Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No. 1545-0047 Open to Public

Inspection

| Α | For the | 2012 calendar year, or tax year beginning UL 1, 2012 and ending | JUN 30, 2013 | • |
|--------------------------------|-------------------------|---|-------------------------------------|--|
| | Check if | C Name of organization | D Employer identific | |
| | applicable | UNITED WAY OF LINCOLN AND LANCASTER | ' ' | |
| Г | Addres | S COLDINA | | |
| F | Name change | | 47-0 | 376624 |
| F | Initial return | | uite E Telephone numbe | |
| Ē | Termin ated Amend | 238 S 13 ST | 402- | 441-7700 |
| Ļ | Ireturn | City, town, or post office, state, and ZIP code | G Gross receipts \$ | 7,218,800. |
| L | Application pending | LINCOLN, NE 00500 | H(a) Is this a group re | eturn |
| | portani | F Name and address of principal officer: BRIAN WACHMAN | for affiliates? | Yes X No |
| | | 238 SOUTH 13TH STREET, LINCOLN, NE 68508 | H(b) Are all affiliates inc | luded? Yes No |
| | | | | list. (see instructions) |
| | | e: WWW.UNITEDWAYLINCOLN.ORG | H(c) Group exemptio | |
| | | | 'ear of formation: 1945 $_{ m N}$ | N State of legal domicile: NE |
| Р | art I | Summary | | |
| é | 1 1 | Briefly describe the organization's mission or most significant activities: FUNDING | TO LOCAL IMPA | CT PARTNERS |
| au | | WHO FOCUS ON ACHIEVING OUTCOMES IN THE TWO S | | |
| Activities & Governance | | Check this box $lacktriangle$ if the organization discontinued its operations or disposed of n | nore than 25% of its net as | |
| Š | 1 | | 3 | 26 |
| 8 | | Number of independent voting members of the governing body (Part VI, line 1b) | | 26 |
| ies | | Total number of individuals employed in calendar year 2012 (Part V, line 2a) | | 18 |
| ĭ₹ | | Total number of volunteers (estimate if necessary) | | 1315 |
| Act | | Total unrelated business revenue from Part VIII, column (C), line 12 | | 0. |
| | b | Net unrelated business taxable income from Form 990-T, line 34 | | 0. |
| | | | Prior Year | Current Year |
| ě | 8 | Contributions and grants (Part VIII, line 1h) | 6,501,520. | 6,997,063. |
| en | 1 | Program service revenue (Part VIII, line 2g) | 0. | 0. |
| Revenue | 1 | nvestment income (Part VIII, column (A), lines 3, 4, and 7d) | 17,103. | 12,791. |
| _ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 146,155. | 139,325. |
| | | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 6,664,778. | 7,149,179. |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 4,608,857. | 5,354,217. |
| | 1 | Benefits paid to or for members (Part IX, column (A), line 4) | 0. | 0. |
| es | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 868,983. | 902,660. |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0. | 0. |
| Ř | b | Total fundraising expenses (Part IX, column (D), line 25) 742,212. | 0.50 0.50 | 655 550 |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 868,858. | 657,770. |
| | | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 6,346,698. | 6,914,647. |
| . (/ | | Revenue less expenses. Subtract line 18 from line 12 | 318,080. | 234,532. |
| Net Assets or Fund Balances | 2 | | Beginning of Current Year | End of Year |
| Ssel | 20 | Total assets (Part X, line 16) | 6,016,916. | 6,605,113. |
| et A | 21 | Total liabilities (Part X, line 26) | 5,341,863. | 5,695,528. |
| | | Net assets or fund balances. Subtract line 21 from line 20 | 675,053. | 909,585. |
| | art II | Signature Block | | o long and a discount to that the factor |
| | • | Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta | · · | y knowledge and belief, it is |
| true | e, correc | t, and complete. Declaration of preparer (other than officer) is based on all information of which prep | arer nas any knowledge. | |
| ۵. | | Signature of officer | I Date | |
| Sig | | | Duto | |
| He | re | BRIAN WACHMAN, EXECUTIVE DIRECTOR Type or print name and title | | |
| _ | | | Date Check | PTIN |
| Pai | d | Print/Type preparer's name KRYSTAL L SIEBRANDT, CPA, | if | |
| | | | Self-employ | 47-0677245 |
| | parer Only | Firm's name HBE BECKER MEYER LOVE LLP Firm's address 7140 STEPHANIE LANE, P.O. BOX 2311 | Firm's EIN | ±1-0011243 |
| US | Unity | LINCOLN, NE 68542-3110 | | 402) 423-4343 |
| <u></u> | v +bc 15 | AS discuss this return with the preparer shown above? (see instructions) | Filotie IIo. (| X Yes No |
| IVI | v uie it | io diacuaa tilia returri witii tile predater shown adove? (see Instructions) | | L≟≥∟ TeS LINO |

| | | | | |
|------|------|------|------------|--------|
| UNTY | | | 47-0376624 | Page 2 |

| Par | t III Statement of Program Service Accomplishments |
|--------|--|
| | Check if Schedule O contains a response to any question 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 |
| _ | V V N- |
| | 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 X No |
| 3 | 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. |
| 7 | 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. |
| 4а | (Code:) (Expenses \$ 1,310,321. including grants of \$ 1,310,321.) (Revenue \$ |
| Tu | COMMUNITY IMPACT FOCUS AREA: INVESTING IN LINCOLN'S FUTURE: OUR |
| | CHILDREN. (SEE DETAILED LIST OF PROGRAMS IN THIS FOCUS AREA ON SCHEDULE |
| | O). |
| | |
| | DURING THE 2012-2013 FISCAL YEAR, FUNDED PROGRAMS REPORTED THE |
| | FOLLOWING: |
| | 1)77% OF SCHOOL AGE CHILDREN IMPROVED THEIR ACADEMIC PERFORMANCE |
| | 2)88% OF CHILDREN (AGE 0-5) MET DEVELOPMENTAL MILESTONES |
| | 3)87% OF SCHOOL AGE CHILDREN ADVANCED TO THE NEXT GRADE LEVEL |
| | 4)88% OF CHILDREN IMPROVED THEIR BEHAVIOR OR FUNCTIONAL SCORES |
| | |
| | THE FOLLOWING AGENCIES AND PROGRAMS WERE AWARDED GRANTS IN THIS FOCUS |
| 4b | (Code:) (Expenses \$ 737,054 • including grants of \$ 737,054 •) (Revenue \$) |
| | COMMUNITY IMPACT FOCUS AREA: ASSISTING THOSE IN CRISIS (SEE DETAILED |
| | LIST OF PROGRAMS IN THIS FOCUS AREA ON SCHEDULE O). |
| | |
| | DURING THE 2012-2013 FISCAL YEAR, FUNDED PROGRAMS REPORTED THE |
| | FOLLOWING: |
| | 76,062 EMERGENCY AND TRANSITIONAL SHELTER NIGHTS WERE PROVIDED TO |
| | HOMELESS FAMILIES |
| | 44,316 ADDITIONAL SHELTER NIGHTS WERE PROVIDED TO WOMEN AND THEIR |
| | CHILDREN SEEKING SAFETY FROM DOMESTIC VIOLENCE/SEXUAL ABUSE |
| | 254,379 MEALS WERE SERVED TO HUNGRY CHILDREN AND ADULTS |
| | 2,090 SAFETY PLANS WERE DEVELOPED FOR WOMEN AND CHILDREN WHO ARE |
| | VICTIMS OF DOMESTIC VIOLENCE AND SEXUAL ABUSE |
| 4c | (Code:) (Expenses \$ 149,899 • including grants of \$ 149,899 •) (Revenue \$) |
| | CITY IMPACT: PROJECT WILL STRENGTHEN THE IMPACT READING PROGRAM BY |
| | EXPANDING THE HOURS OF THE VOLUNTEER COORDINATOR TO INCREASE THE NUMBER |
| | OF VOLUNTEERS READING WITH CHILDREN. WITH MORE VOLUNTEERS, THEY CAN |
| | EXPAND TO MORE GRADES AND ADDITIONAL TITLE I SCHOOLS. GRANT AMOUNT - |
| | \$5,800. |
| | |
| | COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND SAUNDERS COUNTY: FUNDING |
| | WILL PROVIDE UTILITY ASSISTANCE TO THOSE FACING CRISIS IN OUR COMMUNITY |
| | THROUGH THEIR EMERGENCY SERVICE PROGRAM. GRANT AMOUNT - \$18,071. |
| | |
| | FRESH START, INC.: PROJECT WILL PROVIDE FUNDING FOR EXTERIOR LIGHTING |
| | AND LOCKERS FOR CLIENTS AND REPLACEMENT OF STAFF COMPUTERS. GRANT |
| 4d | Other program services (Describe in Schedule O.) |
| | (Expenses \$ 3,801,733 • including grants of \$ 3,156,943 •) (Revenue \$ 139,953 •) |
| 4e | Total program service expenses ► 5,999,007. |
| | Form 990 (2012) |

Part IV Checklist of Required Schedules

| | | | Yes | No |
|-----|---|-----|-----|---------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? | , | х | |
| _ | If "Yes," complete Schedule A | 1 | X | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect | | | l |
| | during the tax year? If "Yes," complete Schedule C, Part II | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | х |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | | Х |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | х |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete | • | | |
| _ | Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for | | | |
| | amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | х |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent | | | |
| | endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, | | | |
| | Part VI | 11a | X | |
| b | Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | Х |
| С | Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total | | | |
| | assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in | | | |
| | Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | 37 | X |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | Х | |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 446 | Х | |
| 10- | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | 11f | | |
| ıza | Schedule D, Parts XI and XII | 12a | | х |
| h | Was the organization included in consolidated, independent audited financial statements for the tax year? | ıza | | <u></u> |
| | If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | х | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Х |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | Х |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, | | | |
| | investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 | | | |
| | or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | X |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals | | | 3,7 |
| | located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | X |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, | | | ₩. |
| 40 | column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | Х | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," | 10 | -22 | |
| 13 | complete Schedule G, Part III | 19 | | х |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

Form **990** (2012)

Part IV Checklist of Required Schedules (continued)

| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the | | Yes | No |
|-----|---|-----|-----|--------------------|
| 21 | | 21 | х | |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, | | | х |
| 00 | column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current | 22 | | |
| 23 | and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete | 23 | | x |
| 242 | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the | 23 | | <u> </u> |
| 240 | 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 25 | 24a | | х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | х |
| 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 | 25b | | x |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | х |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial | | | |
| | contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | х |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| а | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | | Х |
| | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | | Х |
| | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | Х | |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | х |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | х |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | х |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | | х |
| 34 | 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 | 34 | Х | |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | Х | |
| | 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 | 35b | | х |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | х |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 37 | | Х |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? | | х | 21 |
| | Note. All Form 990 filers are required to complete Schedule O | 38 | | <u>l</u> (2012) |

Form **990** (2012)

Form 990 (2012) COUNTY | Part V | Statements Regarding Other IRS Filings and Tax Compliance

| | Check if Schedule O contains a response to any question in this Part V | | | | | |
|-----|--|----------|------------------------|----------|-----|----------|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 1a | 9 | | | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | ĺ |
| С | Did the organization comply with backup withholding rules for reportable payments to vendors and r | eporta | ıble gaming | | | ĺ |
| | (gambling) winnings to prize winners? | | | 1c | Х | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, | | | | | |
| | filed for the calendar year ending with or within the year covered by this return | 2a | 18 | | | ĺ |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax retu | rns? | | 2b | Х | |
| | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions | s) | | | | |
| За | Did the organization have unrelated business gross income of \$1,000 or more during the year? | | | 3a | | X |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | | | 3b | | <u> </u> |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other | autho | rity over, a | | | 1 |
| | financial account in a foreign country (such as a bank account, securities account, or other financial | accou | nt)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country: ► | | | | | |
| | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial | | | | | |
| | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa | | | 5b | | Х |
| | If "Yes," to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | — |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did to | he org | anization solicit | | | 37 |
| | any contributions that were not tax deductible as charitable contributions? | | | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contribu | | - | ٠. | | 1 |
| _ | were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | ruiono r | arovided to the never? | | Х | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se If "Yes," did the organization notify the donor of the value of the goods or services provided? | | | 7a 7b | X | |
| | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | 76 | | |
| · | to file Form 8282? | as req | ulleu | 7c | | х |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | | | | |
| | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of | contrac | ct? | 7e | | Х |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont | | | 7f | | Х |
| g | If the organization received a contribution of qualified intellectual property, did the organization file F | | | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization | ation f | ile a Form 1098-C? | 7h | X | |
| 8 | $Sponsoring\ organizations\ maintaining\ donor\ advised\ funds\ and\ section\ 509 (a) (3)\ supporting\ organizations.\ Description (a)\ supporting\ organizations (b)\ supporting\ organizations (b)\ supporting\ organizations (c)\ supporting\ organi$ | id the s | supporting | | | |
| | organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at | any tim | ne during the year? | 8 | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | | | |
| | Did the organization make any taxable distributions under section 4966? | | | 9a | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| 10 | Section 501(c)(7) organizations. Enter: | 1 | ı | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| 11 | Section 501(c)(12) organizations. Enter: | مدا | I | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| р | Gross income from other sources (Do not net amounts due or paid to other sources against | 441. | | | | |
| 12- | amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form | 11b | <u> </u> | 100 | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 1041 | <u>.</u> | 12a | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | 120 | | | | ĺ |
| | Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| u | Note. See the instructions for additional information the organization must report on Schedule O. | | | .oa | | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which the | | | | | |
| ~ | organization is licensed to issue qualified health plans | 13b | | | | |
| С | Enter the amount of reserves on hand | 13c | | | | |
| | | | | 14a | | Х |
| | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul | | | 14b | | |
| | | | | | 990 | (2012) |

Form 990 (2012)

COUNTY

47-0376624

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

| | Check if Schedule O contains a response to any question in this Part VI | | | | | Λ |
|-----|--|--------------------|----------------|---------|------|---------|
| Sec | tion A. Governing Body and Management | | | | | |
| | | 1 1 | م دا | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a | 26 | | | |
| | If there are material differences in voting rights among members of the governing body, or if the governing | | | | | |
| | body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | | | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent | 1b | 26 | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relationsh | nip with any othe | er | | | |
| | officer, director, trustee, or key employee? | | | 2 | | X |
| 3 | Did the organization delegate control over management duties customarily performed by or under t | he direct superv | vision | | | |
| | of officers, directors, or trustees, or key employees to a management company or other person? | | | 3 | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form | | | 4 | | Х |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's as | | | 5 | | Х |
| 6 | Did the organization have members or stockholders? | | | 6 | | Х |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or a | | | | | |
| | more members of the governing body? | | | 7a | | Х |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | | | |
| ~ | | | | 7b | | Х |
| 8 | persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year. | | | | | |
| | | - | - | 8a | Х | |
| a | The governing body? Each committee with authority to act on behalf of the governing body? | | | 8b | X | |
| b | • | | | OD | -22 | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re | | | _ | | Х |
| 8 | organization's mailing address? If "Yes," provide the names and addresses in Schedule O | | | 9 | | Λ |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal F | revenue Coae.) | | | | |
| | | | ı | | Yes | No X |
| | Did the organization have local chapters, branches, or affiliates? | | | 10a | | |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such of the control of the con | | | | | |
| | and branches to ensure their operations are consistent with the organization's exempt purposes? | | | 10b | 37 | |
| | Has the organization provided a complete copy of this Form 990 to all members of its governing bo | dy before filing t | the form? | 11a | X | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | | |
| 12a | | | | 12a | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris | | | 12b | X | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the policy? If $^{"}$ | Yes," describe | | | | |
| | in Schedule O how this was done | | | 12c | Х | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | X | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approve | val by independ | ent | | | |
| | persons, comparability data, and contemporaneous substantiation of the deliberation and decision | ? | | | | |
| | The organization's CEO, Executive Director, or top management official | | | 15a | X | |
| b | Other officers or key employees of the organization | | | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange | ement with a | | | | |
| | taxable entity during the year? | | | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu- | ate its participat | tion | | | |
| | in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic | anization's | | | | |
| | exempt status with respect to such arrangements? | | | 16b | | |
| Sec | tion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ► NONE | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990 | -T (Section 501(| c)(3)s only) a | vailab | le | |
| | for public inspection. Indicate how you made these available. Check all that apply. | • | | | | |
| | | n in Schedule O |) | | | |
| 19 | Describe in Schedule O whether (and if so, how), the organization made its governing documents, or | | | d finar | cial | |
| - | statements available to the public during the tax year. | | ,,, | | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the books a | and records of t | he organizat | ion: | • | |
| | MARY ALDRICH-KNIGHT - 402-441-7178 | | 1 gai 112ai | | - | |
| | 238 SOUTH 13TH STREET, LINCOLN, NE 68508 | | | | | |

232006 12-10-12

47-0376624 Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 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.

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

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

| (A) Name and Title | (B) Average hours per week | box, | not c unle | ss pe | ition more rson i | than is bot | h an | (D) Reportable compensation from | (E) Reportable compensation from related | (F) Estimated amount of other |
|--------------------------------|--|--------------------------------|-----------------------|---------|-------------------------|------------------------------|--------|--|--|--|
| | (list any hours for related organizations below line) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizations (W-2/1099-MISC) | compensation from the organization and related organizations |
| (1) JENNIFER BRINKMAN | 1.00 | ,, | | 37 | | | | | 0 | 0 |
| PRESIDENT | 1.00 | Х | | Х | | | | 0. | 0. | 0. |
| (2) BARRY GATES VICE PRESIDENT | 1.00 | х | | х | | | | 0. | 0. | 0. |
| (3) CATHERINE LANG | 1.00 | Δ | | Λ | | _ | | 0. | 0. | <u> </u> |
| TREASURER | 1.00 | x | | х | | | | 0. | 0. | 0. |
| (4) JAN GARVIN | 1.00 | Λ | | Λ | | | | 0. | 0. | <u></u> |
| ASSISTANT TREASURER | 1.00 | х | | х | | | | 0. | 0. | 0. |
| (5) DENNIS STEEN | 1.00 | Λ | | Λ | | | | 0. | 0. | |
| SECRETARY | 1.00 | $ _{\mathbf{X}} $ | | х | | | | 0. | 0. | 0. |
| (6) JIM CADA | 1.00 | 22 | | | | | | | • | |
| PRESIDENT-ELECT | 1.00 | x | | х | | | | 0. | 0. | 0. |
| (7) CHARLIE MEYER | 1.00 | | | | | | | | | |
| IMMEDIATE PAST PRESIDENT | | x | | | | | | 0. | 0. | 0. |
| (8) JULIE BECHTEL | 1.00 | | | | | | | - | | |
| DIRECTOR | | x | | | | | | 0. | 0. | 0. |
| (9) MAUREEN BRASE-HOUCHIN | 1.00 | | | | | | | | | |
| DIRECTOR | | х | | | | | | 0. | 0. | 0. |
| (10) MICHAEL COX | 1.00 | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | 0. | 0. |
| (11) NICK CUSICK | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (12) FRANK EMAN | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (13) PATRICK GILLES | 1.00 | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (14) BRAD HEDRICK | 1.00 | | | | | | | | _ | _ |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |
| (15) MARY JO HILL | 1.00 | | | | | | | | | • |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (16) CAMERON HINDS | 1.00 | _ | | | | | | | | • |
| DIRECTOR | 1 00 | Х | | | | | | 0. | 0. | 0. |
| (17) DR. STEVE JOEL | 1.00 | ,, | | | | | | | | • |
| DIRECTOR | | Х | | | | | | 0. | 0. | 0. |

