" 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Do not enter social security numbers on this form, as it may be made public. ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Open to Public Inspection

	A F	or the	2020 calend	ar year, or tax year beginning Jai	nuary 1 , 2020	, and ending	Dec	ember 31	, 20 20	
	B Check if applicable		oplicable	C Name of organization	· · · · · · · · · · · · · · · · · · ·		D Empl	oyer identif	fication number	
		Address o	change	Norris Power Goodwill Fund				47-08	342572	
		Name change		Number and street (or P O box if mail is not delivere	d to street address)	Room/suite	E Telep	hone numb	er	
	_	Initial return		PO Box 399				402-2	23-4038	
	_	Final return/terminated Amended return Application pending		City or town, state or province, country, and ZIP or for	oreign postal code	1/2	F Grou	F Group Exemption		
	_			Beatrice, NE 68310 NI		Num	nber 🕨			
	G A	Accounting Method		✓ Cash		н	Check I	► ✓ if the	e organization is not	
		Vebsite							Schedule B	
	J Ta	ax-exer	mpt status (ch	eck only one) — 🗹 501(c)(3) 🔲 501(c) () 🖣	 (Insert no) ☐ 4947(a)(1) (or 🔲 527	(Form 9	90, 990-EZ	Z, or 990-PF)	
	KF	orm of	organization	☐ Corporation ☐ Trust ☐ A	Association	Public Funds				
				7b to line 9 to determine gross receipts. If gross		more, or if total	assets		_	
	(Par	t II, col		5500,000 or more, file Form 990 instead of Form				S	63,885	
	Pa	art I	Revenu	e, Expenses, and Changes in Net As	ssets or Fund Balan	ces (see the	instruc	ctions for	r Part I)	
			Check if	the organization used Schedule O to re-	spond to any question	ın thıs Part I				
		1	Contribution	ons, gifts, grants, and similar amounts rece	eived		. }	1	63,866	
		2	Program s	ervice revenue including government fees	and contracts .		[2		
		3	Membersh	ip dues and assessments]	3		
		4	Investmen	income				4	19	
		5a	Gross amo	ount from sale of assets other than inventor	ry . <u>5a</u>			- 1		
		b		or other basis and sales expenses	<u>5b</u>	1				
		С	-	ss) from sale of assets other than inventory	y (subtract line 5b from	line 5a) .	.	5c		
	Revenue Revenue	6	_	id fundraising events.				i		
		а	Gross inc \$15,000)	ome from gaming (attach Schedule G	If greater than					
	Ver	b	Gross inco	me from fundraising events (not including	\$	of contributio	ns	ŀ		
	Re			aising events reported on line 1) (attach S				. ,		
ž	7		sum of suc	ch gross income and contributions exceed	s \$15,000) . <u> 6b</u>	<u> </u>		ľ		
γ	57	С		t expenses from gaming and fundraising e		<u></u>		, '		
-	4	d		e or (loss) from gaming and fundraising e	events (add lines 6a ar	id 6b and sub	otract			
: }			line 6c)					6d		
APR		7a		s of inventory, less returns and allowances		-				
A	:	b		of goods sold	<u>[7b</u>	<u> </u>				
Ω		C	-	it or (loss) from sales of inventory (subtract				7c		
\underline{U}		8					٠ .	9		
SCANNED	_	10		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 similar amounts paid (list in Schedule O)		·	· •	10	63,885	
Ŧ.		11		aid to or for members .	BEA	EIVED		11	35,448	
\mathcal{L}	S	12	•	ther compensation, and employee benefits		EIVED		12	-	
•	ıse	13		al fees and other payments to independen	المثال	1 0 000][]	13		
	Expenses	14		y, rent, utilities, and maintenance	APK	1_9_2021		14		
	X	15	•	ublications, postage, and shipping .			ا کا	15		
		16		enses (describe in Schedule O)) OGD	EN, UT		16	38	
		17	•	enses. Add lines 10 through 16 .				17	35,486	
		18		(deficit) for the year (subtract line 17 from I	ine 9) .			18	28,399	
	ets	19		or fund balances at beginning of year (fi) (must agree	with			
	Ass							19	20,570	
	Net Assets	20	Other char	nges in net assets or fund balances (explain	n ın Schedule O) .		.	20		
	Z	21		or fund balances at end of year Combine		<u>.</u>	. ▶	21	48,969	

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form 990-EZ (2020)

