Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	2023 calendar year, or tax year beginning and	ending		
	heck if	C Name of organization		D Employer identific	cation number
	Addres	NEBRASKA CHILDREN & FAMILIES FOUNDATIO	N		
	Name change	Doing business as	91-18299	74	
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) 215 CENTENNIAL MALL	Room/suite 200	E Telephone number $402-476-9$	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	47,821,854.
	Ameno return	LINCOLN, NE 00500-1015		H(a) Is this a group re	eturn
	Applic tion pendir	F Name and address of principal officer: MAKI OU FAINORE		for subordinates	? Yes X No
	-	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) (or 527	1	list. See instructions
	Vebsit		1	H(c) Group exemption	
	orm of	organization: X Corporation Trust Association Other Summary	L Year	of formation: 199/ N	1 State of legal domicile: NE
_		Briefly describe the organization's mission or most significant activities: WE W	ORK WI	TH COMMUNIT	IES TO
ce		PREVENT CHILD ABUSE AND NEGLECT, ENSURE E			
Activities & Governance		Check this box if the organization discontinued its operations or dispos			
ve	3	Number of voting members of the governing body (Part VI, line 1a)		3	24
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	24
es &	5	Total number of individuals employed in calendar year 2023 (Part V, line 2a)		5	125
vitie	6	Total number of volunteers (estimate if necessary)		6	50
Λcti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	_		_	Prior Year	Current Year
<u>e</u>		Contributions and grants (Part VIII, line 1h)		66,973,153.	41,702,954.
Revenue		Program service revenue (Part VIII, line 2g)		0. 555,822.	1,203,622.
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-11,894.	-16,787.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		67,517,081.	42,889,789.
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		55,361,391.	32,488,885.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		9,361,437.	10,833,745.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
per	b	Total fundraising expenses (Part IX, column (D), line 25) 531,84	40.		
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,724,219.	4,753,772.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		68,447,047.	48,076,402.
		Revenue less expenses. Subtract line 18 from line 12		-929,966.	-5,186,613.
or Ces	20 21 22		Ве	ginning of Current Year	End of Year
sets	20	Total assets (Part X, line 16)		58,798,146.	52,215,038.
at As	21	Total liabilities (Part X, line 26)		9,249,645.	4,987,177.
	rt II	Net assets or fund balances. Subtract line 21 from line 20		49,548,501.	47,227,861.
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and etatem	ente and to the heet of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			Knowledge and belief, it is
,	001100	g and completed Bookaration of property (early than entitle) to become of air information of the	non properor	That any kinewieager	
Sigr	ı	Signature of officer		Date	
Her		MARY JO PANKOKE, PRESIDENT			
		Type or print name and title			
		Print/Type preparer's name Preparer's signature	I .	Date Check	PTIN
Paid		KRYSTAL L SIEBRANDT, CPA, KRYSTAL L SIEBRA	ANDT, 1		
Prep		Firm's name HBE LLP		Firm's EIN 4	7-0677245
Use	Only	Firm's address 7140 STEPHANIE LANE PO BOX 23110)		00\400 4040
		LINCOLN, NE 68542-3110		Phone no. (4	02)423-4343
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No

	990 (2023) NEBRASKA CHILDREN & FAMILIES FOUNDATION 91-1829974 Page 2
Ра	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	NEBRASKA CHILDREN'S MISSION IS TO CREATE POSITIVE CHANGE FOR CHILDREN
	THROUGH COMMUNITY ENGAGEMENT. OUR VISION IS A NEBRASKA WHERE ALL
	CHILDREN WILL HAVE THE RESOURCES AND SUPPORT TO REACH THEIR FULL
_	POTENTIAL. OUR VALUES ARE (1) PREVENTION - WE BELIEVE IN INVESTING
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	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
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	
	EARLY CHILDHOOD: DEVELOP AND SUPPORT A COMPREHENSIVE AND INTEGRATED
	SYSTEM OF EARLY CHILDHOOD CARE AND EDUCATION THAT PROVIDES CHILDREN
	FROM VULNERABLE FAMILIES THE OPPORTUNITIES TO ESTABLISH A STRONG
	FOUNDATION FOR LEARNING. ALSO PARTNER WITH COMMUNITIES TO IMPLEMENT
	EVIDENCE-BASED PRACTICES THAT ENHANCE THE SOCIAL-EMOTIONAL DEVELOPMENT
	OF CHILDREN, BIRTH THROUGH AGE 8.
	5 500 400
4b	(Code:) (Expenses \$ 5,732,109. including grants of \$ 3,969,696.) (Revenue \$)
	CONNECTED YOUTH COMMUNITIES: CONNECTED YOUTH INITIATIVE (CYI) IS AN
	INNOVATIVE, YOUTH-LED INITIATIVE THAT HAS ACHIEVED SUCCESS ADDRESSING
	THE POLICIES AFFECTING YOUTH AGING OUT OF FOSTER CARE. CYI WORKS TO
	ACTIVELY REMOVE BARRIERS THAT KEEP YOUTH IN FOSTER CARE FROM ACHIEVING
	PERMANENCE, EDUCATIONAL ACHIEVEMENT, EMPLOYMENT, HOUSING, PHYSICAL AND
	MENTAL HEALTH, PERSONAL AND COMMUNITY ENGAGEMENT, AND ECONOMIC SUCCESS.
	WE'RE CURRENTLY ASSISTING IN THE DEVELOPMENT OF CONNECTED YOUTH
	COMMUNITIES AND COLLABORATIONS ACROSS RURAL NEBRASKA TO HELP YOUNG
	PEOPLE WITH EXXPERIENCE IN THE FOSTER CARE AND JUVENILE JUSTICE
	SYSTEMS, STRUGGLING WITH HOMELESSNESS, OR WHO ARE DISCONNECTED FROM A
	FAMILY STRUCTURE.
_	, 10 150 452 6 672 902 v
4c	(Code:) (Expenses \$10,159,453. including grants of \$6,672,893.) (Revenue \$) CHILD WELL-BEING COMMUNITIES: ASSIST IN THE DEVELOPMENT OF CHILD
	WELL-BEING COMMUNITIES: ASSIST IN THE DEVELOPMENT OF CHILD WELL-BEING COMMUNITIES TO MAKE PROGRESS ON CHILD WELL-BEING INDICATORS
	CHILD WELL-BEING COMMUNITES ARE COMMUNITY-OWNED COLLABORATIONS THAT
	SEEK TO OPTIMIZE THE PREVENTION OF ADVERSE CHILDHOOD EXPERIENCES BY
	ACTIVIELY PROMOTING PROTECTIVE FACTORS WITHIN THE COMMUNITY CONTEXT,
	ACTIVIED PROMOTING PROTECTIVE PACTORS WITHIN THE COMMONITY CONTEXT, ACROSS THE COMMUNITY PREVENTION SYSTEM, AND THROUGH PARENT-CHILD
	·
	INTERACTIONS.
4d	
4	(Expenses \$\frac{1}{2},973,438 \cdot \text{including grants of \$\\$} \frac{6,362,175 \cdot)}{6,362,175 \cdot \text{(Revenue \$\\$}} \frac{1}{2} \text{(Revenue \$\\$} \text{(Revenue \$\\$} \text{(Revenue \$\\$} \text{(Revenue \$\\$} \

3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		7.7	
	during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	Х	
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		X
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			3,7
	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	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			
		146		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		-23
13	foreign organization? 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 other assistance to			
10	or for foreign individuals? 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,	"		_
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	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."			
	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
				-

