THE JUVENILE JUSTICE SYSTEM DUE TO LACK OF EDUCATIONAL SUPPORT LEO OFFERS GED PREPARATION CLASSES/ACADEMIC SUPPORT, HIGH SCHOOL RE-ENGAGEMENT/TRUANCY PREVENTION, POST-SECONDARY EDUCATIONAL PURSUIT OR CAREER SKILL DEVELOPMENT, AND EMPLOYMENT READINESS TRAINING LEO SERVES PARTICIPANTS AGE 16-24 WHO ARE TRANSITIONING FROM CHILDHOOD TO ADULTHOOD AND FACING SIGNIFICANT BARRIERS TO BECOMING PRODUCTIVE ADULTS GRANT AMOUNT - \$32,983</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>THE HUB-CENTRAL ACCESS POINT FOR YOUNG ADULTS' YOUTH AND COMMUNITY TOGETHER (YOUTHACT) SERVES YOUNG MEN &amp; WOMEN WHO ARE STUDENT PARENTS AT LINCOLN PUBLIC SCHOOLS AND THAT ARE COMPLETING THEIR GED AT THE HUB. YOUTHACT WORKS WITH THESE STUDENT PARENTS IN GENDER-SPECIFIC GROUPS TO SUPPORT AND ASSIST THEM AS THEY ACCELERATE THROUGH THEIR TRANSITION INTO ADULTHOOD. GRANT AMOUNT - \$9,339. 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 VIA COMMUNITY-BASED, DROP-IN SERVICES TARGETING ETHNICALLY DIVERSE AND LOW-INCOME YOUTH. THE GOAL IS TO INCREASE THE LIKELIHOOD OF HIGH SCHOOL GRADUATION BY PROVIDING HIGH-QUALITY AFTER-SCHOOL PROGRAMMING. RESEARCH SHOWS THAT UNSUPERVISED TIME WITH PEERS AND LOW SELF-ESTEEM ARE TWO PRIMARY RISK FACTORS PREDICTING YOUTH PARTICIPATION IN HEALTH-COMPROMISING BEHAVIOR. STAFF AND VOLUNTEERS BUILD POSITIVE RELATIONSHIPS WITH YOUNG PEOPLE THROUGH CONVERSATIONS, GAMES, AND OTHER ACTIVITIES WHILE ENSURING RULES ARE ENFORCED. LIGHTHOUSE HELPS BUILD YOUNG PEOPLE'S SELF-ESTEEM BY PROVIDING OPPORTUNITIES TO LEARN, CONTRIBUTE AND BE RECOGNIZED FOR THEIR ACCOMPLISHMENTS. GRANT AMOUNT - \$70,000. 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 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. LINCOLN LITERACY FAMILY LITERACY ACTIVITIES FOR IMMIGRANTS &amp; REFUGEES (FLAIR) PROGRAM IS A UNIVERSITY-DESIGNED PROGRAM TEACHING IMMIGRANT AND REFUGEE CHILDREN WHILE ALSO HELPING THEIR PARENTS GAIN ENGLISH LANGUAGE LITERACY WORKING WITH THE WHOLE FAMILY IS CRUCIAL AS RESEARCH INDICATES THAT CHILDREN WHOSE FAMILIES DON'T SPEAK ENGLISH AT HOME ARE AT HIGH RISK, BUT IF THEIR PARENTS LEARN ALONGSIDE THEM, THEY ARE MORE LIKELY TO SUCCEED. WORKING WITH SOME OF THE MOST VULNERABLE KIDS IN OUR COMMUNITY, THE PROGRAM FOSTERS SUCCESS IN SCHOOL BY DEPLOYING CERTIFIED TEACHERS AND TRAINED VOLUNTEERS TO PRESENT FUN, SELF-CONTAINED EXTRACURRICULAR 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, MANAGE EMOTIONS, COOPERATE, 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. LINCOLN PUBL</p>