DΆ	t II Balance Sheets (see the instructions	for Dort III				
Га	T II Balance Sheets (see the instructions Check if the organization used Schedule		ny guastian in this	Dart II		г
	Officer if the organization used Schedule	e o to respond to a	ny question in this	(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		<u> </u>	20,570	221	48,969
23	Land and buildings		` `	20,370	23	40,300
24	Other assets (describe in Schedule O)				24	
25	Total assets			20,570	1	48,969
26	Total liabilities (describe in Schedule O)			20/0.0	26	
27	Net assets or fund balances (line 27 of column	n (B) must agree wit	h line 21)	20,570	27	48,969
Par	Statement of Program Service Accom	plishments (see th	e instructions for F			
	Check if the organization used Schedule	O to respond to a	ny question in this	Part III 🔲		Expenses
Wha	is the organization's primary exempt purpose?					quired for section (c)(3) and 501(c)(4)
Desc	ribe the organization's program service accompli	shments for each o	f its three largest p	rogram services,		anizations, optional foi
as m	leasured by expenses in a clear and concise n	nanner, describe the			othe	ers)
	ons benefited, and other relevant information for e	ach program title.				,
28						
	(Grants \$ 35,448) If this amount		<u> </u>	<u> ▶ L]</u>	28a	35,448
29						
	/O				00-	
~~	(Grants \$) If this amount	includes foreign gra	ints, check here	. P. L.	29a	
30						
	(Grants \$) If this amount	includes foreign gra	inte chack here	▶ [7]	30a	
21	Other program services (describe in Schedule O)			· · · · ·	30a	-
J 1		includes foreign gra		▶ □	31a	38
32	Total program service expenses (add lines 28a			•	32	···············
Par				nensated—see the in		
	Check if the organization used Schedule					_
		1	(c) Reportable	(d) Health benefits,	T	
	(a) Name and title	(b) Average hours per week	compensation (Forms W-2/1099-MISC)	contributions to employ benefit plans, and		
	• •	devoted to position	(if not paid, enter -0-)	deferred compensation		other compensation
Rod I	Hollman - Chair				\top	
	W Wittstruck Road, Martell, NE 68404	1 1	o		0	0
David	Rippe - Vice Chair					
РО В	ox 11, Bruning, NE 68322	11	0		0	0
	ey Schluckebier - Secretary/Treasurer					
1910	336th Road, Unit 20, Seward, NE 68434	11	0		0	0
Roge	r Theye - Director	.]				
201 V	Vebster St, Liberty, NE 68381	1	0		0	0
Barb	ra Baldwin - Director				1	
	ox 42, Daykin, NE 68338	11	0		0	0
	Kaspar - Director					
	ounty Road 1600, Dorchester, NE 68343	11	0		0	0
	elle Junker - Ex-Officio Non-Voting	.}				
1504	Loma Circle, Beatrice, NE 68310	1	0		<u> </u>	0
		-				
					+	
		1			-	
		\$ TT !		 	+	
		1			1	
		 		 	+	
		1				
					+	
		1			1	



Pårt	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this			
	instructions for Fart V.) Officer if the organization asea deficulte of to respond to any question in the	3 1 UII	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	,,,,	√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		1
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		√
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b 38a	Did the organization file Form 1120-POL for this year?	37b		✓
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b	•		
39	Section 501(c)(7) organizations Enter.			
а	Initiation fees and capital contributions included on line 9	-		٠.]
b 400	Gross receipts, included on line 9, for public use of club facilities	P.		4
40a	section 4911 ▶	OK, k	τ τ	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	*:		
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		✓_,
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<i>→</i>
41	List the states with which a copy of this return is filed ▶ None			
42a	The organization's books are in care of ▶ Michelle Junker Telephone no ▶ (4	102)-22	8-281	2
	Located at ▶ 606 Irving Street, Beatrice, NE 68310 ZIP + 4 ▶	68310		
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)?	42b	Yes	No.
	If "Yes," enter the name of the foreign country ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	١.		١.]
	Financial Accounts (FBAR).			- 1
С	At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ▶	42c		<u> </u>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year			► □
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	Yes	No.
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		<u> </u>
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		<u>/</u>
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		✓
b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b	w ² 3,,	1

								Yes	No	
46		the organization engage, directly or in			behalf of o	or in opposi	(
0 - 4		andidates for public office? If "Yes," o		, Part I	<u> </u>	<u> </u>	46		✓	
Part	VI	Section 501(c)(3) Organization		estions 47, 40b and	EO and a	omplote th	a tablaa f	امدارم		
		All section 501(c)(3) organization 50 and 51.	s must answer que	estions 47-49b and	52, and c	ompiete tri	ie tabies i	Or line	38	
			hadula O ta raanaa	l to any avantion in t	bio Dort VI					
		Check if the organization used Sc	nedule O to respond	to any question in t	nis Part VI	···	• •	Yes		
47	Did i	the organization engage in lobbying	activities or have a	section 501/b) electio	n in offect	during the	tov [res	No	
47		? If "Yes," complete Schedule C, Par				during the			/	
40	•	e organization a school as described in		•	47	\vdash	-			
48 49a		he organization a school as described in he organization make any transfers t			. 49a		-			
+3a b		es," was the related organization a se	zation: .		49b	+				
50		plete this table for the organization's			 ier than offi	 cers direct			d ke	
-		loyees) who each received more than							u ne	
				1		h benefits,				
	(a	Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contribution	s to employee	(e) Estimate			
	•	, ,	devoted to position	(Forms W-2/1099-MISC)		, and deferred ensation	other con	npensat	ion	
					<u> </u>					
					-					
					<u> </u>					
f	Total	number of other employees paid ov	er \$100,000	. •						
51	Complete this table for the organization's five highest compensated independent contractors who each received more that									
	\$100	,000 of compensation from the organ	nization. If there is no	ne, enter "None "		1				
	(a)	Name and business address of each independ	lent contractor	(b) Type of serv	rice	(c) Compensati	on		
				 						