	· (GOTHINGS)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		X
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	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash 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		X
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		X
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		X
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		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
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		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			,,
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37	
Par	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
I al				
	Check if Schedule O contains a response or note to any line in this Part V		V	L L
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
С		10	Х	
22200	0 0, 0 1	l 1c		(3033)

NEBRASKA CHILDREN & FAMILIES FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			•		Yes	No
2 a	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	1	25		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	X	
3 a	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" to line 3b, provide an explanation on Schedule	O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthori	ty over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccour	t)?	4a		<u> </u>
b	If "Yes," enter the name of the foreign country			_		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccoun	ts (FBAR).			l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?				-	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.				+	X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			<u>5c</u>	1	+-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_				_V
	any contributions that were not tax deductible as charitable contributions?			<u>6a</u>	1	 X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions and the deductible?		•	Ch		
7	were not tax deductible? Organizations that may receive deductible contributions under section 170(s)			<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).	viooc n	ravidad ta tha nav	or2 7 0	Х	
a h	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser If "Yes," did the organization notify the donor of the value of the goods or services provided?	-			X	+
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		uired	··· 'B	122	+
Ü	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		/ 0		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		t?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra					Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by th	Э			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		<u> </u>
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		_
10	Section 501(c)(7) organizations. Enter:	ı	ı			
а	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:	ı	1			
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b	<u> </u>			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		ĺ	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers.	12b	<u> </u>			
13 a	In the country of the Property of the Second			13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.					
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		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incor	ne?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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 on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI						X		
Sec	tion A. Governing Body and Management								
						Yes	No		
1a	Enter the number of voting members of the governing body at the end of the tax year	1a		24					
	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 on Schedule O.								
b	b Enter the number of voting members included on line 1a, above, who are independent 2								
2									
_	officer, director, trustee, or key employee?			- 1	2		Х		
3	Did the organization delegate control over management duties customarily performed by or under the			···	_				
J			oaperviolen		3		Х		
4	Did the organization make any significant changes to its governing documents since the prior Form 9			···	4	х			
5	Did the organization become aware during the year of a significant diversion of the organization's ass			···· ├	5		Х		
6	Did the approximation become approximate aldered			···· ├	6		X		
7a	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or ap			··· ├	"				
<i>1</i> a					7a		Х		
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st			·· ⊦	1 a				
b					7b		х		
0	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea				70		21		
8		•	•		0.	х			
a	The governing body?			·· ⊦	8a 8b	X			
a	Each committee with authority to act on behalf of the governing body?			··· ├	ab	^			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				9		х		
Sac	organization's mailing address? If "Yes." provide the names and addresses on Schedule O				9				
<u> </u>	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		I	V	NI.		
40-	Did the every retion have lead shorters by anches or effiliates?			Г	40-	Yes	No X		
	Did the organization have local chapters, branches, or affiliates?			··· ├	10a		- 22		
D	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters,	annates,		40b				
110	and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body	, bofor	filing the form		10b 11a	Х			
11a	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	y belore	e ming the form	·	1 Ia				
b				- 1	10-	х			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13				12a 12b	X			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			···· ├	120				
С		•			12c	х			
40	on Schedule O how this was done			" Г		X			
13	Did the organization have a written whistleblower policy?			··· ⊦	13	X	_		
14	Did the organization have a written document retention and destruction policy?			⊦	14	^			
15	Did the process for determining compensation of the following persons include a review and approva persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ı by inc	ieperident						
_					45-	х			
a	The organization's CEO, Executive Director, or top management official				15a	X			
b	Other officers or key employees of the organization			⊦	15b	Λ			
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	nont ···	th a						
ıva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangent tayable entitly during the year?				16-		Х		
L	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat				16a				
Ø	in "Yes," and the organization follow a written policy or procedure requiring the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evaluate the organization to evaluate the properties of the organization to evaluate the organization the organization to evaluate the organization the organizatio	-	•						
	and the second s			- 1	16h				
Sec	exempt status with respect to such arrangements? tion C. Disclosure			L	16b				
17 18	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar	nd 000	T (section 501/a	1(3)0 0	nh/\	wailah			
10	for public inspection. Indicate how you made these available. Check all that apply.	10 33U	1 (36011011 301 (0	,,(0)5 (niiy) č	ıvallak)IC		
		0.00	hadula O						
10	X Own website X Another's website X Upon request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, co			and f	inana	ial			
19	statements available to the public during the tax year.	innot 0	i interest policy,	ariu l	ıı ıaı IC	iai			
20	State the name, address, and telephone number of the person who possesses the organization's boo	ke and	records						
20	KEVIN CLOONAN - (402)476-9401	ns alio	records						
	215 CENTENNIAL MALL SOUTH STE 200, LINCOLN, NE 685	508							

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

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

Section A. 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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

(A) Name and title Average hours per week (list any hours for related organizations below line) below line) (B) Average hours per week (list any hours for related organizations below line) Average hours per week (list any hours for related organizations) below line) (B) Average hours per week (list any hours for related organizations) below line) (C) Position Reportable compensation from from related organization organization (W-2/1099-MISC/ 1099-NEC) (W-2/1099-MISC/ 1099-NEC) (W-2/1099-NEC) (W-2/1099-NEC) Average hours per week (Iist any hours for related organizations below line)	ated at of er sation the ation ated ations
hours per week (list any list	at of erresation the attion atted attions
week (list any by the companizations compens	er sation the ation ated ations
(list any hours for related organizations related organizations)	the ation ated ations
hours for related organizations (W-2/1099-MISC/ from the state of the	ation ated ations
related ab street ab street w-2/1099-MISC/ 1099-NEC) organizations and related ab street ab	ated ations
	007.
	007.
liue) Individu Poelow Po	_
(1) MARY JO PANKOKE 50.00	_
PRESIDENT X 209,531. 26,0	_
(2) KEVIN CLOONAN 50.00	968.
CFO X 192,830. 0. 29,9	
(3) JENNIFER SKALA 50.00	
SVP X 185,067. 0. 23,9)64.
(4) JOSHUA CRAMER 50.00	
SVP X 168,911. 0. 22,5	<u> 554.</u>
(5) JASON PROKOP 40.00	
DIRECTOR FIRST FIVE NEBR X 143,987. 0. 29,6	<u> 510.</u>
(6) SARA RIFFEL 40.00	
SENIOR VP X 117,301. 0. 18,5	<u>523.</u>
(7) DR. MARQUISHA FROST 40.00	
SENIOR VP STRATEGIC ENG X 108,664. 0. 25,2	<u> 299.</u>
(8) JENNIFER THIELEN 40.00	
SENIOR VP OPS AND CULTURE X 113,053. 0. 13,3	<u> 334.</u>
(9) BOB HOMAN 40.00	
	<u>902.</u>
(10) ANNE STEINHOFF 6.00	
CHAIR X X 0. 0.	0.
(11) GAYE LYNN SCHAFFART 2.00	_
PAST CHAIR X X 0. 0.	0.
(12) DR. LAWRENCE CHATTERS 2.00	_
VICE CHAIR X X 0. 0.	0.
(13) JASON HAGAN 2.00	_
TREASURER X X 0. 0.	0.
(14) THOMAS LEE 1.00	_
SECRETARY X X 0. 0.	0.
(15) JOHN W. EWING, JR. 1.00	_
DIRECTOR X 0. 0.	0.
(16) LILIANA BRONNER 1.00	^
DIRECTOR X 0. 0.	0.
(17) JOYCE DAVIS 1.00 1	^
DIRECTOR X 0. 0.	0.