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>IC SCHOOLS TWO GENERATION FAMILY LITERACY PROGRAM'S 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 ELEVEN SCHOOLS GRANT AMOUNT - \$17,500 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 ART INSTRUCTION AT AFTER-SCHOOL PROGRAMS IN LINCOLN PUBLIC SCHOOLS AND AT THE LANCASTER COUNTY YOUTH SERVICES CENTER THE CURRICULUM IS TAILORED TO ENSURE AGE AND SKILL APPROPRIATE CLASSES LESSONS INCLUDE PAINTING, DRAWING, PRINTMAKING, AND CERAMICS EQUIPMENT AND SUPPLIES ARE TRANSPORTED TO THE HOST SITE'S CLASSROOM WHERE GROUPS OF 15 STUDENTS WORK WITH A LUX ARTIST/TEACHER CLASSES ALLOW CHILDREN AND YOUTH TO HAVE A SUSTAINED ART EXPERIENCE WITH HIGH QUALITY INSTRUCTORS AND MATERIALS CLASSES ARE ONE HOUR PER WEEK FOR 6 WEEKS GRANT AMOUNT - \$10,680 MALONE COMMUNITY CENTER EARLY EDUCATION PROGRAM IS A LICENSED PRESCHOOL PROGRAM SERVING CHILDREN AGES 3-5 IT IS DESIGNED TO CULTIVATE A CHILD-CENTERED, PLAY-BASED ENVIRONMENT THAT SUPPORTS CRITICAL THINKING SKILLS, DEVELOPS POSITIVE SELF-CONCEPTS, AND FACILITATES INDEPENDENCE AND COMPETENCE - ALL OF WHICH BUILD THE FOUNDATION FOR LIFELONG LEARNING GRANT AMOUNT - \$14,000 MALONE COMMUNITY CENTER OUT-OF-SCHOOL PROGRAM IS FOR YOUTH AGES 5-13 TARGETING 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 IN ADDITION, THE PROGRAM REACHES INTO THE LINCOLN PUBLIC SCHOOLS CLASSROOMS TO CONDUCT ONE-ON-ONE TUTORING FOR CHILDREN IN THEIR CLASSROOMS 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 - \$37,500 NORTHEAST FAMILY CENTER PARENTS AS PARTNER S PROGRAM ENHANCES LIVES OF CHILDREN AND THEIR PARENTS THROUGH ONGOING ENRICHMENT, EDUCATION AND SUPPORT OPPORTUNITIES THE EARLY LEARNING CENTER (ELC) PROVIDES A FULL-TIME, ACADEMIC BASED AND LICENSED EARLY CH</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CHILDHOOD EDUCATION PROGRAM FOR CHILDREN 6 WEEKS TO 5 YEARS THE CREATIVE CURRICULUM UTILIZED IS A COMPREHENSIVE RESEARCH BASED EARLY CHILDHOOD CURRICULUM THAT HAS BEEN SHOWN TO IMPROVE COGNITIVE AND SOCIAL/EMOTIONAL OUTCOMES IN YOUNG CHILDREN LEAD TEACHERS IN EACH CLASS ROOM PROVIDE FAMILY CONFERENCES THREE TIMES A YEAR TO SUPPORT PARENTING PRACTICES, DEVELOPMENT KNOWLEDGE, AND CHILD ASSESSMENTS NETWORKING OPPORTUNITIES ARE PROVIDED THROUGH MONTHLY FAMILY CONNECTION NIGHTS, AND THE PROGRAM WORKS WITH INDIVIDUAL FAMILIES WHENEVER NECESSARY TO PROVIDE RESOURCES THAT BEST SUPPORT THE FAMILY'S WELL-BEING GRANT AMOUNT - \$44,000</p> <p>THE SALVATION ARMY LINCOLN, NEBRASKA CORPS AFTER SCHOOL PROGRAM/FINE ARTS ACADEMY PROVIDES A SCHOOL'S OUT PROGRAM FOR ELEMENTARY AGE SCHOOL CHILDREN AFTER SCHOOL DURING THE WEEK AND ON NON-SCHOOL DAYS FROM 9 00 AM TO 5 PM FROM NOVEMBER THROUGH MARCH, THE PROGRAM IS OPEN ON SATURDAYS THE PROGRAM IS ALSO OPEN DURING THE SUMMER MONTHS 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 EVENINGS GRANT AMOUNT - \$38,000</p> <p>TEAMMATES OF LINCOLN TEAMMATES MENTORING PROGRAM OF LINCOLN PUBLIC SCHOOLS PROGRAM RECRUITS ADULTS TO MEET WEEKLY WITH STUDENTS IN LINCOLN PUBLIC AND PAROCHIAL SCHOOLS THE VOLUNTEERS MAKE AT LEAST A 3-YEAR COMMITMENT AND ARE ASKED TO CONTINUE THROUGH THEIR MENTEE'S HIGH SCHOOL GRADUATION MENTORS RECEIVE INITIAL AND ONGOING TRAINING AND ARE MATCHED WITH A STUDENT WHO HAS BEEN NOMINATED FOR MENTORING MENTORS CREATE A TRUSTING RELATIONSHIP WITH THEIR MENTEES BY ENGAGING THEM IN GAMES, CRAFTS, AND CONVERSATION AS THE RELATIONSHIP STRENGTHENS, STUDENTS COME TO SEE THEIR MENTORS AS VALUABLE GUIDES, NOT ONLY ACADEMICALLY, BUT ALSO IN MEETING LIFE'S CHALLENGES FOCUSING ON THE WHOLE CHILD, MENTORS SUPPORT THEIR MENTEES' STRENGTHS, ENCOURAGE THE DEVELOPMENT OF INTERPERSONAL SKILLS AND EXPAND THEIR ASPIRATIONS FOR THEIR FUTURES GRANT AMOUNT - \$60,000</p> <p>WILLARD COMMUNITY CENTER LAKEVIEW COMMUNITY LEARNING CENTER (CLC) PROGRAM IS A STATE LICENSED CHILDCARE PROGRAM PROVIDING BEFORE AND AFTER SCHOOL AND NON-SCHOOL DAY SERVICES THE 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 TO COMPLEMENT THEIR REGULAR ACADEMIC PROGRAM GOALS INCLUDE FOSTERING SUCCESSFUL YOUTH, THRIVING FAMILIES, AND STRONGER NEIGHBORHOODS GRANT AMOUNT - \$15,000</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>WILLARD COMMUNITY CENTER PRESCHOOL PROGRAM IS A LICENSED PRESCHOOL FOR 3-4 YEAR OLDS AND PRE-K PROGRAM FOR 4-5 YEAR OLDS AT TWO DIFFERENT SITES THE CURRICULUM FOCUSES ON DEVELOPING A CHILD'S SOCIAL/EMOTIONAL, COGNITIVE, FINE AND LARGE MOTOR SKILLS LEARNING STATIONS INCLUDE AGE APPROPRIATE MATH, SCIENCE, LANGUAGE &amp; DRAMATIC PLAY PART TIME AND FULL TIME OPTIONS ARE AVAILABLE, AND TITLE XX IS ACCEPTED THE GOAL OF THE EARLY CHILDHOOD PROGRAMS IS TO PREPARE CHILDREN FOR THE NEXT STEPS IN THEIR FUTURE THROUGH SOCIAL AND EMOTIONAL DEVELOPMENT, WHICH PLAYS A CRUCIAL FACTOR IN KINDERGARTEN READINESS SKILLS SUCH AS SHARING, COOPERATING, AND CONFLICT RESOLUTION ARE EMPHASIZED THE PROGRAM OFFERS A PLACE FOR CHILDREN TO DEVELOP THESE SKILLS IN A SAFE, FUN AND CARING ENVIRONMENT BI-ANNUAL ASSESSMENTS ARE COMPLETED WITH EACH CHILD TO DETERMINE THE MILESTONES THEY HAVE MADE THROUGHOUT THE YEAR GRANT AMOUNT - \$9,000 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 ENVIRONMENT CLUBS MEET IN COMMUNITY LEARNING CENTERS DURING THE SCHOOL YEAR 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 THE CLUB AND PROVIDE INSIGHT INTO STEM CAREERS SMART GIRLS CLUB UTILIZES CURRICULUM FROM TECHBRIDGE GIRLS GRANT AMOUNT - \$6,000</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- CAPITAL AREA AND EASTERN NEBRASKA DISASTER SERVICES PROGRAM