232007 12-10-12

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| Form 990 (2012) COUNTY | | | | | | | | | 47-0 | <u> 376</u> | 624 | Pa | .ge 8 |
|---|-------------------|-------------|-----------------------|------------------|------------------|------------------------------|---|---------------------------|---------------------------|-------------|----------|-----------------|--------------|
| Part VII Section A. Officers, Directors, Trus | stees, Key Em | ploy | /ees | , an | d Hi | ighe | st C | Compensated Employe | es (continued) | | | | |
| (A) | (B) | | | | C) | | | (D) | (E) | | | (F) | |
| Name and title | Average hours per | | not c | check | more | than | | Reportable | Reportable | | | imate | |
| | week | box | k, unle icer ar | ess pe nd a d | erson directo | is boʻ or/trus | th an stee) | compensation from | compensation from related | | l | ount c other | ıΤ |
| | (list any | tor | | | | | | the | organization | | | oensat | ion |
| | hours for | or director | | | | D. | | 1 | (W-2/1099-MIS | | | om the | |
| | related | tee or | ıstee | | | ensate | | (W-2/1099-MISC) | | • | orga | anizatio | on |
| | organizations | | nal trı | | oyee | om pe | | | | | | l relate | |
| | below | Individual | Institutional trustee | Officer | Key employee | Highest compensated employee | in in | | | | orga | nizatio | ns |
| | line) | 밀 | lust | #0 | Æ | E Hig | Fo | | | | | | |
| (18) DR. M. COLLEEN JONES | 1.00 | ١ | | | | | | | | • | | | ^ |
| DIRECTOR | 1 00 | Х | <u> </u> | | | _ | | 0. | | 0. | | | 0. |
| (19) MONICA LEDBETTER | 1.00 | ļ | | | | | | | | • | | | _ |
| DIRECTOR | 1 | Х | | | | <u> </u> | | 0. | | 0. | | | 0. |
| (20) LORI MCCLURG | 1.00 | ļ | | | | | | | | • | | | _ |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. |
| (21) T.J. MCDOWELL | 1.00 | ļ | | | | | | | | _ | | | _ |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. |
| (22) DAN MECHTENBERG | 1.00 | | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. |
| (23) JUDY MUYSKENS | 1.00 | | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. |
| (24) DAN PUDENZ | 1.00 | | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. |
| (25) KEN VANCLEAVE | 1.00 | | | | | | | | | | | | |
| DIRECTOR | | X | | | | | | 0. | | 0. | | | 0. |
| (26) BETSY WILLIAMS | 1.00 | | | | | | | | | | | | |
| DIRECTOR | | Х | | | | | | 0. | | 0. | | | 0. |
| 1b Sub-total | | | | | | | | 0. | | 0. | | | 0. |
| c Total from continuation sheets to Part V | II, Section A | | | | | | | 174,889. | | 0. | | 9,08 | |
| d Total (add lines 1b and 1c) | | | | | | | | 174,889. | | 0. | 2.9 | 9,08 | <u> 35</u> |
| 2 Total number of individuals (including but r | not limited to th | nose | liste | ed a | bov | e) w | ho r | eceived more than \$100 | 0,000 of reportab | le | | | _ |
| compensation from the organization | | | | | | | | | | | | | 1 |
| | | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officer. | | | | | | | | | | | | | 37 |
| line 1a? If "Yes," complete Schedule J for s | | | | | | | | | | | 3 | | X |
| 4 For any individual listed on line 1a, is the si | | | | | | | | | | | | | 37 |
| and related organizations greater than \$15 | | | | | | | | | | | 4 | | X |
| 5 Did any person listed on line 1a receive or | • | | | | - | | relat | ted organization or indiv | idual for services | 6 | | | 77 |
| rendered to the organization? If "Yes," con | nplete Schedul | e J i | for s | uch | pers | son | | | | | 5 | | X |
| Section B. Independent Contractors | | | | | | | | | * | | | | |
| 1 Complete this table for your five highest co the organization. Report compensation for | | | | | | | | | | npens | ation fr | rom | |
| (A) | the calchaar y | cui | Cria | ing v | 771611 | 01 11 | ,,, <u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> | (B) | year. | | (C |) | |
| Name and business | address | N | ON | E | | | | Description of s | services | C | comper | | ı |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | · <u></u> |

\$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form **990** (2012)

| Form 990 COUNTY | | | | | | | | ANCADIEN | 47-037 | 6624 |
|---|---|--------------------------------|------------------------|------------|--|------------------------------|----------|--|--|---|
| Part VII Section A. Officers, Directors, Tru | | nplo | yee | | | ligh | est | | | |
| (A) Name and title | (B) Average hours | (cl | | Pos all | | | oly) | (D) Reportable compensation | (E) Reportable compensation | (F) Estimated amount of |
| | per week (list any hours for related organizations below line) | Individual trustee or director | In stitutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | from related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (27) JAN ZOUCHA DIRECTOR | 1.00 | x | | | | | | 0. | 0. | 0. |
| (28) BRIAN WACHMAN | 40.00 | | | | | | | • | • | |
| EXECUTIVE DIRECTOR | | | | Х | | | | 110,509. | 0. | 24,771. |
| (29) MARY ALDRICH-KNIGHT CHIEF FINANCIAL OFFICER | 40.00 | | | Х | | | | 64,380. | 0. | 4,314. |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Total to Part VII, Section A, line 1c | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | 174,889. | | 29,085. |

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| 1 | ı a | | | | | to any question | in this Part VIII | | | |
|--|------------------|----|---|---|--------------------|-----------------|---|-----------------|----------|--|
| Business Code Business Code | | | | | | | (A) Total revenue | exempt function | business | Revenue excluded from tax under sections 512, 513, or 514 |
| Business Code Business Code | nts nts | 1 | а | Federated campaigns | 1a | | | | | |
| Business Code Business Code | Gra | | b | Membership dues | | | | | | |
| Business Code Business Code | ts, (Arr | | С | Fundraising events | 1c | | | | | |
| Business Code Business Code | Gif | | d | Related organizations | 1d | 25,756. | | | | |
| Business Code Business Code | JS, | | е | Government grants (contribut | ions) 1e | | | | | |
| Business Code Business Code | tion S'r | | f | All other contributions, gifts, gran | | | | | | |
| Business Code Business Code | ibu | | | similar amounts not included abo | ve 1f 6, | 950,762. | | | | |
| Business Code Business Code | do | | g | Noncash contributions included in lines | 1a-1f: \$ | 147,024. | | | | |
| Business Code Business Code | a Co | | h | Total. Add lines 1a-1f | | > | 6,997,063. | | | |
| Total. Add lines 2a2f | | | | | | Business Code | | | | |
| Total. Add lines 2a2f | e e | 2 | а | | | | | | | |
| Total. Add lines 2a2f | e Ķ | | b | | _ | | | | | |
| Total. Add lines 2a2f | Su | | С | | _ | | | | | |
| Total. Add lines 2a2f | eve | | d | | _ | | | | | |
| Total. Add lines 2a2f | PO F | | е | | | | | | | |
| 12,791. 12,791. 12,791. 12,791. 12,791. 12,791. 12 | <u>r</u> | | f | All other program service reve | enue | | | | | |
| 12,791. 12,791. 12,791. | | | g | Total. Add lines 2a-2f | | > | | | | |
| 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal (ii) Personal (iii) Personal (iii) Personal (iv) | | 3 | | Investment income (including | dividends, interes | est, and | | | | |
| Securities (i) Real (ii) Personal | | | | other similar amounts) | | > | 12,791. | | | 12,791. |
| (i) Real (ii) Personal (ii) Personal (iii) Person | | 4 | | Income from investment of ta | x-exempt bond p | roceeds | | | | |
| 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 20,545 \cdot or contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ADMINISTRATIVE INCOME b C All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 12 Total revenue. See instructions. 1 A STAN SEE SEE SEINTLECTORS 2 A STAN SEE SEE SEINTLECTORS 3 A STAN SEE SEE SEINTLECTORS 4 A STAN SEE SEE SEINTLECTORS 4 A STAN SEE SEE SEINTLECTORS 4 A STAN SEE SEE SEINTLECTORS 5 A STAN SEE SEE SEINTLECTORS 5 A STAN SEE SEE SEINTLECTORS 5 A STAN SEE SEE SEE SEE SEE SEE SEE SEE SEE SE | | 5 | | Royalties | | ,) | | | | |
| b Less: rental expenses CRental income or (loss) Molt rental income or (loss) Molt gain or | | | | | (i) Real | (ii) Personal | | | | |
| The proof of the | | 6 | а | Gross rents | | | | | | |
| d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 8 a Gross income from fundraising events (not including \$ 20,545. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold b c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ADMINISTRATIVE INCOME 900099 139,953. 139,953. 7,149,179, 139,953. 0 12,163 | | | b | Less: rental expenses | | | | | | |
| Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 20,545 · of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b Goy, 621 · c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross also of inventory, less returns and allowances a b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ADMINISTRATIVE INCOME b C d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. (ii) Other (iii) Other (i | | | С | Rental income or (loss) | | | | | | |
| assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 20,545 \cdot of contributions reported on line 1c). See Part IV, line 18 a Gess income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ADMINISTRATIVE INCOME 5 a MDMINISTRATIVE INCOME 900099 1 39,953. 1 39,953. 1 39,953. 1 139,953. 1 139,953. 1 139,953. 0 12,163. | | | d | Net rental income or (loss) | | <u></u> | | | | |
| b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 20,545. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 c Net sincome or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold b c Net income or (loss) from gaming activities. See Part IV, line 19 a B Less: cost of goods sold b c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold b c Net income or (loss) from gaming activities. See Part IV, line 19 a B Less: cost of goods sold b c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold b c Net income or (loss) from gaming activities. See Part IV, line 19 a B Less: cost of goods sold b c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold b c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold b c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold b c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold b c Net income or (loss) from gaming activities. See Part IV, line 19 a B Less: cost of goods sold b c Net income or (loss) from gaming activities. See Part IV, line 19 b Less: cost of goods sold b c Net income or (loss) from gaming activities. See Part IV, line 19 a B Less: cost of goods sold b c Net income or (loss) from gaming activities. See Part IV, line 19 a B Less: cost of goods sold b c Net income or (loss) from gaming activities. See Part IV, line 19 a B Less: cost of goods sold b c Net income or (loss) from gaming activities. See Part IV, line 19 a B Less: cost of goods sold b c Net income or (loss) from gaming activ | | 7 | а | Gross amount from sales of | (i) Securities | (ii) Other | | | | |
| and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 20,545. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events for soil including \$ 20,545. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events for soil income or (loss) from fundraising events for soil income or (loss) from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities for soil income or (| | | | assets other than inventory | | | | | | |
| C Gain or (loss) | | | b | Less: cost or other basis | | | | | | |
| d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 20,545. of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ADMINISTRATIVE INCOME b C All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. | | | | | | | | | | |
| 8 a Gross income from fundraising events (not including \$ 20,545. of contributions reported on line 1c). See Part IV, line 18 | | | С | Gain or (loss) | | | | | | |
| Including \$ 20 , 545 | | | d | Net gain or (loss) | | <u></u> | | | | |
| contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities. See Part IV, line 19 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ADMINISTRATIVE INCOME b C d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. 68 , 993. 69 , 621. -628. -628. -628. -628. -628. -628. -628. -628. -7,149,179. 139,953. -7,149,179. -7,1 | | 8 | а | Gross income from fundraisin | g events (not | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ADMINISTRATIVE INCOME b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. -628. -62 | enr | | | | | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ADMINISTRATIVE INCOME b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. -628. -62 | 3ev | | | contributions reported on line | 1c). See | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ADMINISTRATIVE INCOME b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. -628. -62 | er | | | | | | | | | |
| c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ADMINISTRATIVE INCOME b c d All other revenue e Total. Add lines 11a-11d 12 Total revenue. See instructions. -628. -62 | O t h | | | | | 69,621. | | | | 600 |
| Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ADMINISTRATIVE INCOME b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. 12 Total revenue. See instructions. D Net income or (loss) from sales of inventory Business Code 139,953. 139,953. 139,953. 139,953. 139,953. 0 12,163. | - | | | | - | > | -628. | | | -628. |
| b Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ADMINISTRATIVE INCOME 900099 139,953. | | 9 | а | | | | | | | |
| c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ADMINISTRATIVE INCOME b c d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions. > Net income or (loss) from sales of inventory Business Code 139,953. 139,953. 139,953. | | | | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ADMINISTRATIVE INCOME 900099 139,953. 139,953. b C D D D D D D D D D D D D D D D D D D | | | | | | L | | | | |
| and allowances a | | | | · · · · · · · · · · · · · · · · · · · | - | D | | | | |
| b Less: cost of goods sold b C Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ADMINISTRATIVE INCOME 900099 139,953. 139,953. b C C C D D D D D D D D D D D D D D D D | | 10 | а | - · · · · · · · · · · · · · · · · · · · | | | | | | |
| c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ADMINISTRATIVE INCOME 900099 139,953. 139,953. b C C C d All other revenue E Total. Add lines 11a-11d ► 139,953. 12 Total revenue. See instructions. ► 7,149,179. 139,953. | | | | | | | - | | | |
| Miscellaneous Revenue Business Code 11 a ADMINISTRATIVE INCOME 900099 139,953. 139,953. b c d All other revenue 139,953. 139,953. 12 Total revenue. See instructions. 7,149,179. 139,953. 0. | | | | | | | | | | |
| 11 a ADMINISTRATIVE INCOME 900099 139,953. 139,953. c | | | С | | | D | | | | |
| b | | | | | | | | 120 052 | | |
| c d All other revenue e Total. Add lines 11a-11d ▶ 139,953. 12 Total revenue. See instructions. ▶ 7,149,179. 139,953. 0. 12,163 | | | | WINTE THE STRUCT HERE | THCOME | 300033 | 133,333. | 137,333. | | |
| d All other revenue E Total. Add lines 11a-11d ► 139,953. 12 Total revenue. See instructions. ► 7,149,179. 139,953. 12 Total revenue. See instructions. ► 7,149,179. 139,953. 0. | | | | | | | | | | |
| e Total. Add lines 11a-11d | | | | All | | | | | | |
| 12 Total revenue. See instructions. > 7,149,179. 139,953. 0. 12,163 | | | | | | | 130 052 | | | |
| | | | е | | | ~ | | 139 053 | 0 | 12 162 |
| | 23200 | | | TOTAL TEVELLUE. SEE MISH UCHORS. | | | , , <u>, , , , , , , , , , , , , , , , , </u> | 109,900. | 0. | Form 990 (2012) |

| Part IX | Statement of Functional Expenses

| seci | tion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon | | | тирівтв соійтіп (А). | Γ |
|--------|---|----------------|--------------------------|---------------------------------|----------------------|
| Do | not include amounts reported on lines 6b, | (A) | (B) Program service | (C) | (D) |
| | 8b, 9b, and 10b of Part VIII. | Total expenses | Program service expenses | Management and general expenses | Fundraising expenses |
| 1 | Grants and other assistance to governments and | | • | | • |
| | organizations in the United States. See Part IV, line 21 | 5,354,217. | 5,354,217. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the United States. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | United States. See Part IV, lines 15 and 16 | | | | |
| 4 5 | Benefits paid to or for members | | | | |
| Э | trustees, and key employees | 198,007. | 56,584. | 53,945. | 87,478 |
| 6 | Compensation not included above, to disqualified | 230,007.0 | 30,3021 | 3373231 | 3,,1,0 |
| • | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | 547,671. | 199,948. | 35,024. | 312,699 |
| 8 | Pension plan accruals and contributions (include | | | | |
| | section 401(k) and 403(b) employer contributions) | 38,105. | 11,367. | 4,682. | 22,056 |
| 9 | Other employee benefits | 64,187. | 20,318. | 8,379. | 35,490 |
| 10 | Payroll taxes | 54,690. | 18,719. | 6,548. | 29,423 |
| 11 | Fees for services (non-employees): | | | | |
| а | Management | | | | |
| b | | 7 400 | | 7 400 | |
| С. | | 7,400. | | 7,400. | |
| d | , , , , , , , , , , , , , , , , , , , | | | | |
| e | · · · · · · · · · · · · · · · · · · · | | | | |
| f g | | | | | |
| 9 | column (A) amount, list line 11g expenses on Sch 0.) | 26,468. | 6,811. | 6,842. | 12,815 |
| 12 | Advertising and promotion | 203,419. | 120,026. | 4,113. | 79,280 |
| 13 | Office expenses | 7,145. | 2,092. | 874. | 4,179 |
| 14 | Information technology | | • | | <u> </u> |
| 15 | Royalties | | | | |
| 16 | Occupancy | 84,363. | 26,411. | 10,892. | 47,060 |
| 17 | Travel | 8,458. | 620. | 1,815. | 6,023 |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings | 14,990. | 2,114. | 4,166. | 8,710 |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | 27 (() | 0.054 | 2 507 | 15 010 |
| 22 | Depreciation, depletion, and amortization | 27,669. | 8,854. | 3,597. | 15,218 |
| 23 | Insurance Other expenses, Itamize expenses not severed | 6,067. | 1,921. | /91. | 3,355 |
| 24 | Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line | | | | |
| | 24e amount exceeds 10% of line 25, column (A) | | | | |
| а | amount, list line 24e expenses on Schedule 0.) | 124,200. | 124,200. | | |
| a b | MEMBERGHTD DHEG | 70,692. | 21,743. | 11,063. | 37,886 |
| C | ECITOMENTO DENTON AND MA | 25,028. | 12,786. | 2,857. | 9,385 |
| d | MT CORT T ANDOUG | 15,796. | 4,785. | 2,016. | 8,995 |
| | All other expenses | 36,075. | 5,491. | 8,424. | 22,160 |
| 25 | Total functional expenses. Add lines 1 through 24e | 6,914,647. | 5,999,007. | 173,428. | 742,212 |
| 26 | Joint costs. Complete this line only if the organization | - | - | - | · |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation. | | | | |
| | Check here if following SOP 98-2 (ASC 958-720) | | | | |

Form 990 (2012)

Part X | Balance Sheet

| Part X Balance Sheet | | | | | | | |
|-----------------------------|----|--|----------|-------------------|---------------------------------|----------|---------------------------|
| | | Check if Schedule O contains a response to any | / questi | on in this Part X | | | |
| | | | | | (A) Beginning of year | | (B) End of year |
| - | 1 | Cash - non-interest-bearing | | | 2,303,150. | 1 | 2,594,772 |
| 2 | 2 | Savings and temporary cash investments | | | 1,280,999. | 2 | 1,292,703 |
| 3 | 3 | Pledges and grants receivable, net | | | 2,292,273. | 3 | 2,577,237 |
| _ _ | | Accounts receivable, net | | | 42,122. | 4 | 43,698 |
| | 5 | Loans and other receivables from current and for | | | • | | , |
| ` | - | trustees, key employees, and highest compensa | | · · | | | |
| | | Part II of Schedule L | | | | 5 | |
| | 6 | Loans and other receivables from other disquali | | | | _ | |
| ` | • | section 4958(f)(1)), persons described in section | • | · · | | | |
| | | employers and sponsoring organizations of sect | | | | | |
| | | employees' beneficiary organizations (see instr). | | · | | 6 | |
| 왕 - | 7 | Notes and loans receivable, net | | | | 7 | |
| <u>ي</u> ا | 8 | | | | | 8 | |
| · 1 . | 9 | Inventories for sale or use Prepaid expenses and deferred charges | | | 28,484. | 9 | 42,778 |
| | | Land, buildings, and equipment: cost or other | I | | 20,101 | 9 | 12/// |
| " | va | basis. Complete Part VI of Schedule D | 102 | 172.874 | | | |
| | h | Local accumulated depreciation | 10a | 172,874. | 69,888. | 10c | 53,925 |
| ۱. | | Less: accumulated depreciation | [100] | | 03,000. | 11 | 33,323 |
| 12 | | Investments - publicly traded securities | | | | 12 | |
| 13 | | | | | | 13 | |
| | | Investments - program-related. See Part IV, line | | | | 14 | |
| 14 | | Intangible assets | | 15 | | | |
| 15 | | Other assets. See Part IV, line 11 | | | 6,016,916. | 16 | 6,605,113 |
| 16 | | Total assets. Add lines 1 through 15 (must equal | | | 100,464. | 17 | 91,825 |
| 18 | | Accounts payable and accrued expenses | | | 2,082,375. | 18 | 2,085,375 |
| 19 | | Grants payable | | | 68,175. | 19 | 48,573 |
| | | Deferred revenue | | | 00,113. | 20 | 40,373 |
| , 20 | | Tax-exempt bond liabilities | | | | 21 | |
| Liabilities | | Loans and other payables to current and former | | | | 21 | |
| <u> </u> | 2 | key employees, highest compensated employee | | | | | |
| Lia | | | | | | | |
| | ^ | Complete Part II of Schedule L | | | | 22 | |
| 23 | | Secured mortgages and notes payable to unrela | | | | 23 24 | |
| 24 | _ | Unsecured notes and loans payable to unrelated | | | | 24 | |
| 25 | 5 | Other liabilities (including federal income tax, pa | | | | | |
| | | parties, and other liabilities not included on lines | - | | 3,090,849. | ۰. | 3,469,755 |
| | _ | Schedule D | | | 5,341,863. | 25 26 | 5,695,528 |
| 26 | 0 | Total liabilities. Add lines 17 through 25 | | | 3,341,003. | 26 | 3,033,320 |
| <u>,</u> | | Organizations that follow SFAS 117 (ASC 958 complete lines 27 through 29, and lines 33 and | | A Here Zal and | | | |
| ğ 3- | 7 | | | | 675,053. | 27 | 909,585 |
| 27 27 | | Unrestricted net assets | | | 075,055 | | 505,505 |
| E 28 | | Temporarily restricted net assets | | | | 28 | |
| 면 ²⁹ | IJ | Permanently restricted net assets Organizations that do not follow SFAS 117 (A | | R) shock hara | | 29 | |
| Ē | | - · | 3C 930 | s), check here | | | |
| ري د ا | ^ | and complete lines 30 through 34. | | | | 20 | |
| 30 | | Capital stock or trust principal, or current funds | | | | 30 | |
| Net Assets or Fund Balances | | Paid-in or capital surplus, or land, building, or eq | | | | 31 | |
| S 32 | | Retained earnings, endowment, accumulated in | | | 675,053. | 32 | 909,585 |
| _ 3 | | Total net assets or fund balances | | | 6,016,916. | 33 34 | 6,605,113 |
| 34 | 4 | Total liabilities and net assets/fund balances | | | 0,010,910. | J4 | Form 990 (2012 |