332007 12-21-23

Form 990 (2023) NEBRASKA	CHILDRE	EN	&	FΑ	MΙ	LI	ES	FOUNDATION	91-1829	974	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos) than o	nno	Reportable	Reportable	Es	timate	d
	hours per	box	, unle	ss per	son i	s both	an	compensation	compensation	am	ount o	of
	week		cer an	a a a	recto	r/trus	tee)	from	from related		other	
	l (list any hours for	irecto						the	organizations		pensat	
	related	or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-M I SC/ 1099-NEC)		om the anizati	
	organizations	ruste	trus		99	mpen		1099-NEC)	1099-1120)	_	relate	
	below	Individual trustee or director	Institutional trustee	μ.	Key employee	Highest compensated employee	вı	13331123)			nizatio	
	line)	Indivi	Instit	Officer	Key e	Highe	Former					
(18) DAN MAUK	1.00											
DIRECTOR		х						0.	0.			0.
(19) MIKE MCQUILLAN	1.00											
DIRECTOR		Х						0.	0.			0.
(20) MOLLY O'HOLLERAN	1.00											
DIRECTOR		Х						0.	0.			0.
(21) DANIEL PADILLA	1.00											
DIRECTOR		X						0.	0.			0.
(22) DR. MATT WHITTRY	1.00											
DIRECTOR		Х						0.	0.			0.
(23) CANDIAS JONES	1.00								_			
DIRECTOR		Х						0.	0.			0.
(24) CAROL RUSSELL	1.00	ļ										_
DIRECTOR	1 00	Х						0.	0.			0.
(25) BEN WATSON	1.00	ļ										_
DIRECTOR	1 00	Х				_		0.	0.			0.
(26) MIKE WORTMAN	1.00	ļ							•			^
DIRECTOR		X						0.	0.	100		0.
1b Subtotal								1,355,276.	0.	195	,16	
c Total from continuation sheets to Part VI								0.	0.	100	1 /	<u>0.</u>
d Total (add lines 1b and 1c)								1,355,276.	0.	195	,16	<u> </u>
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable			13
compensation from the organization											Yes	No
O Did the auropiration list and form of the		1					الم: ما				163	INO
3 Did the organization list any former officer,										_		Х
line 1a? If "Yes," complete Schedule J for so 4 For any individual listed on line 1a, is the su								or componentian from the		3		
· · · · · · · · · · · · · · · · · · ·										4	х	
and related organizations greater than \$150Did any person listed on line 1a receive or a										4	22	
• •	•				-			•		5		Х
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete schedule	: J 10	JI SL	icn ţ	<i>Jers</i>	UII .				<u> </u>		-77
Complete this table for your five highest contains the second secon	mpensated inc	lepe	nder	nt co	ontra	acto	s th	at received more than \$	100.000 of compensa	tion fro	m	

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	NONE	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including	but not limited to those listed	d above) who received more than	

Section A	ILDREN & FAMILIES FOUNDATION 91-182997	4
Name and title	es, Key Employees, and Highest Compensated Employees (continued)	
hours per week (list any hours for related organizations below line) 1.00 X 0.0 0.0		(F)
Per Week (list any hours for related organizations below line) Per Per		stimated
week (ist any		mount of
1.00	week the organizations con	other npensation from the
1.00	ours for $\begin{vmatrix} \frac{1}{2} & \frac{1}{2} & \frac{1}{2} \\ \frac{1}{2} & \frac{1}{2} & \frac{1}{2} \\ \frac{1}{2} & \frac{1}{2} & \frac{1}{2} & \frac{1}{2} \\ \frac{1}{2} & \frac{1}{2} & \frac{1}{2} & \frac{1}{2} & \frac{1}{2} \\ \frac{1}{2} & \frac{1}{2} & \frac{1}{2} & \frac{1}{2} & \frac{1}{2} & \frac{1}{2} \\ \frac{1}{2} & \frac{1}{2} & \frac{1}{2} & \frac{1}{2} & \frac{1}{2} & \frac{1}{2} & \frac{1}{2} \\ \frac{1}{2} & \frac{1}{2} \\ \frac{1}{2} & \frac{1}$	ganization nd related
X	anizations Institutional t	anizations
1.00		0 .
X		
1.00		0
X		
1.00		0
X		
1.00 X 0. 0. 0. 0. 0. 0.		0
(32) LISA UTTERBACK		
DIRECTOR	X	0
1.00		
X 0. 0. (34) KIMBERLY GOINS 1.00 X 0. 0. (35) INGRID RODRIGUEZ 1.00 (35) (0
(34) KIMBERLY GOINS 1.00 DIRECTOR X (35) INGRID RODRIGUEZ 1.00		
DIRECTOR X 0. 0. (35) INGRID RODRIGUEZ 1.00		0 .
(35) INGRID RODRIGUEZ 1.00		
		0 .
DIRECTOR X U. O. O.		•
	X 0. 0.	0 .
Total to Part VII, Section A, line 1c		

NEBRASKA CHILDREN & FAMILIES FOUNDATION 91-1829974 Page 9 Form 990 (2023) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Related or exempt Unrelated Revenuè excluded Total revenue from tax under function revenue business revenue sections 512 - 514 1 a Federated campaigns 1a 1b **b** Membership dues c Fundraising events 96,000. 1c d Related organizations 1d 29,692,795. e Government grants (contributions) 1e f All other contributions, gifts, grants, and 11,914,159. similar amounts not included above 1f 2,952,688. g Noncash contributions included in lines 1a-1f 41,702,954. h Total. Add lines 1a-1f **Business Code** 2 a _____ Program Service f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 1145267 1,145,267. Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a 6 a Gross rents 6b **b** Less: rental expenses ... c Rental income or (loss) 6c d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of 4,950,859 assets other than inventory **b** Less: cost or other basis 4,892,504. and sales expenses Other Revenue **c** Gain or (loss) 58,355. 58,355. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ 96,000. of contributions reported on line 1c). See 22,774. Part IV, line 18 39,561. **b** Less: direct expenses -16,787. -16,787. 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

d All other revenue

Form **990** (2023)

1186835.

42,889,789.

Business Code

11 a

332009 12-21-23

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Sect	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respor			nplete column (A).	
	·	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	29,442,137.	29,442,137.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,046,748.	3,046,748.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	858,831.		858,831.	
6	Compensation not included above to disqualified	-			
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	7,886,797.	6,299,699.	1,266,844.	320,254
8	Pension plan accruals and contributions (include	, ,	, ,	, , , , , , , , , , , ,	. , =
-	section 401(k) and 403(b) employer contributions)	582,600.	470,539.	77,380.	34,681
9	Other employee benefits	881,070.	720,144.	116,902.	44,024
10	Payroll taxes	624,447.	466,231.	133,402.	24,814
11	Fees for services (nonemployees):	J,,	100,2010		21,011
''	Management				
_		24,845.		24,845.	
b	Legal	73,975.		73,975.	
C	Accounting	36,600.	36,400.	200.	
d	, , , , , , , , , , , , , , , , , , , ,	30,000.	30,400.	200.	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	,	1,170,968.	1,135,165.	6,298.	20 505
	column (A), amount, list line 11g expenses on Sch O.)	46,871.	45,405.	225.	29,505 1,241
12	Advertising and promotion	197,006.	49,551.	135,377.	12,078
13	Office expenses	287,433.	74,696.	196,691.	
14	Information technology	201,433.	/4,090.	190,091.	16,046.
15	Royalties	276 220	107 000	242 404	4 026
16	Occupancy	376,229.	127,909.	243,484.	4,836.
17	Travel	460,674.	418,147.	23,953.	18,574.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	160 100	450 450	4 407	
19	Conferences, conventions, and meetings	163,192.	158,153.	4,427.	612
20	Interest				
21	Payments to affiliates	6.10 5.1		000 000	
22	Depreciation, depletion, and amortization	242,840.		232,978.	9,862
23	Insurance	26,590.	288.	25,774.	528
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	SUPPLIES	1,166,098.	1,129,366.	29,469.	7,263
a b	CONSULTING FEES	341,207.	76,428.	264,779.	7,200
	MISCELLANEOUS	113,000.	103,813.	1,665.	7,522
q	DAD DEDE	26,244.	26,244.	1,000.	1,544
d		20,244.	20,244•		
e	· ———	48,076,402.	43,827,063.	3,717,499.	531,840
<u>25</u>	Total functional expenses. Add lines 1 through 24e	±0,0/0,40 4 •	±3,041,003•	3,111,433.	JJI,040
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 (2023

