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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

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

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

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 \$ 7,712,271

F Name and address of principal officer:  
MEAGAN LIESVELD  
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

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) 3 28

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 28

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 28

6 Total number of volunteers (estimate if necessary) 6 3,120

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 8 7,258,131 7,437,719

9 Program service revenue (Part VIII, line 2g) 9 0 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d ) 10 105,583 76,263

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 144,774 94,672

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 7,508,488 7,608,654

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) 13 5,145,865 5,183,169

14 Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 1,201,272 1,139,250

16a Professional fundraising fees (Part IX, column (A), line 11e) 16a 0 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶895,665

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 17 841,499 939,108

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 18 7,188,636 7,261,527

19 Revenue less expenses. Subtract line 18 from line 12 19 319,852 347,127

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 20 8,399,241 8,898,406

21 Total liabilities (Part X, line 26) 21 6,259,212 6,411,250

22 Net assets or fund balances. Subtract line 21 from line 20 22 2,140,029 2,487,156

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  
MEAGAN LIESVELD EXECUTIVE DIRECTOR  
Type or print name and title

2020-10-30  
Date

Paid Preparer Use Only

Print/Type preparer's name  
Firm's name ▶ HBE LLP  
Firm's address ▶ 7140 STEPHANIE LANE PO BOX 23110  
LINCOLN, NE 685423110

Preparer's signature  
Date 2020-10-30  
Check ☐ if self-employed  
PTIN P00543870  
Firm's EIN ▶ 47-0677245  
Phone no. (402) 423-4343

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 (2019)

**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 on the 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 program services? ☐ 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.

<b>4a</b>	(Code: ) (Expenses \$ 735,404 including grants of \$ 735,404 ) (Revenue \$ )
	See Additional Data

<b>4b</b>	(Code: ) (Expenses \$ 661,500 including grants of \$ 661,500 ) (Revenue \$ )
	See Additional Data

<b>4c</b>	(Code: ) (Expenses \$ 449,831 including grants of \$ 449,831 ) (Revenue \$ )
	See Additional Data

See Additional Data Table

<b>4d</b>	Other program services (Describe in Schedule O.)
	(Expenses \$ 4,141,864 including grants of \$ 3,336,434 ) (Revenue \$ 144,365 )

**4e** Total program service expenses ▶ 5,988,599

**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	

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

		Yes	No
<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
<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? If "Yes," complete Schedule J . . . . .	<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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .	<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</b>	<b>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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part I . . . . .	<b>25b</b>	No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II . . . . .	<b>26</b>	No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III . . . . .	<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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV . . . . .	<b>28a</b>	No
<b>b</b>	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV . . . . .	<b>28b</b>	No
<b>c</b>	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV . . . . .	<b>28c</b>	No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . . . .	<b>29</b>	Yes
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M . . . . .	<b>30</b>	No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I . . . . .	<b>31</b>	No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II . . . . .	<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? If "Yes," complete Schedule R, Part I . . . . .	<b>33</b>	No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .	<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)? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<b>35b</b>	No
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 . . . . .	<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? If "Yes," complete Schedule R, Part VI . . . . .	<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>	5
<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

**Part V** **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

<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> <span style="float: right;">28</span>			
<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: 150px;"></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>9 Sponsoring organizations maintaining donor advised funds.</b>				
<b>a</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>12a</b>			
<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> 28		
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> 28		
<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>		No
<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 ☐

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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.

See instructions for the order in which to list the persons above.

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

[illegible]

## Part VII

<b>1b Sub-Total</b>			
<b>1c Total from continuation sheets to Part VII, Section A</b>			
<b>1d Total (add lines 1b and 1c)</b>	222,833	0	26,564

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

## Section B. Independent Contractors

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

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

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



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Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII . . . . .										<input type="checkbox"/>			
										(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . . . .		1a										
	b Membership dues . . . . .		1b										
	c Fundraising events . . . . .		1c	58,571									
	d Related organizations . . . . .		1d										
	e Government grants (contributions) . . . . .		1e										
	f All other contributions, gifts, grants, and similar amounts not included above . . . . .		1f	7,379,148									
	g Noncash contributions included in lines 1a - 1f:\$ . . . . .		1g	243,683									
	h Total. Add lines 1a-1f . . . . . ▶		7,437,719										
Program Service Revenue	2a		Business Code										
	b												
	c												
	d												
	e												
	f All other program service revenue.												
g Total. Add lines 2a-2f. . . . . ▶													
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶			76,263						76,263			
	4 Income from investment of tax-exempt bond proceeds . . . . . ▶												
	5 Royalties . . . . . ▶												
			(i) Real	(ii) Personal									
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c										
	d Net rental income or (loss) . . . . . ▶												
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a										
	b Less: cost or other basis and sales expenses		7b										
	c Gain or (loss)		7c										
	d Net gain or (loss) . . . . . ▶												
	8a Gross income from fundraising events (not including \$ 58,571 of contributions reported on line 1c). See Part IV, line 18 . . . . .		8a	53,924									
	b Less: direct expenses . . . . .		8b	103,617									
	c Net income or (loss) from fundraising events . . . . . ▶			-49,693						-49,693			
	9a Gross income from gaming activities. See Part IV, line 19 . . . . .		9a										
	b Less: direct expenses . . . . .		9b										
	c Net income or (loss) from gaming activities . . . . . ▶												
	10a Gross sales of inventory, less returns and allowances . . . . .		10a										
	b Less: cost of goods sold . . . . .		10b										
	c Net income or (loss) from sales of inventory . . . . . ▶												
Miscellaneous Revenue			Business Code										
11a ADMINISTRATIVE INCOME			900099		144,365		144,365						
b													
c													
d All other revenue . . . . .													
e Total. Add lines 11a-11d . . . . . ▶					144,365								
12 Total revenue. See instructions . . . . . ▶					7,608,654		144,365		0				
									26,570				

Form 990 (2019)

**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 ☐

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .	5,183,169	5,183,169		
<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, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	243,186	40,478	155,697	47,011
<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 . . . . .	691,515	175,045	113,713	402,757
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .	31,145	10,880	258	20,007
<b>9</b> Other employee benefits . . . . .	105,222	31,933	13,880	59,409
<b>10</b> Payroll taxes . . . . .	68,182	15,742	19,114	33,326
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .	10,039		10,039	
<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.)	76,280	31,699	7,935	36,646
<b>12</b> Advertising and promotion . . . . .	242,343	134,857	1,547	105,939
<b>13</b> Office expenses . . . . .	4,827	1,369	733	2,725
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	105,436	30,099	15,671	59,666
<b>17</b> Travel . . . . .	9,771	2,410	933	6,428
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .	8,999	1,356	3,300	4,343
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	16,980	4,697	2,593	9,690
<b>23</b> Insurance . . . . .	6,928	1,907	1,060	3,961
<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	285,667	285,667		
<b>b</b> MEMBERSHIP DUES	91,004	22,381	16,987	51,636
<b>c</b> MISCELLANEOUS	26,210	6,275	2,180	17,755
<b>d</b> EQUIPMENT RENTAL AND MA	17,340	2,417	1,519	13,404
<b>e</b> All other expenses	37,284	6,218	10,104	20,962
<b>25</b> Total functional expenses. Add lines 1 through 24e	7,261,527	5,988,599	377,263	895,665
<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 . . . . .	4,610,558	<b>1</b>	5,043,943
	<b>2</b> Savings and temporary cash investments . . . . .	1,298,106	<b>2</b>	1,300,514
	<b>3</b> Pledges and grants receivable, net . . . . .	2,349,083	<b>3</b>	2,287,999
	<b>4</b> Accounts receivable, net . . . . .	46,736	<b>4</b>	118,843
	<b>5</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<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 . . . . .	37,845	<b>9</b>	100,715
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 215,028		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 168,636	56,913	<b>10c</b> 46,392
	<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) . . . . .	8,399,241	<b>16</b>	8,898,406	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	91,334	<b>17</b>	95,358
	<b>18</b> Grants payable . . . . .	2,083,939	<b>18</b>	1,915,347
	<b>19</b> Deferred revenue . . . . .	290,264	<b>19</b>	275,885
	<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 any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<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 . . . . .	0	<b>24</b>	213,000
	<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	3,793,675	<b>25</b>	3,911,660
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	6,259,212	<b>26</b>	6,411,250
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	2,140,029	<b>27</b>	2,487,156
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds		<b>31</b>	
<b>32</b> <b>Total net assets or fund balances</b> . . . . .	2,140,029	<b>32</b>	2,487,156	
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	8,399,241	<b>33</b>	8,898,406	

**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>	7,608,654
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	7,261,527
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	347,127
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	2,140,029
<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>	2,487,156

**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 (2019)

**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 2019-2020 FISCAL YEAR, FUNDED PROGRAMS REPORTED THE FOLLOWING:1)77% OF STUDENTS WERE MORE ON TRACK WITH CHILD DEVELOPMENT/SCHOOL READINESS2)3,171 STUDENTS MADE ACADEMIC PROGRESS3)5,870 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 2019-2020 FISCAL YEAR, FUNDED PROGRAMS REPORTED THE FOLLOWING: 1) 20,845 NIGHTS OF EMERGENCY SHELTER AND 35,923 NIGHTS OF TRANSITIONAL SHELTER WERE PROVIDED TO THOSE FLEEING DOMESTIC VIOLENCE. 2) 91% OF PARTICIPANTS REPORTED THAT THEY KNOW MORE WAYS TO PLAN FOR THEIR SAFETY. 3) 92% OF PARTICIPANTS DEMONSTRATED IMPROVED COPING SKILLS.

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**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 2019-2020 FISCAL YEAR, FUNDED PROGRAMS REPORTED THE FOLLOWING: 1) 1,523,939 MEALS WERE SERVED AND 6,593,161 POUNDS OF FOOD WERE DISTRIBUTED. 2) 43,227 BED NIGHTS WERE PROVIDED FOR EMERGENCY SHELTER. 3) 10,538 BED NIGHTS WERE PROVIDED TO PEOPLE TRANSITIONING TO STABLE HOUSING.

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**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 \$ 275,511 including grants of \$ 275,511 ) (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 AS THE BACKBONE OF THIS EFFORT IN THE COMMUNITY BY COORDINATING WITH 5 PROVIDERS WHO DELIVER SERVICE INTERVENTIONS AND ALSO FACILITATES PROVIDER GROUP MEETINGS, ENSURES REPORTING ACCURACY, AND PROVIDES OVERSIGHT FOR THE SEMI-ANNUAL EVALUATION PROCESSES. IN ADDITION, UNITED WAY SERVES IN AN ADMINISTRATIVE CAPACITY FOR THE PROJECT. THE ADMINISTRATIVE ROLE INVOLVES CONTRACT DEVELOPMENT, OVERSIGHT, AND ACCOUNTING. THIS PROGRAM IS SUPPORTED THROUGH GRANT DOLLARS AWARDED TO UNITED WAY FROM NEBRASKA CHILDREN AND FAMILIES FOUNDATION IN THE AMOUNT OF \$275,511 DURING THE 2019-2020 FISCAL PERIOD. IN ADDITION, THIS INITIATIVE MADE POSSIBLE A COVID-19 HOUSING STABILITY GRANT IN THE AMOUNT OF \$50,000 FOR TEMPORARY SAFE HOUSING FOR THE HOMELESS COMMUNITY DURING THE PANDEMIC.

(Code: ) (Expenses \$ 257,224 including grants of \$ 257,224 ) (Revenue \$ )

ENGAGE. EMPOWER.GRADUATE (EEG): THE WOMEN 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. \$257,224 WAS RAISED AND ALLOCATED TO THE FOLLOWING EEG SUPPORTED PROGRAMS: JUMP START TO KINDERGARTEN, FAMILY LITERACY, MENTAL HEALTH SERVICES, SUMMER ENRICHMENT, COMMUNITY CAF, AND COMMUNITY LEARNING CENTERS.



**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 \$ 60,000 including grants of \$ 60,000 ) (Revenue \$ )

COVID-19 HOUSING STABILITY GRANTS: UNITED WAY SUPPORTED HOUSING STABILITY EFFORTS BY GRANTING \$60,000 TO PARTNER AGENCIES TO ASSIST THOSE IN NEED DURING THE PANDEMIC. A GRANT IN THE AMOUNT OF \$50,000 TO MATT TALBOT KITCHEN AND OUTREACH WAS UTILIZED TO PAY FOR TEMPORARY HOUSING IN LOCAL HOTEL/MOTELS FOR THE COMMUNITY'S HOMELESS POPULATION. THIS GRANT WAS MADE POSSIBLE THROUGH FUNDING RECEIVED FROM NEBRASKA CHILDREN AND FAMILIES FOUNDATION FOR THE COMMUNITY RESPONSE INITIATIVE. IN ADDITION, GRANTS IN THE AMOUNT OF \$10,000 WERE AWARDED TO THREE UNITED WAY PARTNER AGENCIES THAT PROVIDED DIRECT FINANCIAL ASSISTANCE FOR HOUSING NEEDS SUCH AS MORTGAGE, RENT, AND UTILITIES TO SUPPORT STABLE HOUSING AND ALSO FOR HEALTH AND HUMAN CARE NEEDS SUCH AS FOOD AND MEDICAL EXPENSES.

(Code: ) (Expenses \$ 35,200 including grants of \$ 35,200 ) (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 \$35,200 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 \$ 35,000 including grants of \$ 35,000 ) (Revenue \$ )

LINCOLN COMMUNITY LEARNING CENTERS (CLC): \$35,000 HAS BEEN ALLOCATED TO LINCOLN COMMUNITY LEARNING CENTERS. THE CLC INITIATIVE IS FOCUSED ON ACHIEVING THREE MAJOR OUTCOMES: IMPROVED STUDENT LEARNING AND DEVELOPMENT; STRONG AND SUPPORTIVE FAMILIES; AND ENGAGED NEIGHBORHOODS.

(Code: ) (Expenses \$ 20,000 including grants of \$ 20,000 ) (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, NE HOUSES THE CALL CENTER FOR THE STATE AND TRACKS DATA THAT IS SPECIFIC TO EACH PARTICIPATING COMMUNITY. DURING THE 2019-2020 FISCAL YEAR, 4,002 CALLS WERE RECEIVED FROM LANCASTER COUNTY. THE MAJORITY OF CALLERS WERE SEEKING HOUSING AND UTILITIES ASSISTANCE. UNITED WAY ALLOCATED \$ \$20,000 FOR THIS INITIATIVE.

**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 \$ 13,763 including grants of \$ 13,763 ) (Revenue \$ )

EMERGING LEADERS UNITED INITIATIVE: UNITED WAY'S EMERGING LEADERS UNITED AFFINITY GROUP RAISED AND ALLOCATED \$13,763 TO SUPPORT CREATIVE LEARNING SPACES IN LINCOLN AND LANCASTER. THIS FUNDING WILL SUPPORT THE DEVELOPMENT A CREATIVE LEARNING SPACE AT NORWOOD PARK, A TITLE I ELEMENTARY SCHOOL IN LINCOLN, NE. THE PROJECT WILL BENEFIT PARTICIPANTS IN THE SCHOOL'S CORE AND AFTER-SCHOOL PROGRAMS OFFERED THROUGH THEIR COMMUNITY LEARNING CENTER AND PROVIDE AN ENVIRONMENT THAT SUPPORTS LEARNING AS WELL AS EMOTIONAL DEVELOPMENT.