PROVIDES ASSISTANCE TO PEOPLE IN THE IMMEDIATE AFTERMATH OF A DISASTER WHEN A HOME FIRE OCCURS, THE PROGRAM PROVIDES BASIC NEEDS AND ASSISTANCE HELPING INDIVIDUALS AND FAMILIES TO RESUME NORMAL DAILY ACTIVITIES COMMUNITY VOLUNTEERS ARE TRAINED TO RESPOND TO HOME FIRES AND LARGE SCALE DISASTERS AND PROVIDE DIRECT ASSISTANCE WITH SHELTER, FOOD, MENTAL HEALTH AND HEALTH THE PROGRAM HELPS PREVENT AND PREPARE FOR DISASTERS THROUGH THE HOME FIRE CAMPAIGN, PROVIDING EDUCATION AND OUTREACH TO VULNERABLE POPULATIONS, PARTICULARLY THOSE LIVING AT OR NEAR THE POVERTY LEVEL AND AT A HIGH RISK FOR A HOME FIRE FAMILIES ARE HELPED WITH INSTALLATION OF SMOKE ALARMS AND DEVELOPMENT OF A PERSONALIZED HOME FIRE RESPONSE PLAN 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 CASA VOLUNTEERS 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 TRANSITIONAL SHELTER PROGRAM 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 HOME BASED PREVENTION PROGRAMS SERVE EXPECTANT MOTHERS AND FAMILIES WITH CHILDREN AGES BIRTH THROUGH 18 YEARS AND FOCUSING ON KEEPING CHILDREN SAFE FROM ABUSE AND NEGLECT AND PREVENTION OF FORMAL INVOLVEMENT IN THE CHILD WELFARE SYSTEM SERVICES UTILIZE EVIDENCE BASED HOME VISITATION SERVICES, PARENTING CURRICULUMS, TRAUMA INFORMED CARE, AND THE WRAPAROUND PHILOSOPHY TO HELP CHILDREN AND FAMILIES BUILD PROTECTIVE FACTORS, REDUCE RISK FACTORS, AND IMPROVE OVERALL WELL-BEING THE HOME VISITING PROCESS BRINGS TOGETHER PEOPLE AND SERVICES IN THE FAMILY'S LIFE, INCLUDING OTHER FAMILY MEMBERS AND INFORMAL SUPPORTS, TO HELP FAMILIES PROVIDE SAFETY, STABILITY AND ENDURING RELATIONSHIPS FOR THEIR CHILDREN GRANT AMOUNT - \$125,000 EL CENTRO DE LAS AMERICAS MUJERES EN CONFINAZA - WOMEN AMONG FRIENDS PROGRAM IS AN OUTREACH AND REFERRAL PROGRAM TARGETING LATINA WOMEN AND THEIR CHILDREN WHO HAVE EXPERIENCED DOMESTIC VIOLENCE THE PROGRAM HOSTS AND FACILITATES WEEKLY SUPPORT GROUPS BY PROVIDING A SAFE SPACE FOR SPANISH-SPEAKING VICTIMS TO CONVERSE</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>IN THEIR NATIVE LANGUAGE AND LEARN ABOUT RESOURCES AVAILABLE TO THEM A BILINGUAL SPECIALIST HELPS PARTICIPANTS BUILD A SUPPORT SYSTEM BY CONNECTING VICTIMS TO OTHER IMPORTANT COMMUNITY RESOURCES THE PROGRAM IS A NETWORK MODEL OF SUPPORT SPECIFICALLY DESIGNED FOR LATIN A ABUSE VICTIMS GRANT AMOUNT - \$7,000 FAMILY SERVICE ASSOCIATION OF LINCOLN BEHAVIORAL HEALTH PROGRAM PROVIDES THERAPY AND COMMUNITY RESPONSE SERVICES TO YOUTH AND FAMILIES IN 15 LINCOLN PUBLIC SCHOOLS HELPING STUDENTS AND FAMILIES DEAL WITH LIFE STRESSORS THAT IMPACT THEIR BEHAVIORS AND RELATIONSHIPS AT SCHOOL AND HOME THE PROGRAM PROVIDES SERVICES WITHIN SCHOOL SETTINGS FREE OF CHARGE THUS ASSISTING FAMILIES WHO ARE NOT ABLE TO ACCESS HELP BECAUSE THEY MAY NOT QUALIFY FOR MEDICAID OR AFFORD THE COST OF THIRD PARTY INSURANCE TRAINED STAFF MEMBERS MEET WITH YOUTH AT THEIR SCHOOL, WHICH IS A NATURAL AND FAMILIAR ENVIRONMENT PROVIDING SERVICES WITHIN SCHOOL SITES REDUCES STRESS OR CONFLICT FOR PARENTS WHO OTHERWISE HAVE TO LEAVE WORK TO TRANSPORT THEIR CHILDREN TO VITAL MENTAL HEALTH APPOINTMENTS GRANT AMOUNT - \$49,700 FRIENDSHIP HOME OF LINCOLN, INC EMERGENCY SHELTER PROGRAM PROVIDES CONFIDENTIAL EMERGENCY SHELTER, TRANSITIONAL HOUSING, AND SUPPORTIVE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN SERVICES PROVIDE SAFETY FOR VICTIMS AND HELP THEM REBUILD THEIR LIVES PARTICIPANTS ARE TO DEVELOP A SAFETY PLAN BASED ON THEIR INDIVIDUAL SITUATIONS, GAIN KNOWLEDGE OF THE DYNAMICS OF DOMESTIC VIOLENCE, AND LEARN THAT HEALTHY INTIMATE PARTNER RELATIONSHIPS ARE BUILT ON EQUALITY AND RESPECT IN ADDITION, PARTICIPANTS ARE ABLE TO ACCESS AND BUILD INDIVIDUALIZED SUPPORT SYSTEMS AND BECOME MORE KNOWLEDGEABLE ABOUT AVAILABLE COMMUNITY RESOURCES GRANT AMOUNT - \$78,500 HOPESPOKE (FORMERLY LINCOLN/LANCASTER COUNTY CHILD GUIDANCE CENTER) OUTPATIENT SERVICES PROGRAM PROVIDES INDIVIDUAL, FAMILY, GROUP, AND MARITAL THERAPEUTIC SERVICES TO CHILDREN, ADOLESCENTS, AND ADULTS AT THE DOWNTOWN SITE AND WITHIN THE LINCOLN PUBLIC SCHOOLS MOST CLIENTS HAVE EXPERIENCED SEXUAL, PHYSICAL, AND/OR EMOTIONAL TRAUMA THE PROGRAM SERVES CLIENTS WHO HAVE MEDICAID OR WHO HAVE NO ACCESS TO THIRD PARTY PAYMENT REQUESTS FOR SERVICES BY THOSE WHO HAVE LIMITED OR NO ABILITY TO PAY CONTINUES TO INCREASE FORTY-SEVEN PERCENT OF CLIENTS HAD INCOMES OF LESS THAN \$20,000 PER YEAR AND FIFTEEN PERCENT HAD NO INCOME AT ALL THE PROGRAM EMPLOYS A VIETNAMESE CLINICIAN WHO ALSO SPEAKS FRENCH, IN ADDITION TO A THERAPIST WHO PROVIDES SIGN LANGUAGE TO DEAF/HARD OF HEARING CLIENTS GRANT AMOUNT - \$175,000 LEGAL AID OF NEBRASKA DOMESTIC VIOLENCE REPRESENTATION PROJECT PROGRAM BRINGS RELIEF TO PEOPLE IN DISTRESS BY EMPOWERING VICTIMS TO BECOME SURVIVORS AND HELPING THEM TO LIVE A LIFE FREE OF VIOLENCE ATTORNEYS HELP CLIENTS PURSUE SAFETY AND SEPARATION FROM THEIR ABUSERS IN ALL AREAS OF LAW IN ADDITION TO NEEDING ASSISTANCE WITH PROTECTION ORDERS, CUSTODY, AND DIVORCE, VICTIMS OF DOMESTIC VIOLENCE MAY ALSO HAVE</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>VE LEGAL ISSUES RELATED TO HOUSING, PUBLIC BENEFITS, ACCESS TO HEALTHCARE AND FINANCIAL WELL-BEING BY PROVIDING LEGAL ASSISTANCE TO THESE CLIENTS, THE PROGRAM WORKS TO END THE CYCLE OF INTIMATE PARTNER VIOLENCE. IN ADDITION, THE PROGRAM ASSISTS WITH WRAP-AROUND SERVICES BY COLLABORATING WITH LOCAL SHELTERS TO FULLY MEET THE NEEDS OF FAMILIES WITHIN THE COMMUNITY. GRANT AMOUNT - \$15,000. LINCOLN/LANCASTER COUNTY CHILD ADVOCACY CENTER. DIRECT SERVICES TO CHILD VICTIMS OF ABUSE. PROGRAM