Form 990 (2023) Part X | Balance Sheet

Par	1 X	Balance Sheet					
		Check if Schedule O contains a response or not	e to any	line in this Part X			
					(A) Beginning of year		(B) End of year
	1					1	
	2	Savings and temporary cash investments	13,885,731.	2	9,855,682		
	3	Pledges and grants receivable, net			13,731,430.	3	10,506,543
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	•			5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described				6	
ıts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			100 000	8	104
۷	9	Prepaid expenses and deferred charges			108,230.	9	134,552
	10a	Land, buildings, and equipment: cost or other		4 606 000			
		basis. Complete Part VI of Schedule D Less: accumulated depreciation	10a	1,636,908.	054 540		607 000
	b	Less: accumulated depreciation	10b	1,009,086.	851,518.	10c	627,822 30,394,473
	11	Investments - publicly traded securities			29,460,850.	11	30,394,473
	12	Investments - other securities. See Part IV, line 1				12	
	13	Investments - program-related. See Part IV, line				13	
	14	Intangible assets	760 207	14	605 066		
	15	Other assets. See Part IV, line 11			760,387.	15	695,966
	16	Total assets. Add lines 1 through 15 (must equa	58,798,146.	16	52,215,038		
	17	Accounts payable and accrued expenses	6,485,388.	17	4,285,429		
	18	Grants payable		2,000,000.	18	0.	
	19	Deferred revenue			2,000,000.	19	0 (
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
Liabilities	22	Loans and other payables to any current or form trustee, key employee, creator or founder, subst					
≣		controlled entity or family member of any of thes				22	
Lia	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated		·		24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines					
		of Schedule D	•	·	764,257.	25	701,748.
	26	Total liabilities. Add lines 17 through 25			9,249,645.	26	4,987,177.
		Organizations that follow FASB ASC 958, che					
se l		and complete lines 27, 28, 32, and 33.					
auc	27				5,335,742.	27	4,975,184.
Bal	28	Net assets with donor restrictions			44,212,759.	28	42,252,677.
pu		Organizations that do not follow FASB ASC 9					
ᆲ		and complete lines 29 through 33.					
ğ	29	Capital stock or trust principal, or current funds				29	
Set	30	Paid-in or capital surplus, or land, building, or eq				30	
As	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances			49,548,501.	32	47,227,861.
- 1	33	Total liabilities and net assets/fund balances			58,798,146.	33	52,215,038.

	1990 (2023) NEDKASKA CHILDREN & PAMILLES FOUNDATION	<u> </u>	1047.	<u> </u>	Pag	<u>ge 12</u>
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>, 889</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u>,076</u>		
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>,186</u>		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,548		
5	Net unrealized gains (losses) on investments	5	2	<u>, 86!</u>	5,9'	<u>73.</u>
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	47	<u>, 22'</u>	7,8	<u>61.</u>
Pa	rt XIII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		I			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.	- 1			
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	on a	- 1			
	separate basis, consolidated basis, or both:		- 1			
	Separate basis Consolidated basis Both consolidated and separate basis		- 1			
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,	- 1			
	consolidated basis, or both:		- 1			
	X Separate basis Consolidated basis Both consolidated and separate basis		- 1			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule O.	- 1			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		<u> </u>	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b	X	
				Form	990 ((2023)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

NEBRASKA CHILDREN & FAMILIES FOUNDATION

Employer identification number

					REN & FAMI					1-1829974
Pa	rt I	Reason for Public (Charity	Status. (All organizations m	ust complete tl	nis part.) S	ee instruction	s.	
Γhe	organ	ization is not a private found	lation bec	ause it is: (F	or lines 1 through	12, check only	one box.)			
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).									
2		A school described in sect	ion 170(b)(1)(A)(ii). (/	Attach Schedule E	(Form 990).)				
3		A hospital or a cooperative	hospital s	service orga	nization described	in section 170)(b)(1)(A)(ii	ii).		
4		A medical research organiz							(iii). Enter	the hospital's name,
		city, and state:								
5		An organization operated for	or the ben	efit of a col	lege or university o	wned or operat	ed by a go	vernmental ur	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete	Part II.)						
6		A federal, state, or local government			ental unit describe	d in section 1	70(b)(1)(A)	(v).		
7	X	An organization that norma		_					e general	public described in
		section 170(b)(1)(A)(vi). (C	•			· ·				•
8		A community trust describe			1)(A)(vi). (Complete	e Part II.)				
9		An agricultural research org					ed in conju	ınction with a	land-grant	college
		or university or a non-land-g								
		university:			•	,				
10		An organization that norma	Illy receive	es (1) more t	than 33 1/3% of its	support from c	ontribution	ns, membershi	p fees, an	d gross receipts from
		activities related to its exen								
		income and unrelated busin	ness taxal	ble income	(less section 511 ta	x) from busines	sses acqui	red by the org	anization a	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Pa	art III.)						
11		An organization organized a	and opera	ated exclusi	vely to test for publ	ic safety. See	section 50	09(a)(4).		
12		An organization organized a	and opera	ated exclusi	vely for the benefit	of, to perform t	he functio	ns of, or to ca	ry out the	purposes of one or
		more publicly supported or	ganizatior	ns describe	d in section 509(a))(1) or section	509(a)(2).	See section 5	609(a)(3). (Check the box on
		lines 12a through 12d that	describes	the type of	supporting organiz	zation and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization (operated, su	upervised, or contro	olled by its sup	ported org	anization(s), ty	pically by	giving
		the supported organization	on(s) the p	power to reg	gularly appoint or el	ect a majority o	of the direc	tors or trustee	es of the su	upporting
		organization. You must o	complete	Part IV, Se	ctions A and B.					
b			anization	supervised	or controlled in co	nnection with it	s supporte	ed organization	n(s), by hav	ving
		control or management o	of the supp	porting orga	anization vested in t	the same perso	ns that co	ntrol or manag	ge the supp	ported
	_	organization(s). You mus	t comple	te Part IV,	Sections A and C.					
С			grated. A	A supporting	g organization oper	ated in connec	tion with, a	and functional	y integrate	ed with,
		its supported organization	n(s) (see i	nstructions)	. You must comp	lete Part IV, Se	ections A,	D, and E.		
d			_			•			_	
		that is not functionally int	-	_		-		*	an attenti	veness
		requirement (see instruct			•					
е		☐ Check this box if the orga						Type I, Type I	I, Type III	
		functionally integrated, or			nally integrated sup	porting organiz	ation.			
1		er the number of supported of the contraction of the following information of the following information of the contraction of t	•		d organization(s)					
<u> </u>		i) Name of supported		EIN	(iii) Type of organiza	tion (iv) Is the org	anization listed	(v) Amount of	monetary	(vi) Amount of other
		organization			(described on lines above (see instruction	1-10	ing document?	support (see in	structions)	support (see instructions)
					above (see instruction	100	1			
Γota	1									