(Code: ) (Expenses \$ 12,047 including grants of \$ 12,047 ) (Revenue \$ )

VIRTUAL BOOK DRIVE: AN ONLINE CAMPAIGN SPONSORED BY THE UNITED WAY WOMEN IN PHILANTHROPY AND EMERGING LEADERS UNITED GROUPS RAISED \$12,047 FOR THE PURCHASE OF BOOKS AND SCHOOL SUPPLIES FOR CHILDREN IN LANCASTER COUNTY. A TOTAL OF 3,810 BOOKS WERE DISTRIBUTED DURING THE 2019-2020 FISCAL YEAR.

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

DATA-TRACKING PROJECT: THIS PROJECT RECEIVED A \$7,500 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.

(Code: ) (Expenses \$ 7,500 including grants of \$ 7,500 ) (Revenue \$ )

PROJECT CONNECT LINCOLN: \$7,500 WAS AWARDED TO PROJECT 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 ASSIST WITH BOTH SHORT TERM AND LONG TERM NEEDS.

**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 \$ 1,400 including grants of \$ 1,400 ) (Revenue \$ )

COURT TOTES: IN PARTNERSHIP WITH CHILD ADVOCACY CENTER, THIS ONE-TIME PROJECT DISTRIBUTED OVER 100 BAGS WITH ENGAGING AND STIMULATING ACTIVITIES TO CHILD VICTIMS OF ABUSE TO TAKE WITH THEM WHEN THEY HAD TO APPEAR IN COURT. BAGS WERE DEVELOPED FOR CHILDREN AS YOUNG AS AGE FIVE. THE PURPOSE OF THESE BAGS WAS TO HELP KEEP THE CHILDREN DISTRACTED FROM WHAT WAS HAPPENING AROUND THEM IN THE INTIMIDATING COURT ATMOSPHERE, AS WELL AS KEEP THEM ENGAGED IN STIMULATING ACTIVITIES FOR WHAT OFTEN ARE SOME VERY LONG DAYS IN THE COURTROOM. \$1,500 WAS ALLOCATED FOR THIS PROJECT.

(Code: ) (Expenses \$ 25,000 including grants of \$ 25,000 ) (Revenue \$ )

LINCOLN PARTNERSHIP FOR ECONOMIC DEVELOPMENT: UNITED WAY PROVIDES SUPPORT FOR THE LINCOLN PARTNERSHIP FOR ECONOMIC DEVELOPMENT'S WORKFORCE DEVELOPMENT ACTIVITY TO CREATE PATHWAYS FOR LINCOLN RESIDENTS TO OBTAIN LIVING-WAGE EMPLOYMENT IN OUR COMMUNITY. \$25,000 HAS BEEN ALLOCATED FOR THIS PROJECT.

**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 \$ 20,000 including grants of \$ 20,000 ) (Revenue \$ )

AGENCY TECHNICAL ASSISTANCE FUND: IN MAY 2020, UNITED WAY'S BOARD OF DIRECTORS APPROVED THE CREATION OF A TECHNICAL ASSISTANCE FUND TO PROVIDE SUPPORT TO AGENCY PARTNERS OVER THE 2020-2021 FISCAL YEAR. THESE FUNDS CAN HELP ADDRESS CAPACITY NEEDS TO ENSURE ORGANIZATIONAL HEALTH AND EFFECTIVE IMPLEMENTATION OF PROGRAMS IN THE COMMUNITY. \$20,000 HAS BEEN ALLOCATED FOR THIS PROJECT.

(Code: ) (Expenses \$ 14,652 including grants of \$ 14,652 ) (Revenue \$ )

STABLE STRONG SUCCESSFUL: THIS INITIATIVE WAS LAUNCHED IN SEPTEMBER 2019 TO PROVIDE SUPPORTS TO FAMILIES AND STUDENTS TO REDUCE CHRONIC ABSENTEEISM IN OUR COMMUNITY. THIS PROGRAM WILL HELP EXPAND THE COMMUNITY RESPONSE INITIATIVE THROUGHOUT THE LINCOLN AND LANCASTER COUNTY COMMUNITY. \$14,652 HAS BEEN ALLOCATED FOR THIS PROJECT.

**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 \$ 553,550 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 2019 CAMPAIGN WAS \$553,550.

(Code: ) (Expenses \$ 2,437,735 including grants of \$ 2,437,735 ) (Revenue \$ 144,365 )

DESIGNATIONS: UNITED WAY PROCESSED \$2,437,735 IN DONOR-DESIGNATED FUNDS. DONOR-DESIGNATED FUNDS ARE CONTRIBUTIONS SPECIFICALLY DIRECTED BY THE DONOR TO OTHER NONPROFIT ORGANIZATIONS. UNITED WAY OF LINCOLN AND LANCASTER COUNTY ACTS IN A FISCAL AGENT CAPACITY TO COLLECT, PROCESS, AND DISBURSE THE FUNDS. ORGANIZATIONS MUST HAVE TAX-EXEMPT STATUS AND BE COMPLIANT WITH THE PATRIOT ACT.

**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 \$ 365,782 including grants of \$ 113,902 ) (Revenue \$ )

PROGRAM GENERAL OPERATING COSTS: EXPENSES OF \$365,782 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 THREE FOCUS AREAS OF EDUCATION, INCOME, AND HEALTH.



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
CHRIS CALLIHAN ..... DIRECTOR	1.00 .....	X						0	0	0
BRIAN CHAFFIN ..... VICE PRESIDENT - 2020	1.00 .....	X		X				0	0	0
JOY CITTA ..... DIRECTOR	1.00 .....	X						0	0	0
JOHN CONNER ..... 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
CHARLIE FOSTER ..... DIRECTOR	1.00 .....	X						0	0	0
JOHN GREVING ..... 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			
ERIN HART ..... DIRECTOR	1.00 .....	X						0	0	0
LARRY KEITER ..... DIRECTOR	1.00 .....	X						0	0	0
RHONDA LAHM ..... SECRETARY - 2019	1.00 .....	X		X				0	0	0
ALYSSA MARTIN ..... DIRECTOR	1.00 .....	X						0	0	0
SUE MARTIN ..... DIRECTOR	1.00 .....	X						0	0	0
ERIC MOOSS ..... ASSISTANT TREASURER - 2020	1.00 .....	X		X				0	0	0
PHIL MORGAN ..... DIRECTOR	1.00 .....	X						0	0	0
BILL MUELLER ..... PRESIDENT - 2020	1.00 .....	X		X				0	0	0
PHILLIP MULLIN ..... DIRECTOR	1.00 .....	X						0	0	0
TIFFANY MURRAY ..... 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			
RYAN NELSON ..... DIRECTOR	1.00 .....	X						0	0	0
WALTER POWELL ..... DIRECTOR	1.00 .....	X						0	0	0
BRYAN ROBERTSON ..... TREASURER - 2020	1.00 .....	X		X				0	0	0
DORIS ROBERTSON ..... ASSISTANT TREASURER - 2019	1.00 .....	X		X				0	0	0
LINDA ROBINSON RUTZ ..... PRESIDENT - 2019	1.00 .....	X		X				0	0	0
TIM SABO ..... TREASURER - 2019	1.00 .....	X		X				0	0	0
TIM SCHLEGELMILCH ..... DIRECTOR	1.00 .....	X						0	0	0
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

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			
BRETT SUNDBERG ..... SECRETARY - 2020	1.00 .....	X		X				0	0	0
AVA THOMAS ..... DIRECTOR	1.00 .....	X						0	0	0
KEVIN WAILES ..... PRESIDENT ELECT	1.00 .....	X		X				0	0	0
NATALIA WIITA ..... DIRECTOR	1.00 .....	X						0	0	0
BRIAN WACHMAN ..... EXECUTIVE DIRECTOR - 2019	40.00 .....			X				135,961	0	20,998
MEAGAN LIESVELD ..... EXECUTIVE DIRECTOR - 2020	40.00 .....			X				0	0	0
MARY ALDRICH-KNIGHT ..... CHIEF FINANCIAL OFFICER	40.00 .....			X				86,872	0	5,566

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 instructions and the latest information.

OMB No. 1545-0047

2019

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	7,274,672	7,232,886	7,173,841	7,258,131	7,437,719	36,377,249
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	7,274,672	7,232,886	7,173,841	7,258,131	7,437,719	36,377,249
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.						36,377,249

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	7,274,672	7,232,886	7,173,841	7,258,131	7,437,719	36,377,249
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	11,586	27,033	55,028	105,583	76,263	275,493
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.). . .	207,520	216,596	197,671	245,004	198,289	1,065,080
11	<b>Total support.</b> Add lines 7 through 10						37,717,822
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		
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) . . . . .	14 96.450 %
15	Public support percentage for 2018 Schedule A, Part II, line 14 . . . . .	15 96.560 %
16a	<b>33 1/3% support test—2019.</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—2018.</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"/>	
17a	<b>10%-facts-and-circumstances test—2019.</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—2018.</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"/>	
18	<b>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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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.) . .						
<b>14 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>15</b> Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2019</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b> Investment income percentage from <b>2018</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2019.** 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—2018.** 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 <b>Part VI</b>.</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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 ( <b>see instructions</b> ):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b> Activities Test. <b>Answer (a) and (b) below.</b>		
<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 <b>Part VI</b> 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 <b>Part VI</b> 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. <b>Answer (a) and (b) below.</b>		
<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 <b>Part VI</b>.</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 <b>Part VI</b> 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>			
<b>1</b> <input type="checkbox"/> 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.			
<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	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)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by .035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 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-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014. . . . .			
b From 2015. . . . .			
c From 2016. . . . .			
d From 2017. . . . .			
e From 2018. . . . .			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, 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 2019. 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 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015. . . . .			
b Excess from 2016. . . . .			
c Excess from 2017. . . . .			
d Excess from 2018. . . . .			
e Excess from 2019. . . . .			

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

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SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
► Attach to Form 990.  
► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2019

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) 2019

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 . . . . .	215,028	168,636	46,392
e	Other . . . . .			
Total.	Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶			46,392

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. (1) Federal income taxes	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	3,911,660

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>	5,011,402
<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>	103,617
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	103,617
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,907,785
<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>	2,700,869
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,700,869
<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>	7,608,654

**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>	4,664,275
<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>	103,617
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	103,617
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	4,560,658
<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>	2,700,869
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	2,700,869
<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>	7,261,527

**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. FOR THE YEAR ENDED JUNE 30, 2020, THE ORGANIZATION HAD NO TAX LIABILITY ON UNRELATED BUSINESS ACTIVITY. FOR THE YEAR ENDED JUNE 30, 2019, THE ORGANIZATION HAD QUALIFIED TRANSPORTATION FRINGE BENEFITS WHICH ARE SUBJECT TO TAX ON UNRELATED BUSINESS INCOME. ON DECEMBER 20, 2019, H.R. 1865 FURTHER CONSOLIDATED APPROPRIATIONS ACT 2020 WAS SIGNED, REPEALING THE UNRELATED BUSINESS INCOME TAX ON QUALIFIED TRANSPORTATION FRINGE BENEFITS RETROACTIVELY. 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 103,617.

Supplemental Information	
Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS 2,437,735. PROVISION FOR UNCOLLECTIBLE PLEDGES 263,134.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	DIRECT FUNDRAISING EXPENSE 103,617.

Supplemental Information	
Return Reference	Explanation
PART XII, LINE 4B - OTHER ADJUSTMENTS:	DONOR DESIGNATIONS 2,437,735. PROVISION FOR UNCOLLECTIBLE PLEDGES 263,134.



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

Revenue		(a) Event #1 <b>HELPING HANDS AUCTION</b> (event type)	(b) Event #2 <b>WING FEST</b> (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	<b>1</b> Gross receipts . . . . .	64,762	35,815		100,577
	<b>2</b> Less: Contributions . . . . .	43,107	15,464		58,571
	<b>3</b> Gross income (line 1 minus line 2) . . . . .	21,655	20,351		42,006
Direct Expenses	<b>4</b> Cash prizes . . . . .				
	<b>5</b> Noncash prizes . . . . .				
	<b>6</b> Rent/facility costs . . . . .	2,456	1,518		3,974
	<b>7</b> Food and beverages . . . . .	10,043	57		10,100
	<b>8</b> Entertainment . . . . .				
	<b>9</b> Other direct expenses . . . . .	11,628	3,312		14,940
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ►				29,014
	<b>11</b> Net income summary. Subtract line 10 from line 3, column (d) . . . . . ►				12,992

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	<b>1</b> Gross revenue . . . . .				
	<b>2</b> Cash prizes . . . . .				
	<b>3</b> Noncash prizes . . . . .				
	<b>4</b> Rent/facility costs . . . . .				
	<b>5</b> Other direct expenses . . . . .				
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 . . . . .	<b>13a</b>	%
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%

**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
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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

2019

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:	<p>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.</p>

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 FRIENDS OF JAMAICA 1697 BROADWAY STE 501 NEW YORK, NY 10019	13-3115102	501(C)(3)	5,025	0			DONOR DESIGNATED FOR GENERAL SUPPORT
AMERICAN RED CROSS OF SOUTHEAST NEBRASKA CHAPTER 4600 VALLEY RD STE 300 LINCOLN, NE 68510	47-0376573	501(C)(3)	15,206	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 OF SOUTHEAST NEBRASKA CHAPTER 4600 VALLEY RD STE 300 LINCOLN, NE 68510	47-0376573	501(C)(3)	30,000	0			PROGRAM OPERATING COST
ARC OF LINCOLN 6500 HOLDREGE ST SUITE 2 LINCOLN, NE 68505	47-0498629	501(C)(3)	6,135	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ARC OF LINCOLN 6500 HOLDREGE ST SUITE 2 LINCOLN, NE 68505	47-0498629	501(C)(3)	9,000	0			PROGRAM OPERATING COST
ASIAN COMMUNITY AND CULTURAL CENTER 144 N 44 LINCOLN, NE 68504	47-0807501	501(C)(3)	4,861	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
ASIAN COMMUNITY AND CULTURAL CENTER 144 N 44 LINCOLN, NE 68504	47-0807501	501(C)(3)	22,500	0			PROGRAM OPERATING COST
BKD FOUNDATION 910 E ST LOUIS ST STE 400 SPRINGFIELD, MO 65806	43-1866948	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
BIG BROTHERS BIG SISTERS LINCOLN 6201 HAVELOCK AVE LINCOLN, NE 685071236	47-0794732	501(C)(3)	8,737	0			DONOR DESIGNATED FOR GENERAL SUPPORT
BIG BROTHERS BIG SISTERS LINCOLN 6201 HAVELOCK AVE LINCOLN, NE 685071236	47-0794732	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
BOYS & GIRLS CLUBS OF LINCOLN LANCASTER COUNTY PO BOX 22344 LINCOLN, NE 68542	20-8677226	501(C)(3)	20,462	0			DONOR DESIGNATED FOR GENERAL SUPPORT
BOYS & GIRLS CLUBS OF LINCOLN LANCASTER COUNTY PO BOX 22344 LINCOLN, NE 685422344	20-8677226	501(C)(3)	30,000	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)	7,500	0			DONOR DESIGNATED FOR GENERAL SUPPORT
CASA FOR LANCASTER COUNTY 1141 H ST STE C LINCOLN, NE 68508	47-0833799	501(C)(3)	8,908	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)	18,900	0			PROGRAM OPERATING COST
CATHOLIC SOCIAL SERVICES OF SOUTHERN NEBRASKA 2241 O ST LINCOLN, NE 685101122	47-0751554	501(C)(3)	96,870	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 OF SOUTHERN NEBRASKA 2241 O ST LINCOLN, NE 685101122	47-0751554	501(C)(3)	58,200	0			PROGRAM OPERATING COST
CATHOLIC SOCIAL SERVICES OF SOUTHERN NEBRASKA 2241 O ST LINCOLN, NE 685101123	47-0751555	501(C)(3)	2,000	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
CATHOLIC SOCIAL SERVICES OF SOUTHERN NEBRASKA 2241 O ST LINCOLN, NE 685101123	47-0751555	501(C)(3)	4,000	0			COVID-19 HOUSING STABILITY
CBOL - HOUSE FOR NEW LIFE 233 S 13TH ST SUITE 1900 LINCOLN, NE 68508	47-0707083	501(C)(3)	17,085	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)	22,620	0			COMMUNITY COLLABORATION - COMMUNITY RESPONSE INITIATIVE
CEDARS YOUTH SERVICES 6601 PIONEERS BLVD STE 1 LINCOLN, NE 685065260	47-0551975	501(C)(3)	28,316	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)	294,825	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)	21,611	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)	40,788	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)	25,811	0			DONOR DESIGNATED FOR GENERAL SUPPORT
CITY IMPACT 1035 N 33RD ST LINCOLN, NE 68503	47-0800906	501(C)(3)	26,000	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)	553,550	0			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY 210 O ST LINCOLN, NE 685082322	47-0491162	501(C)(3)	83,945	0			COMMUNITY COLLABORATION - COMMUNITY RESPONSE INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY 210 O ST LINCOLN, NE 685082322	47-0491162	501(C)(3)	5,731	0			DONOR DESIGNATED FOR GENERAL SUPPORT
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY 210 O ST LINCOLN, NE 685082322	47-0491162	501(C)(3)	162,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY 210 O ST LINCOLN, NE 685082322	47-0491162	501(C)(3)	5,100	0			PROGRAM OPERATING COST - IMPACT INITIATIVE
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY 210 O ST LINCOLN, NE 685082322	47-0491162	501(C)(3)	4,000	0			COVID-19 HOUSING STABILITY