Form **990** (2012)

| Forn | n 990 (2012) COUNTY | 47-0376 | 624 | Pag | _{je} 12 |
|------|--|----------|------|-----|------------------|
| Pa | rt XI Reconciliation of Net Assets | | | | |
| | Check if Schedule O contains a response to any question in this Part XI | | | | |
| | | | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | ,149 | | |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 6 | ,914 | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 234 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 675 | 0! | 53. |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 6 | Donated services and use of facilities | 6 | | | |
| 7 | Investment expenses | 7 | | | |
| 8 | Prior period adjustments | 8 | | | |
| 9 | Other changes in net assets or fund balances (explain in Schedule O) | 9 | | | 0. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, | | | | |
| | column (B)) | 10 | 909 | ,5 | 85. |
| Pa | rt XII Financial Statements and Reporting | <u> </u> | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | | | X |
| | | | , | Yes | No |
| 1 | Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | |
| | If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule | O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | | X |
| | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed | d on a | | | |
| | separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | | | |
| b | Were the organization's financial statements audited by an independent accountant? | | 2b | Х | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat | | | | |
| | consolidated basis, or both: | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | |
| С | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the | e audit, | | | |
| | review, or compilation of its financial statements and selection of an independent accountant? | | 2c | Х | |
| | If the organization changed either its oversight process or selection process during the tax year, explain in Sch | | | | |
| За | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si | | | | |
| | Act and OMB Circular A-133? | - | За | | X |

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

Form **990** (2012)

3b

SCHEDULE A

Department of the Treasury

(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. ➤ See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

UNITED WAY OF LINCOLN AND LANCASTER COUNTY

Employer identification number 47-0376624

| Pa | ırt I | Reason | for Public Char | ity Status (All organiz | ations mu | st complet | te this par | :.) See inst | tructions. | | | | | |
|------------|--|---|------------------------------|------------------------------------|-------------------------|--------------------|--------------------|-------------------------|------------------------|------------|-------|----------|---------|-------------|
| The | organ | ization is not a | a private foundation | because it is: (For lines 1 | 1 through | 11, check | only one b | ox.) | | | | | | |
| 1 | | A church, co | nvention of churches | s, or association of churc | ches desc | ribed in se | ction 170 | (b)(1)(A)(i) |). | | | | | |
| 2 | | A school des | cribed in section 17 | '0(b)(1)(A)(ii). (Attach Sc | hedule E.) | | | | | | | | | |
| 3 | | A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). | | | | | | | | | | | | |
| 4 | | A medical res | search organization | operated in conjunction | with a hos | pital desc | ribed in se | ction 170 | (b)(1)(A)(ii | i). Enter | the h | ospital' | s nam | ie, |
| | | city, and stat | e: | | | | | | | | | | | |
| 5 | | An organizati | ion operated for the | benefit of a college or ur | niversity ov | wned or or | perated by | a governi | mental uni | t describ | ed in | 1 | | |
| | | section 170 | (b)(1)(A)(iv). (Comple | ete Part II.) | | | | | | | | | | |
| 6 | | A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). | | | | | | | | | | | | |
| 7 | X | | | | | | | | | | | | | |
| | | section 170(| b)(1)(A)(vi). (Comple | te Part II.) | | | | | | | | | | |
| 8 | | A community | trust described in s | ection 170(b)(1)(A)(vi). | (Complete | Part II.) | | | | | | | | |
| 9 | | An organizati | ion that normally rec | eives: (1) more than 33 1 | 1/3% of its | support f | rom contri | butions, m | nembershij | p fees, a | nd gi | ross rec | eipts | from |
| | | activities rela | ted to its exempt fur | nctions - subject to certa | in excepti | ons, and (| 2) no more | than 33 1 | 1/3% of its | support | from | n gross | invest | ment |
| | | income and u | unrelated business ta | axable income (less sect | tion 511 ta | ıx) from bu | sinesses a | acquired b | y the orga | nization | after | June 3 | 0, 197 | ' 5. |
| | | See section | 509(a)(2). (Complete | Part III.) | | | | | | | | | | |
| 10 | | An organizati | ion organized and op | perated exclusively to tes | st for publ | ic safety. S | See sectio | n 509(a)(4 | 1). | | | | | |
| 11 | | An organizati | ion organized and op | perated exclusively for th | ne benefit (| of, to perfo | orm the fu | nctions of, | or to carry | y out the | purp | oses o | f one | or |
| | | more publicly | supported organiza | ations described in section | on 509(a)(⁻ | 1) or section | on 509(a)(2 | 2). See se o | ction 509(a | a)(3). Ch | eck t | he box | that | |
| | | describes the type of supporting organization and complete lines 11e through 11h. | | | | | | | | | | | | |
| | a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated | | | | | | | | | | | | | |
| е | | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than | | | | | | | | | | | | |
| | | | | han one or more publicly | | | | | | 9(a)(1) or | sect | ion 509 | (a)(2). | |
| f | | | | ten determination from t | | | | | | | | | | |
| | | | | nis box | | | | | | | | | | |
| g | ı | | | organization accepted ar | | | | | | | | | | |
| | | | | irectly controls, either al- | | | | | | | | | Yes | No |
| | | | | upported organization? | | | | | | | | 11g(i) | | |
| | | | | n described in (i) above? | | | | | | | | 11g(ii) | | |
| | | | | person described in (i) of | | | | | | | L | 11g(iii) | | |
| h | l | Provide the f | ollowing information | about the supported org | ganization | (s). | | | | | | | | |
| | | | <u> </u> | | la | | | | (11) 10 | tha | | | | |
| (i) | | of supported | (ii) EIN | (III) Typo of organization | | organization | | | (vi) Is organizatio | n in col l | (vii) | Amount | | netary |
| | orga | anization | | | in col. (i) lis | document? | | ion in col. support? | (i) organize U.S. | ed in the | | supp | oort | |
| | | | | (see instructions)) | | | ``, | | | | | | | |
| | | | | | Yes | No | Yes | No | Yes | No | | | | |
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| . . | | | | | | | | | | | | | | |
| Tota | | | | | | | | | | | | | | |
| LHA | ∖ ⊢or F | ∙aperwork Re | auction Act Notice | , see the Instructions for | or | | | | Schedule | e A (Fori | m 99 | บ or 99 | U-EZ) | 2012 |

232021 12-04-12

Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012 COUNTY

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.)

| Sec | ction A. Public Support | | | | | | |
|------|--|-----------------------|---------------------|---------------------|--------------------|---------------------|-------------|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | 5,876,362. | 6,002,221. | 6,285,131. | 6,501,520. | 6,997,063. | 31,662,297. |
| 2 | Tax revenues levied for the organ- | | | | | | |
| | ization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 3 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to | | | | | | |
| | the organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 5,876,362. | 6,002,221. | 6,285,131. | 6,501,520. | 6,997,063. | 31,662,297. |
| 5 | The portion of total contributions | | | | | | |
| | by each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included | | | | | | |
| | on line 1 that exceeds 2% of the | | | | | | |
| | amount shown on line 11, | | | | | | |
| | column (f) | | | | | | |
| 6 | Public support. Subtract line 5 from line 4. | | | | | | 31,662,297. |
| Sec | ction B. Total Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 7 | Amounts from line 4 | 5,876,362. | 6,002,221. | 6,285,131. | 6,501,520. | 6,997,063. | 31,662,297. |
| 8 | Gross income from interest, | | | | | | |
| | dividends, payments received on | | | | | | |
| | securities loans, rents, royalties | | | | | | |
| | and income from similar sources | 53,738. | 31,425. | 19,789. | 17,103. | 12,791. | 134,846. |
| 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 IV.) | 62,683. | 62,340. | 197,390. | 220,625. | 208,946. | 751,984. |
| 11 | Total support. Add lines 7 through 10 | | | | | | 32,549,127. |
| | Gross receipts from related activities, | etc. (see instruction | ons) | | | 12 | |
| | First five years. If the Form 990 is for | | | | | n 501(c)(3) | |
| | organization, check this box and stop | - | | | • | | |
| Sec | ction C. Computation of Publ | ic Support Pe | rcentage | | | | |
| 14 | Public support percentage for 2012 (I | ine 6, column (f) di | vided by line 11, c | column (f)) | | 14 | 97.28 % |
| 15 | Public support percentage from 2011 | Schedule A, Part | II, line 14 | | | 15 | 97.63 % |
| 16a | 33 1/3% support test - 2012. If the o | organization did no | t check the box o | n line 13, and line | 14 is 33 1/3% or n | nore, check this bo | x and |
| | stop here. The organization qualifies | as a publicly supp | orted organization | | | | ▶ X |
| b | 33 1/3% support test - 2011. If the o | | | | | | |
| | and stop here. The organization qual | ifies as a publicly s | supported organiza | ation | | | ▶□ |
| 17a | 10% -facts-and-circumstances tes | | | | | | |
| | and if the organization meets the "fac | | | | | | |
| | meets the "facts-and-circumstances" | | | | | | |
| b | 10% -facts-and-circumstances tes | | | | | | |
| | more, and if the organization meets the | | | | | | |
| | organization meets the "facts-and-circ | | • | | • | | |
| 18 | Private foundation. If the organization | | | | | | |
| | | | , 100 | , , , , | | edule A (Form 990 | |

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

(Complete only if you checked the box on line 9 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 | ov, prodec comp | oloto i dit ii.j | | | | |
|---|---------------------------|---------------------------|-----------------------|----------------------|---------------------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 1 Gifts, grants, contributions, and | | , | () | , | , | ., |
| membership fees received. (Do not | | | | | | |
| include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, | | | | | | |
| merchandise sold or services per- | | | | | | |
| formed, or facilities furnished in | | | | | | |
| any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that | | | | | | |
| are not an unrelated trade or bus- | | | | | | |
| iness under section 513 | | | | | | |
| 4 Tax revenues levied for the organ- | | | | | | |
| ization's benefit and either paid to | | | | | | |
| or expended on its behalf | | | | | | |
| 5 The value of services or facilities | | | | | | |
| furnished by a governmental unit to | | | | | | |
| the organization without charge | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and | | | | | | |
| 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received | | | | | | |
| from other than disqualified persons that | | | | | | |
| exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |
| Section B. Total Support | | | | | | |
| Calendar year (or fiscal year beginning in) | (a) 2008 | (b) 2009 | (c) 2010 | (d) 2011 | (e) 2012 | (f) Total |
| 9 Amounts from line 6 | | , , | , , | , , | , , | ,, |
| 10a Gross income from interest, | | | | | | |
| dividends, payments received on | | | | | | |
| securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income | | | | | | |
| (less section 511 taxes) from businesses | | | | | | |
| acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business | | | | | | |
| activities not included in line 10b, | | | | | | |
| whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain | | | | | | |
| or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support. (Add lines 9, 10c, 11, and 12.) | | | | | | |
| 14 First five years. If the Form 990 is for t | he organization's | s first, second, thir | d, fourth, or fifth t | ax year as a sectio | n 501(c)(3) organiz | ation, |
| check this box and stop here | - | | | • | | |
| Section C. Computation of Public | Support Pe | rcentage | | | | |
| 15 Public support percentage for 2012 (lir | ie 8, column (f) d | ivided by line 13, o | column (f)) | | 15 | % |
| 16 Public support percentage from 2011 | | | | | 16 | % |
| Section D. Computation of Invest | ment Incom | e Percentage | | | | |
| 17 Investment income percentage for 201 | 2 (line 10c, colur | nn (f) divided by lir | ne 13, column (f)) | | 17 | % |
| 18 Investment income percentage from 20 |)11 Schedule A, | Part III, line 17 | | | 18 | % |
| 19a 33 1/3% support tests - 2012. If the o | rganization did r | ot check the box | on line 14, and line | e 15 is more than 3 | 33 1/3%, and line 1 | 7 is not |
| more than 33 1/3%, check this box and | d stop here. The | organization qual | ifies as a publicly | supported organiz | ation | ▶□ |
| b 33 1/3% support tests - 2011. If the c | rganization did r | ot check a box or | line 14 or line 19a | a, and line 16 is mo | ore than 33 1/3%, | and |
| line 18 is not more than 33 1/3%, chec | k this box and s f | top here. The orga | anization qualifies | as a publicly supp | orted organization | |
| 20 Private foundation. If the organization | did not check a | box on line 14, 19 | a, or 19b, check th | his box and see in: | structions | <u> </u> |

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990. ➤ See separate instructions.

2012
Open to Public Inspection

Name of the organization UNITE

UNITED WAY OF LINCOLN AND LANCASTER

Employer identification number 47-0376624

| Par | t I Organizations Maintaining Donor Advised | Funds or Other Similar Funds | s or Accounts. Complete if the |
|-----|--|--|--|
| | organization answered "Yes" to Form 990, Part IV, line 6 | i. | |
| | | (a) Donor advised funds | (b) Funds and other accounts |
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |
| 5 | Did the organization inform all donors and donor advisors in wri | ting that the assets held in donor advis | sed funds |
| | are the organization's property, subject to the organization's ex | | |
| 6 | Did the organization inform all grantees, donors, and donor adv | | |
| | for charitable purposes and not for the benefit of the donor or c | | |
| | | | |
| Par | | | |
| 1 | Purpose(s) of conservation easements held by the organization | (check all that apply). | |
| | Preservation of land for public use (e.g., recreation or edu | ucation) Preservation of an his | storically important land area |
| | Protection of natural habitat | Preservation of a cert | tified historic structure |
| | Preservation of open space | | |
| 2 | Complete lines 2a through 2d if the organization held a qualified | d conservation contribution in the form | of a conservation easement on the last |
| | day of the tax year. | | |
| | | | Held at the End of the Tax Year |
| а | Total number of conservation easements | | 2a |
| b | T . I | | 01 |
| С | Number of conservation easements on a certified historic struc | ture included in (a) | 2c |
| d | Number of conservation easements included in (c) acquired after | er 8/17/06, and not on a historic struct | ure |
| | listed in the National Register | | 2d |
| 3 | Number of conservation easements modified, transferred, release | sed, extinguished, or terminated by the | e organization during the tax |
| | year ▶ | | |
| 4 | Number of states where property subject to conservation ease | ment is located > | |
| 5 | Does the organization have a written policy regarding the period | dic monitoring, inspection, handling of | |
| | violations, and enforcement of the conservation easements it h | | |
| 6 | Staff and volunteer hours devoted to monitoring, inspecting, an | nd enforcing conservation easements d | luring the year ▶ |
| 7 | Amount of expenses incurred in monitoring, inspecting, and en | forcing conservation easements during | g the year ▶ \$ |
| 8 | Does each conservation easement reported on line 2(d) above | satisfy the requirements of section 170 | 0(h)(4)(B)(i) |
| | | | |
| 9 | In Part XIII, describe how the organization reports conservation | · | · · · · · · · · · · · · · · · · · · · |
| | include, if applicable, the text of the footnote to the organization | n's financial statements that describes | the organization's accounting for |
| Da | conservation easements. | Net Historical Transcers | Athen Cimiles Accets |
| Pai | t III Organizations Maintaining Collections of A | - | ther Similar Assets. |
| | Complete if the organization answered "Yes" to Form 99 | | |
| та | If the organization elected, as permitted under SFAS 116 (ASC | | |
| | historical treasures, or other similar assets held for public exhib | · · | ince of public service, provide, in Part XIII, |
| | the text of the footnote to its financial statements that describe | | t and balance about water of act blacks in a |
| D | If the organization elected, as permitted under SFAS 116 (ASC | | |
| | treasures, or other similar assets held for public exhibition, educ | cation, or research in furtherance of pu | iblic service, provide the following amounts |
| | relating to these items: | | • • |
| | (i) Revenues included in 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 the following amounts required to be reported under SEAS 116 | | ai gairi, provide |
| _ | the following amounts required to be reported under SFAS 116 | | • • |
| a | Revenues included in Form 990, Part VIII, line 1 | | |
| D | Assets included in Form 990, Part X | | • • <u> </u> |

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 232051 12-10-12

Schedule D (Form 990) 2012

| | UNITED V | WAY OF LINC | OLN | AND L | ANCAST | ER | | | | |
|----------|---|------------------------|--------------|---------------|--------------------|-------------|--|--------------|--------------|-----------|
| Sche | dule D (Form 990) 2012 COUNTY | | | | | | 4 | 7-03 | 76624 | Page 2 |
| Par | t III Organizations Maintaining C | ollections of Art | , Hist | orical Tr | easures, | or Othe | | | | |
| 3 | Using the organization's acquisition, accession | on, and other records | , check | any of the | following the | at are a si | gnificant u | se of its | collection | items |
| | (check all that apply): | | | • | · · | | | | | |
| а | Public exhibition | d | | Loan or exc | hange progr | ams | | | | |
| b | Scholarly research | е | | | 3 1 3 | | | | | |
| c | Preservation for future generations | _ | | | | | | | | |
| 4 | Provide a description of the organization's co | Illections and explain | how th | ev further t | he organizat | ion's exer | nnt nurno | se in Par | + XIII | |
| 5 | | | | | | | | so iii i ai | c / liii. | |
| 3 | 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? | | | | | | | | | |
| Par | t IV Escrow and Custodial Arrang | | | | | | | L | | NC |
| ı uı | reported an amount on Form 990, Par | | e ii tile | organizatio | ii alisweleu | 165 101 | -01111 990, | rait iv, i | 1116 9, 01 | |
| | | | on tor | oontribution | o or other e | acata nat | أمماييطمط | | | |
| ıa | Is the organization an agent, trustee, custodia | | | | | | | | 7 | |
| | on Form 990, Part X? | | | | | | | | Yes | ∟ No |
| р | If "Yes," explain the arrangement in Part XIII a | and complete the folio | owing t | able: | | | | | | |
| | | | | | | | | | Amount | |
| | Beginning balance | | | | | | | | | |
| | Additions during the year | | | | | | | | | |
| е | Distributions during the year | | | | | | | | | |
| f | Ending balance | | | | | | | | | |
| | Did the organization include an amount on Fo | | | | | | | L | ⊻ Yes | ⊢ No |
| | If "Yes," explain the arrangement in Part XIII. | | | | | | | | | |
| Par | t V Endowment Funds. Complete if | the organization ans | wered | "Yes" to Fo | | | | | | |
| | | (a) Current year | (b) P | rior year | (c) Two yea | rs back (| d) Three ye | ars back | (e) Four y | ears back |
| 1a | Beginning of year balance | | | | | | | | | |
| b | Contributions | | | | | | | | | |
| С | Net investment earnings, gains, and losses | | | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| е | Other expenditures for facilities | | | | | | | | | |
| | and programs | | | | | | | | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of the curr | ent year end balance | (line 1 | g, column (a | a)) held as: | • | | | | |
| а | Board designated or quasi-endowment | • | % | | | | | | | |
| b | Permanent endowment | % | • | | | | | | | |
| С | Temporarily restricted endowment ▶ | · | | | | | | | | |
| _ | The percentages in lines 2a, 2b, and 2c shou | | | | | | | | | |
| За | Are there endowment funds not in the posses | | ion tha | ıt are held a | nd administ | ered for th | ne organiza | ation | | |
| - | by: | oolon or the organizat | | it are mora a | ria aariiinot | 0100 101 11 | io organiza | 201011 | Г | es No |
| | - | | | | | | | | 3a(i) | 110 |
| | • | | | | | | | | | _ |
| L | (ii) related organizations 3a(ii) b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b | | | | | | | | | |
| 4 | | | | | | | | | 3b | |
| Da. | Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm | | | | | | | | | |
| rai | | | | | 41- | | | , 1 | (-1) D : | |
| | Description of property | (a) Cost or oth | | | or other | | cumulated | ¹ | (d) Book | value |
| | | basis (investme | FIIL) | Dasis | (other) | dep | reciation | | | |
| | Land | | | | | | | | | |
| b | Buildings | | | | | l | | | | |

Schedule D (Form 990) 2012

53,925.

53,925.