332021 12-21-23

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization 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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	21380456.	42645832.	69189725.	66973153.	41702954.	241892120
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	21380456.	42645832.	69189725.	66973153.	41702954.	241892120
	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)						51107964.
6	Public support. Subtract line 5 from line 4.						190784156
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4		42645832.	69189725.		41702954.	241892120
8	Gross income from interest,						
_	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	665,177.	407,651.	3325623.	555,822.	1145267.	6099540.
9	Net income from unrelated business	,	,		,		
•	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						247991660
	Gross receipts from related activities,	etc. (see instruction	ons)	•		12	323,166.
	First 5 years. If the Form 990 is for the	•	,				,
	organization, check this box and stop						
Sec	ction C. Computation of Publ						
	Public support percentage for 2023 (column (f))		14	76.93 %
15	Public support percentage from 2022	Schedule A, Part	II, line 14			15	71.54 %
	33 1/3% support test - 2023. If the					ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2022. If the						
	and stop here. The organization qua						
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	-					
	meets the facts-and-circumstances te			-			
b	10% -facts-and-circumstances test	•		•	•		
-	more, and if the organization meets the	-					
	organization meets the facts-and-circ				•		
18	Private foundation. If the organization		-				s
				, , , , , , , , , , , , , , , , , , , ,			(Form 990) 2023

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

qualify under the tests listed be Section A. Public Support	elow, please com	plete Part II.)				
Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 20, 1075						
c Add lines 10a and 10b		+				
activities not included on 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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for th	e organization's f	irst, second. third.	fourth, or fifth tax	year as a section 5	01(c)(3) organizatio	on,
check this box and stop here	•		•	•	. , . ,	·
Section C. Computation of Publi	c Support Pe	rcentage				
15 Public support percentage for 2023 (li	ine 8. column (f). (divided by line 13.	column (fl)		15	9
16 Public support percentage from 2022					16	9
Section D. Computation of Inves					1 10 1	
17 Investment income percentage for 20			ne 13, column (fl)		17	9
18 Investment income percentage from 2					18	9
19a 33 1/3% support tests - 2023. If the						
more than 33 1/3%, check this box ar	=	=				
b 33 1/3% support tests - 2022. If the	-					
line 18 is not more than 33 1/3%, che						
20 Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If* "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
	1		
	-		
	2		
	За		
	Sa		
	3b		
	_		
	3c		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	10a		
	10b		
ماييا			2023

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	1		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		100	110
	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
_	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
Sec	uon D. Ali Type ili Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	4		
2	organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
J	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization</i> 's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	_		
_	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	~ 1		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	L l	

	dule A (Form 990) 2023 NEBRASKA CHILDREN & FAM			91-1829974 Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete	e Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other factors	lu lu		
-	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,	- -		
7	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
-6	Distributable Amount Subtract line 5 from line 4 unless subject to			

Schedule A (Form 990) 2023

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

emergency temporary reduction (see instructions).

Pa	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)									
Sect	ection D - Distributions Current Year									
1	Amounts paid to supported organizations to accomplish exer	mpt purposes	1							
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported								
	organizations, in excess of income from activity		2							
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3							
4	Amounts paid to acquire exempt-use assets		4							
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)	5							
6	Other distributions (describe in Part VI). See instructions.		6							
7	Total annual distributions. Add lines 1 through 6.		7							
8	Distributions to attentive supported organizations to which th	ne organization is responsive								
	(provide details in Part VI). See instructions.		8							
9	Distributable amount for 2023 from Section C, line 6		9							
10	Line 8 amount divided by line 9 amount		10							
		(i)	(ii)	(iii)						

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1 Distributable amount for 2023 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2023 (reason-			
able cause required - explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2023			
a From 2018			
b From 2019			
c From 2020			
d From 2021			
e From 2022			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2023 distributable amount			
i Carryover from 2018 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2023 from Section D,			
line 7: \$			
Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2023, if			
any. Subtract lines 3g and 4a from line 2. For result greater			
than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2023. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2024. Add lines 3j			
and 4c.			
8 Breakdown of line 7:			
a Excess from 2019			
b Excess from 2020			
c Excess from 2021			
d Excess from 2022			
e Excess from 2023			

Schedule A (Form 990) 2023

SCHEDULE C

(Form 990)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527

Complete if the organization is described below. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of		ization	ions. Complete Part III.			Emplo	oyer identification number
			A CHILDREN & FAM				91-1829974
Part I-	Α	Complete if the org	anization is exempt und	der section 501(c)	or is a section 52	27 org	janization.
2 Polit	tical c	ampaign activity expendit	ation's direct and indirect politi ures gn activities				
Part I-	В	Complete if the org	anization is exempt und	der section 501(c)(3).		
1 Ente	er the	amount of any excise tax	incurred by the organization un	der section 4955		\$	
2 Ente	er the	amount of any excise tax	incurred by organization manag	gers under section 4955		\$	
			n 4955 tax, did it file Form 4720				
4a Was	a co	rrection made?					Yes No
	'es," (describe in Part IV.	 			1011	(0)
Part I-			anization is exempt und		-		
			by the filing organization for so			\$	
		0 0	ization's funds contributed to o	•		Φ.	
			. Add lines 1 and 2. Enter here			\$	
3 Tota		·				ф	
			1120-POL for this year?				Yes No
			nployer identification number (I				
			tion listed, enter the amount pa		=		
		•	omptly and directly delivered to	0 0			•
polit	tical a	ction committee (PAC). If	additional space is needed, pro	vide information in Part	IV.		
		(a) Name	(b) Address	(c) EIN	(d) Amount paid filing organization funds. If none, ent	n's	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

Г	art II-A	Complete il tile organizatio	in is exempt under section sortcito) and in		Clion under
		section 501(h)).			
Α	Check	if the filing organization belon	gs to an affiliated group (and list in Part IV each affiliated	I group member's name	, address, EIN,
		expenses, and share of exces	s lobbying expenditures).		
<u>B</u>	Check	if the filing organization check	ed box A and "limited control" provisions apply.		
			oying Expenditures eans amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1	a Total lob	obying expenditures to influence pub	lic opinion (grassroots lobbying)		
	b Total lob	obying expenditures to influence a leg	gislative body (direct lobbying)	36,600.	
	c Total lob	obying expenditures (add lines 1a and	d 1b)	36,600.	
				48,115,963.	
	e Total ex	empt purpose expenditures (add line	s 1c and 1d)	48,152,563.	
	f Lobbyin	g nontaxable amount. Enter the amo	unt from the following table in both columns.	1,000,000.	
	If the am	ount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over	\$500,000,	20% of the amount on line 1e.		
	over \$50	00,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,	000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,	500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17	7,000,000,	\$1,000,000.		
	g Grassro	ots nontaxable amount (enter 25% of	line 1f)	250,000.	
	h Subtrac	t line 1 a from line 1 a If zero er less a	entor O	0	

4-Year Averaging Period Under Section 501(h)

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

dec are separate mendentials for integer 2n										
Lobbying Expenditures During 4-Year Averaging Period										
Calendar year (or fiscal year beginning in)	(e) Total									
2a Lobbying nontaxable amount	1,000,000.	1,000,000.	1,000,000.	1,000,000.	4,000,000.					
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000.					
c Total lobbying expenditures	36,000.	36,000.	36,000.	36,600.	144,600.					
d Grassroots nontaxable amount	250,000.	250,000.	250,000.	250,000.	1,000,000.					
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000.					
f Grassroots lobbying expenditures										

Schedule C (Form 990) 2023

0.