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)	4,706	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
COMMUNITY SERVICES FUND 3800 VERMASS PL STE 200 LINCOLN, NE 68502	36-3431222	501(C)(3)	391,890	0			DONOR DESIGNATED FOR GENERAL SUPPORT
CORNHUSKER UNITED WAY PO BOX 75 CRETE, NE 68333	36-3236963	501(C)(3)	5,513	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)	7,623	0			DONOR DESIGNATED FOR GENERAL SUPPORT
EL CENTRO DE LAS AMERICAS 210 O ST LINCOLN, NE 68508	47-0658284	501(C)(3)	21,300	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)	149,942	0			COMMUNITY COLLABORATION - COMMUNITY RESPONSE INITIATIVE
FAMILY SERVICE ASSOCIATION OF LINCOLN 501 S 7TH ST LINCOLN, NE 685082920	47-0376584	501(C)(3)	6,818	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)	42,000	0			PROGRAM OPERATING COST
FIRST PLYMOUTH CONGREGATIONAL CHURCH 2000 D ST LINCOLN, NE 68502	47-0376589	501(C)(3)	16,828	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 4840 DORIS BAIR CIR STE A LINCOLN, NE 685041465	47-0640293	501(C)(3)	101,095	0			DONOR DESIGNATED FOR GENERAL SUPPORT
FOOD BANK OF LINCOLN 4840 DORIS BAIR CIR STE A LINCOLN, NE 685041465	47-0640293	501(C)(3)	38,945	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRESH START 6433 HAVELOCK AVE LINCOLN, NE 685071332	36-3785810	501(C)(3)	11,292	0			DONOR DESIGNATED FOR GENERAL SUPPORT
FRESH START 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)	50,264	0			DONOR DESIGNATED FOR GENERAL SUPPORT
FRIENDSHIP HOME OF LINCOLN INC PO BOX 85358 LINCOLN, NE 685015358	47-0619855	501(C)(3)	70,650	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)	5,490	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)	6,906	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)	42,500	0			PROGRAM OPERATING COST
GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 685031750	20-0391739	501(C)(3)	5,000	0			PROGRAM OPERATING COST - IMPACT INITIATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 685031750	20-0391739	501(C)(3)	2,000	0			COVID-19 HOUSING STABILITY
HARBOR MINISTRIES 9600 S 67TH ST LINCOLN, NE 68516	20-4894998	501(C)(3)	7,500	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)	47,209	0			COMMUNITY COLLABORATION - COMMUNITY RESPONSE INITIATIVE
HOPESPOKE 2444 O ST LINCOLN, NE 685101125	47-0398819	501(C)(3)	19,627	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)	120,000	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)	2,624	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)	56,500	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
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)	4,617	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)	7,419	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)	13,500	0			PROGRAM OPERATING COST
LIGHTHOUSE 2601 N ST LINCOLN, NE 685021244	36-3656310	501(C)(3)	25,938	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
LIGHTHOUSE 2601 N ST LINCOLN, NE 685021244	36-3656310	501(C)(3)	90,500	0			PROGRAM OPERATING COST
LINCOLN CHAMBER ECONOMIC DEVELOPMENT CORPORATION 1128 LINCOLN MALL LINCOLN, NE 68508	47-6036618	501(C)(6)	25,000	0			COMMUNITY COLLABORATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LINCOLN COMMUNITY FOUNDATION 215 CENTENNIAL MALL S STE 100 LINCOLN, NE 68508	47-0458128	501(C)(3)	12,329	0			COVID-19 RESPONSE
LINCOLN COMMUNITY FOUNDATION 215 CENTENNIAL MALL S STE 100 LINCOLN, NE 68508	47-0458128	501(C)(3)	11,074	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			COMMUNITY COLLABORATION
LINCOLN LANCASTER COUNTY CHILD ADVOCACY CENTER 5025 GARLAND ST LINCOLN, NE 68504	47-0793765	501(C)(3)	38,861	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)	73,800	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)	19,609	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LINCOLN LITERACY 745 S 9TH ST LINCOLN, NE 685083107	47-0655582	501(C)(3)	30,000	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)	1,383	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LINCOLN MEDICAL EDUCATION PARTNERSHIP 4600 VALLEY RD STE 225 LINCOLN, NE 685104892	47-0553011	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
LINCOLN PUBLIC SCHOOLS PO BOX 82889 LINCOLN, NE 68501	47-6006955	GOVERNMENT	257,224	0			COMMUNITY COLLABORATION
LINCOLN PUBLIC SCHOOLS-TWO GENERATION FAMILY LITERACY PROGRAM PO BOX 82889 LINCOLN, NE 68501	47-6006955	GOVERNMENT	6,079	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	14,000	0			PROGRAM OPERATING COST
LINCOLN PUBLIC SCHOOLS-TWO GENERATION FAMILY LITERACY PROGRAM PO BOX 82889 LINCOLN, NE 68501	47-6006955	GOVERNMENT	3,800	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)	6,858	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LUTHERAN FAMILY SERVICES OF NEBRASKA INC 2301 O ST LINCOLN, NE 68510	23-7267972	501(C)(3)	27,484	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)	46,541	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
LUX CENTER FOR THE ARTS 2601 N 48TH ST LINCOLN, NE 68504	47-0629528	501(C)(3)	5,249	0			DONOR DESIGNATED FOR GENERAL SUPPORT
LUX CENTER FOR THE ARTS 2601 N 48TH ST LINCOLN, NE 68504	47-0629528	501(C)(3)	9,601	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
MADONNA FOUNDATION 5401 SOUTH ST LINCOLN, NE 68506	23-7159940	501(C)(3)	6,544	0			DONOR DESIGNATED FOR GENERAL SUPPORT
MALONE COMMUNITY CENTER 2032 U ST LINCOLN, NE 685032955	47-0376577	501(C)(3)	5,964	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)	20,000	0			PROGRAM OPERATING COST
MATT TALBOT KITCHEN & OUTREACH INC PO BOX 80935 LINCOLN, NE 685010935	36-3945814	501(C)(3)	64,835	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MATT TALBOT KITCHEN & OUTREACH INC PO BOX 80935 LINCOLN, NE 685010935	36-3945814	501(C)(3)	28,000	0			PROGRAM OPERATING COST
MATT TALBOT KITCHEN & OUTREACH INC PO BOX 80935 LINCOLN, NE 685010935	36-3945814	501(C)(3)	50,000	0			COVID-19 HOUSING STABILITY

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 1311 S FOLSOM ST LINCOLN, NE 68522	47-0782915	501(C)(3)	29,489	0			DONOR DESIGNATED FOR GENERAL SUPPORT
MOURNING HOPE GRIEF CENTER 1311 S FOLSOM ST LINCOLN, NE 68522	47-0782915	501(C)(3)	18,000	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 ART ASSOCIATION 12TH R STREETS LINCOLN, NE 68508	47-6026671	501(C)(3)	5,200	0			DONOR DESIGNATED FOR GENERAL SUPPORT
NORFOLK AREA UNITED WAY INC PO BOX 1041 NORFOLK, NE 687021041	47-0492054	501(C)(3)	5,837	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)	3,165	0			DONOR DESIGNATED FOR GENERAL SUPPORT
NORTHEAST FAMILY CENTER 6220 LOGAN AVE LINCOLN, NE 685071247	91-1787068	501(C)(3)	25,000	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST FAMILY CENTER 6220 LOGAN AVE LINCOLN, NE 685071247	91-1787068	501(C)(3)	4,500	0			PROGRAM OPERATING COST - IMPACT INITIATIVE
PEOPLE'S CITY MISSION PO BOX 80636 LINCOLN, NE 685010636	47-0376896	501(C)(3)	91,373	0			DONOR DESIGNATED FOR GENERAL SUPPORT



Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PEOPLE'S CITY MISSION PO BOX 80636 LINCOLN, NE 685010636	47-0376896	501(C)(3)	8,543	0			PROGRAM OPERATING COST
THE SALVATION ARMY LINCOLN NEBRASKA 2625 POTTER ST LINCOLN, NE 685031053	36-2167910	501(C)(3)	12,673	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY LINCOLN NEBRASKA 2625 POTTER ST LINCOLN, NE 685031053	36-2167910	501(C)(3)	80,055	0			PROGRAM OPERATING COST
ST MONICA'S LIFE CHANGING RECOVERY FOR WOMEN 120 WEDGEWOOD DR LINCOLN, NE 685102431	47-0490169	501(C)(3)	12,737	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 LIFE CHANGING RECOVERY FOR WOMEN 120 WEDGEWOOD DR LINCOLN, NE 685102431	47-0490169	501(C)(3)	34,425	0			PROGRAM OPERATING COST
ST PETER CATHOLIC CHURCH OF LINCOLN 4500 DUXHALL DRIVE LINCOLN, NE 68516	47-0738138	501(C)(3)	7,743	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
TEAMMATES OF LINCOLN PO BOX 82889 LINCOLN, NE 685012889	90-0057598	501(C)(3)	17,997	0			DONOR DESIGNATED FOR GENERAL SUPPORT
TEAMMATES OF LINCOLN PO BOX 82889 LINCOLN, NE 685012889	90-0057598	501(C)(3)	58,803	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)	5,439	0			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF THE MIDLANDS 2201 FARNAM ST OMAHA, NE 68102	47-0376605	501(C)(3)	20,000	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)	21,681	0			DONOR DESIGNATED FOR GENERAL SUPPORT
UNITED WAY OF WESTERN NEBRASKA 1517 BROADWAY STE 106 SCOTTSBLUFF, NE 693613184	47-0424788	501(C)(3)	6,835	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)	32,503	0			DONOR DESIGNATED FOR GENERAL SUPPORT
VOICES OF HOPE LINCOLN INC 2545 N ST LINCOLN, NE 685101250	47-0726814	501(C)(3)	77,400	0			PROGRAM OPERATING COST

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VOICES OF HOPE LINCOLN INC 2545 N ST LINCOLN, NE 685101250	47-0726814	501(C)(3)	4,000	0			PROGRAM OPERATING COST - IMPACT INITIATIVE
WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 685221257	47-0635271	501(C)(3)	22,703	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
WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 685221257	47-0635271	501(C)(3)	17,000	0			PROGRAM OPERATING COST
YWCA LINCOLN 1701 S 17TH ST STE 2E LINCOLN, NE 68502	47-0376578	501(C)(3)	4,165	0			DONOR DESIGNATED FOR GENERAL SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YWCA LINCOLN 1701 S 17TH ST STE 2E LINCOLN, NE 68502	47-0376578	501(C)(3)	9,000	0			PROGRAM OPERATING COST

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to <a href="http://www.irs.gov/Form990">www.irs.gov/Form990</a> for instructions and the latest information.	
Name of the organization UNITED WAY OF LINCOLN AND LANCASTER COUNTY		Employer identification number 47-0376624

Part I

Questions Regarding Compensation

		Yes	No
1a	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><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div></div>		
b	If any of the boxes on 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	
2	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 on Line 1a?	2	Yes
3	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><div><input checked="" type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div>		
4	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: <div><div>a Receive a severance payment or change-of-control payment?</div><div>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div><div>c Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a	No
		4b	No
		4c	No
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 5a or 5b, describe in Part III.	5a	No
		5b	No
6	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: <div><div>a The organization?</div><div>b Any related organization?</div></div> If "Yes," on line 6a or 6b, describe in Part III.	6a	No
		6b	No
7	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
8	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
9	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.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[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
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SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.  
► Attach to Form 990.  
►Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047  
**2019**  
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 . . . . .	X		8,582	FAIR MARKET VALUE
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 ► ( <u>ADVERTISING</u> )	X	6	176,409	FAIR MARKET VALUE
	GLOVE	X	417	34,489	FAIR MARKET VALUE
26	Other ► ( <u>AUCTION</u> )				
	WINGFEST	X	24	23,148	FAIR MARKET VALUE
27	Other ► ( <u>EVENT</u> )				
28	Other ► ( <u>SUPPLIES</u> )	X	3	1,055	FAIR MARKET VALUE
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29			
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

**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.

**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

**2019**

**Open to Public  
Inspection**

**Employer identification number**

47-0376624

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 2	LINCOLN PARTNERSHIP FOR ECONOMIC DEVELOPMENT: UNITED WAY PROVIDES SUPPORT FOR THE LINCOLN PARTNERSHIP FOR ECONOMIC DEVELOPMENT'S WORKFORCE DEVELOPMENT ACTIVITY TO CREATE PATHWAYS FOR LINCOLN RESIDENTS TO OBTAIN LIVING-WAGE EMPLOYMENT IN OUR COMMUNITY. \$25,000 HAS BEEN ALLOCATED FOR THIS PROJECT. AGENCY TECHNICAL ASSISTANCE FUND: IN MAY 2020, UNITED WAY'S BOARD OF DIRECTORS APPROVED THE CREATION OF A TECHNICAL ASSISTANCE FUND TO PROVIDE SUPPORT TO AGENCY PARTNERS OVER THE 2020-2021 FISCAL YEAR. THESE FUNDS CAN HELP ADDRESS CAPACITY NEEDS TO ENSURE ORGANIZATIONAL HEALTH AND EFFECTIVE IMPLEMENTATION OF PROGRAMS IN THE COMMUNITY. \$20,000 HAS BEEN ALLOCATED FOR THIS PROJECT. STABLE STRONG SUCCESSFUL: THIS INITIATIVE WAS LAUNCHED IN SEPTEMBER 2019 TO PROVIDE SUPPORTS TO FAMILIES AND STUDENTS TO REDUCE CHRONIC ABSENTEEISM IN OUR COMMUNITY. THIS PROGRAM WILL HELP EXPAND THE COMMUNITY RESPONSE INITIATIVE THROUGHOUT THE LINCOLN AND LANCASTER COUNTY COMMUNITY. \$14,652 HAS BEEN ALLOCATED FOR THIS PROJECT.