118,949.

c Leasehold improvements

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

d Equipment

172,874.

| 0 1 1 1 5 | / - | 000 | 0040 |
|------------|------------|------|-------|
| Schedule D | (Form | 990) | 12012 |

| Schedule D (Form 990) 2012 COUNTY | 71 211(0021(1. | | 47-0376624 Page 3 |
|--|--------------------------|------------------------------|--------------------------------|
| Part VII Investments - Other Securities. See | Form 990, Part X, line | 12. | |
| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cos | st or end-of-year market value |
| (1) Financial derivatives | | | |
| (2) Closely-held equity interests | | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | | |
| (C) | | | |
| (D) | | | |
| (E) | | | |
| (F) | | | |
| (G) | | | |
| (H) | | | |
| (1) | | | |
| Total . (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | | | |
| Part VIII Investments - Program Related. See | e Form 990, Part X, line | e 13. | |
| (a) Description of investment type | (b) Book value | (c) Method of valuation: Cos | st or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | | |
| Part IX Other Assets. See Form 990, Part X, line 1 | 5. | | |
| (a) D | escription | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| (10) | | | |
| Total. (Column (b) must equal Form 990, Part X, col. (B) line | | | ▶ |
| Part X Other Liabilities. See Form 990, Part X, lir | ne 25. | | |
| 1. (a) Description of liability | | (b) Book value | |
| (1) Federal income taxes | | | |
| (2) AGENCY APPROPRIATIONS | | | |
| (3) | | 421,819. | |
| (4) CUSTODIAL FUNDS | | 47,249. | |
| (5) CAMPAIGN DESIGNATIONS | | | |
| (6) | | 1,808,627. | |

OPERATIONS PAYABLE 1,192,060. (8) (9) (10) (11)

3,469,755. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. FIN 48 (ASC 740) Footnote. 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

Schedule D (Form 990) 2012

| 47-0376624 Pag | _{ie} 4 |
|----------------|-----------------|
|----------------|-----------------|

| Sche | edule D (Form 990) 2012 COUNT 1 | | | 4/- | 03/0024 | ²age 4 |
|------|---|------------|----------------------------|-------|---------------------|---------------|
| Pai | rt XI Reconciliation of Revenue per Audited Financial Stateme | nts Wi | th Revenue per R | eturr | | |
| 1 | Total revenue, gains, and other support per audited financial statements | | | 1 | 4,560,5 | 572. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | | | |
| а | Net unrealized gains on investments | 2a | | | | |
| b | Donated services and use of facilities | 2b | 3,090. | | | |
| С | Recoveries of prior year grants | | | | | |
| d | | | 69,621. | | | |
| е | Add lines 2a through 2d | | | 2e | 72,7 | |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,487,8 | <u>861.</u> |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII.) | 4b | 2,661,318. | | | |
| С | Add lines 4a and 4b | | | 4c | 2,661,3 | |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | | | 5 | 7,149,1 | <u>L79.</u> |
| Pa | rt XII Reconciliation of Expenses per Audited Financial Stateme | ents W | ith Expenses per | Retu | ırn | |
| 1 | Total expenses and losses per audited financial statements | | | 1 | 4,326,0 | <u>)40.</u> |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | | |
| а | Donated services and use of facilities | 2a | 3,090. | | | |
| b | Prior year adjustments | 2b | | | | |
| С | Other losses | 2c | | | | |
| d | Other (Describe in Part XIII.) | 2d | 69,621. | | | |
| е | Add lines 2a through 2d | | | 2e | 72,7 | |
| 3 | Subtract line 2e from line 1 | | | 3 | 4,253,3 | <u>329.</u> |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | | | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | | | | |
| b | Other (Describe in Part XIII.) | 4b | 2,661,318. | | | |
| С | Add lines 4a and 4b | | | 4c | 2,661,3 | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | | | 5 | 6,914,6 | 47. |
| Pa | rt XIII Supplemental Information | | | | | |
| Com | plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III | l. lines 1 | a and 4: Part IV. lines 11 | b 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.

PART X, LINE 2: THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAXES

UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. FOR THE YEAR ENDED JUNE 30, 2013, THE ORGANIZATION HAD NO UNRELATED BUSINESS ACTIVITY. 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.

Schedule D (Form 990) 2012

| Schedule D (Form 990) 2012 COUNTY | 47-0376624 Page 5 |
|--|-------------------|
| Part XIII Supplemental Information (continued) | |
| PART XI, LINE 2D - OTHER ADJUSTMENTS: | _ |
| DIRECT FUNDRAISING EXPENSE | 69,621. |
| | |
| PART XI, LINE 4B - OTHER ADJUSTMENTS: | |
| DONOR DESIGNATIONS | 2,514,083. |
| PROVISION FOR UNCOLLECTIBLE PLEDGES | 147,235. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 2,661,318. |
| PART XII, LINE 2D - OTHER ADJUSTMENTS: | |
| DIRECT FUNDRAISING EXPENSE | 69,621. |
| PART XII, LINE 4B - OTHER ADJUSTMENTS: | |
| DONOR DESIGNATIONS | 2,514,083. |
| PROVISION FOR UNCOLLECTIBLE PLEDGES | 147,235. |
| TOTAL TO SCHEDULE D, PART XII, LINE 4B | 2,661,318. |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Inspection

Employer identification number Name of the organization UNITED WAY OF LINCOLN AND LANCASTER 47-0376624 COUNTY Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Internet and email solicitations □ Solicitation of government grants b Phone solicitations c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes ∐ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) to (or retained by) (ii) Activity have custody fundraiser or entity (fundraiser) from activity or control of contributions? organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2012

UNITED WAY OF LINCOLN AND LANCASTER 47-0376624 Page 2 Schedule G (Form 990 or 990-EZ) 2012 COUNTY Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events HELPING ${ t GOLF}$ NONE (add col. (a) through HANDS AUCTIOTOURNAMENT col. (c)) (event type) (total number) (event type) Revenue 43,810. 23,833. 67,643. Gross receipts 20,545 20,545. 2 Less: Contributions 23,265 23,833. 47,098. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 12,217. 8,399. 20,616. Rent/facility costs Food and beverages Entertainment 3,071. 330. 3,401. Other direct expenses 24,017, 10 Direct expense summary. Add lines 4 through 9 in column (d) 23,081. 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes **Direct Expenses**

| 3 | Noncash prizes | | | | | | | | | |
|---|---|---|--|--|--|--|--|--|--|--|
| 4 | Rent/facility costs | | | | | | | | | |
| 5 | Other direct expenses | | | | | | | | | |
| 6 | Volunteer labor | Yes % No | Yes% No | Yes% No | | | | | | |
| 7 Direct expense summary. Add lines 2 through 5 in column (d) | | | | | | | | | | |
| 8 | Net gaming income summary. Combine line 1 | , column d, and line 7 | | > | | | | | | |
| 9 Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? b If "No," explain: | | | | | | | | | | |
| | | | | year? | Yes No | | | | | |
| | 4 5 6 7 8 Ent ls til lf "I We | 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 8 Net gaming income summary. Combine line 1 Enter the state(s) in which the organization operat Is the organization licensed to operate gaming act If "No," explain: Were any of the organization's gaming licenses researched. | 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: Is the organization licensed to operate gaming activities in each of these self "No," explain: Were any of the organization's gaming licenses revoked, suspended or te | 4 Rent/facility costs 5 Other direct expenses 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Combine line 1, column d, and line 7 Enter the state(s) in which the organization operates gaming activities: Is the organization licensed to operate gaming activities in each of these states? If "No," explain: | 4 Rent/facility costs 5 Other direct expenses Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? | | | | | |

232082 01-07-13

Schedule G (Form 990 or 990-EZ) 2012

UNITED WAY OF LINCOLN AND LANCASTER

| Sch | edule G (Form 990 or 990-EZ) 2012 COUNTY 4 | <u>7-0376</u> | 624 | Page 3 |
|-----|--|----------------|--------|---------------|
| 11 | Does the organization operate gaming activities with nonmembers? | | Yes | ☐ No |
| | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed | | Yes | □ No |
| 12 | to administer charitable gaming? Indicate the percentage of gaming activity operated in: | , | | NO |
| | | 120 | | 04 |
| | The organization's facility | | | <u>%</u> % |
| | An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records: | | | 70 |
| 14 | | | | |
| | 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 | 1 | | |
| | 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: | | | |
| | Is the organization required under state law to make charitable distributions from the gaming proceeds to | | | |
| - | rate in the state gaming licenses? | | Yes | ☐ No |
| h | Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in t | | | |
| ~ | organization's own exempt activities during the tax year > \$ | 110 | | |
| Pa | rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column | ns (iii) and (| v) and | Part III |
| | lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional inform | | | |
| | | 10000 | | |
| | | | | |
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| | | | | |
| | | | | |

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

► Attach to Form 990.

UNITED WAY OF LINCOLN AND LANCASTER

OMB No. 1545-0047 **2012**

Open to Public Inspection

Employer identification number

| COUNTY | | | | | | | 47-0376624 |
|--|--------------------|-------------------------------|--------------------------|---|---|--|--|
| Part I General Information on Grants a | nd Assistance | | | | | | |
| Does the organization maintain records to | o substantiate th | e amount of the grant | s or assistance, the | grantees' eligibilit | y for the grants or as | sistance, and the selec | tion |
| criteria used to award the grants or assis | stance? | | | | | | X Yes No |
| 2 Describe in Part IV the organization's pro | ocedures for mon | itoring the use of gran | t funds in the Unite | d States. | | | |
| Part II Grants and Other Assistance to | | • | | | anization answered "' | Yes" to Form 990, Part | IV, line 21, for any |
| recipient that received more than S | 5,000. Part II car | n be duplicated if addi | tional space is need | ded. | (f) Method of | | |
| (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 | valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| AMERICAN FRIENDS OF JAMAICA | | | | | | | |
| 1697 BROADWAY, STE 502 | | | | | | | DONOR DESIGNATED FOR |
| NEW YORK, NY 10019 | 13-3115102 | 501(C)(3) | 8,200. | 0. | | | GENERAL SUPPORT. |
| • | | | , | | | | |
| AMERICAN RED CROSS - CORNHUSKER | | | | | | | |
| CHAPTER - PO BOX 83267 - LINCOLN, | | | | | | | |
| NE 68501-3267 | 47-0376573 | 501(C)(3) | 101,000. | 0. | | | PROGRAM OPERATING COST. |
| | | | | | | | |
| AMERICAN RED CROSS - CORNHUSKER | | | | | | | |
| CHAPTER - PO BOX 83267 - LINCOLN, | | | | _ | | | DONOR DESIGNATED FOR |
| NE 68501-3267 | 47-0376573 | 501(C)(3) | 34,736. | 0. | | | GENERAL SUPPORT. |
| AMERICAN RED CROSS - CORNHUSKER | | | | | | | DONOR DEGLEMATED 2DD |
| CHAPTER - PO BOX 83267 - LINCOLN, | | | | | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR |
| NE 68501-3267 | 47-0376573 | 501(C)(3) | 392. | 0. | | | GENERAL SUPPORT. |
| NE 00301 3207 | 47 0370373 | 501(0/(3/ | 3,52. | 0. | | | BENEKAL BOTTOKT. |
| ANIMAL CHARITIES OF AMERICA | | | | | | | |
| 1100 LARKSPUR LANDING CIR, STE 340 | | | | | | | DONOR DESIGNATED FOR |
| LARKSPUR, CA 94939 | 94-3193389 | 501(C)(3) | 8,400. | 0. | | | GENERAL SUPPORT. |
| • | | | 1 | | | | |
| ARC OF LINCOLN/LANCASTER COUNTY | | | | | | | |
| 5609 S 49TH ST, STE 5 | | | | | | | |
| LINCOLN, NE 68516-2513 | 47-0498629 | 501(C)(3) | 10,000. | 0. | | | PROGRAM OPERATING COST. |
| 2 Enter total number of section 501(c)(3) a | nd government o | rganizations listed in t | he line 1 table | | | | → 191. |

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

| Schedule I (Form 990) COUNTY | or bine | COLIN AND HAD | (CADIEN | | | 4 | 17-0376624 Page 1 |
|---|-------------------|-------------------------------|--------------------------|---|--|--|---|
| Part II Continuation of Grants and Other | r Assistance to G | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| ARC OF LINCOLN/LANCASTER COUNTY 5609 S 49TH ST, STE 5 LINCOLN, NE 68516-2513 | 47-0498629 | 501(C)(3) | 5,522. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| ARC OF LINCOLN/LANCASTER COUNTY 5609 S 49TH ST, STE 5 LINCOLN, NE 68516-2513 | 47-0498629 | 501(C)(3) | 1,170. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| ASIAN COMMUNITY AND CULTURAL CENTER - 2615 O ST, STE A - LINCOLN, NE 68510-1385 | 47-0807501 | 501(C)(3) | 5,000. | 0. | | | PROGRAM OPERATING COST. |
| ASIAN COMMUNITY AND CULTURAL CENTER - 2615 O ST, STE A - LINCOLN, NE 68510-1385 | 47-0807501 | 501(C)(3) | 1,942. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| BOYS & GIRLS CLUBS OF LINCOLN PO BOX 22344 LINCOLN, NE 68542-2344 | 20-8677226 | 501(C)(3) | 25,000. | 0. | | | PROGRAM OPERATING COST. |
| BOYS & GIRLS CLUBS OF LINCOLN PO BOX 22344 LINCOLN, NE 68542-2344 | 20-8677226 | 501(C)(3) | 32,000. | 0. | | | PROGRAM OPERATING COST - IMPACT INITIATIVE. |
| BOYS & GIRLS CLUBS OF LINCOLN PO BOX 22344 LINCOLN, NE 68542-2344 | 20-8677226 | 501(C)(3) | 12,018. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| BOYS & GIRLS CLUBS OF LINCOLN PO BOX 22344 LINCOLN, NE 68542-2344 | 20-8677226 | 501(C)(3) | 6,745. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| CAPITAL HUMANE SOCIETY 2320 PARK BLVD LINCOLN, NE 68502 | 47-0376622 | 501(C)(3) | 7,346. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | | :7-0376624 Page |
|--|------------------|-------------------------------|--------------------------|---|--|--|---|
| (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 |
| ARABIAN HORSE ASSOCIATION CHARITY 1024 K ST. LINCOLN, NE 68508-2851 | 20-5028723 | 501(C)(3) | 5,000. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| CASA FOR LANCASTER COUNTY 1141 H ST, STE C LINCOLN, NE 68508-1601 | 47-0833799 | 501(C)(3) | 20,000. | 0. | | | PROGRAM OPERATING COST |
| CASA FOR LANCASTER COUNTY 1141 H ST, STE C LINCOLN, NE 68508-1601 | 47-0833799 | 501(C)(3) | 9,492. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| CATHOLIC SOCIAL SERVICES 2241 O ST LINCOLN, NE 68510-1122 | 47-0751554 | 501(C)(3) | 41,000. | 0. | | | PROGRAM OPERATING COST. |
| CATHOLIC SOCIAL SERVICES 2241 O ST LINCOLN, NE 68510-1122 | 47-0751554 | 501(C)(3) | 108,992. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| CATHOLIC SOCIAL SERVICES 2241 O ST LINCOLN, NE 68510-1122 | 47-0751554 | 501(C)(3) | 31,464. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| CBOL - HOUSE FOR NEW LIFE 233 S 13TH ST, SUITE 1900 LINCOLN, NE 68508 | 47-0707083 | 501(C)(3) | 17,650. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| CEDARS YOUTH SERVICES 6601 PIONEERS BLVD, STE 1 LINCOLN, NE 68506-5260 | 47-0551975 | 501(C)(3) | 390,134. | 0. | | | PROGRAM OPERATING COST. |
| CEDARS YOUTH SERVICES 6601 PIONEERS BLVD, STE 1 LINCOLN, NE 68506-5260 | 47-0551975 | 501(C)(3) | 26,973. | 0. | | | PROGRAM OPERATING COST - IMPACT INITIATIVE. |

| (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 68506-5260 | 47-0551975 | 501(C)(3) | 40,875. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| CEDARS YOUTH SERVICES 6601 PIONEERS BLVD, STE 1 LINCOLN, NE 68506-5260 | 47-0551975 | 501(C)(3) | 8,045. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| CENTER FOR PEOPLE IN NEED, INC. 3901 N 27TH ST, UNIT 1 LINCOLN, NE 68521-4177 | 06-1669552 | 501(C)(3) | 25,000. | 0. | | | PROGRAM OPERATING COST DONOR DESIGNATED FOR GENERAL SUPPORT. |
| CENTER FOR PEOPLE IN NEED, INC. 3901 N 27TH ST, UNIT 1 LINCOLN, NE 68521-4177 | 06-1669552 | 501(C)(3) | 29,156. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| CENTER FOR PEOPLE IN NEED, INC. 3901 N 27TH ST, UNIT 1 LINCOLN, NE 68521-4177 | 06-1669552 | 501(C)(3) | 226. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| CHRISTIAN CHARITIES USA 1100 LARKSPUR LANDING CIR, STE 340 LARKSPUR, CA 94939 | 94-3255961 | 501(C)(3) | 8,588. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| CHRISTIAN SERVICE CHARITIES PO BOX 79704 BALTIMORE, MD 21279-9704 | 94-3193374 | 501(C)(3) | 8,298. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| CITY IMPACT 400 N 27TH ST LINCOLN, NE 68503-3103 | 47-0800906 | 501(C)(3) | 34,000. | 0. | | | PROGRAM OPERATING COST |
| CITY IMPACT 400 N 27TH ST LINCOLN, NE 68503-3103 | 47-0800906 | 501(C)(3) | 5,800. | 0. | | | PROGRAM SPECIAL COST |

| (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, | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|------------|-------------------------------|--------------------------|---|---|--|------------------------------------|
| | | | | assistance | appraisal, other) | | |
| CITY IMPACT | | | | | | | |
| 400 N 27TH ST | | | | | | | DONOR DESIGNATED FOR |
| LINCOLN, NE 68503-3103 | 47-0800906 | 501(C)(3) | 26,359. | 0. | | | GENERAL SUPPORT. |
| CLYDE MALONE COMMUNITY CENTER | | | | | | | |
| 2032 U ST | | | | | | | |
| LINCOLN, NE 68503-2955 | 47-0376577 | 501(C)(3) | 65,000. | 0. | | | PROGRAM OPERATING COST. |
| CLYDE MALONE COMMUNITY CENTER | | | | | | | |
| 2032 U ST | | | | | | | DONOR DESIGNATED FOR |
| LINCOLN, NE 68503-2955 | 47-0376577 | 501(C)(3) | 12,882. | 0. | | | GENERAL SUPPORT. |
| CLYDE MALONE COMMUNITY CENTER | | | | | | | DONOR DESIGNATED, 3RD |
| 2032 U ST | | | | | | | PARTY PROCESSED, FOR |
| LINCOLN, NE 68503-2955 | 47-0376577 | 501(C)(3) | 100. | 0. | | | GENERAL SUPPORT. |
| | | | | | | | |
| COMMUNITY ACTION PARTNERSHIP OF | | | | | | | |
| LANCASTER & SAUNDERS COUNTY - 210 | | | | | | | |
| O ST - LINCOLN, NE 68508-2322 | 47-0491162 | 501(C)(3) | 81,000. | 0. | | | PROGRAM OPERATING COST. |
| COMMUNITY ACTION PARTNERSHIP OF | | | | | | | |
| LANCASTER & SAUNDERS COUNTY - 210 | | | | | | | PROGRAM OPERATING COST - |
| O ST - LINCOLN, NE 68508-2322 | 47-0491162 | 501(C)(3) | 5,381. | 0. | | | IMPACT INITIATIVE. |
| COMMUNITY ACTION PARTNERSHIP OF | | | | | | | |
| LANCASTER & SAUNDERS COUNTY - 210 | | | | | | | |
| O ST - LINCOLN, NE 68508-2322 | 47-0491162 | 501(C)(3) | 18,071. | 0. | | | PROGRAM SPECAIL PROJECT |
| 21 21100211, 112 00000 1021 | 17 0131101 | | 20,072. | | | | |
| COMMUNITY CROPS | | | | | | | |
| 1551 S 2ND ST | | | | | | | |
| LINCOLN, NE 68502-1908 | 20-3174357 | 501(C)(3) | 6,000. | 0. | | | PROGRAM OPERATING COST. |
| COMMUNITY CROPS | | | | | | | |
| 1551 S 2ND ST | | | | | | | PROGRAM OPERATING COST |
| LINCOLN, NE 68502-1908 | 20-3174357 | 501(C)(3) | 8,400. | 0. | | | IMPACT INITIATIVE. |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990). Pa | | - 1 - 0 3 7 6 6 2 4 Pag |
|--|------------------|-------------------------------|--------------------------|-----------------------------------|---|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| COMMUNITY CROPS | | | | | | | |
| 1551 S 2ND ST | | | | | | | DONOR DESIGNATED FOR |
| LINCOLN, NE 68502-1908 | 20-3174357 | 501(C)(3) | 6,743. | 0. | | | GENERAL SUPPORT. |
| COMMUNITY HEALTH CHARITIES | | | | | | | |
| PO BOX 75153 | | | | | | | DONOR DESIGNATED FOR |
| BALTIMORE, MD 21275-5153 | 13-6167225 | 501(C)(3) | 9,484. | 0. | | | GENERAL SUPPORT. |
| | | | | | | | |
| COMMUNITY HEALTH CHARITIES OF | | | | | | | |
| NEBRASKA - 212 S 74TH ST, STE 205 | | 504 (5) (3) | 5.50 200 | | | | DONOR DESIGNATED FOR |
| - OMAHA, NE 68114 | 23-7162972 | 501(C)(3) | 562,388. | 0. | | | GENERAL SUPPORT. |
| COMMUNITY SERVICES FUND | | | | | | | |
| 215 CENTENNIAL MALL S, STE 509 | | | | | | | DONOR DESIGNATED FOR |
| LINCOLN, NE 68508-1809 | 36-3431222 | 501(C)(3) | 401,483. | 0. | | | GENERAL SUPPORT. |
| | | | | | | | |
| COMMUNITY SERVICES FUND | | | | | | | DONOR DESIGNATED, 3RD |
| 215 CENTENNIAL MALL S, STE 509 | | | | | | | PARTY PROCESSED, FOR |
| LINCOLN, NE 68508-1809 | 36-3431222 | 501(C)(3) | 2,404. | 0. | | | GENERAL SUPPORT. |
| CORNHUSKER COUNCIL #324 BOY SCOUTS | | | | | | | |
| OF AMERICA, INC PO BOX 269 - | | | | | | | |
| WALTON, NE 68461-0269 | 47-0378985 | 501(C)(3) | 7,500. | 0. | | | PROGRAM OPERATING COST. |
| | | | , , , , , , | | | | |
| CORNHUSKER COUNCIL #324 BOY SCOUTS | | | | | | | |
| OF AMERICA, INC PO BOX 269 - | | | | | | | DONOR DESIGNATED FOR |
| WALTON, NE 68461-0269 | 47-0378985 | 501(C)(3) | 34,671. | 0. | | | GENERAL SUPPORT. |
| CODNILIGIZED COLINGTY #224 DOV. CCCVVC | | | | | | | DONOD DEGLONAMED 300 |
| CORNHUSKER COUNCIL #324 BOY SCOUTS | | | | | | | DONOR DESIGNATED, 3RD |
| OF AMERICA, INC PO BOX 269 - WALTON, NE 68461-0269 | 47-0378985 | 501(C)(3) | 3 576 | 0. | | | PARTY PROCESSED, FOR GENERAL SUPPORT. |
| MADION, NE 00401-0203 | ±1-0310303 | 501(0)(3) | 3,576. | 0. | | | SEMERAL SUFFORT. |
| AMERICA'S CHARITIES | | | | | | | |
| 14150 NEWBROOK DRIVE, STE 110 | | | | | | | DONOR DESIGNATED FOR |
| CHANTILLY, VA 20151 | 54-1517707 | 501(C)(3) | 5,856. | 0. | | | GENERAL SUPPORT |