Yes

No

i Subtract line 1f from line 1c. If zero or less, enter -0-

reporting section 4911 tax for this year?

Schedule C (Form 990) 2023 NEBRASKA CHILDREN & FAMILIES FOUNDATION 91-1829974 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

					(b)
1 [obbying activity.	Yes	No	An	nount
	During the year, did the filing organization attempt to influence foreign, national, state, or				
le	ocal legislation, including any attempt to influence public opinion on a legislative matter				
c	r referendum, through the use of:				
a∖	olunteers?				
b F	aid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
	ledia advertisements?				
d N	failings to members, legislators, or the public?				
	ublications, or published or broadcast statements?				
	arants to other organizations for lobbying purposes?				
_	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	tallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
-	Other activities?				
	otal. Add lines 1c through 1i				
	old the activities in line 1 cause the organization to not be described in section 501(c)(3)?				
	"Yes," enter the amount of any tax incurred under section 4912				
	"Yes," enter the amount of any tax incurred by organization managers under section 4912				
	the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? III-A Complete if the organization is exempt under section 501(c)(4), section	2 FO1/a\/	<u> </u>	ootion	
Part	Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	1 50 1 (0)(8	o), or s	ection	
	(-)(-)			1	ΙN
				Yes	''
1 V	Vere substantially all (90% or more) dues received nondeductible by members?		🗀	Yes 1	"
	Vere substantially all (90% or more) dues received nondeductible by members?				I I
2 [3 [oid the organization make only in-house lobbying expenditures of \$2,000 or less? Oid the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year 1 501(c)(t	2 5), or s	1 2 3 section	
2 [3 [Part	id the organization make only in-house lobbying expenditures of \$2,000 or less? id the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "Yes."	e prior year 1 501(c)(\$ No" OR	5), or s (b) Par	1 2 3 section	
2 [3 [Part	oid the organization make only in-house lobbying expenditures of \$2,000 or less? Oid the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered	e prior year n 501(c)(t No" OR	5), or s (b) Par	ection	
2 [3 [Part	old the organization make only in-house lobbying expenditures of \$2,000 or less? Old the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Older, assessments and similar amounts from members	e prior year n 501(c)(t No" OR	5), or s (b) Par	ection	
2 [3 [Part	old the organization make only in-house lobbying expenditures of \$2,000 or less? III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." IUI es, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year n 501(c)(t No" OR	5), or s (b) Par	ection rt III-A, lin	
2 [3 [Part 1 [2 5	old the organization make only in-house lobbying expenditures of \$2,000 or less? lid the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." lues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid).	e prior year n 501(c)(t No" OR	5), or s (b) Par	ection rt III-A, lin	
2 [3 [2] 4 [2] 6 [6]	old the organization make only in-house lobbying expenditures of \$2,000 or less? Id the organization agree to carry over lobbying and political campaign activity expenditures from the Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Oues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). Current year carryover from last year	e prior year n 501(c)(t No" OR	2 5), or s (b) Pai	ection rt III-A, lin	
2 [3 [Part 1 [2 8 a (b (oid the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year carryover from last year otal	e prior year n 501(c)(t No" OR	2; 3; 5), or ss(b) Par	ection rt III-A, lin	
2 [3 [Part 1 [2 5 a (b (c] 3 #	oid the organization make only in-house lobbying expenditures of \$2,000 or less? Did the organization agree to carry over lobbying and political campaign activity expenditures from the section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Dues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year carryover from last year otal	e prior year n 501(c)(t No" OR	2; 3; 5), or ss(b) Par	ection Ill-A, lin	
2 [3 [Part 1 [2 5 6 6 6 7 3 4 4 [oid the organization make only in-house lobbying expenditures of \$2,000 or less? oid the organization agree to carry over lobbying and political campaign activity expenditures from the complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." oues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). ourrent year carryover from last year otal organization make only in-house lobbying and political campaign activity expenditures from the section 527(f) tax was paid).	e prior year n 501(c)(t No" OR	2; 3; 5), or ss(b) Par	ection Ill-A, lin	
2	old the organization make only in-house lobbying expenditures of \$2,000 or less? Old the organization agree to carry over lobbying and political campaign activity expenditures from the Solid the organization agree to carry over lobbying and political campaign activity expenditures from the Solid the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "answered "Yes." Oues, assessments and similar amounts from members section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic expenses for which the section 527(f) tax was paid). Current year sarryover from last year otal segregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exceeds the amount on line 3, what portion of the exceeds the amount on line 3.	e prior year'n 501(c)(s No" OR al	2 3 (5), or s (b) Par	ection Ill-A, lin	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Name of the organization

NEBRASKA CHILDREN & FAMILIES FOUNDATION

Employer identification number 91-1829974

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in		ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be ι	used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose o	conferring
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all that apply).	
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	a historically important land area
	Protection of natural habitat	Preservation of	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic str	ructure included on line 2a	2c
d	Number of conservation easements included on line 2c acqu		
	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	organization during the tax
	year		
4	Number of states where property subject to conservation ea		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing conse	ervation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservat	ion easements during the year
	Does each conservation easement reported on line 2d above	a action the vacuirements of acction 170(b)	(4)(D)(:)
8			
9	In Part XIII, describe how the organization reports conservati	ion aggements in its revenue and evenues	
9	balance sheet, and include, if applicable, the text of the footi	•	
	organization's accounting for conservation easements.	note to the organization's infancial stateme	ints that describes the
Pai		f Art. Historical Treasures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form		
	If the organization elected, as permitted under FASB ASC 95		nd balance sheet works
	of art, historical treasures, or other similar assets held for pul	•	
	service, provide in Part XIII the text of the footnote to its final	,	
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items.	,	,
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	· · · · · · · · · · · · · · · · · · ·		
2	If the organization received or held works of art, historical tre		
	the following amounts required to be reported under FASB A		-
а	Revenue included on Form 990, Part VIII, line 1	_	\$
	Assets included in Form 990, Part X		

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

Schedule D (Form 990) 2023

Schedule D (Form 990) 2023

627.822

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

Schedule D (Form 990) 2023 NEBRASKA CH	<u> ILDREN & FAMI</u>	LIES FOUNDATION	91-1829974 Page 3
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12	2.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	t or end-of-year market value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			

art IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
<u>(1)</u>	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (h) must aqual Form 990, Part Y, line 15, col. (R))	

Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LEASE LIABILITIES	701,748.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. line 25. col. (B))	701,748.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

DIRECT FUNDRAISING EXPENSES

Schedule D (Form 990) 2023

39,561.