# 990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>THE FOLLOWING AGENCIES AND PROGRAMS WERE AWARDED GRANTS IN THIS FOCUS AREA: ASIAN COMMUNITY AND CULTURAL CENTER: REFUGEE AND IMMIGRANT YOUTH PROGRAM SERVES OVER 200 REFUGEE AND IMMIGRANT YOUTH AT SEVERAL HIGH SCHOOLS AND MIDDLE SCHOOLS FOCUSING ON BUILDING DEVELOPMENTAL ASSETS THROUGH ONE-TO-ONE MENTORING AND HOLISTIC CASE MANAGEMENT. YOUTH ENGAGE IN ENRICHING SOCIAL EXPERIENCES AND DEVELOP RELATIONSHIPS WITH CARING ADULTS THROUGH ROUTINE CONTACT WITH STAFF AND VOLUNTEERS. PROGRAMS INCLUDE: LIFE AFTER HIGH SCHOOL - GROUP ACTIVITIES &amp; ONE-TO-ONE ASSISTANCE NAVIGATING PRESENT SITUATIONS AND PREPARING FOR THE FUTURE; YEZIDI CLUB - SPACE FOR YEZIDI YOUTH TO BUILD COMMUNITY AND PRESERVE CULTURE; UNTOLD MIGRANT STORIES - USE OF DIGITAL MEDIA &amp; OTHER ART AS CREATIVE OUTLETS TO SHARE STORIES WITH THE COMMUNITY; MIDDLE SCHOOL PROGRAM - ENCOURAGES MIDDLE SCHOOL YOUTH TO PARTICIPATE/ADVOCATE IN THE COMMUNITY; AND CAMP CULTURE - WEEK LONG SUMMER CAMP FOR ELEMENTARY SCHOOL YOUTH TO LEARN ABOUT VARIOUS CULTURES IN NEBRASKA. GRANT AMOUNT - \$15,000. THE ARC OF LINCOLN: YOUTH PROGRAMMING WORKS WITH YOUTH WHO HAVE INTELLECTUAL AND DEVELOPMENTAL DISABILITIES AND THEIR FAMILIES TO HELP ENSURE POSITIVE OUTCOMES. THE PROGRAM ASSISTS FAMILIES BY PROVIDING ACCESS TO HIGH QUALITY SERVICES AND RESOURCES. FAMILIES ARE EDUCATED ABOUT THE DIFFERENT SYSTEMS, TREATMENTS, THERAPIES, SERVICES, AND RESOURCES THAT CAN PRODUCE POSITIVE 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. BIG BROTHERS BIG SISTERS LINCOLN: COMMUNITY BASED MENTORING PROGRAM CONNECTS AT-RISK YOUTH (LITTLES) WITH CARING ADULT MENTORS (BIGS) TO HELP YOUTH THRIVE THROUGH MENTORSHIP. THE PROGRAM'S MISSION IS TO CREATE AND SUPPORT ONE-TO-ONE MENTORING RELATIONSHIPS THAT IGNITE THE POWER AND PROMISE OF YOUTH. THE PROGRAM IS A 50-YEAR-OLD COMMUNITY-BASED APPROACH WITH A PROVEN HISTORY OF FOSTERING SUCCESSFUL OUTCOMES FOR YOUTH PARTICIPANTS. YOUTH WHO PARTICIPATE IN THE PROGRAM DEMONSTRATE IMPROVED ACADEMIC PERFORMANCE, HAVE BETTER RELATIONSHIPS WITH PEERS AND FAMILY, AND ARE LESS LIKELY TO BECOME INVOLVED WITH DRUGS AND ALCOHOL. THE PROGRAM PROVIDES MENTORSHIP OPPORTUNITIES FOR YOUTH AGES 7-16 FROM ALL ETHNIC BACKGROUNDS. FAMILIES ARE ALSO CONNECTED TO WRAPAROUND SERVICES SUCH AS PARENTING CLASSES AND GROUP THERAPY. GRANT AMOUNT - \$60,000. BOYS AND GIRLS CLUBS OF LINCOLN/LANCASTER COUNTY: BOYS AND GIRLS CLUBS OF LINCOLN/LANCASTER COUNTY PROGRAM ENRICHES THE LIVES OF YOUTH BY PROVIDING A SAFE HAVEN WHERE THEY CAN LEARN AND GROW. THE PROGRAM ENSURES THAT DISADVANTAGED YOUTH HAVE ACCESS TO QUALITY PROGRAMS AND SERVICES THAT WILL ENHANCE AND SHAPE THEIR FUTURES. YOUTH AGES 11-18 HAVE CONTACT WITH ADULTS WHO RESPECT AND LISTEN TO THEM. THEY ARE GIVEN A SAFE ENVIRONMENT WHERE THEY CAN HAVE FUN AND BE THEMSELVES WHILE DOING INTERESTING AND CONSTRUCTIVE ACTIVITIES THAT</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>CHANNEL YOUTHFUL ENERGY INTO CHALLENGING PURSUITS. BOY AND GIRLS CLUBS OFFERS DAILY ACCESS TO A BROAD RANGE OF PROGRAMS THAT PROMOTE THE HEALTH, SOCIAL-EMOTIONAL, EDUCATIONAL, AND VOCATIONAL NEEDS OF STUDENTS. THE PROGRAM FOSTERS A SENSE OF BELONGING, COMPETENCE, USEFULNESS, AND INFLUENCE WHILE BUILDING SELF-CONFIDENCE AND SELF-ESTEEM. PROGRAM ALIGNMENT INCLUDES: TECHNOLOGY, ENTREPRENEURSHIP; AND CAREER READINESS/JOB SKILLS UNDERPINNED BY GALLUP STRENGTHS, LEADERSHIP/ACCOUNTABILITY, AND FINANCIAL LITERACY. GRANT AMOUNT - \$30,000. CEDARS YOUTH SERVICES: CEDARS COMMUNITY LEARNING CENTER (CLC) PROGRAM PROVIDES CORE BEFORE AND AFTER SCHOOL PROGRAMMING; EXPANDED LEARNING CLUBS TO SUPPORT ACADEMIC SUCCESS AND SOCIAL ENRICHMENT; FULL TIME SUMMER AND SCHOOL BREAK 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 SUPPORTS FAMILIES; AND STRENGTHENS AND ENGAGES NEIGHBORHOODS. A BEHAVIORAL HEALTH COMPONENT IS AVAILABLE 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 NORTHBRIDGE EARLY CHILDHOOD DEVELOPMENT CENTERS PROGRAM PROVIDES NATIONALLY ACCREDITED, FULL DAY, FULL-YEAR CHILDCARE TO CHILDREN SIX WEEKS TO SIX YEARS OLD. LOCATED IN A HIGH POVERTY NEIGHBORHOOD, THE CENTER PROVIDES ONGOING DEVELOPMENTAL OPPORTUNITIES TO CREATE A FOUNDATION FOR LONG-TERM SUCCESS. CLASSROOMS ARE LED BY EDUCATED AND EXPERIENCED TEACHERS USING CREATIVE CURRICULUM/GOLD TO PROMOTE SCHOOL READINESS AND SOCIAL-EMOTIONAL DEVELOPMENT. EACH CHILD RECEIVES INDIVIDUAL ATTENTION, GOAL PLANNING, AND ASSESSMENT. CLASSROOM TEACHERS PARTNER WITH PARENTS TO ENHANCE LEARNING AT HOME. A PYRAMID MODEL COACH AND LICENSED THERAPIST SUPPORT TEACHERS AND PARENTS PROMOTING HEALTHY DEVELOPMENT AND ADDRESSING CHALLENGING BEHAVIORS. REGULAR TRAINING, COACHING, ASSESSMENT, AND CLASSROOM SUPPORT ENSURE THAT THE PYRAMID MODEL, WHICH EMPHASIZES HIGH-QUALITY CLASSROOM ENVIRONMENTS AND POSITIVE BEHAVIOR SUPPORTS, IS IMPLEMENTED TO SUPPORT THE SUCCESS OF ALL CHILDREN. GRANT AMOUNT - \$90,000. CENTER FOR PEOPLE IN NEED, INC: ENGLISH LANGUAGE LEARNING PROGRAM OFFERS THREE LEVELS OF ENGLISH LANGUAGE LEARNING (ELL) CLASSES AND EMPLOYS THREE FULL-TIME INSTRUCTORS; ALL ARE REFUGEES THEMSELVES. IT IS ESSENTIAL THAT REFUGEES AND IMMIGRANTS LEARN ENGLISH IN ORDER TO ADJUST TO LIFE IN LINCOLN AND GAIN EMPLOYMENT. SERVICE TO STUDENTS IS PROVIDED AT NO COST, SINCE THE MAJORITY ARE NOT EMPLOYED WHEN THEY BEGIN THE CLASSES AND ARE RECEIVING BENEFITS FROM THE NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES. BY LEVEL THREE IN THE ELL PROGRAM, THE STUDENTS UTILIZE A COMPUTER LAB TO LE</p>

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FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	<p>ARN ABOUT ONLINE JOB SEARCHES, CREATING A RESUME AND COMPLETING ONLINE APPLICATIONS. GRANT AMOUNT - \$5,000. CITY IMPACT: IMPACT READING PROGRAM 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 ONE SCHOOLS WITH A GOAL TO ADD ONE ADDITIONAL SCHOOL IN 2020-21. CHILDREN IN THE CLINTON AND HARTLEY NEIGHBORHOODS ARE REACHED THROUGH SUMMER PROGRAMS AND OUTSIDE OF SCHOOL AT THE CITY IMPACT CENTER. VOLUNTEERS SIT ONE-ON-ONE WITH AN ELEMENTARY STUDENT DURING THE DAY AND PROVIDE READING INSTRUCTION WHICH UTILIZES A RESEARCH-BASED, EFFECTIVE CURRICULUM THAT IS ALSO VOLUNTEER-FRIENDLY. EACH SCHOOL YEAR IMPACT READING VOLUNTEERS SPEND 4000+ HOURS IN 12,500+ DAILY TUTORING SESSIONS WITH HUNDREDS OF STRUGGLING STUDENTS. GRANT AMOUNT - \$26,000. COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND SAUNDERS COUNTIES: HEAD START PROGRAM GIVES CHILDREN FROM AT-RISK BACKGROUNDS SKILLS NECESSARY FOR SUCCESS IN SCHOOL AND LIFE. HEAD START IN LANCASTER COUNTY SERVES 119 CHILDREN AGES 3-5 AND THEIR FAMILIES THROUGH FULL-YEAR CENTER-BASED PROGRAMS AT 3 LINCOLN LOCATIONS. EARLY HEAD START SERVES 268 CHILDREN AGES 0-3, PREGNANT WOMEN, AND THEIR FAMILIES, THROUGH CENTER AND HOME BASED OPTIONS. PROGRAMS ARE FREE FOR PARTICIPANTS, WITH ENROLLMENT RESERVED FOR CHILDREN OF FAMILIES WHOSE INCOME IS BELOW POVERTY LEVEL; WITH DISABILITIES; EXPERIENCING HOMELESSNESS; AND/OR IN FOSTER CARE. PROGRAMS ALSO PROVIDE MENTAL HEALTH, NUTRITIONAL, AND DENTAL SERVICES AND ENSURE CHILDREN RECEIVE INTERVENTIONS TO MEET DEVELOPMENTAL MILESTONES. HEAD START IS A COMPREHENSIVE EARLY CHILDHOOD EDUCATION PROGRAM WHERE PARENTS ARE ENGAGED AS PARTNERS IN THEIR CHILD'S EDUCATION WORKING CLOSELY WITH THE COMMUNITY TO IDENTIFY AND ADDRESS SPECIFIC LOCAL NEEDS. GRANT AMOUNT - \$65,000.</p>

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<p>FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>EL CENTRO DE LAS AMERICAS: ADELANTE EDUCATIONAL PROGRAM IS AN EDUCATIONAL PROGRAM DESIGNED TO CLOSE THE EDUCATION GAP AND IMPROVE STUDENT'S LITERACY SKILLS, EMPLOYMENT, AND/OR FURTHER EDUCATIONAL OPPORTUNITIES. EL CENTRO PROVIDES STUDENTS WITH A LOW TEACHER-STUDENT RATIO, INCLUDING CASE MANAGEMENT FOR ALL PARTICIPANTS. THERE ARE TWO PROGRAMS WITHIN THE ADELANTE EDUCATIONAL PROGRAM, THE GED PROGRAM AND THE CITIZENSHIP PROGRAM. THE GED PROGRAM ADDRESSES THE FOUR REQUIRED SUBJECTS: MATHEMATICS, SCIENCE, SOCIAL STUDIES, AND LANGUAGE ARTS. EVERY CLIENT IS PROVIDED ONE-ON-ONE TUTORING AND BASIC COMPUTER SKILLS TRAINING UTILIZING ON-LINE PRACTICE EXAMS TO PREPARE FOR GED EXAMS. THE CITIZENSHIP PROGRAM SUPPORTS CLIENTS ON THEIR PATH TO BECOME U.S. NATURALIZED CITIZENS BY HELPING THEM TO PREPARE FOR THE U.S. NATURALIZATION EXAM. CLIENTS ARE TAUGHT BASIC U.S. HISTORY AND CIVICS USING THE U.S. CITIZENSHIP AND IMMIGRATION SERVICES CURRICULUM. IF THE CLIENTS ARE NOT FLUENT IN ENGLISH, THEY ARE ALSO TAUGHT BASIC READING, WRITING, AND SPEAKING SKILLS IN ORDER TO PASS THE ENGLISH COMPONENT OF THE TEST AND INTERVIEW. GRANT AMOUNT - \$5,000. GIRL SCOUTS SPIRIT OF NEBRASKA: LINCOLN OUTREACH PROGRAM PROGRAM OFFERS CRITICAL YOUTH DEVELOPMENT PROGRAMMING THAT ENHANCES BOTH ACADEMIC PERFORMANCE AND LIFE SKILLS. GIRL SCOUTS HOPES TO EMPOWER EVERY GIRL REGARDLESS OF HER RACE, ETHNICITY, SOCIOECONOMIC STATUS, SEXUAL ORIENTATION, DISABILITY, GENDER IDENTITY OR GEOGRAPHIC LOCATION-TO MAKE THE WORLD A BETTER PLACE. ACTIVITIES ARE PROVIDED AT NO COST TO GIRLS WHO MAY NOT OTHERWISE BE ABLE TO PARTICIPATE. GIRL SCOUT PROGRAMS ARE DESIGNED TO BE GRADE-LEVEL APPROPRIATE AND COMPLEMENT THE SCHOOL CURRICULUM. KEY PROGRAM AREAS INCLUDE STEM, LIFE SKILLS, ENTREPRENEURSHIP, AND OUTDOOR EXPERIENCES. EVERY ACTIVITY INTENTIONALLY FOCUSES ON THE POSITIVE DEVELOPMENT OF GIRLS. THE CURRICULUM IS BASED ON THE GIRL SCOUT LEADER EXPERIENCE AND IS DELIVERED THROUGH A SEQUENCE OF ACTIVITIES KNOWN AS "JOURNEYS AND DISCUSSIONS THAT ADD UP TO A MEANINGFUL OUTCOME. 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. 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 - \$32,500. 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. YOUTH ACT WORKS WITH THESE</p>