| Schedule I (Form 990) COUNTY | TI OI HINC | COLIN AND HAD | TOAD I EIX | | | 4 | .7-0376624 Page 1 |
|---|-----------------|-------------------------------|-----------------------------|---|--|--|---|
| Part II Continuation of Grants and Other | Assistance to G | overnments and Orga | anizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
| (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 2032 U ST LINCOLN, NE 68503-2955 | 47-0658284 | 501(C)(3) | 29,000. | 0. | | | PROGRAM OPERATING COST. |
| EL CENTRO DE LAS AMERICAS 2032 U ST LINCOLN, NE 68503-2955 | 47-0658284 | 501(C)(3) | 3,453. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| FAMILY SERVICE ASSOCIATION OF LINCOLN - 501 S 7TH ST - LINCOLN, NE 68508-2920 | 47-0376584 | 501(C)(3) | 165,000. | 0. | | | PROGRAM OPERATING COST. |
| FAMILY SERVICE ASSOCIATION OF LINCOLN - 501 S 7TH ST - LINCOLN, NE 68508-2920 | 47-0376584 | 501(C)(3) | 3,913. | 0. | | | PROGRAM OPERATING COST - IMPACT INITIATIVE |
| FAMILY SERVICE ASSOCIATION OF LINCOLN - 501 S 7TH ST - LINCOLN, NE 68508-2920 | 47-0376584 | 501(C)(3) | 9,081. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| FAMILY SERVICE ASSOCIATION OF LINCOLN - 501 S 7TH ST - LINCOLN, NE 68508-2920 | 47-0376584 | 501(C)(3) | 564. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| FIRST PLYMOUTH CONGREGATIONAL CHURCH - 2000 D ST - LINCOLN, NE 68502 | 47-0376589 | 501(C)(3) | 17,620. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| FOOD BANK OF LINCOLN, INC. 4840 DORIS BAIR CIR, STE A LINCOLN, NE 68504-1465 | 47-0640293 | 501(C)(3) | 30,000. | 0. | | | PROGRAM OPERATING COST. |
| FOOD BANK OF LINCOLN, INC. 4840 DORIS BAIR CIR, STE A LINCOLN, NE 68504-1465 | 47-0640293 | 501(C)(3) | 40,504. | 0. | | | PROGRAM OPERATING COST - IMPACT INITIATIVE. |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Scho | edule I (Form 990) Pa | | :/-U3/0024 Page |
|--|------------------|-------------------------------|--------------------------|-----------------------------------|--|--|---|
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| FOOD BANK OF LINCOLN, INC. 4840 DORIS BAIR CIR, STE A LINCOLN, NE 68504-1465 | 47-0640293 | 501(C)(3) | 132,140. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| FOOD BANK OF LINCOLN, INC. 4840 DORIS BAIR CIR, STE A LINCOLN, NE 68504-1465 | 47-0640293 | 501(C)(3) | 5,458. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| FRESH START, INC. 6433 HAVELOCK AVE LINCOLN, NE 68507-1332 | 36-3785810 | 501(C)(3) | 27,402. | 0. | | | PROGRAM OPERATING COST. |
| FRESH START, INC. 6433 HAVELOCK AVE LINCOLN, NE 68507-1332 | 36-3785810 | 501(C)(3) | 8,382. | 0. | | | PROGRAM SPECIAL COST |
| FRESH START, INC. 6433 HAVELOCK AVE LINCOLN, NE 68507-1332 | 36-3785810 | 501(C)(3) | 10,963. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| FRIENDSHIP HOME OF LINCOLN, INC. PO BOX 85358 LINCOLN, NE 68501-5358 | 47-0619855 | 501(C)(3) | 73,809. | 0. | | | PROGRAM OPERATING COST. |
| FRIENDSHIP HOME OF LINCOLN, INC. PO BOX 85358 LINCOLN, NE 68501-5358 | 47-0619855 | 501(C)(3) | 73,925. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| FRIENDSHIP HOME OF LINCOLN, INC. PO BOX 85358 LINCOLN, NE 68501-5358 | 47-0619855 | 501(C)(3) | 2,205. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| THE FOUNDATION FOR LINCOLN PUBLIC SCHOOLS - PO BOX 82889 - LINCOLN, NE 68501 | 36-3490560 | 501(C)(3) | 38,000. | 0. | | | COMMUNITY COLLABORATION. |

| Schedule I (Form 990) COUNTY | I OF HINC | OHN AND HAI | CADIER | | | 4 | 7-0376624 Page 1 |
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| Part II Continuation of Grants and Other | Assistance to G | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | ırt II.) | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| THE FOUNDATION FOR LINCOLN PUBLIC SCHOOLS - PO BOX 82889 - LINCOLN, NE 68501 | 36-3490560 | 501(C)(3) | 7,688. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| GAGE COUNTY UNITED WAY PO BOX 395 BEATRICE, NE 68310-0395 | 47-6024389 | 501(C)(3) | 6,601. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| GLOBAL IMPACT PO BOX 409616 ATLANTA, GA 30384 | 52-1273585 | 501(C)(3) | 8,690. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 68503-1750 | 20-0391739 | 501(C)(3) | 23,023. | 0. | | | PROGRAM OPERATING COST. |
| GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 68503-1750 | 20-0391739 | 501(C)(3) | 10,000. | 0. | | | PROGRAM SPECIAL COST |
| HEALTH & MEDICAL RESEARCH CHARITIES OF AMERICA - 1100 LARKSPUR LANDING CIR, STE 340 - LARKSPUR, CA 94939 | 94-3217739 | 501(C)(3) | 5,000. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| HEARTLAND BIG BROTHERS BIG SISTERS 6201 HAVELOCK AVE LINCOLN, NE 68507-1236 | 47-0794732 | 501(C)(3) | 72,500. | 0. | | | PROGRAM OPERATING COST. |
| HEARTLAND BIG BROTHERS BIG SISTERS 6201 HAVELOCK AVE LINCOLN, NE 68507-1236 | 47-0794732 | 501(C)(3) | 5,000. | 0. | | | PROGRAM SPECAIL COST |
| HEARTLAND BIG BROTHERS BIG SISTERS 6201 HAVELOCK AVE LINCOLN, NE 68507-1236 | 47-0794732 | 501(C)(3) | 13,698. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |

| Schedule I (Form 990) COUNTY | mi or bind | TALL CHA MILO. | CADIER | | | 4 | .7-0376624 Page 1 |
|--|---------------------|-------------------------------|--------------------------|---|--|--|---|
| Part II Continuation of Grants and Other | er Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| HEARTLAND UNITED WAY PO BOX 1574 GRAND ISLAND, NE 68802-1574 | 47-0469492 | 501(C)(3) | 10,394. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| INDIAN CENTER, INC. 1100 MILITARY RD LINCOLN, NE 68508-1047 | 47-0531887 | 501(C)(3) | 5,000. | 0. | | | PROGRAM OPERATING COST. |
| INDIAN CENTER, INC. 1100 MILITARY RD LINCOLN, NE 68508-1047 | 47-0531887 | 501(C)(3) | 8,303. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| INDIAN CENTER, INC. 1100 MILITARY RD LINCOLN, NE 68508-1047 | 47-0531887 | 501(C)(3) | 208. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| LEAGUE OF HUMAN DIGNITY, INC. 1701 P ST LINCOLN, NE 68508-1741 | 23-7180481 | 501(C)(3) | 5,000. | 0. | | | PROGTAM OPERATING COST. |
| LEAGUE OF HUMAN DIGNITY, INC. 1701 P ST LINCOLN, NE 68508-1741 | 23-7180481 | 501(C)(3) | 5,797. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| LEAGUE OF HUMAN DIGNITY, INC. 1701 P ST LINCOLN, NE 68508-1741 | 23-7180481 | 501(C)(3) | 1,087. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| LEGAL AID OF NEBRASKA 1904 FARNAM ST, STE 500 OMAHA, NE 68102-1938 | 47-0483506 | 501(C)(3) | 15,000. | 0. | | | PROGRAM OPERATING COST. |
| LEGAL AID OF NEBRASKA 1904 FARNAM ST, STE 500 OMAHA, NE 68102-1938 | 47-0483506 | 501(C)(3) | 5,575. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |

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| Schedule I (Form 990) COUNTY 4 7 – 0 3 / 6 6 2 4 Page Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | | | |
| (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 | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 36-3656310 | 501(C)(3) | 63,963. | 0. | | | PROGRAM OPERATING COST. | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 36-3656310 | 501(C)(3) | 5,767. | 0. | | | PROGRAM SPECIAL COST | | | |
| | | | | | | | | | |
| | | | | | | DONOR DESIGNATED FOR | | | |
| 36-3656310 | 501(C)(3) | 23,799. | 0. | | | GENERAL SUPPORT. | | | |
| | | | | | | | | | |
| | | | | | | DONOR DESIGNATED, 3RD | | | |
| | | | | | | PARTY PROCESSED, FOR | | | |
| 47-0807501 | 501(C)(3) | 240. | 0. | | | GENERAL SUPPORT | | | |
| | | | | | | | | | |
| | | | | | | DONOR DESIGNATED FOR | | | |
| 47-0491162 | 501(C)(3) | 4,425. | 0. | | | GENERAL SUPPORT | | | |
| | | | | | | | | | |
| | | | | | | DONOR DESIGNATED, 3RD | | | |
| 00 3154355 | E01/G1/21 | 0.5 | 0 | | | PARTY PROCESSED, FOR | | | |
| 20-3174357 | 501(C)(3) | 26. | 0. | | | GENERAL SUPPORT | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 47-0655582 | 501(C)(3) | 30,000. | 0. | | | PROGRAM OPERATING COST. | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| 47-0655582 | 501(C)(3) | 11,000. | 0. | | | PROGRAM SPECIAL COST. | | | |
| | | | | | | | | | |
| | | | | | | DONOR DESIGNATED FOR | | | |
| 47-0655582 | 501(C)(3) | 11,645. | 0. | | | GENERAL SUPPORT. | | | |
| | Assistance to Go (b) EIN 36-3656310 36-3656310 47-0807501 47-0491162 20-3174357 47-0655582 | (c) IRC section if applicable 36-3656310 501(C)(3) 36-3656310 501(C)(3) 36-3656310 501(C)(3) 47-0807501 501(C)(3) 47-0491162 501(C)(3) 47-0655582 501(C)(3) | (b) EIN (c) IRC section if applicable (d) Amount of cash grant 36-3656310 501(C)(3) 63,963. 36-3656310 501(C)(3) 5,767. 36-3656310 501(C)(3) 23,799. 47-0807501 501(C)(3) 240. 47-0491162 501(C)(3) 4,425. 20-3174357 501(C)(3) 26. 47-0655582 501(C)(3) 30,000. 47-0655582 501(C)(3) 11,000. | Assistance to Governments and Organizations in the United States (Schole (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (schole cash grant (d) Amount of non-cash assistance (e) Amount of non-cas | Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Pa (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash ssistance (f) Method of valuation (book, FMV, appraisal, other) 36-3656310 501(C) (3) 63,963. 0. 36-3656310 501(C) (3) 23,799. 0. 47-0807501 501(C) (3) 240. 0. 47-0491162 501(C) (3) 4,425. 0. 47-0655582 501(C) (3) 30,000. 0. 47-0655582 501(C) (3) 11,000. 0. | Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (b) EIN (c) IRC section if applicable (d) Amount of cash grant (e) Amount of non-cash assistance (sok, FMV, appraisal, other) 36-3656310 501(C)(3) 63,963. 0. 36-3656310 501(C)(3) 5,767. 0. 36-3656310 501(C)(3) 23,799. 0. 47-0807501 501(C)(3) 240. 0. 47-0491162 501(C)(3) 4,425. 0. 47-0491162 501(C)(3) 26. 0. 47-0655582 501(C)(3) 30,000. 0. | | | |

| Schedule I (Form 990) COUNTY | 1 01 11110 | IALI UNA NILO. | (0110 1 111 | | | 4 | 7-0376624 Page 1 | | |
|---|------------|-------------------------------|--------------------------|---|---|--|---|--|--|
| Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) | | | | | | | | | |
| (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 - 2900 O ST, STE. 200 - LINCOLN, NE 68510-1469 | 23-7267972 | | 14,689. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. | | |
| LUTHERAN FAMILY SERVICES OF NEBRASKA INC - 2900 O ST, STE. 200 - LINCOLN, NE 68510-1469 | 23-7267972 | | 334. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. | | |
| LINCOLN MEDICAL EDUCATION PARTNERSHIP - 4600 VALLEY RD, STE 225 - LINCOLN, NE 68510-4892 | 47-0553011 | 501(C)(3) | 20,000. | 0. | | | PROGRAM OPERATING COST. | | |
| LINCOLN MEDICAL EDUCATION PARTNERSHIP - 4600 VALLEY RD, STE 225 - LINCOLN, NE 68510-4892 | 47-0553011 | 501(C)(3) | 3,570. | 0. | | | PROGRAM SPECIAL COST. | | |
| LINCOLN/LANCASTER COUNTY CHILD ADVOCACY CENTER - 5025 GARLAND ST - LINCOLN, NE 68504 | 47-0793765 | 501(C)(3) | 72,000. | 0. | | | PROGRAM OPERATING COST. | | |
| LINCOLN/LANCASTER COUNTY CHILD ADVOCACY CENTER - 5025 GARLAND ST - LINCOLN, NE 68504 | 47-0793765 | 501(C)(3) | 27,070. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. | | |
| LINCOLN/LANCASTER COUNTY CHILD ADVOCACY CENTER - 5025 GARLAND ST - LINCOLN, NE 68504 | 47-0793765 | 501(C)(3) | 2,908. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. | | |
| LINCOLN/LANCASTER COUNTY CHILD GUIDANCE - 2444 O ST - LINCOLN, NE 68510-1125 | 47-0398819 | 501(C)(3) | 165,000. | 0. | | | PROGRAM OPERATING COST. | | |
| LINCOLN/LANCASTER COUNTY CHILD GUIDANCE - 2444 O ST - LINCOLN, NE 68510-1125 | 47-0398819 | 501(C)(3) | 34,000. | 0. | | | PROGRAM SPECIAL COST. | | |

| Schedule I (Form 990) COUNTY | I OF HINC | AIL GIA NILO. | (0110 1 111 | | | 4 | 7-0376624 Page 1 |
|---|------------------|-------------------------------|--------------------------|---|--|--|---|
| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | ırt II.) | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| LINCOLN/LANCASTER COUNTY CHILD GUIDANCE - 2444 O ST - LINCOLN, NE 68510-1125 | 47-0398819 | 501(C)(3) | 16,053. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| LINCOLN/LANCASTER COUNTY HEALTH DEPARTMENT - 3140 N ST - LINCOLN, NE 68510 | 47-6006256 | GOVERNMENT | 10,000. | 0. | | | COMMUNITY COLLABORATION. |
| CORNHUSKER UNITED WAY PO BOX 75153 CRETE, NE 68333-0075 | 36-3236963 | 501(C)(3) | 4,933. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| MADONNA REHABILITATION HOSPITAL 5401 SOUTH ST LINCOLN, NE 68506-2150 | 47-0439599 | 501(C)(3) | 11,042. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| MATT TALBOT KITCHEN & OUTREACH, INC PO BOX 80935 - LINCOLN, NE 68501-0935 | 36-3945814 | 501(C)(3) | 28,000. | 0. | | | PROGRAM OPERATING COST. |
| CORNHUSKER UNITED WAY PO BOX 75153 CRETE, NE 68333-0075 | 36-3236963 | 501(C)(3) | 806. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT |
| MATT TALBOT KITCHEN & OUTREACH, INC PO BOX 80935 - LINCOLN, NE 68501-0935 | 36-3945814 | 501(C)(3) | 82,084. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| MATT TALBOT KITCHEN & OUTREACH, INC PO BOX 80935 - LINCOLN, NE 68501-0935 | 36-3945814 | 501(C)(3) | 6,807. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| FOUNDATION FOR LINCOLN PUBLIC SCHOOLS - FLIP PROGRAM - PO BOX 82889 - LINCOLN, NE 68501 | 36-3490560 | 501(C)(3) | 17,500. | 0. | | | PROGRAM OPERATING COST. |

| Schedule I (Form 990) COUNTY | AI OF LINC | TALL CHA MILO. | CADIER | | | 4 | 7-0376624 Page 1 |
|--|-------------------|-------------------------------|--------------------------|---|--|--|---|
| Part II Continuation of Grants and Othe | r Assistance to G | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | rt II.) | |
| (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 |
| MILITARY, VETERANS & PATRIOTIC | | | | | | | |
| SERVICES OF AMERICA - 1100 | | | | | | | |
| LARKSPUR LANDING CIR, STE 340 - | | | | | | | DONOR DESIGNATED FOR |
| LARKSPUR, CA 94939 | 94-3193418 | 501(C)(3) | 5,957. | 0. | | | GENERAL SUPPORT. |
| MOURNING HOPE | | | | | | | |
| 4919 BALDWIN AVE | | | | | | | |
| LINCOLN, NE 68504-2810 | 47-0782915 | 501(C)(3) | 20,362. | 0. | | | PROGRAM OPERATING COST. |
| | | | | | | | |
| MOURNING HOPE | | | | | | | |
| 4919 BALDWIN AVE | 45 0500015 | E01/G)/2) | 2 500 | 0 | | | |
| LINCOLN, NE 68504-2810 | 47-0782915 | 501(C)(3) | 3,520. | 0. | | | PROGRAM SPECIAL COST. |
| NORFOLK AREA UNITED WAY, INC. | | | | | | | |
| PO BOX 1041 | | | | | | | DONOR DESIGNATED FOR |
| NORFOLK, NE 68702-1041 | 47-0492054 | 501(C)(3) | 14,192. | 0. | | | GENERAL SUPPORT. |
| | | | | | | | |
| NORTHEAST FAMILY CENTER | | | | | | | |
| 6220 LOGAN AVE | | | | | | | |
| LINCOLN, NE 68507-1247 | 91-1787068 | 501(C)(3) | 44,000. | 0. | | | PROGRAM OPERATING COST. |
| NORTHEAST FAMILY CENTER | | | | | | | |
| 6220 LOGAN AVE | | | | | | | PROGRAM OPERATING COST - |
| LINCOLN, NE 68507-1247 | 91-1787068 | 501(C)(3) | 4,207. | 0. | | | IMPACT INITIATIVE. |
| | | | | | | | |
| NORTHEAST FAMILY CENTER | | | | | | | |
| 6220 LOGAN AVE | 1 | | | _ | | | DONOR DESIGNATED FOR |
| LINCOLN, NE 68507-1247 | 91-1787068 | 501(C)(3) | 2,442. | 0. | | | GENERAL SUPPORT. |
| NORTHEAST FAMILY CENTER | | | | | | | DONOR DESIGNATED, 3RD |
| 6220 LOGAN AVE | | | | | | | PARTY PROCESSED, FOR |
| LINCOLN, NE 68507-1247 | 91-1787068 | 501(C)(3) | 200. | 0. | | | GENERAL SUPPORT. |
| | 122,0,000 | | | | | | |
| PEOPLE'S CITY MISSION | | | | | | | |
| PO BOX 80636 | | | | | | | |
| LINCOLN, NE 68501-0636 | 47-0376896 | 501(C)(3) | 17,000. | 0. | | | PROGRAM OPERATING COST. |

| Schedule I (Form 990) COUNTY | I OI LINC | CUN AND HAI | VCPID I LIK | | | 4 | 17-0376624 Page 1 |
|--|------------------|-------------------------------|--------------------------|-----------------------------------|--|--|---|
| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
| (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 68501-0636 | 47-0376896 | 501(C)(3) | 152,873. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| PEOPLE'S CITY MISSION PO BOX 80636 LINCOLN, NE 68501-0636 | 47-0376896 | 501(C)(3) | 9,003. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| ST. MONICA'S HOME 120 WEDGEWOOD DR LINCOLN, NE 68510-2431 | 47-0490169 | 501(C)(3) | 23,000. | 0. | | | PROGRAM OPERATING COST. |
| ST. MONICA'S HOME 120 WEDGEWOOD DR LINCOLN, NE 68510-2431 | 47-0490169 | 501(C)(3) | 12,356. | 0. | | | PROGRAM SPECIAL COST. |
| TABITHA, INC. 4720 RANDOLPH ST LINCOLN, NE 68510-3741 | 47-0377998 | 501(C)(3) | 13,000. | 0. | | | PROGRAM OPERATING COST. |
| TABITHA, INC. 4720 RANDOLPH ST LINCOLN, NE 68510-3741 | 47-0377998 | 501(C)(3) | 11,279. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| TABITHA, INC. 4720 RANDOLPH ST LINCOLN, NE 68510-3741 | 47-0377998 | 501(C)(3) | 791. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| TEAMMATES MENTORING PROGRAM OF LPS PO BOX 82889 LINCOLN, NE 68501-2889 | 90-0057598 | 501(C)(3) | 62,500. | 0. | | | PROGRAM OPERATING COST. |
| TEAMMATES MENTORING PROGRAM OF LPS PO BOX 82889 LINCOLN, NE 68501-2889 | 90-0057598 | 501(C)(3) | 16,314. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |

| Schedule I (Form 990) COUNTY | | OLIN AND HAI | VCMDILIK | | | 4 | 17-0376624 Page 1 |
|--|------------------|-------------------------------|--------------------------|---|--|--|---|
| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| TEAMMATES MENTORING PROGRAM OF LPS PO BOX 82889 LINCOLN, NE 68501-2889 | 90-0057598 | 501(C)(3) | 0. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| THE HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS - 1037 S 12TH ST LINCOLN, NE 68508-3220 | 20-8008617 | 501(C)(3) | 48,862. | 0. | | | PROGRAM OPERATING COST. |
| THE HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS - 1037 S 12TH ST LINCOLN, NE 68508-3220 | 20-8008617 | 501(C)(3) | 10,000. | 0. | | | PROGRAM SPECIAL COST. |
| THE SALVATION ARMY LINCOLN, NEBRASKA - PO BOX 30232 - LINCOLN, NE 68503-0232 | 36-2167910 | 501(C)(3) | 61,820. | 0. | | | PROGRAM OPERATING COST. |
| THE SALVATION ARMY LINCOLN, NEBRASKA - PO BOX 30232 - LINCOLN, NE 68503-0232 | 36-2167910 | 501(C)(3) | 1,663. | 0. | | | PROGRAM OPERATING COST - IMPACT INITIATIVE. |
| THE SALVATION ARMY LINCOLN, NEBRASKA - PO BOX 30232 - LINCOLN, NE 68503-0232 | 36-2167910 | 501(C)(3) | 10,500. | 0. | | | PROGRAM SPECIAL COST. |
| THE SALVATION ARMY LINCOLN, NEBRASKA - PO BOX 30232 - LINCOLN, NE 68503-0232 | 36-2167910 | 501(C)(3) | 18,632. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 68503-1750 | 20-0391739 | 501(C)(3) | 12,743. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| UNITED WAY OF LINCOLN & LANCASTER COUNTY FOUNDATION - 238 S. 13TH ST - LINCOLN, NE 68508 | 20-1412874 | 501(C)(3) | 6,500. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |

| Schedule I (Form 990) COUNTY | MAI OF LINC | TALL CITA NILO. | VCADIER | | | 4 | 7-0376624 Page 1 |
|--|----------------------|-------------------------------|--------------------------|---|--|--|---|
| Part II Continuation of Grants and Oth | ner Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
| (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 1805 HARNEY ST OMAHA, NE 68102-1908 | 47-0376605 | 501(C)(3) | 50,000. | 0. | | | COMMUNITY COLLABORATION-2.1.1. |
| UNITED WAY OF THE MIDLANDS 1805 HARNEY ST OMAHA, NE 68102-1908 | 47-0376605 | 501(C)(3) | 46,647. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| UNITED WAY OF THE MIDLANDS 1805 HARNEY ST OMAHA, NE 68102-1908 | 47-0376605 | 501(C)(3) | 150. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| UNITED WAY OF NEBRASKA CITY P.O. BOX 293 NEBRASKA CITY, NE 68410 | 23-7155162 | 501(C)(3) | 9,763. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| HOPE COMMUNITY CHURCH 4700 S FOLSOM ST LINCOLN, NE 68523-9331 | 47-0528526 | 501(C)(3) | 6,500. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| VOICES OF HOPE LINCOLN, INC. 2545 N ST LINCOLN, NE 68510-1250 | 47-0726814 | 501(C)(3) | 74,000. | 0. | | | PROGRAM OPERATING COST. |
| VOICES OF HOPE LINCOLN, INC. 2545 N ST LINCOLN, NE 68510-1250 | 47-0726814 | 501(C)(3) | 1,468. | 0. | | | PROGRAM OPERATING COST - IMPACT INITIATIVE. |
| VOICES OF HOPE LINCOLN, INC. 2545 N ST LINCOLN, NE 68510-1250 | 47-0726814 | 501(C)(3) | 10,000. | 0. | | | PROGRAM SPECIAL COST. |
| VOICES OF HOPE LINCOLN, INC. 2545 N ST LINCOLN, NE 68510-1250 | 47-0726814 | 501(C)(3) | 24,694. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |

| Schedule I (Form 990) COUNTY | 711 OI LIN | COLIN AND HAD | VC/IDILIK | | | 4 | .7-0376624 Page 1 |
|--|--------------------|-------------------------------|--------------------------|---|--|--|---|
| Part II Continuation of Grants and Other | er Assistance to G | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | art II.) | |
| (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| VOLUNTEER PARTNERS 215 CENTENNIAL MALL S, STE 340 LINCOLN, NE 68508-1895 | 58-2574619 | 501(C)(3) | 15,000. | 0. | | | PROGRAM OPERATING COST. |
| VOLUNTEER PARTNERS 215 CENTENNIAL MALL S, STE 340 LINCOLN, NE 68508-1895 | 58-2574619 | 501(C)(3) | 825. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| MOURNING HOPE 4919 BALDWIN AVE LINCOLN, NE 68504-2810 | 47-0782915 | 501(C)(3) | 17,348. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT |
| WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 68522-1257 | 47-0635271 | 501(C)(3) | 10,000. | 0. | | | PROGRAM OPERATING COST. |
| WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 68522-1257 | 47-0635271 | 501(C)(3) | 1,933. | 0. | | | PROGRAM SPECIAL COST. |
| WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 68522-1257 | 47-0635271 | 501(C)(3) | 10,857. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| WILLARD COMMUNITY CENTER 1245 S FOLSOM ST LINCOLN, NE 68522-1257 | 47-0635271 | 501(C)(3) | 234. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| YWCA LINCOLN PO BOX 95123 LINCOLN, NE 68509-5123 | 47-0376578 | 501(C)(3) | 5,000. | 0. | | | PROGRAM OPERATING COST. |
| YWCA LINCOLN PO BOX 95123 LINCOLN, NE 68509-5123 | 47-0376578 | 501(C)(3) | 2,562. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |

| Part II Continuation of Grants and Other | Assistance to Go | overnments and Orga | nizations in the U | nited States (Sch | edule I (Form 990), Pa | ırt II.) | |
|--|------------------|-------------------------------|--------------------------|---|--|--|--|
| (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 | | | | | | | DONOR DESIGNATED, 3RD |
| PO BOX 95123 | | | | | | | PARTY PROCESSED, FOR |
| LINCOLN, NE 68509-5123 | 47-0376578 | 501(C)(3) | 380. | 0. | | | GENERAL SUPPORT. |
| | | | | | | | DONOR DESIGNATED FOR |
| BRYAN LGH FOUNDATION | | | | | | | GENERAL SUPPORT. |
| 1600 S 48TH ST | | | | | | | DESIGNATED FOR GENERAL |
| LINCOLN, NE 68506-1283 | 23-7005720 | 501(C)(3) | 8,500. | 0. | | | SUPPORT. |
| | | | | | | | |
| CITY IMPACT | | | | | | | DONOR DESIGNATED, 3RD |
| 400 N 27TH ST | | | | | | | PARTY PROCESSED, FOR |
| LINCOLN, NE 68503-3103 | 47-0800906 | 501(C)(3) | 1,379. | 0. | | | GENERAL SUPPORT |
| | | | | | | | DONOR DESIGNATED, 3RD |
| COMMUNITY ACTION PARTNERSHIP OF | | | | | | | PARTY PROCESSED, FOR |
| LANCASTER & SAUNDERS COUNTY - 210 | | | | | | | GENERAL SUPPORT. |
| O ST - LINCOLN, NE 68508-2322 | 47-0491162 | 501(C)(3) | 769. | 0. | | | DONOR DESIGNATED, 3RD |
| COMMUNITY ACTION PARTNERSHIP OF | | | | | | | |
| LANCASTER & SAUNDERS | | | | | | | |
| COUNTY/EDUCARE - 210 O ST - | | | | | | | PROGRAM OPERATING |
| LINCOLN, NE 68508-2322 | 47-0491162 | 501(C)(3) | 37,797. | 0. | | | COST-IMPACT INITIATIVE. |
| EL CENTRO DE LAS AMERICAS | | | | | | | DONOR DECICNATED 3PD |
| 2032 U ST | | | | | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR |
| | 47 0650204 | 501(C)(3) | 260. | 0 | | | GENERAL SUPPORT. |
| LINCOLN, NE 68503-2955 | 47-0658284 | 501(C)(3) | 260. | 0. | | | GENERAL SUPPORT. |
| THE FOUNDATION FOR LINCOLN PUBLIC | | | | | | | DONOR DESIGNATED, 3RD |
| SCHOOLS - PO BOX 82889 - LINCOLN, | | | | | | | PARTY PROCESSED, FOR |
| NE 68501 | 36-3490560 | 501(C)(3) | 74. | 0. | | | GENERAL SUPPORT. |
| 12 00001 | 30 3130300 | 501(0)(3) | , | | | | DENDRIE BOTTOKT. |
| FREMONT AREA UNITED WAY | | | | | | | |
| 605 N BROAD ST. | | | | | | | DONOR DESIGNATED FOR |
| FREMONT, NE 68025 | 47-6000166 | 501(C)(3) | 6,354. | 0. | | | GENERAL SUPPORT. |
| | | | | | | | |
| FRESH START, INC. | | | | | | | DONOR DESIGNATED, 3RD |
| 6433 HAVELOCK AVE | | | | | | | PARTY PROCESSED, FOR |
| LINCOLN, NE 68507-1332 | 36-3785810 | 501(C)(3) | 277. | 0. | | | GENERAL SUPPORT. |

| (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 68503-1750 | 20-0391739 | 501(C)(3) | 1,016. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| HEARTLAND BIG BROTHERS BIG SISTERS 6201 HAVELOCK AVE LINCOLN, NE 68507-1236 | 47-0794732 | 501(C)(3) | 1,954. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| THE HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS - 1037 S 12TH ST LINCOLN, NE 68508-3220 | 20-8008617 | 501(C)(3) | 3,478. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| THE HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS - 1037 S 12TH ST LINCOLN, NE 68508-3220 | 20-8008617 | 501(C)(3) | 50. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| LINCOLN COMMUNITY FOUNDATION 215 CENTENNIAL MALL S, STE 100 LINCOLN, NE 68508 | 47-0458128 | 501(C)(3) | 5,000. | 0. | | | COMMUNITY COLLABORATION |
| LINCOLN COMMUNITY FOUNDATION 215 CENTENNIAL MALL S, STE 100 LINCOLN, NE 68508 | 47-0458128 | 501(C)(3) | 2,000. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| LIGHTHOUSE 2601 N ST LINCOLN, NE 68502-1244 | 36-3656310 | 501(C)(3) | 3,473. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| LINCOLN LITERACY 745 S 9TH ST LINCOLN, NE 68508-3107 | 47-0655582 | 501(C)(3) | 1,502. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| LINCOLN MEDICAL EDUCATION PARTNERSHIP - 4600 VALLEY RD, STE 225 - LINCOLN, NE 68510-4892 | 47-0553011 | 501(C)(3) | 2,653. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |

| (a) Name and address of | (b) EIN | (c) IRC section | (d) Amount of | (e) Amount of | (f) Method of | (g) Description of | (h) Purpose of grant |
|--|------------|-----------------|---------------|------------------------|---|---------------------|---------------------------------------|
| organization or government | (D) LIIV | if applicable | cash grant | non-cash assistance | valuation (book, FMV, appraisal, other) | non-cash assistance | or assistance |
| LINCOLN/LANCASTER COUNTY CHILD | | | | | | | DONOR DESIGNATED, 3RD |
| GUIDANCE - 2444 O ST - LINCOLN, NE | | | | | | | PARTY PROCESSED, FOR |
| 68510-1122 | 47-0398819 | 501(C)(3) | 150. | 0. | | | GENERAL SUPPORT. |
| | | | - | | | | DONOR DESIGNATED, 3RD |
| MADONNA FOUNDATION | | | | | | | PARTY PROCESSED, FOR |
| 5401 SOUTH ST | | | | | | | GENERAL SUPPORT.DONOR |
| LINCOLN, NE 68506-1283 | 23-7159940 | 501(C)(3) | 5,578. | 0. | | | DESIGNATED, 3RD PARTY |
| V-D DI 1-112 INTERED IN THE | | | | | | | |
| MID-PLAINS UNITED WAY INC. PO BOX 172 | | | | | | | DONOR DEGLENAMED FOR |
| NORTH PLATTE, NE 69103 | 47-0525576 | 501(C)(3) | 8,354. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| NORTH THATTE, NE 09103 | 47 0323370 | 501(0)(3) | 0,334. | 0. | | | GENERAL BOTTORT. |
| MOURNING HOPE | | | | | | | DONOR DESIGNATED, 3RD |
| 4919 BALDWIN AVE | | | | | | | PARTY PROCESSED, FOR |
| LINCOLN, NE 68504-2810 | 47-0782915 | 501(C)(3) | 333. | 0. | | | GENERAL SUPPORT. |
| | | | | | | | |
| PLANNED PARENTHOOD OF THE | | | | | | | |
| HEARTLANDS - PO BOX 4557 - DES | | | | | | | |
| MOINES, IA 50305 | 42-0727488 | 501(C)(3) | 5,775. | 0. | | | PROGRAM OPERATING COST. |
| ST. MARK'S UNITED METHIDIST CHURCH | | | | | | | |
| 8550 PIONEERS BLVD | | | | | | | DONOR DESIGNATED FOR |
| LINCOLN, NE 68520 | 36-2167731 | 501(C)(3) | 6,100. | 0. | | | GENERAL SUPPORT. |
| | | | | | | | |
| ST. MICHAEL'S CATHOLIC CHURCH | | | | | | | |
| 9101 S 78TH ST. | | | | | | | DONOR DESIGNATED FOR |
| LINCOLN, NE 68526-9346 | 47-0813800 | 501(C)(3) | 7,715. | 0. | | | GENERAL SUPPORT. |
| ST. MONICA'S HOME | | | | | | | |
| 120 WEDGEWOOD DR | | | | | | | DONOR DESIGNATED FOR |
| LINCOLN, NE 68510-2431 | 47-0490169 | 501(C)(3) | 17,019. | 0. | | | GENERAL SUPPORT. |
| - | | | , | | | | |
| ST. MONICA'S HOME | | | | | | | DONOR DESIGNATED, 3RD |
| 120 WEDGEWOOD DR | | | | | | | PARTY PROCESSED, FOR |
| LINCOLN, NE 68510-2431 | 47-0490169 | 501(C)(3) | 286. | 0. | | | GENERAL SUPPORT. |

Page 1

| (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 |
|--|------------|-------------------------------|--------------------------|---|--|--|---|
| CHE SALVATION ARMY LINCOLN, NEBRASKA - PO BOX 30232 - LINCOLN, NE 68503-0232 | 36-2167910 | 501(C)(3) | 1,003. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| UNITED WAY OF WESTERN NEBRASKA L517 BROADWAY STE 106 SCOTTSBLUFF, NE 69361-3184 | 47-0424788 | 501(C)(3) | 8,490. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| UNITED WAY OF KEARNEY 4009 6TH AVE STE 19 KEARNEY, NE 68845 | 47-0488294 | 501(C)(3) | 7,936. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| UNIVERSITY OF NEBRASKA FOUNDATION 1010 LINCOLN MALL, SUITE 300 LINCOLN, NE 68508 | 47-0379839 | 501(C)(3) | 6,400. | 0. | | | DONOR DESIGNATED FOR GENERAL SUPPORT. |
| VOICES OF HOPE LINCOLN, INC. 2545 N ST LINCOLN, NE 68510-1250 | 47-0726814 | 501(C)(3) | 6,025. | 0. | | | DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
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| Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. | | | | | | | |
|---|--------------------------|--------------------------|---------------------------------------|---|--|--|--|
| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non- cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance | | |
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| Part IV Supplemental Information. Complete this part to provide | de the informatio | n required in Part I, | line 2, Part III, colum | n (b), and any other additional in | formation. | | |
| SCHEDULE I, PART I, LINE 2: THE FO | LLOWING | ARE UNITED | WAY'S PRO | CEDURES FOR | | | |
| MONITORING THE USE OF GRANT FUNDS | IN THE U | NITED STAT | ES: | | | | |
| | | | | | | | |
| ALLOCATIONS: THE ALLOCATION OF THE | UNRESTR | ICTED DONO | R DOLLARS | FOLLOWS A | | | |
| SPECIFIC, DETAILED APPLICATION PRO | CESS. | | | | | | |
| | | | | | | | |
| TO BE ELIGIBLE TO APPLY FOR FUNDIN | G, AGENC | IES MUST B | E A LEGAL | 501(C)(3) | | | |
| ORGANIZATION SERVING LINCOLN/LANCA | STER COU | NTY. THEY | MUST AGREE | TO FOLLOW | | | |
| OUR POLICIES AND PROCEDURES. THEY | MUST SUB | MIT AN AUD | IT WITH A | STATMENT OF | | | |

FUNCTIONAL EXPENSES BY PROGRAM, AND A FORM 990 AND 990T (IF APPLICABLE) MUST ALSO BE FILED AND SUBMITTED. AGENCIES MUST ALSO VERIFY COMPLIANCE WITH THE PROVISIONS OF THE PATRIOT ACT.

AGENCIES UNDERGO INTENSIVE REVIEW BY TRAINED COMMUNITY VOLUNTEERS BEFORE A RECOMMENDATION IS MADE TO THE UNITED WAY BOARD OF DIRECTORS FOR APPROVAL. THE FUND DISTRIBUTION VOLUNTEERS REVIEW THE APPLICATIONS WHICH REQUIRE CLIENT OUTCOMES AND INDICATORS MEASURING CHANGE IN BEHAVIOR OR SKILL FOR CLIENTS BEING SERVED. DEMOGRAPHIC DATA ENSURES THAT THOSE IN MOST NEED ARE BEING REACHED WITH THE SERVICES. OUR AUDIT REVIEW TEAM OF CPA'S REVIEW THE AGENCIES AUDITS AND 990'S LOOKING FOR OVERALL STABILITY AND ABILITY TO MONITOR THE ALLOCATION OF DONOR DOLLARS.

AGENCIES ARE REQUIRED TO SUBMIT SEMI-ANNUAL REPORTS REFELCTING 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.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS COUNTY

(H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED, 3RD PARTY

PROCESSED, FOR GENERAL SUPPORT.

Schedule I (Form 990)

47-0376624 Page 2

| Part IV Supplemental Information |
|---|
| DONOR DESIGNATED, 3RD PARTY PROCESSED, FOR GENERAL SUPPORT. |
| |
| NAME OF ORGANIZATION OR GOVERNMENT: MADONNA FOUNDATION |
| (H) PURPOSE OF GRANT OR ASSISTANCE: DONOR DESIGNATED, 3RD PARTY |
| PROCESSED, FOR GENERAL SUPPORT.DONOR DESIGNATED, 3RD PARTY PROCESSED, |
| DONOR DESIGNATED FOR GENERAL SUPPORT. |
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SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV. lines 29 or 30.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990. UNITED WAY OF LINCOLN AND LANCASTER COUNTY

Employer identification number 47-0376624

Types of Property (a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts Form 990, Part VIII, line 1g tems contributed Art - Works of art Art - Historical treasures 2 Art - Fractional interests Books and publications Clothing and household goods Cars and other vehicles 6 Boats and planes _____ 7 Intellectual property 8 Securities - Publicly traded 9 Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures 14 Qualified conservation contribution - Other Real estate - Residential 15 Real estate - Commercial 16 17 Real estate - Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts (ADVERTISING X 125,324. FAIR MARKET VALUE 25 334 15,735. GLOVE AUCTION X FAIR MARKET VALUE Other > 26 4,747. X 25 VALUE GOLF EVENT FAIR MARKET 27 Other -X 1.218. FAIR MARKET SUPPLIES 28 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 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for Х the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a b If "Yes," describe in Part II. 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

Schedule M (Form 990) (2012)

LHA

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

Schedule M (Form 990) (2012)

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

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.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

UNITED WAY OF LINCOLN AND LANCASTER

Employer identification number 47-0376624

47-0376624 COUNTY FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO BE ESSENTIAL IN IMPROVING PEOPLE'S LIVES AND STRENGTHENING OUR COMMUNITY: CHILDREN ARE READY TO ENTER AND SUCCEED IN SCHOOL; ASSISTING THOSE IN CRISIS BY INCREASING: FOOD SECURITY, SHELTER AND VICTIM SAFETY AND ENSURING PREPAREDNESS FOR COMMUNITY DISASTERS. FORM 990, PART III, PROGRAM SERVICE ACCOMPLISHMENTS: LINE 4A, AREA: BOYS AND GIRLS CLUBS OF LINCOLN/LANCASTER COUNTY: BOYS AND GIRLS CLUBS OF LINCOLN/LANCASTER COUNTY PROGRAM PROVIDES AFTER SCHOOL AND SUMMER PROGRAMMING FOR YOUTH FOCUSING ON TUTORING, MENTORING, AND RECREATIONAL GRANT AMOUNT - \$25,000. ACTIVITIES. CASA FOR LANCASTER COUNTY: COURT APPOINTED SPECIAL ADVOCATE PROGRAM PROVIDES TRAINING AND SUPERVISING FOR VOLUNTEERS WHO ADVOCATE FOR AT-RISK YOUTH IN JUVENILE COURT AND WORK TOWARD AN IMPROVED FAMILY UNIT THAT WILL HELP IN COMBATING FUTURE VIOLENCE. GRANT AMOUNT \$20,000.