FOLLOWS EVIDENCE-BASED PROTOCOLS TO ADDRESS ABUSE ISSUES BY PROVIDING INTERVENTION AFTER DISCLOSURE OF ABUSE. SERVICES ALLOW CHILDREN TO TELL THEIR STORY AND BE HEARD, RECOGNIZE AND DETERMINE IF THERE ARE PHYSICAL OR MENTAL HEALTH CONCERNS, AND DEVELOP STRONG RELATIONSHIPS WITH A TRAUMA-TRAINED ADVOCATE WHO CAN PROVIDE SUPPORT AND REFERRALS TO MEET THE NEEDS OF THE CHILD AND THEIR NON-OFFENDING CAREGIVERS. SERVICES INCLUDE FORENSIC INTERVIEWS? MEDICAL EVALUATIONS? ON-GOING ADVOCACY? COURT SCHOOL? REFERRALS FOR MENTAL HEALTH SERVICES? CASE COORDINATION AND PROFESSIONAL TRAINING, AND COMMUNITY EDUCATION. GRANT AMOUNT - \$82,000. LINCOLN MEDICAL EDUCATION PARTNERSHIP. SCHOOL COMMUNITY INTERVENTION AND PREVENTION (SCIP) PROGRAM IS AN EARLY IDENTIFICATION AND REFERRAL PROGRAM THAT BRINGS TOGETHER FAMILIES, SCHOOLS AND THE COMMUNITY TO SUPPORT STUDENT BEHAVIORAL AND EMOTIONAL HEALTH BY ADDRESSING BOTH INDIVIDUAL AND ENVIRONMENTAL ELEMENTS THAT INFLUENCE YOUTH BEHAVIOR. SCIP WORKS WITH PROFESSIONALS IN 58 PUBLIC/PRIVATE SCHOOLS TO INTERVENE AND OFFER SUPPORT ON BEHALF OF YOUTH DISPLAYING CONCERNING BEHAVIOR. SCIP CONSISTS OF TWO MAIN COMPONENTS. SCIP TEAMS LOCATED WITHIN THE SCHOOL BUILDING THAT PROVIDE SUPPORTS TO STUDENTS AND FAMILIES, AND SCIP COORDINATORS THAT PROVIDE COORDINATION OF SERVICES, PROGRAM DESIGN AND EVALUATION, TRAINING, TECHNICAL ASSISTANCE, COMMUNITY AWARENESS AND SERVE AS LIAISONS BETWEEN THE SCHOOLS, FAMILIES AND COMMUNITY AGENCIES. SCIP PARTNERS WITH SUBSTANCE USE AND MENTAL HEALTH AGENCIES TO OFFER FAMILIES PROFESSIONAL ASSESSMENTS/SCREENINGS AT NO CHARGE. GRANT AMOUNT - \$22,000. LUTHERAN FAMILY SERVICES. ADULT BEHAVIORAL HEALTH (ABH) PROGRAM MEETS THE CRITICAL BASIC NEED OF MENTAL WELLNESS FOR COMMUNITY MEMBERS. THE PROGRAM PROVIDES EFFECTIVE, CLIENT-CENTERED BEHAVIORAL HEALTHCARE USING INNOVATIVE AND SPECIALIZED THERAPIES. SERVICES FOCUS PRIMARILY ON COMMUNITY MEMBERS WHO ARE HIGH-RISK, WHO NEED INTENSIVE CARE, WHO ARE UNDER OR UNINSURED, AND WHO ARE EXPERIENCING POVERTY AND OTHER BARRIERS TO SERVICES. THE PROGRAM OFFERS A CONTINUUM OF CARE THAT INCLUDES OUTPATIENT MENTAL HEALTH THERAPY AND TRAUMA TREATMENT, SUBSTANCE USE TREATMENT, MEDICATION MANAGEMENT, AND COMMUNITY SUPPORT FOR INDIVIDUALS EXPERIENCING SEVERE AND PERSISTENT MENTAL ILLNESS. ADULT BEHAVIORAL HEALTH INTERVENTIONS ARE EVIDENCE-BASED AND UTILIZE BEST-PRACTICE MODELS. GRANT AMOUNT - \$10,000.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	<p>MOURNING HOPE GRIEF CENTER GRIEF SUPPORT SERVICES AND COMMUNITY OUTREACH PROGRAM ASSISTS YOUTH AND THEIR CAREGIVERS WHO ARE GRIEVING THE DEATH OF ANYONE SIGNIFICANT IN THEIR LIVES CHILDREN AND TEENS MEET IN AGE-APPROPRIATE PEER GRIEF SUPPORT SESSIONS FACILITATED BY ME NTAL HEALTH PROFESSIONALS AND TRAINED VOLUNTEERS CONCURRENT SUPPORT IS PROVIDED FOR PAREN TS, CAREGIVERS, OR ANY OTHER ADULT PLAYING A SUPPORTIVE ROLE IN THE CHILD'S LIFE THE CENT ER ALSO SERVES THE COMMUNITY THROUGH ITS LENDING RESOURCE LIBRARY, EDUCATIONAL GRIEF-RELAT ED 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</p> <p>ST MONICA'S BEHAVIORAL HEALTH SERVICES FOR WOMEN PROJECT MOTHER &amp; CHILD PROGRAM IS A C OMPREHENSIVE SIX-MONTH RESIDENTIAL TREATMENT PROGRAM FOR CHEMICALLY DEPENDENT OR DUALY DI AGNOSED PREGNANT WOMEN AND WOMEN WITH CHILDREN UNDER THE AGE OF 12 MORE THAN 90 PERCENT O F THE WOMEN IN THIS PROGRAM SELF-REPORT DOMESTIC ABUSE OR OTHER VIOLENCE THIS THERAPEUTIC MODEL FOCUSES ON THE COMPLEX NEEDS OF THESE WOMEN AND THEIR CHILDREN THE PROGRAM ADDRESS ES THE ISSUES OF BASIC NEEDS, DOMESTIC VIOLENCE, TRAUMA, SUBSTANCE ABUSE AND PARENTING, EN COURAGING WOMEN TO BUILD TOOLS TO SUCCESSFULLY COMPLETE TREATMENT AND DEVELOP SKILLS FOR L ONG-TERM SAFETY IN RECOVERY CHILDREN OF CLIENTS RECEIVE COUNSELING AND OTHER SERVICES, WH ILE MOTHERS RECEIVE SAFETY, PARENTING AND LIFE SKILLS EDUCATION WOMEN LEAVE THIS PROGRAM ENROLLED IN SCHOOL OR EMPLOYED, WITH INDIVIDUALIZED SAFETY AND HOUSING PLANS FOR THEMSELVE S AND THEIR FAMILIES GRANT AMOUNT - \$38,250</p> <p>THE SALVATION ARMY LINCOLN, NEBRASKA CORPS DISASTER SERVICES PROGRAM PROVIDES FOOD AND BEVERAGES AT THE SITE OF A DISASTER IT ALSO P ROVIDES SPIRITUAL AND EMOTIONAL CARE AT THE SCENE OF A DISASTER AND FOLLOW UP CARE SERVICE S MAY INCLUDE MATERIALS MANAGEMENT/DISTRIBUTION, WAREHOUSING, SHELTERING, AND EMERGENCY C ASE MANAGEMENT THE PROGRAM WILL ASSIST WITH TEMPORARY HOUSING VOUCHERS AFTER THE RED CROS S HAS EXHAUSTED THEIR FUNDS ON AN AS NEEDED BASIS GRANT AMOUNT - \$6,000</p> <p>VOICES OF HOPE L INCOLN, INC CRISIS INTERVENTION AND ADVOCACY PROGRAM PROVIDES SERVICES FOR VICTIMS OF DOM ESTIC VIOLENCE AND THEIR FAMILIES WHO HAVE EXPERIENCED INTIMATE PARTNER VIOLENCE, DATING V IOLENCE, SEXUAL ASSAULT, AND INCEST VICTIMS RECEIVE CULTURALLY RESPONSIVE AND EMPOWERING SERVICES THAT MEET THEIR NEEDS, ENHANCE SAFETY, AND ELIMINATE RE-VICTIMIZATION SERVICES I NCLUDES A 24-HOUR CRISIS LINE, CRISIS AND WALK-IN COUNSELING, SUPPORT GROUPS, SAFETY PLANN ING, 24-HOUR ADVOCACY IN HOSPITALS, FOLLOW UP ON LAW ENFORCEMENT REPORTS, ASSISTANCE WITH PROTECTION ORDERS, REFERRALS TO SHELTER AND OTHER COMMUNITY RESOURCES, ASSISTANCE WITH BAS IC AND EMERGENCY NEEDS, AND FINANCIAL ASSISTANCE THE PROGRAM IS THE PRIMARY CRISIS RESPON SE TO VICTIMS THROUGH THE COMMUNITY DOMESTIC VIOLENCE COORDINATED RESPONSE TEAM, SEXUAL AS SAULT RESPONSE TEAM, AND THE C</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4B	COMMUNITY AND UNIVERSITY OF NEBRASKA LINCOLN CAMPUS THREAT ASSESSMENT TEAMS GRANT AMOUNT - \$86,000