Schedule D	(Form 990) 2023	NEBRASKA	CHILDREN	& FAMILIES	FOUNDATION	91-1829974	Page 5
Part XIII	(Form 990) 2023 Supplemental Infor	mation (continue	ed)				
		,	,				
-							
							_

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

	A CHILDREN & FAMIL.	LES	FOL	JNDAT.TON	91-1829	9/4
Fundraising Activities. required to complete this part	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Path If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursu	tion of tion of fundra (incluc	non-ga governatising a ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						
List all states in which the organizatio or licensing.	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is exempt from re	gistration

LHA 332081 09-13-23

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

Schedule G (Form 990) 2023

		plete if the organization answered ns and gross income on Form 990-			
		(a) Event #1 CHANGEMAKERS	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ф		(event type)	(event type)	(total number)	col. (c))
Revenue	1 Gross receipts	66,106.	52,668.		118,774.
	2 Less: Contributions	59,000.	37,000.		96,000.
	3 Gross income (line 1 minus line 2)	7,106.	15,668.		22,774.
	4 Cash prizes				
S	5 Noncash prizes				
pense	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
Ö	8 Entertainment 9 Other direct expenses		31,311.		39,561.
	10 Direct expense summary. Add lines				39,561.
Pa	11 Net income summary. Subtract line art III Gaming. Complete if the organization	10 from line 3, column (d) anization answered "Yes" on Form	.000 Part IV line 10 or r		_16,787.
<u> </u>	\$15,000 on Form 990-EZ, line 6		1990, Fait IV, line 19, of 1	eported more than	
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)
Reve	1 Gross revenue				
တ္သ	2 Cash prizes				
ect Expenses	3 Noncash prizes				
Direct E					
	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. Subtr	act line 7 from line 1, column (d)			
а	Enter the state(s) in which the organizati a Is the organization licensed to conduct of If "No," explain:	gaming activities in each of these s			Yes No
	a Were any of the organization's gaming li			ear?	Yes No

Sch	edule G (Form 990) 2023 NEBRASKA CHILDREN & FAMILIES FOUNDATION 91-	<u> 1829974</u>	Page 3
11	Does the organization conduct 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		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	o An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100	70
'	The fire the hame and address of the person who prepares the organization's gaming/special events books and records.		
	Name		
	Name		
	Address		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	∟ No
k	old "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
r	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	. —	
~	organization's own exempt activities during the tax year \$		
Pa	irt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III lines 9 (2h 10h
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,	55, 105,
	100, 100, 10, and 170, as approache. 7400 provide any additional montations. Occ methodicine.		

Schedule G	i (Form 990)	NEBRASKA	CHILDREN	& FAMILIES	FOUNDATION	91-1829974	Page 4
Part IV	(Form 990) Supplemental Info	rmation (continue	ed)				
		(oornina)	, , , , , , , , , , , , , , , , , , , ,				
-							
_							

SCHEDULE I (Form 990)

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

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

Attach to Form 990.

Open to Public

Department of the Treasury Internal Revenue Service			Go to www.irs.	Attach to Form 990. www.irs.gov/Form990 for the latest information.	990. the latest informa	tion.		Open to Public Inspection	Public
Name of the organization	NEBRASKA	CHILDREN &	& FAMILIES F	FOUNDATION				Employer identification number 91-1829974	ification number -1829974
Part I General In	General Information on Grants and Assistance	d Assistance							
	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	substantiate the	amount of the grants c	or assistance, the g	grantees' eligibility i	or the grants or assis	stance, and the selectic	on X Yes	%
2 Describe in Part Part II Grants an recipient t	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	cedures for monition of the second of the se	oring the use of grant furties. Cations and Domestic Be duplicated if addition	of grant funds in the United Si lomestic Governments. Con I if additional space is needed.	States. omplete if the orga	nization answered "Y	of grant funds in the United States. Nomestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any if additional space is needed.	IV, line 21, for any	
1 (a) Name and ar	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance	yrant e
CENTRAL PLAINS CE	CENTRAL PLAINS CENTER FOR SERVICES	47-0784568	501(C)3	4,080,595.	.0			OPERATING EXPENSES	S
CENTER FOR RURAL AFFAIRS	AFFAIRS	47-0553823	501(C)3	30,000.	0.			OPERATING EXPENSES	ಬ
CENTER FOR HOLISTIC DEVELOPMENT INC.	TIC DEVELOPMENT,	47-0840961	501(C)3	121,204.	0.			OPERATING EXPENSES	S
CEDAR RIVER RASCALS	ALS, INC.	87-1134599	501(C)3	42,570.	0.			OPERATING EXPENSES	Ø
CASS COUNTY SCHOOL DISTRICT	OL DISTRICT 22	47-6001647		12,494.	0.			OPERATING EXPENSES	ಜ
LITTLE DISCIPLE C CHILDCARE, INC	CHRISTIAN	45-4026012	501(C)3	21,591.	.0			OPERATING EXPENSES	ಬ
2 Enter total numb	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	id government org listed in the line 1	lanizations listed in the table	line 1 table					115.
For Paperwork Redu	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Instructions for	Form 990.					Schedule I (Form 990) 2023	990) 2023

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Schedule I (Form 990) NEBRASKA CHILDREN & FAMILIES FOUNDATION

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) NEBRASKA CHILDREN & FAMILIES FOUNDATION

	(h) Purpose of grant or assistance	OPERATING EXPENSES	OPERATING EXPENSES	OPERATING EXPENSES	OPERATING EXPENSES	OPERATING EXPENSES	OPERATING EXPENSES	OPERATING EXPENSES	OPERATING EXPENSES	
,,	(g) Description of non-cash assistance	лядо	OPERè	OPER	OPERA	OPER	OPERè	OPERè	OPERè	
1 (1 oiiii ooo), i di	(f) Method of valuation (book, FMV, appraisal, other)									
	(e) Amount of noncash assistance	.0	.0	.0	.0	.0	.0	.0	.0	
	(d) Amount of cash grant	636,725.	533,660.	12,850.	91,729.	36,543.	199,999.	97,201.	172,133.	
	(c) IRC section if applicable	501(C)3	501(C)3	501(C)3		501(C)3			501(C)3	
	(b) EIN	47-6000166	47-0820908	47-6004162	03-0418895	47-6004045	36-6008480	47-0544125	47-0498596	
I di t ii Collegia de la collegia de	(a) Name and address of organization or government	FREMONT AREA UNITED WAY	PANHANDLE PARTNERSHIP	NORFOLK PUBLIC SCHOOLS	NORTH CENTRAL DISTRICT HEALTH DEPARTMENT	NORTH PLATTE PUBLIC SCHOOLS	NORTHERN ILLINOIS UNIVERSITY CENTER FOR EARY LEARNING	CENTRAL DISTRICT HEALTH DEPARTMENT	CHADRON PUBLIC SCHOOLS	

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NEBRASKA CHILDREN & FAMILIES FOUNDATION

Schedule I (Form 990)

(h) Purpose of grant or assistance OPERATING EXPENSES (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 。 0 0 0 0 0 0 0 o (e) Amount of noncash assistance (d) Amount of cash grant 6,000. 547,152. 5,341. 75,930. 300,275. 802,242, 125,927 21,436 80,785 (c) IRC section if applicable 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 26-0436138 20-5852415 84-1991078 27-4577729 84-2550116 34-5808473 36-3236963 47-6029411 88-2220331 (b) EIN CHILDREN FIRST CHILD CARE, LLC BRIDGE FAMILY RESOURCE CENTER (a) Name and address of organization or government COMMUNITIES FOR KIDS LINCOLN CAMBRIDGE COMMUNITY DAYCARE CORNHUSKER UNITED WAY, INC COLUMBUS AREA UNITED WAY BUFFALO COUNTY COMMUNITY CAPITO ASSOCIATES, LLC COLLECTIVE FOR YOUTH FOUNDATION COUNTY