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<p>FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>STUDENT PARENTS TO SUPPORT AND ASSIST THEM AS THEY TRANSITION TO ADULthood. YOUNG PARENTS RECEIVE CASE MANAGEMENT, SUPPORT, AND RESOURCES THAT ENHANCE THE LEARNING THEY EXPERIENCE IN PARENTING CLASSES OFFERED WITHIN LINCOLN PUBLIC SCHOOLS. SUPPORTS FOCUS ON PROVIDING RE SOURCES IN AREAS SUCH AS NAVIGATING CHANGING RELATIONSHIPS; SELF-WORTH/SELF-ESTEEM; IMPORT ANCE OF SELF-CARE; AND CONNECTIONS TO COMMUNITY SUPPORTS AND RESOURCES. THE PROGRAM CONNEC TS WITH YOUNG PARENTS ENGAGED IN GED PROGRAMMING AT THE HUB WRAPPING SIMILAR SUPPORTS AND CASE MANAGEMENT SERVICES AROUND THEM TO THOSE OFFERED IN LINCOLN PUBLIC SCHOOLS. GRANT AMO UNT - \$9,000. LIGHTHOUSE: AFTERSCHOOL MENTORING PROGRAM WORKS TO IMPACT RISK FACTORS THAT MAKE YOUNG PEOPLE VULNERABLE TO PARTICIPATE IN UNHEALTHY BEHAVIORS. RESEARCH STATES THAT U NSUPERVISED TIME WITH PEERS AND LOW SELF-ESTEEM ARE TWO PRIMARY RISK FACTORS PREDICTING YO UTH PARTICIPATION IN HEALTH COMPROMISING BEHAVIOR. THERE IS A POSITIVE CORRELATION BETWEEN LOW SELF-ESTEEM AND UNSUPERVISED TIME WITH PEERS AND INCREASED PARTICIPATION IN HIGH-RISK BEHAVIORS INCLUDING DRUG/ALCOHOL USE, CRIMINAL BEHAVIOR, GANGS, AND SEXUAL ACTIVITY. TO E NSURE THAT YOUTH ARE ADEQUATELY SUPERVISED AT LIGHTHOUSE, THEY ARE NEVER IN ANY AREA OF TH E FACILITY WITHOUT AN ADULT STAFF MEMBER OR VOLUNTEER. STAFF AND VOLUNTEERS BUILD POSITIVE RELATIONSHIPS WITH YOUNG PEOPLE THROUGH CONVERSATIONS, GAMES, AND OTHER ACTIVITIES WHILE ENSURING RULES ARE ENFORCED. THE PROGRAM HELPS BUILD YOUNG PEOPLE'S SELF-ESTEEM BY PROVIDI NG OPPORTUNITIES TO LEARN, CONTRIBUTE AND BE RECOGNIZED FOR THEIR ACCOMPLISHMENTS. GRANT A MOUNT - \$73,000. LIGHTHOUSE: EDUCATION PROGRAM PROVIDES HIGH QUALITY AFTER-SCHOOL PROGRAMM ING IN A SAFE ENVIRONMENT THAT SEEKS TO INCREASE THE LIKELIHOOD OF HIGH SCHOOL GRADUATION OF MIDDLE AND HIGH SCHOOL-AGED YOUTH. YOUTH THAT REGULARLY PARTICIPATE IN THE PROGRAM ARE MORE LIKELY TO BE PROMOTED TO THE NEXT GRADE LEVEL; GRADUATE FROM HIGH SCHOOL; OR EARN A G .E.D. 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 AMOUN T - \$17,500. LINCOLN LITERACY: FAMILY LITERACY ACTIVITIES FOR IMMIGRANTS &amp; REFUGEES (FLAIR ) PROGRAM IS A UNIVERSITY-DESIGNED PROGRAM TEACHING IMMIGRANT AND REFUGEE CHILDREN WHILE A LSO 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 AR E 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 SUCC ESS 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 ENG</p>

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FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	<p>LISH, THE ALPHABET, NUMBERS, PHONICS, AND READING AND LEARNING TO FOLLOW DIRECTIONS, RAISE HANDS, MANAGE EMOTIONS, COOPERATE AND TAKE TURNS WITH OTHERS. FOR PARENTS, IT MEANS LEARN ING ENGLISH, READING WITH THEIR CHILDREN, MODELING LIFELONG LEARNING, AND GETTING INVOLVED IN THEIR CHILDREN'S EDUCATION. GRANT AMOUNT - \$30,000. LINCOLN PUBLIC SCHOOLS: TWO GENERA TION FAMILY LITERACY PROGRAM'S PHILOSOPHY IS THAT THE PARENT IS THE CHILD'S FIRST AND MOST IMPORTANT TEACHER, AND THE GOAL IS IMPROVED ACADEMIC AND SOCIAL/EMOTIONAL DEVELOPMENT. TH E PROGRAM IS BASED ON THE FOUR-COMPONENT FAMILY LITERACY MODEL DEVELOPED BY THE NATIONAL C ENTER FOR FAMILIES LEARNING: ADULT LITERACY, CHILD EDUCATION, PARENT EDUCATION, AND PARENT AND CHILD TOGETHER TIME (PACT). PROGRAMMING IS FOR PARENTS OF CHILDREN ATTENDING AN LPS S CHOO L, AND PARENTS ATTEND TWO HOURS PER DAY, FIVE DAYS PER WEEK. THE PROGRAM IS SCHOOL-BAS ED, BUT COLLABORATION IS A FUNDAMENTAL COMPONENT. CHILDREN TARGETED BY THE PROGRAM IMPROVE BOTH THEIR ACADEMIC AND SOCIAL/EMOTIONAL DEVELOPMENT WHILE THEY PARTICIPATE IN THE PROGRA M WITH THEIR FAMILIES. THE PROGRAM OPERATES IN TWELVE SCHOOLS: BELMONT, CAMPBELL, CLINTON, CULLER, ELLIOTT, EVERETT, HARTLEY, LAKEVIEW, MCPHEE, PRESCOTT, RANDOLPH AND WEST LINCOLN. GRANT AMOUNT - \$14,000. LUX CENTER FOR THE ARTS: AFTER-SCHOOL ENRICHMENT ART CLASSES FOR LOW-INCOME AND AT-RISK YOUTH PROGRAM DELIVERS AFTER-SCHOOL ART CLASSES TO UNDER-SERVED TIT LE 1 LOW-INCOME SCHOOLS IN THE LINCOLN PUBLIC SCHOOLS DISTRICT AND ART CLASSES TO INCARCER ATED AND AT-RISK YOUTH IN THE LANCASTER COUNTY YOUTH SERVICES CENTER. THE PROGRAM'S CURRIC ULUM IS TAILORED, AND CLASSES ARE AGE AND SKILL APPROPRIATE. LESSONS COVER PAINTING, DRAWI NG, PRINT-MAKING, AND CERAMICS. CLASSES ALLOW CHILDREN AND YOUTH TO HAVE A SUSTAINED ART E XPERIENCE WITH QUALITY INSTRUCTORS AND MATERIALS. CLASSES ARE ONE HOUR PER WEEK FOR SIX WE KES. GRANT AMOUNT - \$9,601. MALONE COMMUNITY CENTER: EARLY EDUCATION PROGRAM PROVIDES A MO NTESSORI INSPIRED, NEIGHBORHOOD-BASED, EDUCATIONAL AND RECREATIONAL PROGRAM FOR CHILDREN A GES 3-5. THROUGHOUT THE DAY, PARTICIPANTS ARE PROVIDED WITH ACTIVITIES LEARN SOCIAL AND CO GNITIVE SKILLS AS WELL AS INDEPENDENCE. THE PROGRAM'S OBJECTIVE IS TO PREPARE CHILDREN FOR SCHOOL IN A PLAYFUL, BUT STRUCTURED WAY. ACTIVITIES INCLUDE: FREE PLAY, CIRCLE TIME, LETT ER OF THE WEEK, OUTDOOR TIME, MUSIC AND MOVEMENT TIME, AND SMALL GROUP ACTIVITIES CENTERIN G ON LITERACY, MATH, SCIENCE AND ART. A TWO HOUR NAP/QUIET TIME IS INCORPORATED INTO THE D AILY SCHEDULE. A NUTRITIOUS BREAKFAST, LUNCH, AND SNACK ARE PROVIDED. GRANT AMOUNT - \$5,00 0.</p>

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<p>FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>MALONE COMMUNITY CENTER: OUT-OF-SCHOOL PROGRAM IS FOR YOUTH AGES 5-13 TARGETING CULTURALLY AND ETHNICALLY DIVERSE CHILDREN FROM LOW-INCOME FAMILIES. MONDAY-FRIDAY PARTICIPANTS ARE PROVIDED TRANSPORTATION FROM SCHOOL TO THE MALONE CENTER TO RECEIVE PROGRAMMING. ACADEMICS ARE SUPPORTED, IN ADDITION TO STRUCTURED RECREATION, ARTS, CRAFTS, NUTRITION EDUCATION, AND CULTURAL AWARENESS. ACADEMIC SUPPORT ACTIVITIES INCLUDE HOMEWORK ASSISTANCE AND SUPPLEMENTAL ONE-ON-ONE TUTORING IN READING, WRITING AND MATH. ON MOST OUT-OF-SCHOOL DAYS AND DURING SCHOOL BREAKS, THE MALONE COMMUNITY CENTER IS OPEN ALL DAY FOR PARTICIPANTS AND A NUTRITIOUS BREAKFAST, LUNCH, AND SNACK IS PROVIDED. GRANT AMOUNT - \$15,000. NORTHEAST FAMILY CENTER: PARENTS AS PARTNERS 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 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 CLASSROOM 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 - \$25,000. THE SALVATION ARMY-LINCOLN: AFTER SCHOOL PROGRAM/FINE ARTS ACADEMY PROVIDES A SAFE ENVIRONMENT TO AT-RISK YOUTH IN THE HOURS FOLLOWING SCHOOL, SATURDAY'S, AND DURING THE DAY IN THE SUMMER. EDUCATIONAL SUPPORT IS PROVIDED BY STAFF AND VOLUNTEER TUTORS TO WORK WITH STUDENTS WHO NEED HELP WITH SCHOOL AND COMPLETING HOMEWORK. YOUTH ARE EDUCATED IN AREAS SUCH AS HEALTHY EATING, ANTI-TOBACCO EDUCATION, MATH, SCIENCE, ART, AND OTHER SKILL BUILDING AND RECREATIONAL ACTIVITIES. THE FINE ARTS ACADEMY PROVIDES FREE MUSIC EDUCATION AND INSTRUMENTS TO LOW INCOME FAMILIES. MUSIC EDUCATION IS SHOWN TO HELP STUDENTS LEARN MATH, TEAM WORK, DISCIPLINE, CREATIVITY, SOCIAL SKILLS, ORGANIZATION, PATIENCE, AND SELF-EXPRESSION. GRANT AMOUNT - \$30,000. TEAMMATES OF LINCOLN: TEAMMATES MENTORING PROGRAM OF LINCOLN PROGRAM SERVES STUDENTS IN GRADES 3-12 IN 70 PUBLIC AND PAROCHIAL SCHOOLS. THIS INCLUDES ALL 26 TITLE ONE SCHOOLS, WHERE THE MAJORITY OF STUDENTS LIVE IN LOW INCOME HOUSEHOLDS. THIS IS SIGNIFICANT, AS POVERTY CREATES CHALLENGES THAT CAN CAUSE STUDENTS TO DISENGAGE FROM SCHOOL. TEAMMATES MENTORS ACTIVELY ENCOURAGE SCHOOL ENGAGEMENT BY PROVIDING ONE-TO-ONE, SCHOOL-BASED MENTORING FOCUSING ON THE INTENTIONAL CULTIVATION OF A STUDENT'S STRENGTHS; WHILE MODELING POSITIVE SOCIAL BEHAVIORS AND BUILDING A MEANINGFUL, NON-FAMILIAL RELATIONSHIP WITH THE STUDENT. THE DEVELOPMENTAL MODEL OF MENTORING USES A STRENGTHS</p>

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FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	<p>-BASED APPROACH TO COUNTERACT THE CORROSIVE EFFECTS OF POVERTY AND ADVERSE CHILDHOOD EXPERIENCES. THE RESULT OF THIS MODEL IS IMPROVED SCHOOL ATTENDANCE AND ACADEMIC PERFORMANCE AND FEWER BEHAVIORAL REFERRALS AMONG TEAMMATES STUDENTS. TEAMMATES STUDENTS ALSO GRADUATE HIGH SCHOOL ON TIME AND AT A HIGHER RATE THAN STATE AND CITY WIDE AVERAGES. GRANT AMOUNT - \$ 58,803.</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 PROVIDING STUDENTS WITH ACADEMIC ENRICHMENT OPPORTUNITIES AND ADDITIONAL ACTIVITIES TO COMPLEMENT THEIR REGULAR ACADEMIC PROGRAM. GOALS INCLUDE FOSTERING SUCCESSFUL YOUTH, THRIVING FAMILIES, AND STRONGER NEIGHBORHOODS. NON-SCHOOL DAY CARE IS ALSO AVAILABLE AT THE WILLARD COMMUNITY CENTER. GRANT AMOUNT - \$12,000.</p> <p>WILLARD COMMUNITY CENTER: PRESCHOOL AND PRE-K PROGRAMS PROVIDES LICENSED PRESCHOOL FOR 3-4 YEAR OLDS AND A PRE-K PROGRAM FOR 4-5 YEAR OLDS AT TWO LOCATIONS - LAKEVIEW AND ROPER ELEMENTARY SCHOOLS. THE PROGRAM OFFERS THE CREATIVE CURRICULUM AND IS CURRENTLY WORKING THROUGH STEP UP TO QUALITY. THE CURRICULUM DIFFERS FOR BOTH AGE GROUPS BUT FOCUSES ON DEVELOPING A CHILD'S SOCIAL/EMOTIONAL, COGNITIVE, FINE AND LARGE MOTOR SKILLS. LEARNING STATIONS INCLUDE AGE APPROPRIATE MATH, SCIENCE, LANGUAGE, ART AND DRAMATIC PLAY. PART-TIME AND FULL-TIME OPTIONS ARE AVAILABLE TO FAMILIES FROM 6:30 A.M TO 5:30 P.M, MONDAY THROUGH FRIDAY AND TITLE TWENTY IS ACCEPTED. THE GOAL OF THE EARLY CHILDHOOD PROGRAM IS TO PREPARE CHILDREN FOR THE NEXT STEPS IN THEIR FUTURE. SHARING, COOPERATING, AND UTILIZING CONFLICT RESOLUTION SKILLS ARE LEARNED, AND PROGRAMS OFFER A PLACE FOR CHILDREN TO DEVELOP THESE SKILLS IN A SAFE, FUN, AND CARING ENVIRONMENT. BI-ANNUAL ASSESSMENTS ARE COMPLETED TO MEASURE PROGRESS THROUGHOUT THE YEAR. GRANT AMOUNT - \$5,000.</p> <p>YWCA LINCOLN: SMART GIRLS PROGRAM ENABLES GIRLS IN 4TH THROUGH 8TH GRADES TO EXPLORE SCIENCE, TECHNOLOGY, ENGINEERING, AND MATH (STEM) FIELDS AND ACTIVITIES IN A SUPPORTIVE ENVIRONMENT. THE MAJORITY OF GIRLS MEET IN COMMUNITY LEARNING CENTERS ONCE A WEEK DURING THE SCHOOL YEAR. GIRLS CONDUCT HANDS-ON EXPERIMENTS AND INVESTIGATIONS TO 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. THE PROGRAM EMPOWERS GIRLS TO SEE STEM SUBJECTS AS VIABLE, ATTAINABLE, AND RELATABLE AND TO ENVISION FUTURE CAREERS IN STEM-RELATED FIELDS. ROLE MODELS WITH BACKGROUNDS IN STEM PROFESSIONS VISIT THE PROGRAM PROVIDING INSIGHT INTO STEM CAREERS. SMART GIRLS UTILIZES CURRICULUM FROM TECHBRI</p>



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FORM 990, PART III, LINE 4A, DESCRIPTION OF PROGRAM SERVICE:	DGE GIRLS, A CURRICULUM AND PROGRAM ORIGINALLY FUNDED AND SUPPORTED THROUGH A NATIONAL SCI ENCE FOUNDATION GRANT. GRANT AMOUNT - \$9,000.