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>THE FOLLOWING AGENCIES AND PROGRAMS WERE AWARDED GRANTS IN THIS FOCUS AREA</p> <p>ASIAN COMMUNITY AND CULTURAL CENTER FAMILY RESOURCE PROGRAM ADVANCES THE STABILITY OF ASIAN AND OTHER MINORITY FAMILIES IN LINCOLN FACING ECONOMIC AND CULTURAL BARRIERS TO SELF-SUFFICIENCY THE PROGRAM HELPS FAMILIES BUILD ENGLISH LANGUAGE PROFICIENCY, PURSUE CITIZENSHIP AND EMPLOYMENT, AND ESTABLISH MEDICAL/DENTAL RESOURCES 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</p> <p>CATHOLIC SOCIAL SERVICES EMERGENCY SERVICES PROGRAM PROVIDES CASH ASSISTANCE TO HOMELESS AND NEAR HOMELESS CLIENTS TO OBTAIN HOUSING PAYMENTS ARE PRIMARILY FOR RENT AND UTILITIES THE PROGRAM NETWORKS WITH OTHER AGENCIES THAT DISTRIBUTE EMERGENCY CASH ASSISTANCE TO ELIMINATE DUPLICATION OF SERVICES AND TO PARTNER WITH OTHER AGENCIES FOR EFFICIENT USE OF RESOURCES APPLICANTS RECEIVE BUDGET COUNSELING AND REFERRALS IN ADDITION TO AVAILABLE CASH ASSISTANCE GRANT AMOUNT - \$20,000</p> <p>CATHOLIC SOCIAL SERVICES ST. FRANCIS FOOD PANTRY PROGRAM PROVIDES A WEEK'S WORTH OF FOOD FOR OVER 9,000 INDIVIDUALS EVERY YEAR WITHIN LINCOLN/LANCASTER COUNTY THE PANTRY ADDRESSES THE PROBLEM OF HUNGER IN OUR COMMUNITY AND ACTS AS AN INCOME EXTENDER BY ALLOWING FAMILIES TO UTILIZE THE MONIES THEY WOULD HAVE SPENT ON FOOD FOR OTHER VITAL NECESSITIES SUCH AS SHELTER AND UTILITIES THE PANTRY ASSISTS FAMILIES IN OBTAINING A MORE STABLE FOOD SOURCE AND EDUCATES AND ASSISTS CLIENTS TO OBTAIN FOOD STAMPS WHEN NEEDED GRANT AMOUNT - \$8,000</p> <p>CEDARS YOUTH SERVICES CEDARS EMERGENCY SHELTER SERVICES PROGRAM PROVIDES EMERGENCY SHELTER SERVICES FOR UP TO SIXTEEN YOUTH EACH DAY SERVICES ARE PROVIDED 24 HOURS A DAY TO YOUTH AGES 12-18 THE PROGRAM PROVIDES TRAUMA INFORMATI ON, POSITIVE YOUTH DEVELOPMENT AND WRAPAROUND PRINCIPLES IN A SAFE, NURTURING, AND STABLE SHORT-TERM PLACEMENT SITUATION REFERRALS ARE ACCEPTED FOR YOUTH WHO HAVE EXPERIENCED HOMELESSNESS, A PLACEMENT DISRUPTION, BEEN ON THE RUN, OR ARE IN NEED OF RESPIRE CARE CEDARS IS A RECOGNIZED DETENTION ALTERNATIVE FOR YOUTH WHO DO NOT POSE A SAFETY RISK TO OTHERS IT PROVIDES A SAFE PLACE FOR YOUTH TO RESIDE DURING OUTPATIENT PSYCHOLOGICAL OR SUBSTANCE ABUSE EVALUATIONS UNTIL SUITABLE PLACEMENT PLANS ARE DEVELOPED PROGRAMMING INCLUDES STRUCTURED THERAPEUTIC, EDUCATIONAL, AND LIFE SKILLS GROUPS, RECREATIONAL ACTIVITIES, ACADEMIC SUPPORT INCLUDING ATTENDANCE AT A YOUTH'S HOME SCHOOL WHENEVER POSSIBLE, AND HELP STRENGTHENING RELATIONSHIPS BETWEEN YOUTH AND THEIR FAMILIES GRANT AMOUNT - \$30,000</p> <p>CEDARS YOUTH SERVICES CEDARS EMERGENCY FOOD ASSISTANCE FOR STREET OUTREACH SERVICES PROGRAM ASSISTS RUNAWAY, HOMELESS AND HIGH-RISK YOUTH WITH INTENSIVE OUTREACH INCLUDING SURVIVAL AID (FOOD, CLOTHING, AND TRANSPORTATION)</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>VOUCHERS), ASSESSMENT, CRISIS INTERVENTION AND SAFETY PLANNING, EDUCATION, INFORMATION AND REFERRAL, COUNSELING AND ONGOING SUPPORT THE PROGRAM UTILIZES A POSITIVE YOUTH DEVELOPMENT, TRAUMA INFORMED APPROACH TO PROVIDE EFFECTIVE AND HIGH QUALITY SERVICES YOUTH ARE AB LE TO IMPROVE RELATIONSHIPS AND MAKE BETTER, SAFER LIFE CHOICES CEDARS STAFF FREQUENT PLACES WHERE VULNERABLE YOUTH GATHER AND CONDUCT OUTREACH TO RAISE COMMUNITY AWARENESS THE P ROGRAM PROVIDES EMERGENCY FOOD PROVISION, BOTH DURING STREET OUTREACH EFFORTS THROUGHOUT LINCOLN AND AT THE YOUTH OPPORTUNITY CENTER, A DROP IN CENTER LOCATED IN DOWNTOWN LINCOLN AT THIS LOCATION, FRESH FRUITS AND VEGETABLES AND WARM MEALS ARE PROVIDED FOR YOUTH ON A R EGULAR BASIS GRANT AMOUNT - \$5,000 CENTER FOR PEOPLE IN NEED, INC CAREER DEVELOPMENT AT CENTER FOR PEOPLE IN NEED PROGRAM OFFERS A COMPUTER LAB FOR DIGITAL EDUCATION AND CAREER PATHWAY EXPLORATION AND DEVELOPMENT ENGLISH LANGUAGE LEARNING INSTRUCTORS ASSIST STUDENTS WITH JOB SEARCHES AND APPLICATIONS THE LAB OFFERS A REGULAR SCHEDULE OF MICROSOFT OFFICE SUITE CLASSES AND FORMAL INSTRUCTION IN RESUME WRITING, EMPLOYMENT SEARCHES, ONLINE APPLI CATION COMPLETION, AND OTHER SKILLS THAT HELP CLIENTS FIND CAREER PATHS AND LIVING-WAGE JO BS LOW-INCOME PEOPLE SEEKING NEW CAREER PATHWAYS AND LIVING-WAGE JOBS CAN RECEIVE THE SUP PORT, ASSISTANCE AND TRAINING THEY NEED TO IMPROVE THEIR LIFE SITUATION GRANT AMOUNT - \$5,000 CENTER FOR PEOPLE IN NEED, INC NEIGHBORHOOD FOOD PROGRAM PROVIDES FOOD, INFORMATION AND REFERRAL SERVICES FOR LOW-INCOME RESIDENTS BY DISTRIBUTING FOOD AND USDA COMMODITIES TO LOW-INCOME AREAS IN LINCOLN AT FIVE NEIGHBORHOOD SITES F STREET RECREATION CENTER, THE BAY, FOURTH PRESBYTERIAN CHURCH, OAK LAKE CHURCH, AND THE CENTER FOR PEOPLE IN NEED THE FOOD IS PROVIDED BY FOOD BANK OF LINCOLN FOR APPROXIMATELY 2 CENTS A POUND INFORMATION AB OUT COMMUNITY RESOURCES, OTHER PROGRAMS AT THE CENTER, PERSONAL HEALTH CARE ITEMS, FLU SHO TS