				1						
				<u> </u>		 				
										
				1						
										
				1						
										
				1		1				
d	Total	number of other independent contra	actors each receiving	over \$100,000	>					
52		the organization complete Schedu			nizations r	nust attacl				
		oleted Schedule A					► ✓ Yes		OV	
Under po	enalties	of perjury, I declare that I have examined this i	return, including accompan	ying schedules and stateme	ents, and to the	e best of my kr	nowledge and	belief,	ıt ıs	
true, cor	rect, ar	nd complete Declaration of preparer (other than	officer) is based on all info	rmation of which preparer h	nas any knowle	edge				
		Married K. ea	Keal				13 20	21		
Sign		Signature of officer			Da	ié		7		
Here		David Rippe, Vice Chair								
		Type or print name and title								
Paid		Print/Type preparer's name	Preparer's signature	Da	te	Check _	ıf PTIN			
Prepa	arer	<u></u>			self-employed					
Use (Firm's name ▶		Fire	n's EIN ▶					
		Firm's address ▶		_ 	Ph	one no				
May th	e IRS	discuss this return with the preparei	shown above? See i	nstructions	<u> </u>		► □ Yes	<u> </u>	10	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Norri	s Powe	r Goodwill Fund					47-08	42572	
Pai		Reason for Public Cha	rity Status. (Al	l organizations mus	t compl	ete this j			
The 0 1 2 3 4	A:	cation is not a private foundath church, convention of church school described in section nospital or a cooperative homedical research organization spital's name, city, and state	hes, or associati 170(b)(1)(A)(ii). spital service org on operated in co	on of churches descr (Attach Schedule E (F ganization described i	ibed in so form 990 n sectio i	ection 17 or 990-E n 170(b) (70(b)(1)(A)(i). Z)) 1)(A)(iii).	(iii). Enter the	
5		organization operated for ction 170(b)(1)(A)(iv). (Com		college or university	owned c	or operate	ed by a government	tal unit described in	
6 7	✓ An	ederal, state, or local govern organization that normally scribed in section 170(b)(1)	receives a subs	tantial part of its sup				n the general public	
8	ΠAG	community trust described in	n section 170(b)	(1)(A)(vi). (Complete	Part II.)				
9	or un	agricultural research organi university or a non-land-gra iversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or	
10	red sup ac	organization that normally report from activities related poort from gross investment quired by the organization a	to its exempt fui t income and uni fter June 30, 197	nctions, subject to ce related business taxa 75 See section 509(a	rtain exc ble incon i)(2). (Coi	eptions, a ne (less si nplete Pa	and (2) no more than ection 511 tax) from art III)	33 ¹ /3% of its	
11	_	organization organized and	•	•	-				
12									
а	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(s). You must	the supporting o complete Part I	rganization vested in V, Sections A and C	the same	persons	that control or man	age the supported	
С		Type III functionally integ its supported organization(ally integrated with,	
d		Type III non-functionally integration that is not functionally integrated requirement (see instruction	grated. The orga	nization generally mu	st satisfy	a distribi	ution requirement an		
е		Check this box if the organ functionally integrated, or T						e II, Type III	
f	Ente	r the number of supported o	organizations .			•			
g	Prov	ide the following information	about the supp	orted organization(s)	,		,		
	(ı) Nam	e of supported organization	(ii) EIN	(III) Type of organization (described on lines 1–10 above (see instructions))	listed in you	rganization ir governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
]		Yes	No			
(A)									
(B)									
(C)			_						
(D)									
(E)					-				

Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.") . . . <u>61,99</u>2 59,800 61,466 309,656 62,532 63,866 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. 309,656 雄 "哦! 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) Public support. Subtract line 5 from line 4 309,656 Section B. Total Support (d) 2019 Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (e) 2020 (f) Total Amounts from line 4 59,800 61,466 61,992 62,532 63,866 309,656 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI) . . 309,713 11 12 Gross receipts from related activities, etc. (see instructions) First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here \blacktriangleright Section C. Computation of Public Support Percentage Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) . 14 14 15 15 Public support percentage from 2019 Schedule A, Part II, line 14 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization b 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in:Part VI:how the organization meets the facts-and-circumstances test "The organization qualifies as a publicly supported"

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see