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<p>FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>THE FOLLOWING AGENCIES AND PROGRAMS WERE AWARDED GRANTS IN THIS FOCUS AREA: AMERICAN RED CROSS OF SOUTHEAST NEBRASKA CHAPTER: DISASTER PREPAREDNESS, RESPONSE AND RECOVERY 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, AND PHYSICAL AND MENTAL 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 -\$30,000. CASA FOR LANCASTER COUNTY: COURT APPOINTED ADVOCACY FOR AT-RISK CHILDREN 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 - \$18,900. CATHOLIC SOCIAL SERVICES OF SOUTHERN NEBRASKA: ST. GIANNA WOMEN'S HOMES PROGRAM PROVIDES A SAFE ENVIRONMENT IN A FULLY FURNISHED LONG-TERM HOUSING COMPLEX TO WOMEN FLEEING DOMESTIC VIOLENCE AND OTHER FORMS OF ABUSE AND CONTROL. APARTMENTS ARE DESIGNED TO GIVE WOMEN AND CHILDREN THE TIME AND SUPPORT THEY NEED BEFORE TRANSITIONING INTO PERMANENT HOUSING. THE RESIDENTIAL APARTMENTS ARE COMPRISED OF SIX 1-BR APARTMENTS, TWELVE 2-BR APARTMENTS AND SIX 3-BR APARTMENTS. THREE MARIAN SISTERS AND ONE RESIDENT CARE MANAGER LIVE IN RESIDENCE AT ST. GIANNA'S HOME AND ADVOCATE FOR THESE FAMILIES BY WORKING TO DEVELOP A FAMILY ACTION PLAN AND CONNECTING THEM TO RESOURCES. IN ADDITION TO HOUSING, THE PROGRAM PROVIDES EDUCATION, EMPLOYMENT, AND COUNSELING SERVICES FOR FAMILIES LEFT HOMELESS BECAUSE OF DOMESTIC VIOLENCE. GRANT AMOUNT - \$16,200. CEDARS YOUTH SERVICES: CEDARS PREVENTION SERVICES PROGRAM SERVES AT-RISK EXPECTANT MOTHERS AND FAMILIES WITH CHILDREN AGES BIRTH THROUGH 18 YEARS FOCUSING ON KEEPING CHILDREN SAFE FROM ABUSE AND NEGLECT AND PREVENTING FAMILIES FROM REQUIRING FORMAL INVOLVEMENT IN THE CHILD WELFARE SYSTEM. PROGRAMS UTILIZE EVIDENCE-BASED HOME VISITATION SERVICES, PARENTING CURRICULA, TRAUMA-INFORMED CARE, AND THE WRAP-AROUND 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. THE PROGRAM CONNECTS VULN</p>

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<p>FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>ERABLE FAMILIES WITH PREVENTION SERVICES THAT BEST MEETS THEIR NEEDS BY OFFERING AN ARRAY OF HOME BASED PREVENTION PROGRAMS. GRANT AMOUNT - \$105,325. EL CENTRO DE LAS AMERICAS: MUJ ERES EN CONFINAZA (WOMEN AMONG FRIENDS) PROGRAM IS AN OUTREACH, CASE MANAGEMENT, AND REFER RAL PROGRAM TARGETING LATINA WOMEN AND THEIR CHILDREN WHO HAVE EXPERIENCED DOMESTIC VIOLEN CE. THE PROGRAM HOSTS AND FACILITATES WEEKLY SUPPORT GROUPS BY PROVIDING A SAFE SPACE FOR SPANISH-SPEAKING VICTIMS TO CONVERSE IN THEIR NATIVE LANGUAGE AND LEARN ABOUT RESOURCES AV AILABLE TO THEM. A BILINGUAL AND BI-CULTURAL SPECIALIST SERVES AS A RESOURCE TO HELP PARTI CIPANTS BUILD A SUPPORT SYSTEM BY CONNECTING VICTIMS TO OTHER IMPORTANT COMMUNITY RESOURCE S. THE PROGRAM IS A NETWORK MODEL OF SUPPORT SPECIFICALLY DESIGNED FOR ABUSE VICTIMS IN MI NORITY COMMUNITIES. PARTNERS INCLUDE OTHER AREA AGENCIES (E.G. FRIENDSHIP HOME, VOICES OF HOPE, &amp; THE LINCOLN POLICE DEPARTMENT) TO PROVIDE IMPORTANT SERVICES TO LATINA VICTIMS OF DOMESTIC VIOLENCE. GRANT AMOUNT - \$6,300. FAMILY SERVICE ASSOCIATION OF LINCOLN: BEHAVIORA L HEALTH PROGRAM PROVIDES THERAPY AND COMMUNITY RESPONSE SERVICES TO YOUTH AND FAMILIES IN 23 LINCOLN PUBLIC SCHOOLS. SERVICES ARE CURRENTLY PROVIDED AT 14 ELEMENTARY SCHOOLS, 5 MI DDLE SCHOOLS, AND 4 HIGH SCHOOLS. THE PROGRAM ASSISTS STUDENTS AND FAMILIES THAT ARE DEALI NG WITH MENTAL HEALTH SYMPTOMS AND LIFE STRESSORS, THAT ARE IMPACTING THEIR BEHAVIORS AND RELATIONSHIPS AT SCHOOL AND HOME. SERVICES ARE PROVIDED FREE OF CHARGE WITHIN SCHOOLS TO F AMILIES WHO OTHERWISE ARE NOT ABLE TO ACCESS HELP BECAUSE OF ECONOMIC HARDSHIP INCLUDING T HOSE UNABLE TO QUALIFY FOR MEDICAID OR UNABLE TO AFFORD THE COST OF THIRD PARTY INSURANCE. TRAINED STAFF MEMBERS MEET WITH YOUTH AT THEIR SCHOOL WHICH IS A NATURAL AND FAMILIAR ENV IRONMENT. PROVIDING SERVICES WITHIN SCHOOL SITES REDUCES STRESS OR CONFLICT FOR PARENTS WH O OTHERWISE WOULD HAVE TO MISS WORK TO TRANSPORT THEIR CHILDREN TO VITAL MENTAL HEALTH APP OINTMENTS. GRANT AMOUNT - \$42,000. FRIENDSHIP HOME OF LINCOLN, INC: EMERGENCY SHELTER PROG RAM PROVIDES CONFIDENTIAL EMERGENCY SHELTER, TRANSITIONAL HOUSING, RAPID REHOUSING, AND SU PPORTIVE SERVICES TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR CHILDREN. THE PROGRAM OPERATES A SERVICE CENTER, ONE EIGHT-BEDROOM COMMUNAL SHELTER, AND 12 SINGLE FAMILY SHELTERS (APAR TMENTS); A TOTAL OF 85 EMERGENCY SHELTER BEDS AND 15 TRANSITIONAL HOUSING UNITS. SERVICES ARE PROVIDED THROUGH A VICTIM-CENTERED, TRAUMA-INFORMED LENS TO HELP VICTIMS INCREASE SAFE TY AND REBUILD THEIR LIVES. THE PROGRAM HAS A DAILY CASELOAD OF 122 VICTIMS SHELTERED AND A DAILY AVERAGE OF 37 WAITING FOR SHELTER. VICTIMS AND THEIR CHILDREN WHO SEEK SHELTER WIL L INCREASE THEIR SAFETY PLANNING SKILLS, KNOWLEDGE OF THE DYNAMICS OF DOMESTIC VIOLENCE, A ND KNOWLEDGE OF INTIMATE PARTNER RELATIONSHIPS BASED ON EQUALITY AND RESPECT. VICTIMS WILL BE SAFER WHILE RESIDING IN THE PROGRAM'S SHELTERS. VICTIMS LEARN TO IDENTIFY AND BUILD IN DIVIDUALIZED SUPPORT SYSTEMS A</p>

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<p>FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>ND BECOME MORE AWARE OF AVAILABLE COMMUNITY RESOURCES. GRANT AMOUNT - \$70,650. HOPESPOKE O UTPATIENT 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. MULTILINGUAL CLINICIANS PROVIDE ASSISTANCE TO THOSE WHO SPEAK SPANISH, RUSSIAN, ITALIAN AND ROMANIAN IN ADDITION TO A THERAPIST WHO PROVIDES SIGN LANGUAGE TO DEAF/HARD OF HEARING CLIENTS. GRANT AMOUNT - \$120,000. LEGAL AID OF NEBRASKA: DOMESTIC VIOLENCE REPRESENTATION PROJECT BELIEVES THAT IT IS EVERY PERSON'S RIGHT TO BE FREE OF FEAR AND ABUSE AND PROVIDES A CRUCIAL SERVICE THAT BRINGS RELIEF TO THOSE WHO ARE IN DISTRESS. SERVICES EMPOWER VICTIMS TO BECOME SURVIVORS AND MAINTAIN THEIR RIGHT TO LIVE A LIFE FREE OF VIOLENCE. ATTORNEYS HELP CLIENTS PURSUE SAFETY AND SEPARATION FROM THEIR ABUSERS IN ALL AREAS OF LAW, AND CASES ARE RARELY SIMPLE. IN ADDITION TO NEEDING ASSISTANCE WITH PROTECTION ORDERS, CUSTODY, AND DIVORCE, VICTIMS OF DOMESTIC VIOLENCE MAY ALSO HAVE 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. IT ALSO ASSISTS WITH WRAP-AROUND SERVICES (BY WAY OF COLLABORATIVE EFFORTS WITH LOCAL SHELTERS) TO MEET THE NEEDS OF FAMILIES WITHIN THE COMMUNITY. GRANT AMOUNT - \$13,500. LINCOLN/LANCASTER COUNTY CHILD ADVOCACY CENTER: DIRECT SERVICES TO CHILD VICTIMS OF ABUSE PROGRAM FOLLOWS EVIDENCE-BASED PROTOCOLS TO ADDRESS ABUSE BY PROVIDING INTERVENTION AFTER DISCLOSURE OF ABUSE. TALKING ABOUT ABUSE IS HARD, ESPECIALLY FOR A CHILD STRUGGLING TO UNDERSTAND THE ABUSE. THE PROGRAM ALLOWS CHILDREN TO TELL THEIR STORY AND BE HEARD; RECOGNIZES AND DETERMINES IF THERE ARE PHYSICAL OR MENTAL HEALTH CONCERNS; AND DEVELOPS 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. DIRECT SERVICES PROVIDED TO VICTIMS OF CHILD ABUSE IN LANCASTER COUNTY INCLUDE: FORENSIC INTERVIEWS; MEDICAL EVALUATIONS; ONGOING ADVOCACY; COURT SCHOOL; REFERRALS FOR MENTAL HEALTH SERVICES; CASE COORDINATION; PROFESSIONAL TRAINING; AND COMMUNITY EDUCATION. GRANT AMOUNT - \$73,800.</p>

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<p>FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>LINCOLN MEDICAL EDUCATION PARTNERSHIP: SCHOOL COMMUNITY INTERVENTION AND PREVENTION (SCIP) PROGRAM IS AN EARLY IDENTIFICATION AND REFERRAL PROGRAM DESIGNED TO BRING TOGETHER FAMILIES, SCHOOLS, AND THE COMMUNITY TO SUPPORT STUDENT MENTAL, BEHAVIORAL, AND EMOTIONAL HEALTH BY ADDRESSING BOTH INDIVIDUAL AND ENVIRONMENTAL ELEMENTS THAT INFLUENCE YOUTH. SCIP WORKS WITH PROFESSIONALS IN 59 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, EDUCATION, TECHNICAL ASSISTANCE, COMMUNITY AWARENESS AND SERVE AS LIAISONS BETWEEN THE SCHOOLS, FAMILIES AND COMMUNITY AGENCIES. SCIP PARTNERS WITH BEHAVIORAL HEALTH AGENCIES TO OFFER FAMILIES PROFESSIONAL ASSESSMENTS/SCREENINGS AT NO CHARGE WHEN OUT-OF-SCHOOL INTERVENTIONS ARE NECESSARY. GRANT AMOUNT - \$20,000. LUTHERAN FAMILY SERVICES: CHILDREN'S BEHAVIORAL HEALTH PROGRAM THERAPISTS PROVIDE INTENSIVE, EVIDENCE-BASED TREATMENT SERVICES TO CHILDREN AND YOUTH UNDER THE AGE OF 19. THERAPY SESSIONS ARE COMPREHENSIVE, INVOLVING NOT ONLY THE YOUTH BUT THOSE INVOLVED IN THE CHILD'S LIFE, SUCH AS PARENTS, CAREGIVERS, AND SIBLINGS. WHEN NECESSARY, THERAPISTS WORK WITH NEBRASKA HEALTH AND HUMAN SERVICES, THE COURT SYSTEM, ATTORNEYS, TEACHERS, SCHOOL SYSTEMS, AND LAW ENFORCEMENT. THE PROGRAM BENEFITS CHILDREN IN DIRE CIRCUMSTANCES WHERE MANY ARE IMPACTED BY ADVERSE CHILDHOOD EXPERIENCES SUCH AS, ABUSE, NEGLECT, SEXUAL ASSAULT, AND PARENTAL SUBSTANCE USE. THE PROGRAM'S GOAL IS TO IMPROVE A CHILD'S EMOTIONAL AND PHYSICAL SAFETY AND WELL-BEING SO THEY MAY LIVE AN EMOTIONALLY HEALTHY LIFE. THE PROGRAM IS OPEN TO ALL, BUT THE MAJORITY OF CLIENTS ARE FROM POORER SOCIO-ECONOMIC BACKGROUNDS. MANY RESIDE IN NEIGHBORHOODS THAT ARE IN EXTREME POVERTY AND LOCATED CLOSE TO LUTHERAN FAMILY SERVICE'S HEALTH 360 CAMPUS. GRANT AMOUNT - \$10,000. MOURNING HOPE GRIEF CENTER: PEER BASED GRIEF SUPPORT PROGRAM SERVES BEREAVED CHILDREN AND TEENS THROUGH PEER-BASED GRIEF SUPPORT GROUPS INCLUDING THE 10-WEEK FAMILY GRIEF SERIES, CAMPER IN, ONE-DAY SPECIAL EVENTS, AND 8-WEEK IN-SCHOOL GRIEF SUPPORT SESSIONS. THE DEATH OF A LOVED ONE CAN BE AN OVERWHELMING EXPERIENCE FOR ANYONE. BUT FOR A CHILD, WHOSE ENTIRE WORLD IS DEFINED BY THEIR CONNECTION TO A SMALL HANDFUL OF PEOPLE, THE DEATH OF ONE OF THOSE INDIVIDUALS IS DEVASTATING. YOUTH MAY BE GRIEVING THE DEATH OF ANYONE SIGNIFICANT IN THEIR LIVES: A SIBLING, PARENT, GRANDPARENT, CLASSMATE OR SPECIAL FRIEND. PARTICIPANTS MEET IN AGE-BASED GRIEF SUPPORT GROUPS FACILITATED BY MENTAL HEALTH PROFESSIONALS AND TRAINED VOLUNTEERS. EDUCATIONAL OPPORTUNITIES ARE ALSO PROVIDED FOR ADULTS PLAYING A SUPPORTIVE ROLE IN THE GRIEVING CHILD'S LIFE. GRANT AMOUNT - \$18,000. ST. MONICA'S LIFE CHANGING RECOVERY FOR WOMEN: PROJECT MOTHER &amp; CHILD</p>