AND MORE IS AVAILABLE AT FOOD DISTRIBUTION EVENTS MANY PARTICIPANTS UTILIZE THE CLIENT ASSISTANCE SPECIALIST AT THE CENTER WHO HELPS WITH PUBLIC ASSISTANCE APPLICATIONS SUCH AS SNAP AND HOUSING GRANT AMOUNT - \$26,500 COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND S AUNDERS COUNTIES BASIC AND EMERGENCY NEEDS SERVICES PROGRAM PROVIDES ASSISTANCE AND SUPPO RT TO NEAR-HOMELESS AND HOMELESS INDIVIDUALS AND FAMILIES THROUGH FIVE PROGRAMS EMERGENCY SERVICES PROVIDES RENT AND UTILITY ASSISTANCE TO HOUSEHOLDS WITH AN EVICTION OR DISCONNEC T NOTICE, AND DEPOSIT ASSISTANCE TO HOUSEHOLDS TRANSITIONING OUT OF HOMELESSNESS REPRESENTATIVE PAYEE OVERSEES THE PROPER SPENDING OF BENEFIT PAYMENTS FOR SOCIAL SECURITY RECIPIEN TS WHO HAVE BEEN DEEMED UNFIT BY THE SOCIAL SECURITY ADMINISTRATION TO MANAGE RESOURCES TH EMSELVES TENANT SUPPORT SERVICES PROVIDES EDUCATION AND MEDIATION TO TENANTS AND LANDLORD S WITH A GOAL OF EVICTION PREVENTION SUPPORTIVE HOUSING CONNECTS HOMELESS INDIVIDUALS WIT H TRANSITIONAL HOUSING AND PRO</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>VIDES CASE MANAGEMENT HOMELESS VOUCHER PROVIDES HOUSING STABILITY CASE MANAGEMENT TO THOSE ON A SECTION 8 VOUCHER THE ULTIMATE GOAL OF ALL PROGRAMS IS TO PREVENT AND END HOMELESSNESS GRANT AMOUNT - \$42,366 COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND SAUNDERS COUNTIES FINANCIAL WELL-BEING PROGRAM UMBRELLA CONSISTS OF DISTINCT PROGRAMS AND SERVICES THAT FUNCTION TO SUPPORT LOW- TO MODERATE-INCOME INDIVIDUALS IN THEIR EFFORTS TO BUILD STRONGER FINANCIAL FUTURES THESE INCLUDE 1) AN INDIVIDUAL DEVELOPMENT ACCOUNTS (IDA) PROGRAM FOR ADULTS, WHICH PROVIDES FINANCIAL EDUCATION AND SAVINGS MATCH FOR THE PURCHASE OF A HOME, SMALL BUSINESS START-UP/EXPANSION, OR POST-SECONDARY EDUCATION, 2) OPPORTUNITY PASSPORT, WHICH PROVIDES YOUTH AGES 14-26 WITH FINANCIAL EDUCATION AND SAVINGS MATCH FOR HOUSING, EDUCATION, TRANSPORTATION, DEBT REDUCTION, CREDIT IMPROVEMENT, AND OTHER PURCHASES DESIGNED TO IMPROVE FINANCIAL WELL-BEING, AND 3) FINANCIAL EDUCATION, WHICH UTILIZES THE FDIC'S "MONEY SMART" CURRICULUM TO EDUCATE INDIVIDUALS ON VARIOUS TOPICS INCLUDING CREDIT REPAIR, DEBT REDUCTION, SAVING, IDENTITY THEFT/PROTECTION, HOME OWNERSHIP, AND MORE ALL FINANCIAL WELL-BEING PROGRAMS UTILIZE MOTIVATIONAL INTERVIEWING IN THEIR CASE MANAGEMENT WORK GRANT AMOUNT - \$15,000 COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND SAUNDERS COUNTIES THE GATHERING PLACE PROGRAM IS A SOUP KITCHEN THAT PROVIDES FREE EVENING MEALS MONDAY THROUGH FRIDAY TO THOSE STRUGGLING WITH HUNGER THE GATHERING PLACE IS LOCATED IN ONE OF THE HIGHEST POVERTY NEIGHBORHOODS IN LINCOLN, CHARACTERIZED BY A POVERTY RATE OF 38.9% (U.S. CENSUS, 5-YEAR ESTIMATES) THERE IS NO ELIGIBILITY CRITERIA TO RECEIVE A MEAL NOR ANY QUESTIONS ASKED - ANYONE WHO IS EXPERIENCING HUNGER IS WELCOME THE GATHERING PLACE FOCUSES ON SERVING FULL MEALS THAT ARE NUTRITIONALLY BALANCED, OFTEN INCLUDING LOCALLY SOURCED FRESH FRUITS AND VEGETABLES OVER 1,500 VOLUNTEERS PER YEAR ASSIST WITH NIGHTLY MEAL SERVICE AND ADDITIONAL PROJECTS AS NEEDED GRANT AMOUNT - \$5,000 COMMUNITY CROPS COMMUNITY GARDENS PROGRAM PROVIDES GARDENING SPACE FOR THE RESIDENTS TO GROW FRESH, HEALTHY FOOD FOR THEMSELVES AND THEIR FAMILIES IN 2017, CROPS MANAGED 12 GARDEN SITES ALLOWING MORE THAN 850 GARDENERS TO GROW 43,000 POUNDS OF FRESH FOOD THE PROGRAM WORKS WITH CHURCHES AND OTHER INSTITUTIONS TO DEVELOP AREAS FOR NEW GARDENS TO REACH MORE PEOPLE IN NEED CROPS RELIES ON DOZENS OF VOLUNTEERS TO BUILD NEW GARDENS AND MAINTAIN THE EXISTING SITES THE PROGRAM CONTINUES TO LOOK FOR NEW AND INNOVATIVE WAYS TO INCREASE THE NUMBER OF PEOPLE WHO BECOME SUCCESSFUL GARDENERS GRANT AMOUNT - \$10,000</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>EL CENTRO DE LAS AMERICAS CRISIS ASSISTANCE &amp; 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. CLIENTS RECEIVE CASE MANAGEMENT SERVICES TO ASSIST WITH ESSENTIAL NEEDS AND FOLLOW-UP COMMUNICATION FOR SUPPORT AS THEY CONTINUE TO WORK TOWARDS SELF-SUSTAINABILITY. THE GOAL IS TO HELP REMOVE BARRIERS PREVENTING HOUSING AND FINANCIAL STABILITY. GRANT AMOUNT - \$15,000. FOOD BANK OF LINCOLN, INC. PRODUCE FOR MOBILE FOOD PANTRIES PROGRAM PARTNERS WITH THE CENTER FOR PEOPLE IN NEED, JACOB'S WELL/FIRST PRESBYTERIAN CHURCH, THE BAY, AND THE VETERANS ADMINISTRATION, TO DELIVER FOOD AND IMPROVE ACCESS TO FOOD IN LINCOLN'S LOW-INCOME NEIGHBORHOODS. THE PROGRAM FOCUSES ON PROVIDING FRESH PRODUCE AT LOCATIONS SERVED THROUGHOUT THE CITY OF LINCOLN. GRANT AMOUNT - \$30,000. FRESH START, INC. TRANSITIONAL SHELTER SERVICES PROGRAM OFFERS A LONG-TERM TRANSITIONAL SHELTER FOR WOMEN WHO ARE ENCOURAGED TO PARTICIPATE FOR 3-6 MONTHS AND MAY STAY FOR UP TO ONE YEAR. THE PROGRAM EMPHASIZES GOAL PLANNING, DEVELOPMENT OF A HEALTHY SUPPORT SYSTEM, AND