CEDARS YOUTH SERVICES: CEDARS COMMUNITY LEARNING CENTER (CLC) PROGRAM

PROVIDES HIGH QUALITY AND ACADEMICALLY ENRICHING CHILD CARE AT CLINTON

AND HARTLEY ELEMENTARY SCHOOLS FEATURING ACADEMIC CLUBS, ENRICHMENT

ACTIVITIES, COUNSELING, AND NEIGHBORHOOD ENHANCEMENT. GRANT AMOUNT
\$70,000.

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

Schedule O (Form 990 or 990-EZ) (2012)

CEDARS YOUTH SERVICES: CEDARS EARLY CHILDHOOD DEVELOPMENT CENTERS

(ECDC) PROGRAM PROVIDES NATIONALLY ACCREDITED FULL-DAY CHILDCARE

PROGRAMMING USING CREATIVE CURRICULUM GUIDELINES AND PRO-SOCIAL

ACTIVITIES AND UTILIZING SECOND STEP ANTI-VIOLENCE CURRICULUM WHICH

FOCUSES ON SCHOOL READINESS. GRANT AMOUNT - \$169,500.

CEDARS YOUTH SERVICES: CEDARS PARTNERS IN PERMANENCY (PIP): OVERCOMING

CRISIS & ACHIEVING LONG-TERM CHANGE PROGRAM PROVIDES WRAP-AROUND CASE

MANAGEMENT THAT IS STRENGTH BASED; FAMILY CENTERED; AND NEEDS DRIVEN

FOR CHILDREN AT RISK DUE TO HOMELESSNESS, DOMESTIC VIOLENCE, OR SEXUAL

ASSAULT. GRANT AMOUNT - \$84,634.

CITY IMPACT: IMPACT READING CENTER PROGRAM PROVIDES LITERACY

PROGRAMMING FOR STUDENTS AT HARTLEY, ELLIOTT, AND CLINTON ELEMENTARY

SCHOOLS. GRANT AMOUNT - \$34,000.

COMMUNITY ACTION PARTNERSHIP OF LANCASTER AND SAUNDERS COUNTIES: HEAD

START AND EARLY HEAD START PROGRAM PROVIDES QUALITY COMPREHENSIVE EARLY

CHILDHOOD EDUCATION AND CASE MANAGEMENT THROUGH HEALTH AND MENTAL

HEALTH SCREENINGS; MONITORING OF IMMUNIZATIONS; AND NUTRITIONAL

ASSESSMENTS FOR HOME-BASED AND CENTER-BASED SERVICES. GRANT AMOUNT
\$63,000.

CORNHUSKER COUNCIL BOY SCOUTS OF AMERICA: SCOUTREACH PROGRAM PROVIDES

SCOUTING OPPORTUNITIES TO ALL YOUNG PEOPLE REGARDLESS OF INCOME,

NEIGHBORHOOD, OR ETHNIC BACKGROUND. IT ENCOURAGES YOUTH TO DEVELOP

POSITIVE RELATIONSHIPS WITH PEERS AND ADULTS FOCUSING ON EDUCATIONAL

01-04-13

SKILLS, PERSONAL FITNESS, CIVIC SKILLS AND RESPONSIBILITIES, AND CAMPING OPPORTUNITIES. GRANT AMOUNT - \$7,500.

EL CENTRO DE LAS AMERICAS: ADELANTE EDUCATIONAL PROGRAM PROVIDES

TUTORING AND ACADEMIC SUPPORT; REMEDIATION CLASSES; BASIC COMPUTER

SKILLS; STRATEGIES FOR TEST-TAKING (ALL IN SPANISH) AND OPPORTUNITIES

FOR STUDENTS TO TEACH OTHERS WHAT THEY HAVE LEARNED. GRANT AMOUNT
\$23,000.

FAMILY SERVICE ASSOCIATION OF LINCOLN: FAMILY SERVICE BEHAVIORAL HEALTH
PROGRAM PROVIDES WEEKLY INDIVIDUAL AND FAMILY THERAPY SESSIONS HELD IN
THE HOME AND/OR SCHOOL SETTING TO ADDRESS MENTAL HEALTH OR BEHAVIORAL
NEEDS WHICH INTERFERE WITH THE CHILD® ACADEMIC, PERSONAL, OR SOCIAL
PERFORMANCE. GRANT AMOUNT - \$20,000.

FAMILY SERVICE ASSOCIATION OF LINCOLN: FAMILY SERVICE EARLY CHILDHOOD

EDUCATION & FAMILY CENTER PROGRAM PROVIDES QUALITY CHILDCARE

PROGRAMMING USING HIGH SCOPE GUIDELINES DESIGNED TO MEET DEVELOPMENTAL

MILESTONES AND CORE COMPETENCIES WITH ON-GOING INTERACTION AND

PARTNERSHIP BETWEEN STAFF AND PARENTS. GRANT AMOUNT - \$85,000.

FAMILY SERVICE ASSOCIATION OF LINCOLN: FAMILY SERVICE YOUTH DEVELOPMENT

& COMMUNITY LEARNING CENTER PROGRAM PROVIDES BEFORE AND AFTER SCHOOL

ACADEMIC ENRICHMENT PROGRAMS TO CHILDREN AT 8 CLC LINCOLN PUBLIC SCHOOL

SITES, OFFERING EDUCATIONAL, SOCIAL SKILL, RECREATIONAL, AND COMMUNITY

SERVICE ACTIVITIES. GRANT AMOUNT - \$60,000.

FOUNDATION FOR LINCOLN PUBLIC SCHOOLS: FAMILIES LEARNING IN

PARTNERSHIPS (FLIP) PROGRAM PROVIDES FAMILY LITERACY IN CONJUNCTION

WITH STUDENT CLASSROOM PARTICIPATION IN LINCOLN PUBLIC SCHOOL

CLASSROOMS. GRANT AMOUNT - \$17,500.

HEARTLAND BIG BROTHERS BIG SISTERS: HEARTLAND BIG BROTHERS BIG SISTERS

PROGRAM PROVIDES MENTORING TO CHILDREN THROUGH SCHOOL, COMMUNITY, AND

SITE BASED MATCHES THAT FOCUS ON IMPROVING ACADEMIC AND SOCIAL SKILLS.

GRANT AMOUNT - \$72,500.

THE HUB©ENTRAL ACCESS POINT FOR YOUNG ADULTS: LINCOLN EDUCATION

PROGRAM (LEO) PROVIDES ACADEMIC SUPPORT, COLLEGE PREPARATION, JOB

READINESS/EXPLORATION, TUTORING, LONG-TERM GOAL SETTING TO AT RISK

YOUTH GRADES 6 TO 12. GRANT AMOUNT - \$28,862.

THE HUB©ENTRAL ACCESS POINT FOR YOUNG ADULTS: YOUTHACT/PROJECT H20

PROGRAM UTILIZES A YOUTH DEVELOPMENT APPROACH THAT FOCUSES ON

STRENGTHENING THE CAPACITY OF YOUNG PEOPLE TO SUCCESSFULLY NAVIGATE THE

LIFE STAGE OF ADOLESCENCE TO ADULTHOOD. GRANT AMOUNT - \$20,000.

LIGHTHOUSE: LIGHTHOUSE AFTERSCHOOL PROGRAM PROVIDES AFTER SCHOOL

ACTIVITIES FIVE DAYS A WEEK THROUGHOUT THE YEAR TO YOUTH AGES 13 TO 18

FOCUSING ON ACADEMIC SUPPORT, EVENING MEALS, ENRICHMENT, AND

RECREATIONAL ACTIVITIES. GRANT AMOUNT - \$51,129.

LIGHTHOUSE: LIGHTHOUSE EDUCATION PROGRAM FOCUSES ON TUTORING AND SCHOOL

WORK PERFORMANCE BY CONNECTING QUALIFIED TUTORS WITH CLIENTS

PARTICIPATING IN THE AFTERSCHOOL PROGRAM. GRANT AMOUNT - \$12,834.

PROGRAM PROVIDES ASSESSMENT, TREATMENT PLANNING, AND ON-GOING THERAPY

TO INDIVIDUALS, FAMILIES AND GROUPS. THERAPISTS ARE ASSIGNED TO HIGH

NEEDS LINCOLN ELEMENTARY AND MIDDLE SCHOOLS AND CONSULT WITH SCHOOL

PERSONNEL. THE PROGRAM TARGETS VIETNAMESE AND HISPANIC CHILDREN AND

FAMILIES. GRANT AMOUNT - \$165,000.

LINCOLN LITERACY: ENGLISH LANGUAGE & LITERACY ACADEMY/FAMILY LITERACY

ACTIVITIES FOR IMMIGRANTS AND REFUGEES (ELLA/FLAIR) PROGRAM PROVIDES

ENGLISH LANGUAGE AND LITERACY INSTRUCTION WITH THE FOCUS ON SCHOOL

READINESS. GRANT AMOUNT - \$30,000.

LINCOLN/LANCASTER COUNTY CHILD GUIDANCE CENTER: OUTPATIENT SERVICES

LINCOLN MEDICAL EDUCATION PARTNERSHIP: SCHOOL COMMUNITY INTERVENTION

PROGRAM (SCIP) COLLABORATES WITH SCHOOL DISTRICTS AND COMMUNITY

AGENCIES TO PROVIDE EARLY IDENTIFICATION AND INTERVENTION SUPPORT TO

SCHOOL PERSONNEL AND FAMILIES IN RESPONSE TO AT RISK STUDENTS. GRANT

AMOUNT - \$20,000.

MALONE COMMUNITY CENTER: AFTER-SCHOOL PROGRAM PROVIDES SAFE SUPERVISED

EDUCATIONAL AND RECREATIONAL ACTIVITIES DURING NON-SCHOOL HOURS

PROMOTING MEANINGFUL ADULT RELATIONSHIPS THAT HAVE HIGH EXPECTATIONS OF

BEHAVIOR AND ACHIEVEMENT. GRANT AMOUNT - \$65,000.

MOURNING HOPE, INC: MOURNING HOPE GRIEF CENTER: GRIEF SUPPORT AND

COMMUNITY OUTREACH PROGRAM PROVIDES AN OPEN AND HONEST COMMUNITY OF

SUPPORT FOR BEREAVED CHILDREN AND THEIR FAMILIES THROUGH EDUCATION,

NETWORKING, OUTREACH, AND SUPPORT GROUPS TO HELP THEM GAIN A BETTER

UNDERSTANDING OF THE GRIEF PROCESS AND LEARN COPING STRATEGIES THAT

HELP THEM GROW STRONG. GRANT AMOUNT - \$20,362.

NORTHEAST FAMILY CENTER: PARENTS AS PARTNERS PROGRAM PROVIDES SAFE AND

AFFORDABLE CHILDCARE USING CREATIVE CURRICULUM AND FOCUSING ON SCHOOL

READINESS. GRANT AMOUNT - \$44,000.

TEAMMATES MENTORING PROGRAM: TEAMMATES OF LINCOLN PUBLIC SCHOOLS

PROGRAM PROVIDES WEEKLY MENTORING OFFERING YOUTH SUPPORT, FRIENDSHIP,

AND A POSITIVE ROLE MODEL TO HELP YOUNG PEOPLE REACH THEIR FULL

POTENTIAL. GRANT AMOUNT - \$62,500.

THE SALVATION ARMY LINCOLN, NEBRASKA CORPS: AFTER SCHOOL PROGRAM

PROVIDES EDUCATIONAL AND RECREATIONAL ACTIVITIES TO PROMOTE PHYSICAL

FITNESS, SOCIAL SKILLS, AND LEARNING OPPORTUNITIES FOR AT RISK YOUTH

AGES 5 TO 12 YEARS WITH TRANSPORTATION PROVIDED. GRANT AMOUNT
\$19,000.

VOLUNTEER PARTNERS: (AKA VOLUNTEER LINC) YOUTH PROGRAM PROVIDES YOUTH

BASED VOLUNTEER OPPORTUNITIES INCLUDING AT RISK YOUTH. GRANT AMOUNT
\$5,000

WILLARD COMMUNITY CENTER: WILLARD COMMUNITY CENTER TEEN PROGRAM OFFERS

A VARIETY OF ACTIVITIES AIMED AT PROVIDING CARE FOR AND FOSTERING

GROWTH AND DEVELOPMENT AMONG AREA® YOUTH THROUGH BEFORE AND AFTER

SCHOOL PROGRAMMING. GRANT AMOUNT - \$10,000.

YWCA LINCOLN: SMART GIRLS CLUB PROGRAM PROVIDES GIRLS WITH AN AFTER

SCHOOL EDUCATIONAL EXPERIENCE IN MATH, SCIENCE, AND TECHNOLOGY. THE

PROGRAM ALSO HAS A SUMMER CAMP COMPONENT. GRANT AMOUNT - \$5,000.

CATHOLIC SOCIAL SERVICES: ST. FRANCIS FOOD PANTRY PROGRAM PROVIDES DISTRIBUTION OF FOOD TO FAMILIES AND INDIVIDUALS IN NEED; REFERRALS TO AGENCIES THAT PARTICIPATE IN THE CITY-WIDE FOOD PANTRY SYSTEM; CASE MANAGEMENT; AND DATA COLLECTION THROUGH COMMUNITY SERVICE MANAGEMENT INFORMATION SYSTEM (CSMIS). GRANT AMOUNT - \$6,000.

CATHOLIC SOCIAL SERVICES: ST. GIANNA WOMEN® HOMES PROGRAM PROVIDES

SAFE AND SECURE TRANSITIONAL HOUSING AND INTENSIVE CASE MANAGEMENT FOR

ABOUT THE BEST METHODS TO GROW THE MAXIMUM AMOUNT OF FOOD. GARDENING

SUPPLIES AND SUPPORT ALSO PROVIDED. GRANT AMOUNT - \$6,000.

EL CENTRO DE LAS AMERICAS: MUJERES EN CONFINAZA - AMONG FRIENDS PROGRAM PROVIDES CRISIS ASSISTANCE, COUNSELING, AND SUPPORT SERVICES TO VICTIMS OF ABUSE (ALL IN SPANISH) AS WELL AS TRANSPORTATION AND INTERPRETATION/TRANSLATION SERVICES; AND HEALTHY LIVING, AND ENGLISH CLASSES. GRANT AMOUNT - \$6,000. FOOD BANK OF LINCOLN, INC: FOOD BANK OF LINCOLN PROGRAM GATHERS, STORES, AND DISTRIBUTES DONATED & PURCHASED FOOD AND HOUSEHOLD PRODUCTS TO OTHER LINCOLN PANTRIES AND PROGRAMS THAT PROVIDE THOSE PRODUCTS TO FAMILIES IN NEED. GRANT AMOUNT - \$30,000. FRESH START, INC: FRESH START PROGRAM PROVIDES TRANSITIONAL HOUSING; CASE MANAGEMENT; AND COUNSELING SERVICES FOR WOMEN REFERRING CLIENTS TO SERVICES FOR SUBSTANCE ABUSE, DOMESTIC VIOLENCE, EDUCATION, EMPLOYMENT, MEDICAL NEEDS, AND HOUSING ASSISTANCE. GRANT AMOUNT - \$27,402. FRIENDSHIP HOME OF LINCOLN, INC: EMERGENCY SHELTER PROGRAM PROVIDES PRE-SHELTER SUPPORT SERVICES, EMERGENCY SHELTER (UP TO EIGHT WEEKS) AND TRANSITIONAL SHELTER (UP TO THREE MONTHS) WITH CASE MANAGEMENT AND COUNSELING SERVICES FOR WOMEN AND THEIR CHILDREN WHO ARE HOMELESS DUE TO DOMESTIC VIOLENCE. GRANT AMOUNT - \$73,809. GOOD NEIGHBOR COMMUNITY CENTER: BASIC NEEDS PROGRAM ASSISTS CLIENTS WITH RENT AND UTILITIES. GRANT AMOUNT - \$6,023. GOOD NEIGHBOR COMMUNITY CENTER: FOOD ASSISTANCE PROGRAM PROVIDES FOOD TO PEOPLE IN NEED THROUGH SHOPPER® CHOICE SELECTION AND AVAILABILITY

INDIAN CENTER, INC: USDA COMMODITIES FOOD PROGRAM PROVIDES USDA

COMMODITIES MONTHLY TO MOTHERS, INFANTS, AND THE ELDERLY. GRANT AMOUNT

OF PRODUCTS TO SATISFY VARIOUS ETHNIC NEEDS. GRANT AMOUNT - \$17,000.

LEAGUE OF HUMAN DIGNITY, INC: BARRIER REMOVAL PROGRAM OVERSEES

RENOVATION OF RESIDENTIAL STRUCTURES TO ENSURE THAT DESIGN AND

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- \$5,000.

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PEOPLE® CITY MISSION: FAMILY SHELTER PROGRAM PROVIDES EMERGENCY OVERNIGHT SHELTER BEDS AND DAY SHELTER; 3 MEALS DAILY; CHILDREN® PROGRAMS; INDIVIDUAL SUPPORT AND ADVOCACY; LIFE SKILLS WORKSHOPS; AND OTHER RELATED SERVICES SUCH AS SHOWERS, LAUNDRY, MAIL, PHONE, ETC.

ST. MONICA® HOME: PROJECT MOTHER & CHILD PROGRAM PROVIDES EMERGENCY SHELTER; INDIVIDUAL AND GROUP THERAPY; DOMESTIC VIOLENCE EDUCATION; DEVELOPMENT OF SAFETY PLANS; TRAUMA INFORMED SERVICES; AND MEDICAL,

MENTAL HEALTH, AND SUBSTANCE ABUSE SERVICES FOR WOMEN AND CHILDREN.

GRANT AMOUNT - \$17,000.

GRANT AMOUNT - \$23,000.

TABITHA, INC: TABITHA AND EASTERDAY ADULT DAY SERVICES PROGRAM PROVIDES

SAFE, SUPPORTIVE, STRUCTURED, AND SUPERVISED ADULT DAY SERVICES WITH

DIVERSE PROGRAM OPPORTUNITIES SUCH AS ASSISTANCE WITH MEDICAL &

PERSONAL NEEDS, MEALS, CASE MANAGEMENT AND SOCIALIZATION AS AN

ALTERNATIVE TO LONG-TERM CARE FOR ADULTS. GRANT AMOUNT - \$8,000.

TABITHA, INC: TABITHA MEALS ON WHEELS PROGRAM DELIVERS A HOT,

NUTRITIOUS, AND READY TO EAT MEAL TO A PERSON IN THEIR HOME ENABLING

THEM TO MAINTAIN INDEPENDENCE. OTHER SERVICES INCLUDE DONATED BREAD,

USED CLOTHING, AND COMMUNITY SERVICES INFORMATION. GRANT AMOUNT
\$5,000.

THE SALVATION ARMY LINCOLN, NEBRASKA CORPS: BASIC & EMERGENCY FAMILY

SERVICES PROGRAM PROVIDES FOOD AND BASIC NEEDS TO PEOPLE IN CRISIS.

GRANT AMOUNT - \$19,820.

THE SALVATION ARMY LINCOLN, NEBRASKA CORPS: DISASTER SERVICES PROGRAM

SUPPORTS EMERGENCY AND COMMUNITY RESPONDERS DURING CRISIS RESPONSE

EFFORTS. GRANT AMOUNT - \$5,000.

THE SALVATION ARMY LINCOLN, NEBRASKA CORPS: UTILITY ASSISTANCE PROGRAM

PROVIDES RENT AND ENERGY ASSISTANCE TO INDIVIDUALS AND FAMILIES AT RISK

OF BECOMING HOMELESS. GRANT AMOUNT - \$18,000.

VOICES OF HOPE LINCOLN, INC: VOICES OF HOPE PROGRAM PROVIDES 24 HOUR

CRISIS INTERVENTION AND ADVOCACY; INDIVIDUAL AND GROUP COUNSELING; AND

INFORMATION AND REFERRAL TO VICTIMS OF DOMESTIC VIOLENCE AND THEIR

CHILDREN. SERVICES INCLUDE ON-GOING CASE MANAGEMENT, COUNSELING,

TRAINING, AND AN INDIVIDUALIZED CASE PLAN FOR WOMEN IN BATTERED

SITUATIONS. GRANT AMOUNT - \$74,000.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

AMOUNT - \$8,382.

GOOD NEIGHBOR COMMUNITY CENTER: FUNDING WILL ENABLE THE AGENCY TO

REPLACE THEIR VAN RESULTING IN AN INCREASE IN THE AMOUNT OF FOOD

DONATIONS THEY CAN TRANSPORT FOR THEIR FOOD DISTRIBUTION PROGRAM.