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FORM 990, PART III, LINE 4B, DESCRIPTION OF PROGRAM SERVICE:	<p>PROGRAM IS A COMPREHENSIVE SIX-MONTH RESIDENTIAL TREATMENT PROGRAM FOR CHEMICALLY DEPENDENT OR DUALY DIAGNOSED PREGNANT WOMEN AND WOMEN WITH CHILDREN UNDER THE AGE OF 12. MORE THAN 90 PERCENT OF 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 ADDRESSES THE ISSUES OF BASIC NEEDS, DOMESTIC VIOLENCE, TRAUMA, SUBSTANCE ABUSE, AND PARENTING ENCOURAGING WOMEN TO BUILD TOOLS TO SUCCESSFULLY COMPLETE TREATMENT AND DEVELOP SKILLS FOR LONG-TERM SAFETY IN RECOVERY. CHILDREN OF CLIENTS RECEIVE COUNSELING AND OTHER SERVICES, WHILE MOTHERS RECEIVE SAFETY, PARENTING AND LIFE SKILLS EDUCATION. WOMEN LEAVE THIS PROGRAM ENROLLED IN SCHOOL OR EMPLOYED, WITH INDIVIDUALIZED SAFETY AND HOUSING PLANS FOR THEMSELVES AND THEIR FAMILIES. GRANT AMOUNT - \$34,425. THE SALVATION ARMY - LINCOLN: DISASTER SERVICES PROGRAM PROVIDES FOOD AND BEVERAGES AT THE SITE OF A DISASTER. IT ALSO PROVIDES SPIRITUAL AND EMOTIONAL CARE AT THE SCENE OF A DISASTER AND FOLLOW UP CARE. SERVICES MAY INCLUDE MATERIALS MANAGEMENT/DISTRIBUTION, WAREHOUSING, SHELTERING, AND EMERGENCY CASE MANAGEMENT. THE PROGRAM WILL ASSIST WITH TEMPORARY HOUSING VOUCHERS AFTER ON AN AS NEEDED BASIS. GRANT AMOUNT - \$5,000. VOICES OF HOPE LINCOLN, INC: CRISIS INTERVENTION AND ADVOCACY PROGRAM PROVIDES SERVICES FOR VICTIMS OF DOMESTIC VIOLENCE, INTIMATE PARTNER VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT AND INCEST, AS WELL AS TO THEIR FAMILIES. SERVICES INCLUDE A 24-HOUR CRISIS LINE, CRISIS AND WALK-IN COUNSELING, SUPPORT GROUPS, SAFETY PLANNING, 24-HOUR ADVOCACY TO THE HOSPITALS, FOLLOW UP ON LAW ENFORCEMENT REPORTS, ASSISTANCE WITH PROTECTION ORDERS, REFERRALS TO SHELTER AND OTHER COMMUNITY RESOURCES, ASSISTANCE WITH BASIC AND EMERGENCY NEEDS AND FINANCIAL ASSISTANCE. VOICES OF HOPE IS THE PRIMARY CRISIS RESPONSE TO VICTIMS THROUGH THE COMMUNITY DOMESTIC VIOLENCE COORDINATED RESPONSE TEAM AND SEXUAL ASSAULT RESPONSE TEAM AND IS A MEMBER OF THE COMMUNITY AND UNIVERSITY OF NEBRASKA'S CAMPUS THREAT ASSESSMENT TEAMS. GRANT AMOUNT - \$77,400.</p>

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<p>FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>THE FOLLOWING AGENCIES AND PROGRAMS WERE AWARDED GRANTS IN THIS FOCUS AREA: ASIAN COMMUNITY AND CULTURAL CENTER: FAMILY RESOURCE PROGRAM ADVANCES THE STABILITY OF ASIAN AND OTHER MINORITY FAMILIES IN LINCOLN WHO FACE ECONOMIC AND CULTURAL BARRIERS TO SELF-SUFFICIENCY. THE PROGRAM HELPS FAMILIES BUILD ENGLISH LANGUAGE PROFICIENCY; PURSUE CITIZENSHIP AND EMPLOYMENT; ESTABLISH MEDICAL/DENTAL HOMES; PROVIDES ASSISTANCE WITH SNAP APPLICATIONS AND RENEWALS; AND HELPS FAMILIES FILE STATE AND FEDERAL INCOME TAX RETURNS. THE PROGRAM ALSO TRANSLATES IMPORTANT DOCUMENTS FROM OTHER RELEVANT HEALTH AND SOCIAL SERVICE AGENCIES, ENHANCING THEIR ABILITY TO SERVE CLIENTS WITH LIMITED ENGLISH PROFICIENCY. THE PROGRAM WORKS WITH THE LANCASTER COUNTY HEALTH DEPARTMENT, GOOD NEIGHBOR CENTER, CENTER FOR PEOPLE IN NEED AND COUNTY GENERAL ASSISTANCE TO ACHIEVE THESE GOALS. GRANT AMOUNT - \$7,500. CATHOLIC SOCIAL SERVICES OF SOUTHERN NEBRASKA: EMERGENCY SERVICES PROGRAM PROVIDES CASH ASSISTANCE TO HOMELESS CLIENTS TO ASSIST IN OBTAINING HOUSING AND TO THOSE AT RISK OF BECOMING HOMELESS BY PROVIDING EMERGENCY ASSISTANCE TO PAY RENT AND UTILITIES DURING DIFFICULT TIMES. THE PROGRAM IS DESIGNED TO MEET THE SHORT-TERM NEEDS OF INDIVIDUALS THAT MAY HAVE EXPERIENCED AN INTERRUPTION TO THEIR NORMAL INCOME STREAM. THE PROGRAM NETWORKS WITH OTHER LOCAL AGENCIES THAT DISTRIBUTE EMERGENCY CASH ASSISTANCE TO PREVENT DUPLICATION OF SERVICES AND PARTNERS WITH AGENCIES SO THAT RESOURCES MIGHT BE BETTER UTILIZED. ALL APPLICANTS GO THROUGH A DETAILED SCREENING PROCESS AND MEET WITH THE EMERGENCY SERVICES COORDINATOR WHO WILL GUIDE THEM THROUGH BUDGET COUNSELING AND PROVIDE REFERRALS IN ADDITION TO WHATEVER CASH ASSISTANCE MIGHT BE AVAILABLE. GRANT AMOUNT - \$32,000. CATHOLIC SOCIAL SERVICES OF SOUTHERN NEBRASKA: ST. FRANCIS FOOD PANTRY PROGRAM IS A FOOD CHOICE MARKET THAT PROVIDES FAMILIES THE OPPORTUNITY TO SELECT PERISHABLE AND NONPERISHABLE ITEMS ONCE PER MONTH. DAIRY PRODUCTS, FRESH FRUITS, AND VEGETABLES ARE PROVIDED, AND NUTRITIONAL INFORMATION AND RECIPES ARE FEATURED WEEKLY TO ENCOURAGE HEALTHY EATING HABITS AND BALANCED MEALS. IN PARTNERSHIP WITH THE FOOD BANK OF LINCOLN, THE PROGRAM PROVIDES MONTHLY FOOD MARKETS TO THE FAMILIES OF BLESSED SACRAMENT, ST. PATRICK'S, AND ST. TERESA'S SCHOOLS. THE PROGRAM IS STRONGLY SUPPORTED AND STAFFED BY A COMMUNITY OF VOLUNTEERS. GRANT AMOUNT - \$10,000. CEDARS YOUTH SERVICES: CEDARS EMERGENCY SHELTER PROGRAM PROVIDES 24-HOUR EMERGENCY SHELTER CARE FOR UP TO 16 YOUTH EACH DAY AGES 12-18. INCORPORATING TRAUMA INFORMED CARE, POSITIVE YOUTH DEVELOPMENT, AND WRAP-AROUND PRINCIPLES, CEDARS PROVIDES A SAFE, NURTURING, AND STABLE SHORT TERM PLACEMENT FOR YOUTH. REFERRALS ARE ACCEPTED FOR RUNAWAY, HOMELESS, OR UNACCOMPANIED YOUTH, AS WELL AS YOUTH WHO HAVE EXPERIENCED A PLACEMENT DISRUPTION OR NEED RESPITE CARE. THE PROGRAM IS A DETENTION ALTERNATIVE FOR YOUTH WHO DO NOT POSE A SAFETY RISK TO OTHERS PROVIDING A SAFE PLACE FOR YOUTH TO RESIDE DURING OUTPATIENT TREATMENT.</p>

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FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:	<p>TIENT PSYCHOLOGICAL OR SUBSTANCE ABUSE EVALUATIONS UNTIL SUITABLE PLACEMENT PLANS ARE DEVELOPED. PROGRAMMING INCLUDES STRUCTURED THERAPEUTIC GROUPS, RECREATION ACTIVITIES, ACADEMIC SUPPORT INCLUDING ATTENDANCE AT A YOUTH'S HOME SCHOOL WHEN POSSIBLE, AND HELPING STRENGTHEN RELATIONSHIPS BETWEEN YOUTH AND THEIR FAMILIES. YOUTH ARE ALSO PROVIDED CASE MANAGEMENT TAILORED TO THEIR INDIVIDUAL NEEDS. GRANT AMOUNT - \$21,000. CEDARS YOUTH SERVICES: CEDARS STREET OUTREACH AND YOUTH OPPORTUNITY CENTER PROGRAM CONDUCTS OUTREACH AND ENGAGES HOMELESS AND RUNAWAY YOUTH TO SEEK FORMAL ASSISTANCE IN CREATING SAFER, MORE STABLE LIVING SITUATIONS AND TO ADDRESS THE ISSUE(S) THAT LED TO THEIR HOMELESSNESS. OUTREACH SERVICES INCLUDE SURVIVAL AID (FOOD, CLOTHING AND BLANKETS, HYGIENE KITS, TRANSPORTATION VOUCHERS), ASSESSMENT, CRISIS INTERVENTION AND SAFETY PLANNING, EDUCATION, INFORMATION AND REFERRAL, COUNSELING AND ONGOING SUPPORT. THE PROGRAM USES A POSITIVE YOUTH DEVELOPMENT, TRAUMA-INFORMED APPROACH PROVIDING YOUTH WITH EFFECTIVE AND HIGH QUALITY SERVICES. AS A RESULT, YOUTH ARE ABLE TO IMPROVE RELATIONSHIPS AND MAKE BETTER, SAFER LIFE CHOICES. PROGRAM STAFF FREQUENT PLACES WHERE VULNERABLE YOUTH TYPICALLY GATHER AND CONDUCT OUTREACH TO RAISE COMMUNITY AWARENESS. YOUTH CAN ALSO ACCESS RESOURCES AT THE YOUTH OPPORTUNITY CENTER, A DROP-IN CENTER LOCATED IN DOWNTOWN LINCOLN. GRANT AMOUNT - \$8,500. CENTER FOR PEOPLE IN NEED: NEIGHBORHOOD FOOD DISTRIBUTION PROGRAM PROVIDES FOOD FOR LOW-INCOME INDIVIDUALS IN LINCOLN AND LANCASTER COUNTY. WEEKLY DISTRIBUTIONS ARE LOCATED AT FIVE SITES, INCLUDING CENTER FOR PEOPLE IN NEED (CFPIN), OAK LAKE CHURCH, THE BAY, F STREET RECREATION CENTER AND FOURTH PRESBYTERIAN CHURCH. PARTICIPANTS CAN GET FOOD TWO TIMES A WEEK AND OBTAIN USDA COMMODITIES. AT FOOD DISTRIBUTION EVENTS, THE PROGRAM PROVIDES INFORMATION ABOUT COMMUNITY RESOURCES, PROGRAMS AT CFPIN, PERSONAL HEALTH CARE ITEMS, HOST FLU SHOTS AND MORE. A CLIENT ASSISTANCE SPECIALIST IS AVAILABLE FOR FOOD PARTICIPANTS AT THE CENTER TO PROVIDE HELP WITH SNAP AND HOUSING ASSISTANCE APPLICATIONS. GRANT AMOUNT - \$27,000. CENTER FOR PEOPLE IN NEED: PEOPLE OBTAINING PROSPERITY PROGRAM HELPS LOW-INCOME STUDENTS SUCCESSFULLY CONTINUE THEIR EDUCATION UP TO AN ASSOCIATE'S DEGREE AND COLLABORATES WITH SOUTHEAST COMMUNITY COLLEGE. THE PROGRAM ELIMINATES BARRIERS TO SUCCESS BY INCLUDING CHILDCARE AND TRANSPORTATION SUBSIDIES, WRAP AROUND CASE MANAGEMENT TO HELP STUDENTS THROUGH DIFFICULTIES, AND ACCESS TO TUTORS. GRANT AMOUNT - \$8,788. COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND SAUNDERS COUNTIES: BASIC AND EMERGENCY NEEDS SERVICES PROGRAM PROVIDES ASSISTANCE AND SUPPORT TO NEAR-HOMELESS AND HOMELESS INDIVIDUALS AND FAMILIES THROUGH FOUR PROGRAMS. 1) EMERGENCY SERVICES PROVIDES RENT AND UTILITY ASSISTANCE TO HOUSEHOLDS WITH AN EVICTION OR DISCONNECT NOTICE, AND DEPOSIT ASSISTANCE TO HOUSEHOLDS TRANSITIONING OUT OF HOMELESSNESS. 2) REPRESENTATIVE PAYEE OVERSEES THE PROPER SPENDING OF BENEFIT</p>