PROMOTION OF RESIDENTS' STRENGTHS. IT HELPS WOMEN ADDRESS BARRIERS BY CONNECTING THEM TO ACTIVITIES SUCH AS COUNSELING, TREATMENT, AND EDUCATIONAL OPPORTUNITIES. CASE MANAGERS ASSIST WOMEN TO REACH THEIR GOALS AND MOVE ON SUCCESSFULLY BY EDUCATING THEM ABOUT SERVICES IN THE COMMUNITY, WHICH THEY WILL USE BEYOND THEIR STAY. FRESH START IS AN IMPORTANT PART OF THE COMMUNITY'S CONTINUUM OF CARE FOR HOUSING AND HOMELESS RELATED NEEDS AND IS UNIQUE BECAUSE ELIGIBILITY IS NOT TIED TO A SPECIFICALLY IDENTIFIED ISSUE (I.E. DOMESTIC VIOLENCE, SUBSTANCE ABUSE). GRANT AMOUNT - \$35,000. GOOD NEIGHBOR COMMUNITY CENTER (GNCC) BASIC NEEDS PROGRAM PROVIDES CLOTHING, HOUSEHOLD ITEMS, PERSONAL CARE/HYGIENE PRODUCTS, HOLIDAY GIFTS, AND DIAPERS TO QUALIFYING FAMILIES. CLIENTS ARE INTERVIEWED TO DETERMINE ELIGIBILITY RANGING FROM NATURAL DISASTER, HOMELESSNESS, DOMESTIC VIOLENCE, RECOVERING ADDICTS, LIMITED INCOME, OR RELEASED INMATES. ASSISTANCE IS GIVEN TO REFUGEES AND IMMIGRANTS FROM THE MIDDLE EAST AND NORTH AFRICA. THE PROGRAM COLLABORATES WITH RESETTLEMENT AGENCIES BRINGING NEW REFUGEES INTO LINCOLN AND LANCASTER COUNTY TO HELP CREATE A SMOOTH TRANSITION. HOME VISITS MAY BE DONE TO DETERMINE SPECIFIC NEEDS, AND NEW FAMILIES ARE GIVEN PRIORITY TO SHOP AT THE CENTER FOR CLOTHES, FOOD, AND ENROLL IN CLASSES. INTERPRETATION SERVICES ASSIST WITH APPOINTMENTS AND TRANSLATION OF NECESSARY DOCUMENTS. THE PROGRAM ALSO ADVOCATES FOR GREATER INDEPENDENCE FOR WOMEN. GRANT AMOUNT - \$15,000. GOOD NEIGHBOR COMMUNITY CENTER FOOD PANTRY &amp; PERISHABLE FOOD PROGRAM AL.</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>             LOWS FAMILIES TO SELECT NON-PERISHABLE FOOD ITEMS OF THEIR CHOICE EVERY THIRTY DAYS THE A MOUNT              OF FOOD GIVEN IS DETERMINED BY FAMILY SIZE AND AVAILABILITY EACH CLIENT MAY ALSO SH OP FOR              PERISHABLE FOOD ITEMS TWICE A WEEK THE PROGRAM PROVIDES INFORMATION TO CLIENTS ABO UT AVAILABLE              FOODNET SITES IN LINCOLN AND COLLABORATES WITH ALLON CHAPEL AS A FOOD NET SIT E EVERY SUNDAY TO              FEED THOSE WHO CANNOT MAKE IT TO THE CENTER DURING THE WEEK DUE TO WORKI NG SCHEDULES THE              PROGRAM ALSO COLLABORATES WITH THE FOOD BANK OF LINCOLN TO PROVIDE FOOD AND CLEANING SUPPLIES              FOR INDIVIDUALS LEAVING SHELTERS AND MOVING INTO HOMES WITH THE HOUS E WARMING PROJECT GRANT              AMOUNT - \$24,500 LEAGUE OF HUMAN DIGNITY, INC BARRIER REMOVAL P ROGRAM IS AVAILABLE TO LINCOLN AND              LANCASTER COUNTY RENTERS OR HOMEOWNERS INCLUDING FAMILY MEMBERS WHO EXPERIENCE A MOBILITY              LIMITATION AND WHO ARE LOW- TO MODERATE-INCOME PARTICI PANTS MAY APPLY FOR A GRANT TO REMOVE OR              MODIFY BARRIERS IN THEIR HOMES ELIGIBLE MODIFICA TIONS INCLUDE OUTSIDE RAMPS AND LIFTS, GRAB BARS,              HANDRAILS, WIDER DOORWAYS, ACCESSIBLE TU BS AND SHOWERS, AND REACHABLE SINKS AND COUNTERS TO              NAME A FEW A BARRIER-FREE MODEL HOME DISPLAYING A VARIETY OF ACCESSIBILITY DESIGN FEATURES AND              ADAPTIVE AIDS IS LOCATED IN THE LINCOLN OFFICE SERVING AS A VALUABLE SOURCE OF INFORMATION PRIOR TO              IMPLEMENTING MODIFICAT IONS THE PROGRAM OFFERS ON-SITE CONSULTATIONS INCLUDING DISCUSSION OF              FEDERAL ACCESSIBILI TY LAWS WITH MEMBERS OF THE BUILDING/CONSTRUCTION INDUSTRY, BUSINESSES AND              INDIVIDUALS WIT H DISABILITIES GRANT AMOUNT - \$5,000 MATT TALBOT KITCHEN AND OUTREACH, INC HOMELESS              PRE VENTION PROGRAM OFFERS PREVENTION SERVICES INCLUDING TRANSITIONAL HOUSING FOR MEN AND WOM              EN WHO ARE COMMITTED TO RECOVERY? PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS IN              DIVIDUALS AND FAMILIES? ASSISTANCE LOCATING AFFORDABLE HOUSING THROUGH THE LANDLORD LIAISO N              PROGRAM? DIVERSION SERVICES FOR INDIVIDUALS AND FAMILIES FACING IMMINENT HOMELESSNESS? C ASE              MANAGEMENT FOR HOUSING CLIENTS INCLUDING THOSE IN THE HOMELESS VOUCHER PROGRAM? A 4-W E EK              SERIES OF LIFE SKILLS CLASSES (PARENTING, MONEY MANAGEMENT, HOW TO BE A GOOD TENANT AND              EMPLOYMENT)? ASSISTANCE OBTAINING VITAL IDENTIFICATION DOCUMENTS NEEDED TO GAIN EMPLOMEN T AND              ACCESS HEALTH &amp; HUMAN SERVICES? AND A SUBSTANCE USE PROGRAM WHICH PROVIDES FREE COUN SELING              AND DRUG &amp; ALCOHOL EVALUATIONS TO THE HOMELESS WHO ARE SEEKING TREATMENT GRANT AMO UNT -              \$17,000 MATT TALBOT KITCHEN AND OUTREACH, INC HUNGER RELIEF PROGRAM PROVIDES DAILY HUNGER RELIEF              EVERYONE IS WELCOME TO RECEIVE A HOT MEAL TWO TIMES A DAY, EVERY DAY OF TH E YEAR LUNCH IS SERVED              FROM 11 30 AM - 12 30 PM AND DINNER IS SERVED FROM 5 30 PM - 6 30 PM ANNUALLY, THE PROGRAM PROVIDES              OVER 100,000 NUTRITIOUS MEALS TO THE HUNGRY IN LINCOLN FOOD PANTRIES