GRANT AMOUNT - \$10,000.

HEARTLAND BIG BROTHERS BIG SISTERS: A NEW INFORMATION MANAGEMENT

SYSTEM WILL BE PURCHASED FROM BIG BROTHERS BIG SISTERS OF AMERICA.

GRANT AMOUNT - \$5,000.

THE HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS: PROJECT FUNDING WILL

HELP COVER THE INCREASED COSTS OF THE GED EXAMINATION AND THE PURCHASE

OF GED SOFTWARE FOR STUDENT LAPTOPS. GRANT AMOUNT - \$10,000.

LIGHTHOUSE: THE AGENCY WILL STRENGTHEN THEIR ACADEMIC SUPPORT PROGRAM

BY PURCHASING10 IPADS FOR THEIR STUDENTS. GRANT AMOUNT - \$5,767.

LINCOLN AND LANCASTER COUNTY CHILD GUIDANCE CENTER: THE ORGANIZATION

WILL HIRE AN OUTPATIENT THERAPIST TO MEET THE GROWING NEED FOR SERVICES

FOR CHILDREN AND THEIR FAMILIES NEEDING BEHAVIORAL HEALTH THERAPY.

GRANT AMOUNT - \$34,000.

LINCOLN LITERACY: FUNDING WILL PROVIDE ADDITIONAL STAFFING TO ASSIST

CHILDREN WHO ARE LEARNING BEGINNING ENGLISH, LITERACY, AND NUMERACY.

THE FAMILY LITERACY PROGRAM ALSO PROVIDES LITERACY SUPPORT FOR THEIR

SIBLINGS AND ENGLISH LANGUAGE LITERACY INSTRUCTION TO THEIR IMMIGRANT

PARENTS. GRANT AMOUNT - \$11,000.

LINCOLN MEDICAL EDUCATION PARTNERSHIP: FUNDING WILL BE USED FOR

DEVELOPMENT AND IMPLEMENTATION OF A SECURE ON-LINE WEB PORTAL SYSTEM

THAT WILL PROVIDE MORE COMPLETE AND RELIABLE DATA ABOUT THE NEED AND

EFFECTIVENESS OF THE SCIP PROGRAM. GRANT AMOUNT - \$3,570.

MOURNING HOPE, INC: PROJECT WILL PROVIDE IMMEDIATE ACCESS TO EFFECTIVE

AND BENEFICIAL GRIEF-RELATED RESOURCES BY OFFERING ®IRST AID KITS FOR

GRIEVING HEARTS© GRANT AMOUNT -\$3,520.

ST. MONICA® HOME: FACILITY IMPROVEMENTS WILL BE MADE TO ENHANCE

SAFETY AND INCREASE THE NUMBER OF CLIENTS SERVED. IMPROVEMENTS

INCLUDE: SECURITY MONITORY SYSTEM, BARRIER GATES, AND EXTERIOR DOOR.

THESE IMPROVEMENTS WILL ENHANCE THE AGENCY® ABILITY TO MEET

REGULATIONS FOR LICENSING. GRANT AMOUNT - \$12,356.

THE SALVATION ARMY LINCOLN: THE AGENCY WILL PURCHASE A REFRIGERATOR

AND FREEZER FOR THEIR NEW FOOD PANTRY TO INCREASE STORAGE WHICH WILL

ENABLE THEM TO DISTRIBUTE MORE FOOD. GRANT AMOUNT - \$10,500.

VOICES OF HOPE LINCOLN, INC.: THIS PROJECT WILL ENABLE THE AGENCY TO

DEVELOP AND BUILD OUTDOOR CHILDREN® PLAY SPACE AND A HEALING GARDEN.

THIS SPACE WILL KEEP CHILDREN SAFE WHILE THEIR MOTHERS ARE DOING SAFETY

PLANNING; DOMESTIC VIOLENCE 101; AND PARENTING CLASSES. GRANT AMOUNT
\$10,000.

WILLARD COMMUNITY CENTER: PROJECT FUNDING WILL HELP STRENGTHEN THEIR

TEEN PROGRAM BY MAKING SAFETY A TOP PRIORITY. THEY WILL PURCHASE

TWO-WAY RADIOS TO UPGRADE THEIR COMMUNICATION SYSTEM AND ALSO MAKE

IMPROVEMENTS TO THEIR VAN WHICH TRANSPORTS TEENS TO AND FROM SCHOOL.

GRANT AMOUNT - \$1,933.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

WOMEN® LEADERSHIP COUNCIL (WLC): UNITED WAY OF LINCOLN AND LANCASTER

COUNTY® WOMEN® LEADERSHIP COUNCIL TARGETED \$103,964 FROM 2012

CAMPAIGN DOLLARS RAISED TO LOW-INCOME WORKING FAMILIES WHO ARE IN

SHORT-TERM FINANCIAL CRISIS WHICH JEOPARDIZES THEIR ABILITY TO PAY FOR

CHILD CARE AND PROVIDE ADEQUATE NOURISHMENT FOR THEIR FAMILIES. THE WLC

GOAL IS TO ASSIST FAMILIES WHO ®ALL THROUGH THE CRACKS®- FAMILIES WHO

EARN TOO MUCH FOR PUBLIC BENEFITS BUT ARE STRUGGLING TO REMAIN

SELF-SUFFICIENT; AND ALSO STRENGTHEN THE SERVICES CURRENT PROGRAMMING

OFFERS. THE FOLLOWING 4 PARTNER AGENCIES WERE AWARDED THIS GRANT:

BOYS AND GIRLS CLUBS OF LINCOLN/LANCASTER COUNTY; THE FOOD BANK OF

LINCOLN; CEDARS YOUTH SERVICES; AND COMMUNITY CROPS. THESE AGENCIES

ARE PROVIDING CHILD CARE SCHOLARSHIPS AND SUPPLEMENTAL FOOD TO WORKING

FAMILIES IN CRISIS.

EXPENSES \$ 103,964. INCLUDING GRANTS OF \$ 103,964. REVENUE \$ 0.

YEARS. THE PROGRAM EMBRACES A COMMUNITY'S MOST VULNERABLE CHILDREN WITH

PROGRAMMING AND INSTRUCTIONAL SUPPORT THAT DEVELOP EARLY SKILLS AND

NURTURE THE STRONG PARENT-CHILD RELATIONSHIPS THAT CREATE THE

FOUNDATION FOR SUCCESSFUL LEARNING. UNITED WAY PROVIDED \$57,599 TO

COVER STARTUP COSTS OF THIS NEW FACILITY IN LINCOLN IN PREPARATION FOR

THEIR NOVEMBER 2012 OPENING. FUNDS WERE USED TO PAY FOR 6 MONTHS OF

THE EXECUTIVE DIRECTOR SALARY; A LAPTOP; AND OTHER MISCELLANEOUS

ADMINISTRATIVE EXPENSES

UTILITIES ASSISTANCE. UNITED WAY ALLOCATED \$50,000 FOR THIS INITIATIVE. EXPENSES \$ 50,000. INCLUDING GRANTS OF \$ 50,000. REVENUE \$ 0.

WERE RECEIVED. THE MAJORITY OF CALLERS WERE SEEKING HOUSING AND

COMMUNITY LEARNING CENTERS (CLC): \$38,000 HAS BEEN ALLOCATED TO THE CLYDE MALONE COMMUNITY CENTER AS THE LEAD AGENCY TO SUPPORT THE SITE SUPERVISOR POSITION AND PROGRAMMING LOCATED AT CULLER MIDDLE SCHOOL. THE LINCOLN CLC PROVIDES A DELIVERY SYSTEM THAT USES THE LOCAL SCHOOL AS THE HUB OF SERVICE. THESE CENTERS PROVIDE SAFE, SUPERVISED BEFORE AND AFTER SCHOOL PROGRAMS; WEEKEND AND SUMMER ENRICHMENT PROGRAMS; AND MANY OTHER SUPPORTIVE SERVICES FOR CITIZENS OF ALL AGES. EXPENSES \$ 38,000. INCLUDING GRANTS OF \$ 38,000. REVENUE \$ 0.

WOMEN IN PHILANTHROPY (WIP) INITIATIVE: UNITED WAY® ANNUAL WIP HELPING HANDS GLOVE AUCTION RAISED FUNDS TO PROVIDE DIAPERS AND CLOTHING TO LOW INCOME FAMILIES. THE WIP INITIATIVE AWARDED \$20,545 TO 6 UNITED WAY PARTNER AGENCIES TO PURCHASE DIAPERS AND CLOTHING FOR THE CHILDREN AND FAMILIES THEY SERVE.

EXPENSES \$ 20,545. INCLUDING GRANTS OF \$ 20,545. REVENUE \$ 0.

SUMMER FOOD PROGRAM: \$10,000 WAS ALLOCATED FOR THIS PROGRAM WHICH IS

SPONSORED BY THE LINCOLN-LANCASTER COUNTY HEALTH DEPARTMENT. IN THE

SUMMER OF 2013, THERE WERE 33 FEEDING SITES WITH 91,800 MEALS (33,492

BREAKFASTS AND 58,308 LUNCHES) SERVED TO ELIGIBLE CHILDREN. THIS IS AN

AVERAGE OF 1,765 MEALS PER DAY OVER THE 52 DAYS WITH APPROXIMATELY

2,850 CHILDREN RECEIVING MEALS AT LEAST PERIODICALLY THROUGHOUT THE

SUMMER.

EXPENSES \$ 10,000. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0.

COMMUNITY INDEX AND WEBSITE: THIS JOINT COMMUNITY INITIATIVE WILL

ENABLE TRACKING AND ANALYSIS OF KEY COMMUNITY INDICATORS ALLOWING

LINCOLN® FUNDING ORGANIZATIONS TO BETTER RESPOND TO COMMUNITY ASSETS

AND CHALLENGES. UNITED WAY ALLOCATED \$10,000 TO SUPPORT THIS

INITIATIVE.

EXPENSES \$ 10,000. INCLUDING GRANTS OF \$ 10,000. REVENUE \$ 0.

BACKGROUND CHECKS: UNITED WAY ALLOCATED \$4,462 TO IT PARTNER AGENCIES

TO CONDUCT BACKGROUND CHECKS FOR STAFF AND VOLUNTEERS SERVING

VULNERABLE POPULATIONS.

EXPENSES \$ 4,462. INCLUDING GRANTS OF \$ 4,462. REVENUE \$ 0.

DESIGNATIONS: UNITED WAY PROCESSED \$2,858,112_ 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 SUBMIT PROOF OF

TAX EXEMPT STATUS AND PATRIOT ACT COMPLIANCE.

EXPENSES \$ 2,858,112. INCL GRANTS OF \$ 2,858,112. REVENUE \$ 139,953.

EXPENSES \$ 644,790.

Employer identification number 47-0376624

PROGRAM GENERAL OPERATING COSTS: EXPENSES OF _\$644,790 WERE INCURRED

BY THE ORGANIZATION TO ASSESS COMMUNITY NEEDS; PROVIDE OUTCOME

MEASUREMENT TRAINING TO VARIOUS ENTITIES IN THE COMMUNITY; PROVIDE

PROGRAM ASSESSMENT, REVIEW, AND SELECTION; ADMINISTER GRANTS; PROVIDE

FINANCIAL AND STEWARDSHIP OVERSIGHT OF GRANT RECIPIENTS; AND

PARTICIPATE IN COMMUNITY PARTNERSHIPS TO ADVANCE COMMON GOALS IN THE

TWO FOCUSED AREAS.

INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

DATA-TRACKING PROJECT: THIS PROJECT RECEIVED \$4,261 IN A JOINTLY

FUNDED EFFORT WITH THE JOINT BUDGET COMMITTEE TO HELP TRACK FOOD PANTRY

AND FOOD DISTRIBUTION EFFORTS IN THE COMMUNITY. OUR OUTCOME GOAL IS TO

DETERMINE AN UNDUPLICATED COUNT OF CLIENTS SERVED SO WE CAN BETTER

INCREASE THEIR FOOD STABILITY.

EXPENSES \$ 4,261. INCLUDING GRANTS OF \$ 4,261. REVENUE \$ 0.

FORM 990, PART VI, SECTION B, LINE 11: 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 AUDITIED FINANCIAL STATEMENTS.

FORM 990, PART VI, SECTION B, LINE 12C: 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

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HAVE RECEIVED, READ, AND WILL COMPLY WITH THE ORGANIZATION'S CONFLICT OF THEY ARE REQUIRED TO AFFIRM THEIR UNDERSTANDING THAT THE INTEREST POLICY. ORGANIZATION IS CHARITABLE AND MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. BOARD MEMBERS AND VOLUNTEERS MAY NOT SERVE ON A FUNDING 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.

FORM 990, PART VI, SECTION B, LINE 15: THE GOVERNING-BOARD APPOINTED

COMPENSATION COMMITTEE CONDUCTED THE EXECUTIVE DIRECTOR PERFORMANCE REVIEW.

NO COMMITTEE MEMBER HAD A REAL OR PERCEIVED CONFLICT OF INTEREST WITH

RESPECT TO THE COMPENSATION ARRANGEMENT. COMPENSATION WAS DETERMINED BASED ON JOB PERFORMANCE WITHIN LIMITS OF UNITED WAY BUDGET PARAMETERS USING COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILAR ORGANIZATIONS. THE COMPENSATION COMMITTEE DOCUMENTED THE DELIBERATION PROCESS AND THE BASIS FOR ITS DECISIONS. THE COMMITTEE REPORTED ITS DETERMINATION AND RECOMMENDED BOARD APPROVAL AT THE JUNE 2011 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 OUALIFIED PERSONS IN COMPARABLE POSITIONS AT SIMILAR THE EXECUTIVE DIRECTOR REPORTED THE DETERMINATION AND BASIS ORGANIZATIONS. FOR CONCLUSIONS TO MEMBERS OF THE COMPENSATION COMMITTEE. THE COMMITTEE REPORTED THE DETERMINATION TO THE UNITED WAY BOARD OF DIRECTORS FOR APPROVAL AT THE JUNE 2011 BOARD MEETING IN EXECUTIVE SESSION. THE EXECUTIVE SESSION DISCUSSION AND BOARD REVIEW AND APPROVAL WERE DOCUMENTED IN THE MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S CONFLICT OF

INTEREST POLICY, AUDITED FINANCIAL STATEMENTS, AND FORM 990 ARE MADE

AVAILABLE TO THE GENERAL PUBLIC VIA POSTING TO ITS WEBSITE AT

WWW.UNITEDWAYLINCOLN.ORG. IN ADDITION, GOVERNING DOCUMENTS INCLUDING

ARTICLES OF INCORPORATION, BYLAWS, AND 501 (C) (3) DETERMINATION LETTER ARE

MADE AVAILABLE THROUGH ALLOWED INSPECTION AT THE LOCAL UNITED WAY OFFICE.

COPIES OF THESE DOCUMENTS ARE PROVIDED TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

| Name of the organization UNITED WAY OF LINCOLN AND LANCASTER COUNTY | Employer identification number 47-0376624 | | |
|---|---|--|--|
| AUDIT OVERSIGHT RESPONSIBILITY | | | |
| UNITED WAY OF LINCOLN AND LANCASTER COUNTY'S FINANCE COM | MITTEE IS | | |
| RESPONSIBLE FOR OVERSIGHT AND APPROVAL OF THE ANNUAL AUD | IT AND THE FORM | | |
| 990. | | | |
| COUNTY 47-0376624 AUDIT OVERSIGHT RESPONSIBILITY UNITED WAY OF LINCOLN AND LANCASTER COUNTY'S FINANCE COMMITTEE IS RESPONSIBLE FOR OVERSIGHT AND APPROVAL OF THE ANNUAL AUDIT AND THE FORM | | | |
| STEED WAY OF LINCOLN AND LANCASTER COUNTY'S FINANCE COMMITTEE IS | | | |
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SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

2012 Open to Public Inspection

| Name of the organization UNITED WAY OF COUNTY | E | Employer identification number 47-0376624 | | | | | | |
|--|---------------------------------------|---|-------------------------------|---------------------------------------|---------|--------------------------------------|------------------------------------|-------|
| Part I Identification of Disregarded Entities (Comple | te if the organization answered "Y | es" to Form 990, Part IV, line 3 | 3.) | | | | | |
| (a) Name, address, and EIN (if applicable) of disregarded entity | (b) Primary activity | (c) Legal domicile (state of foreign country) | (d) or Total inco | me End-of-year | | s Direct c | (f) ontrolling itity | I |
| | - | | | | | | | |
| | - | | | | | | | |
| Part II Identification of Related Tax-Exempt Organizations during the tax year.) | ations (Complete if the organizations | on answered "Yes" to Form 990 |), Part IV, line 34 b | pecause it had one | or more | e related tax-exer | npt | |
| (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 | Dir | (f) rect controlling entity | Section S contr | olled |
| | | | | 501(c)(3)) | | | Yes | No |
| UNITED WAY OF LINCOLN AND LANCASTER COUNTY FOUNDATION, INC 20-1412874, 238 S. 13TH STREET, LINCOLN, NE 68508 | SUPPORTING FOUNDATION | NEBRASKA | 501(C)(3) | 509(A)(3) TYPE 1 | LINCO | ED WAY OF DLN AND ASTER COUNTY | X | |
| DIABLE, BINCOLN, NE 00000 | STITUTE FOUNDATION | TUDIAUIA | 551(0)(3) | 1 | DANCA | DIEN COUNTI | 21 | |
| | | | | | | | | |

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

Schedule R (Form 990) 2012

COUNTY

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

| (a) | (b) | (c) | (d) | (e) | (f) | (g) | (1 | n) | (i) | (j) | (k) |
|--|------------------|---|---------------------------|---|-----------------------|-----------------------------------|-----------------|----|-----------------|--------|--------------------------------|
| Name, address, and EIN of related organization | Primary activity | Legal domicile (state or foreign | Direct controlling entity | Predominant income (related, unrelated, excluded from tax under | Share of total income | Share of end-of-year assets | Dispropate allo | | amount in box | partne | Percentage ing ownership |
| | | country) | | sections 512-514) | | | Yes | No | K-1 (Form 1065) | Yes I | lo |
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Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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 | Sec 512(b contr enti | b)(13) rolled ity? |
|--|--------------------------------|---|-------------------------------|---|---------------------------------|--|--------------------------------|-------------------------------|--------------------------|
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COUNTY

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

| Not | te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No | | | | |
|-----|--|-----------|-----------------------------|---------------------------------------|------------|-----|----|--|--|--|--|
| 1 | During the tax year, did the organization engage in any of the following transactions with one o | r more re | elated organizations listed | in Parts II-IV? | | | | | | | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity | | | | 1a | | X | | | | |
| | Gift, grant, or capital contribution to related organization(s) | | | | 1b | Х | | | | | |
| | Gift, grant, or capital contribution from related organization(s) | | | | 1c | X | | | | | |
| | Loans or loan guarantees to or for related organization(s) | | | | 1d | | X | | | | |
| е | Loans or loan guarantees by related organization(s) | | | | 1e | | X | | | | |
| | | | | | | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | X | | | | |
| g | Sale of assets to related organization(s) | | | | 1g | | X | | | | |
| h | Purchase of assets from related organization(s) | | | | 1h | | X | | | | |
| i | Exchange of assets with related organization(s) | | | | 1i | | X | | | | |
| j | j Lease of facilities, equipment, or other assets to related organization(s) | | | | | | | | | | |
| | - · · · · · · · · · · · · · · · · · · · | | | | | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | X | | | | |
| | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | | X | | | | |
| | Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | X | | | | |
| n | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | | X | | | | |
| | Sharing of paid employees with related organization(s) | | | | 10 | | X | | | | |
| | | | | | | | | | | | |
| р | Reimbursement paid to related organization(s) for expenses | | | | 1 p | Х | | | | | |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | Х | | | | | |
| | | | | | | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | X | | | | |
| | Other transfer of cash or property from related organization(s) | | | | 1s | | X | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must con | | | | | | | | | | |
| | (a) (b) Name of other organization Transac type (a) | ction | (c) Amount involved | (d) Method of determining amount invo | olved | | | | | | |
| 1) | | | | | | | | | | | |
| 2) | | | | | | | | | | | |
| 3) | | | | | | | | | | | |
| 4) | | | | | | | | | | | |
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| 5) | | | | | | | | | | | |
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| 6) | | | | | | | | | | | |

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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.

| (a) | (b) | (c) | (d) | (e) Are a |) | (f) | (g) | (| h) | (i) | (j |) | (k) |
|------------------------|------------------|-------------------|---|-------------------|---------------|----------|-------------|----------|--|--|----------|----------|----------|
| Name, address, and EIN | Primary activity | Legal domicile | Predominant income (related, unrelated, excluded from tax under section 512-514) | Are a partners | ali s sec. | Share of | Share of | Disp | ropor- | Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) | Gener | ral or F | Percenta |
| of entity | | (state or foreign | (related, unrelated, | 501(c) oras |)(3) | total | end-of-year | alloca | nate itions? | amount in box 20 of Schedule K-1 | partr | ner? | ownersh |
| | | country) | under section 512-514) | Yes | Nο | income | assets | Yes | No | (Form 1065) | Yes | NO | |
| | | | - | | | | | 1.00 | 1 | | 1.55 | `` | |
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