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<p>FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>PAYMENTS FOR SOCIAL SECURITY RECIPIENTS WHO HAVE BEEN DEEMED UNFIT BY THE SOCIAL SECURITY ADMINISTRATION TO MANAGE RESOURCES THEMSELVES. 3) TENANT SUPPORT SERVICES PROVIDES EDUCATION AND MEDIATION TO TENANTS AND LANDLORDS WITH A GOAL OF EVICTION PREVENTION. 4) SUPPORTIVE HOUSING CONNECTS HOMELESS INDIVIDUALS TO PERMANENT HOUSING AND PROVIDES CASE MANAGEMENT. THE ULTIMATE GOAL OF ALL PROGRAMS IS TO PREVENT AND END HOMELESSNESS. GRANT AMOUNT - \$65,000. COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND SAUNDERS COUNTIES: FINANCIAL WELL-BEING PROGRAM UMBRELLA CONTAINS THREE DISTINCT PROGRAMS PROVIDING SERVICES THAT SUPPORT THE EFFORTS OF INDIVIDUALS WITH LIMITED FINANCIAL RESOURCES TO BUILD STRONG FINANCIAL FUTURES. 1) FREE TO SAVE IS A PROGRAM FOR ADULTS THAT PROVIDES FINANCIAL EDUCATION AND SAVINGS MATCH FOR THE PURCHASE OF A HOME, SMALL BUSINESS START-UP/EXPANSION, POST-SECONDARY EDUCATION OR A VEHICLE. 2) OPPORTUNITY PASSPORT PROVIDES YOUTH AGE 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. 3) FINANCIAL COACHING COMBINES CLASSROOM INSTRUCTION AND INDIVIDUALIZED CASE MANAGEMENT TO SUPPORT INDIVIDUALS TO REPAIR CREDIT, REDUCE DEBT, SAVE MONEY AND OTHERWISE IMPROVE FINANCIAL WELL-BEING. ALL PROGRAMS UTILIZE MOTIVATIONAL INTERVIEWING IN THE CASE MANAGEMENT PROCESS. GRANT AMOUNT - \$20,000. COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND SAUNDERS COUNTIES: THE GATHERING PLACE PROGRAM IS A SOUP KITCHEN THAT PROVIDES FREE EVENING MEALS SEVEN DAYS A WEEK 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 41.5% (ACS, 5-YEAR ESTIMATES). THERE ARE NO ELIGIBILITY CRITERIA TO GET A MEAL NOR ANY QUESTIONS ASKED-ANYONE EXPERIENCING HUNGER IS WELCOME. THE GATHERING PLACE FOCUSES ON SERVING NOT ONLY FOOD TO FILL THE BELLY, BUT NUTRITIONALLY-BALANCED MEALS TO FILL THE BODY, OFTEN INCLUDING LOCALLY-SOURCED FRESH FRUITS AND VEGETABLES. GRANT AMOUNT - \$12,000. COMMUNITY CROPS: COMMUNITY GARDENS PROGRAM PROVIDES GARDENING SPACE FOR RESIDENTS TO GROW FRESH, HEALTHY FOOD FOR THEMSELVES AND THEIR FAMILIES. THERE ARE 11 GARDEN SITES, WHICH GIVE 835 GARDENERS A CHANCE TO GROW 58,000 POUNDS OF FOOD. WORK CONTINUES WITHIN THE CITY, CHURCHES, AND OTHER INSTITUTIONS TO DEVELOP AREAS FOR NEW GARDENS, WHICH WILL ALLOW MORE PEOPLE IN NEED TO BE REACHED. IN 2019, A NEW GARDEN WAS OPENED FOR KAREN IMMIGRANTS AND A NEW COMMUNITY GARDEN AT 14TH AND D STREETS TO SERVE THE LOW-INCOME EVERETT NEIGHBORHOOD. CONTINUED EFFORTS ARE BEING MADE TO LOOK FOR NEW AND INNOVATIVE WAYS TO GET MORE PEOPLE GARDENING, WHILE ALSO MAKING IT EASIER FOR THEM TO BE SUCCESSFUL IN THAT ENDEAVOR. GRANT AMOUNT - \$10,000.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:	<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, OBTAIN 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 - \$10,000. FOOD BANK OF LINCOLN: PRODUCE FOR MOBILE FOOD PANTRIES PROGRAM PROVIDES MOBILE FOOD DISTRIBUTIONS IN LINCOLN'S LOW-INCOME NEIGHBORHOODS IN PARTNERSHIP WITH THE CENTER FOR PEOPLE IN NEED (CFPIN), JACOB'S WELL/FIRST PRESBYTERIAN CHURCH, THE BAY, OAK LAKE CHURCH, FOURTH PRESBYTERIAN CHURCH, FIRST PLYMOUTH CHURCH AND THE VETERANS ADMINISTRATION. GRANT AMOUNT - \$38,945. FRESH START: TRANSITIONAL SHELTER SERVICES PROGRAM OFFERS A RESIDENTIAL SHELTER PROGRAM FOR HOMELESS WOMEN. WOMEN ARE ENCOURAGED TO PARTICIPATE FOR THREE-SIX MONTHS AND MAY STAY FOR UP TO ONE YEAR. THERE IS AN EMPHASIS ON GOAL PLANNING, DEVELOPING A HEALTHY SUPPORT SYSTEM, AND PROMOTING RESIDENTS' STRENGTHS. RESIDENTS ARE PARTNERED WITH A CASE MANAGER TO HELP THEM REACH THEIR GOALS AND MOVE ON SUCCESSFULLY. FRESH START HELPS WOMEN ADDRESS THEIR BARRIERS BY CONNECTING THEM TO ACTIVITIES SUCH AS COUNSELING, TREATMENT, AND EDUCATIONAL OPPORTUNITIES. CASE MANAGEMENT ALSO INCREASES THEIR KNOWLEDGE OF SERVICES IN THE COMMUNITY, WHICH THEY USE BEYOND THEIR STAY AT FRESH START. THE PROGRAM IS AN IMPORTANT PART OF OUR COMMUNITY'S CONTINUUM OF CARE FOR RATHER AND HOMELESS RELATED NEEDS. GRANT AMOUNT - \$35,000. GOOD NEIGHBOR COMMUNITY CENTER: BASIC AND EMERGENCY NEEDS PROGRAM PROVIDES CLOTHING, HOUSEHOLD ITEMS, PERSONAL CARE HYGIENE PRODUCTS, HOLIDAY GIFTS, RENT ASSISTANCE, UTILITY ASSISTANCE, AND DIAPERS TO THOSE IN NEED. PARTICIPANTS ARE INDIVIDUALS FACING NATURAL DISASTER, HOMELESSNESS, DOMESTIC VIOLENCE, RECOVERING ADDICTS, LOW INCOME OR INMATES RELEASED FROM INCARCERATION. ASSISTANCE IS ALSO PROVIDED TO REFUGEES AND IMMIGRANTS FROM THE MIDDLE EAST AND NORTH AFRICA. GOOD NEIGHBOR COMMUNITY CENTER COLLABORATES WITH RESETTLEMENT AGENCIES BRINGING NEW REFUGEES INTO LINCOLN AND LANCASTER COUNTY TO HELP THEM HAVE A SMOOTH TRANSITION TO THEIR NEW HOMES. HOME VISITS HELP DETERMINE WHAT ASSISTANCE THEY WILL NEED, AND NEW FAMILIES ARE GIVEN A PRIORITY TO SHOP FOR CLOTHES, FOOD, AND ENROLL IN CLASSES. INTERPRETATION SERVICES ARE PROVIDED TO ASSIST WITH APPOINTMENTS AND TRANSLATION OF NECESSARY DOCUMENTS. THE PROGRAM ADVOCATES FOR WOMEN TO ENABLE THEM TO BECOME INDEPENDENT. GRANT AMOUNT - \$17,500. GOOD NEIGHBOR COMMUNITY CENTER: FOOD DISTRIBUTION</p>

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:</p>	<p>PROGRAM ALLOWS FAMILIES TO SELECT NON-PERISHABLE FOOD ITEMS OF THEIR CHOICE EVERY 30 DAYS . THE AMOUNT OF FOOD GIVEN IS DETERMINED BY FAMILY SIZE AND AVAILABILITY. EACH CLIENT MAY ALSO SHOP FOR PERISHABLE FOOD ITEMS TWICE A WEEK ON MONDAYS AND WEDNESDAYS. THE PROGRAM PROVIDES INFORMATION ABOUT ALL AVAILABLE FOODNET SITES IN LINCOLN AND COLLABORATES WITH ALLO N CHAPEL AS A FOODNET SITE EVERY SUNDAY TO FEED THOSE WHO CANNOT MAKE IT TO THE CENTER DURING THE WEEK DUE TO WORKING SCHEDULES. GRANT AMOUNT - \$25,000. THE HUB-CENTRAL ACCESS POINT FOR YOUNG ADULTS: CENTRAL ACCESS NAVIGATION PROGRAM PROVIDES A CENTRAL ACCESS NAVIGATOR FOR CASE MANAGEMENT AND SUPPORT TO HELP YOUNG PEOPLE FIND NEEDED SERVICES. WHILE OUR COMMUNITY IS FORTUNATE TO HAVE MANY SERVICES AVAILABLE, NAVIGATING THE SYSTEM OF AVAILABLE RESOURCES CAN BE CONFUSING. YOUNG PEOPLE WHO ARE DISCONNECTED (PREGNANT/PARENTING, HOMELESS, INVOLVED IN OR AGED OUT OF THE CHILD WELFARE OR JUVENILE JUSTICE SYSTEMS) UTILIZE THIS PROGRAM TO FIND SERVICES TO ADDRESS THEIR IMMEDIATE NEEDS AND WORK TOWARD FUTURE SUCCESSSES. THE PROGRAM PROVIDES FINANCIAL ASSISTANCE FOR HOUSING AND UTILITIES, FINANCIAL COACHING/BUDGETING ASSISTANCE, AND COMMUNITY CONNECTIONS TO ENSURE YOUNG ADULTS NEEDS ARE MET. GRANT AMOUNT - \$15,000. LEAGUE OF HUMAN DIGNITY, INC: BARRIER REMOVAL PROGRAM REMOVES OR MODIFIES BARRIERS FOR LOW-TO-MODERATE INCOME RENTERS AND HOMEOWNERS WHO EXPERIENCE A MOBILITY LIMITATION OR HAVE SOMEONE IN THEIR FAMILY WITH MOBILITY LIMITATIONS. ELIGIBLE MODIFICATIONS INCLUDE INSTALLATION OF OUTSIDE RAMPS AND LIFTS, GRAB BARS, HANDRAILS, WIDER DOORWAYS, ACCESSIBLE TUBS AND SHOWERS, AND REACHABLE SINKS AND COUNTERS. A BARRIER-FREE MODEL HOME DISPLAYING A VARIETY OF ACCESSIBILITY DESIGN FEATURES AND ADAPTIVE AIDS IS LOCATED IN THE LINCOLN OFFICE TO ASSIST WITH DECISION MAKING. THE PROGRAM OFFERS ON-SITE CONSULTATIONS INCLUDING DISCUSSION OF FEDERAL ACCESSIBILITY LAWS WITH MEMBERS OF THE BUILDING/CONSTRUCTION INDUSTRY, BUSINESSES, AND INDIVIDUALS WITH DISABILITIES. GRANT AMOUNT - \$5,000. MATT TALBOT KIT CHEN AND OUTREACH: HUNGER RELIEF PROGRAM PROVIDES DAILY HUNGER RELIEF TO INDIVIDUALS AND FAMILIES IN NEED. FEEDING THE HUNGRY IS THE FOUNDATION OF MATT TALBOT'S MISSION. EVERYONE IS WELCOME TO WALK THROUGH THE PROGRAM'S OPEN DOORS TO RECEIVE A HOT MEAL TWO TIMES A DAY, EVERY DAY OF THE YEAR. LUNCH IS SERVED FROM 11:30 AM - 12:30 PM AND DINNER IS SERVED FROM 5:30 PM - 6:30 PM. FOOD PANTRIES ARE ALSO AVAILABLE FOR THOSE WHO DO NOT HAVE ENOUGH FOOD AT HOME. WHILE ON SITE, INDIVIDUALS LEARN ABOUT OTHER PREVENTION SERVICES AVAILABLE. THE PROGRAM IS A SAFE AND WELCOMING PLACE WHERE THOSE WHO STRUGGLE CAN FIND RESPITE, PEACE AND EVENTUALLY HOPE. GRANT AMOUNT - \$11,000. MATT TALBOT KITCHEN AND OUTREACH: TRANSITIONAL HOUSING PROGRAM HELPS INDIVIDUALS MOVE FROM HOMELESSNESS AND ADDICTION TO A STABLE LIVING ENVIRONMENT. THE PROGRAM HAS TWO TRANSITIONS HOUSES - ONE FOR MEN AND ONE FOR WOMEN. INTENSIVE CASE MANAGEMENT AND SUBSTAN</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4C, DESCRIPTION OF PROGRAM SERVICE:	<p>CE ABUSE COUNSELING FOCUS ON RELAPSE PREVENTION WORK IN TANDEM TO ASSIST RESIDENTS IN MAINTAINING SOBRIETY, ACCESSING SERVICES, SECURING EMPLOYMENT, AND BECOMING PRODUCTIVE MEMBERS OF THE COMMUNITY. GRANT AMOUNT - \$17,000. PEOPLE'S CITY MISSION: FAMILY AND WOMEN'S SHELTER PROGRAM PROVIDES EMERGENCY SHELTER BEDS AND DAY SHELTER, THREE NUTRITIOUS MEALS DAILY, CHILDREN'S PROGRAMS, INDIVIDUAL SUPPORT AND ADVOCACY, LIFE SKILLS WORKSHOPS, AND OTHER RELATED SERVICES (SHOWERS, LAUNDRY, MAIL, PHONE, ETC.) TO ENABLE HOMELESS WOMEN AND FAMILIES TO MOVE INTO PERMANENT HOUSING WITH THE SKILLS AND RESOURCES NECESSARY TO MAINTAIN HOUSING. GRANT AMOUNT - \$8,543. THE SALVATION ARMY - LINCOLN: FOOD SECURITY PROGRAM PROVIDES A VARIETY OF PROGRAMS SUCH AS, THE FOOD PANTRY, WINTER NIGHT WATCH, KIDS CAFE AND A SUMMER FEEDING PROGRAM TO ENSURE THOSE WHO NEED FOOD OR A MEAL IN THE LINCOLN COMMUNITY ARE SERVED. THE FOOD PANTRY IS A CONSUMER CHOICE FOOD PANTRY BASED ON THE FOOD PYRAMID. CLIENTS ARE ELIGIBLE TO RECEIVE FOOD FROM THE PANTRY ON A MONTHLY BASIS WITH A POINTS-BASED SYSTEM BASED ON THE SIZE OF THE CLIENT'S FAMILY. THE PROGRAM PROVIDES A PERISHABLE FOOD DISTRIBUTION EVERY TUESDAY AND FRIDAY MORNING. DURING THE WINTER, A SEASONAL HOT MEAL IS PROVIDED EVERY SATURDAY AND SUNDAY NIGHT FROM OCTOBER 15 - APRIL 15 TO HOMELESS AND NEAR HOMELESS IN THE SOUTH CAPITAL NEIGHBORHOOD AREA DURING THE WINTER NIGHT WATCH. A HOT MEAL IS PROVIDED TO CHILDREN MONDAY-FRIDAY YEAR-ROUND THROUGH THE KIDS CAFE DURING SCHOOL DAYS AS A SUPPER MEAL AND DURING NON-SCHOOL DAYS AS A LUNCH MEAL. DURING THE SUMMER CHILDREN ARE GIVEN A NUTRITIOUS BREAKFAST AND LUNCH AT A DAY CAMP - BREAKFAST IS PREPARED ONSITE AND LUNCH IS PROVIDED BY KINDERBITES. GRANT AMOUNT - \$20,055. THE SALVATION ARMY - LINCOLN: 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. GRANT AMOUNT - \$25,000.</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	FOUR BOARD MEMBERS (TWO COUPLES) ARE MARRIED.

## 990 Schedule O, Supplemental Information

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

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>DIRECTORS, OFFICERS, EMPLOYEES, AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS ARE REQUIRED TO DISCLOSE ANNUALLY ANY RELATIONSHIPS WHERE THEY AND/OR THEIR FAMILY MEMBERS MAY HAVE PERSONAL OR FINANCIAL INTERESTS THAT COULD INFLUENCE THEIR DECISION MAKING ABILITY. THEY ALSO SIGN A STATEMENT AFFIRMING THAT THEY HAVE RECEIVED, READ, AND WILL COMPLY WITH THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. THEY ARE REQUIRED TO AFFIRM THEIR UNDERSTANDING THAT THE ORGANIZATION IS CHARITABLE AND MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. BOARD MEMBERS AND VOLUNTEERS MAY NOT SERVE ON 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 DECEMBER 2019 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 2019 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 <a href="http://WWW.UNITEDWAYLINCOLN.ORG">WWW.UNITEDWAYLINCOLN.ORG</a> . 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

2019

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?

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .		No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	Yes	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .		No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .		No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		No
<b>f</b> Dividends from related organization(s) . . . . .		No
<b>g</b> Sale of assets to related organization(s) . . . . .		No
<b>h</b> Purchase of assets from related organization(s) . . . . .		No
<b>i</b> Exchange of assets with related organization(s) . . . . .		No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .		No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		No
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	Yes	
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	Yes	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		No
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	Yes	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .		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
(1) UNITED WAY OF LINCOLN AND LANCASTER COUNTY FOUNDATION INC	B	100,000	

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