ARE AVAILABLE FOR THOSE WHO              DO NOT HAVE ENOUGH FOOD AT HOME IN ADDITION, I NDIVIDUALS LEARN ABOUT THE OTHER PREVENTION              SERVICES AVAILABLE AT MATT TALBOT IT IS A SAF E AND WELCOMING PLACE WHERE TH           </p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C	<p>OSE WHO STRUGGLE CAN FIND RESPITE, PEACE AND EVENTUALLY HOPE GRANT AMOUNT - \$11,000 PEOP LE'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 PERMAN ENT HOUSING, WITH SKILLS AND RESOURCES NECESSARY TO MAINTAIN THAT HOUSING GRANT AMOUNT - \$10,000 THE SALVATION ARMY LINCOLN, NEBRASKA CORPS FOOD SECURITY PROGRAM PROVIDES CONSUM ER 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 MOR NING WINTER NIGHT WATCH PROVIDES A SEASONAL HOT MEAL EVERY SATURDAY AND SUNDAY NIGHTS FRO M OCTOBER 15 - APRIL 15 TO HOMELESS AND NEAR HOMELESS IN THE SOUTH CAPITAL AREA KIDS CAF 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 F EED THEM LUNCH, MONDAY-FRIDAY GRANT AMOUNT - \$20,000 THE SALVATION ARMY LINCOLN, NEBRASKA CORPS 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 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 E NDS MEET CAN PARTICIPATE IN A BUDGETING CLASS GRANT AMOUNT - \$33,634</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
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 A, LINE 4	<p>ARTICLE IV - BOARD OF DIRECTORS " SECTION 2 - NUMBER, ELECTION, TENURE AND QUALIFICATIONS CHANGED NUMBER OF TOTAL VOTING MEMBERS TO A MAXIMUM OF 31 (WAS 28) NOW ALLOWING THE THREE AFFINITY GROUP LEADERS THAT SERVE ON OUR BOARD TO VOTE (WOMEN IN PHILANTHROPY, EMERGING LEADERS, AND TOCQUEVILLE SOCIETY) " SECTION 5 - EXPULSION SOFTENED AND CLARIFIED WORDING ON EXPULSIONS FROM BOARD TOOK OUT SPECIFIC REFERENCE TO A NAMED NUMBER OF MEETINGS MISSED THAT WOULD CAUSE EXPULSION ARTICLE V - MEETINGS " SECTION 3 - ANNUAL MEETING CLARIFIED WORDING TO BRING IN LINE WITH WHAT WE ARE ACTUALLY DOING AND GIVE US MORE FLEXIBILITY IN SETTING DATE FOR THE MEETING " SECTION 4 - NOTICE OF MEETING CHANGED WORDING ON NOTICE OF BOARD MEETINGS TO PROVIDE FLEXIBILITY IN THE MANNER IN WHICH WE NOTIFY " SECTION 5 - QUORUM ADDED ATTENDANCE VIA EITHER IN PERSON OR VIA TELECONFERENCING AS QUALIFYING TOWARD ATTENDANCE FOR VOTING PURPOSES " SECTION 6 - VOTING BOARD MEMBERS 'PARTICIPATING' IN VS 'PRESENT' AT ARE ELIGIBLE TO VOTE (SEE TELECONFERENCING ADDITION IN SECTION 6) ARTICLE VI - OFFICERS " SECTION 3 - DUTIES UPDATED WORDING - TREASURER SECTION HAD THE MOST CHANGES BIGGEST CHANGE IS THAT TREASURER MONITORS FINANCIAL MATTERS RATHER THAN IS RESPONSIBLE FOR TOOK OUT SOME WORDING THAT WAS TOO SPECIFIC AND MADE IT MORE GENERAL ARTICLE VII - BUSINESS AND FINANCIAL TRANSACTIONS " SECTION 7 - STANDING COMMITTEES DID AWAY WITH FUND DISTRIBUTION COMMITTEE AS COMMUNITY IMPACT COMMITTEE IS PERFORMING THAT FUNCTION DID AWAY WITH BENEFITS COMMITTEE AS FINANCE COMMITTEE IS PERFORMING THAT FUNCTION DID AWAY WITH PERSONNEL COMMITTEE SINCE IT IS AD HOC - FUNCTION OF FINANCE COMMITTEE TO APPOINT MEMBERS AS NEEDED ADDED COMPENSATION COMMITTEE DUTIES UPDATED FOR ALL STANDING COMMITTEES MOST CHANGES UNDER FINANCE COMMITTEE AND COMMUNITY IMPACT COMMITTEE ARTICLE X - FUNDING " SECTION 3 - RETENTION OF IDENTITY DELETED THIS PARAGRAPH - OUTDATED</p>



## 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 FUNDING TEAMS 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 AUGUST 2018 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 AUGUST 2018 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No 1545-0047

2018

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 . . . . .

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

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

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

**e** Loans or loan guarantees by related organization(s) . . . . .

**f** Dividends from related organization(s) . . . . .

**g** Sale of assets to related organization(s) . . . . .

**h** Purchase of assets from related organization(s) . . . . .

**i** Exchange of assets with related organization(s) . . . . .

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

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

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

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

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

**o** Sharing of paid employees with related organization(s) . . . . .

**p** Reimbursement paid to related organization(s) for expenses . . . . .

**q** Reimbursement paid by related organization(s) for expenses . . . . .

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

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

Yes

No

1a

No

1b

No

1c

No

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

Yes

1r

No

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