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Schedule I (Form 990) NEBRASKA CHILDREN & FAMILIES FOUNDATION

(h) Purpose of grant or assistance OPERATING EXPENSES (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 。 0 0 0 0 0 0 0 o (e) Amount of noncash assistance 446,671. (d) Amount of cash grant 31,800. 65,277. 101,873. 39,467, 200,000 15,000, 21,148, 8,725, (c) IRC section if applicable 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)4 CHILDREN'S HOSPITAL AND MED CENTER | 47-6105603 47-0548990 47-6002385 27-2204391 47-0840925 47-0376577 47-0685662 47-6006091 46-1040271 (p) EIN PALMER COMMUNITY FOUNDATION, INC. MCCOOK ECONOMIC DEVELOPMENT CORP (a) Name and address of organization or government ONE WORLD COMMUNITY HEALTH MORNINGSTAR COUNSELING AND MALONE COMMUNITY CENTER OVERTON PUBLIC SCHOOLS CONSULTATION, P.C. CIVIC NEBRASKA CITY OF BAYARD

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Schedule I (Form 990) NEBRASKA CHILDREN & FAMILIES FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government (b) EIN (c) IRC section if applicable organization org	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MERRICK COUNTY CHILD DEVELOPMENT CENTER	47-0823383	501(C)3	279,220.	0			OPERATING EXPENSES
NEBRASKA FARM BUREAU FOUNDATION FOR AGRICULTURE	46-1740947	501(C)3	14,599.	0.		V	OPERATING EXPENSES
NEBRASKA 4-H FOUNDATION	47-0469703	501(C)3	105,088.	0.			OPERATING EXPENSES
NEBRASKA AEYC, INC.	26-0013083	501(C)3	432,125.	0.			OPERATING EXPENSES
NEBRASKA ALLIANCE OF CHILD ADVOCACY CENTERS	47-4088844	501(C)3	134,092.	0		<u> </u>	OPERATING EXPENSES
NEBRASKA CITY AREA ECONOMIC DEVELOPMENT	47-0676146	501(C)6	411,295.	.0		· ·	OPERATING EXPENSES
NEBRASKA EARLY CHILDHOOD COLLABORATIVE	46-5532642	501(C)3	715,149.	.0			OPERATING EXPENSES
NATIONAL CENTER FOR FAMILIES LEARNING, INC.	61-1159549	501(C)3	215,971.	0.			OPERATING EXPENSES
LOUP VALLEY CHILDHOOD INITIATIVE	87-2521754	501(C)3	50,677.	•0			OPERATING EXPENSES
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Schedule I (Form 990) NEBRASKA CHILDREN & FAMILIES FOUNDATION

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) NEBRASKA CHILDREN & FAMILIES FOUNDATION

(a) Name and address of cash grant or government or government assistance appraisal, other)	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUP COUNTY PUBLIC SCHOOLS FOUNDATION	92-3821832	501(C)3	32,248.	.0			OPERATING EXPENSES
POINTER ADVENTURES, LLC	87-0909467		8,663.	.0			OPERATING EXPENSES
PARTNERS FOR OTOE COUNTY	36-3925562	501(C)3	113,941.	0.			OPERATING EXPENSES
NG CONSULTING	52-0849114		.000,3	•0		, and the second	OPERATING EXPENSES
PC SWEET SECOND HOME	90-1510148		114,093.	.0			OPERATING EXPENSES
PENDER CARE CENTER	22-3875178		37,544.	.0			OPERATING EXPENSES
PLATTE VALLEY CONSULING, LLC	27-4983585		5,951.	.0			OPERATING EXPENSES
NATIONAL AUDUBON SOCIETY	13-1624102	501(C)3	18,408.	.0			OPERATING EXPENSES
PRAIRIE OAK PUBLISHING AND CONSULTING	83-0632480		65,565.	0.			OPERATING EXPENSES
							Schedule I (Form 990)

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Schedule I (Form 990) NEBRASKA CHILDREN & FAMILILE'S FUUNDATION

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) NEBRASKA CHILDREN & FAMILIES FOUNDATION

(h) Purpose of grant or assistance OPERATING EXPENSES (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 。 0 0 0 0 0 0 0 0 35,250. 25,144. (d) Amount of cash grant 50,000 447,564. 38,696. 6,382, 154,363, 331,663 74,446 (c) IRC section if applicable 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 47-6001494 82-3596002 47-5426763 36-3390518 92-1130623 47-6005008 47-0496080 87-2676509 47-0491162 (p) EIN EDUCANDO CHILDCARE CENTER, INC. NEBRASKA INDIAN CHILD WELFARE (a) Name and address of organization or government FALLS CITY PUBLIC SCHOOLS NORFOLK FAMILY COALITION LITTLE VIBES CHILD CARE OAKLAND-CRAIG SCHOOL ALLIANCE RECREATION LANGUAGELINC, LLC COALITION, INC. ESU #16

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NEBRASKA CHILDREN & FAMILIES FOUNDATION

(h) Purpose of grant or assistance OPERATING EXPENSES (g) Description of non-cash assistance Schedule I (Form 990) NEBRASKA CHILDREN & FAMILLIE'S FUUNDATION

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 。 0 0 0 0 0 0 0 0 (d) Amount of cash grant 31,928. 12,489. 49,679. 71,267. 218,131 55,000 212,951 73,257 429,808 (c) IRC section if applicable 501(C)3 501(C)3 501(C)3 47-0745980 61 - 150100183-3145488 26-3978218 83-1442962 81-4180359 47-0458128 47-6003169 87-3658564 (p) EIN EDGERTON EDUCATION FOUNDATION LINCOLN COMMUNITY FOUNDATION (a) Name and address of organization or government GRAND ISLAND PUBLIC SCHOOLS LITTLE CUBS DAYCARE, LLC LITTLE KNIGHTS ACADEMY KIDZ CORNER CLUBHOUSE LISA SOCK AND ASSOC LINEAR ACCOUNTING SARPY LIFT UP

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Schedule I (Form 990) NEBRASKA CHILDREN & FAMILIES FOUNDATION

(h) Purpose of grant or assistance OPERATING EXPENSES (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 。 0 0 0 0 0 0 0 o (e) Amount of noncash assistance 46,512. (d) Amount of cash grant 25,370. 293,286. 670,772. 50,000. 5,200, 42,009, 164,038 218,288 (c) IRC section if applicable 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 47-6002382 47-0526720 82-5433066 47-6005311 47-0627738 26-3968625 83-2516306 47-0562184 85-1664917 (p) EIN GILTNER PUBLIC SCHOOLS FOUNDATION FAMILY HOUSING ADVISORY SERVICE (a) Name and address of organization or government GIRLS INCORPORATED OF OMAHA FAMILIES FIRST PARTNERSHIP GOTHENBURG EARLY CHILDHOOD LEXINGTON PUBLIC SCHOOLS FAMILY ENRICHMENT, INC. GERING PUBLIC SCHOOLS LEARNING COALITION APRIL'S DAYCARE

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NEBRASKA CHILDREN & FAMILIES FOUNDATION

(h) Purpose of grant or assistance OPERATING EXPENSES (g) Description of non-cash assistance Schedule I (Form 990) NEBRASKA CHILDREN & FAMILILE'S FUUNDATION

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 。 0 0 (e) Amount of noncash assistance 0 0 0 0 0 o 7,914. (d) Amount of cash grant 27,106. 36,000. 44,971. 464,805, 374,037 5,434 243,405 206,901 (c) IRC section if applicable 501(C)3 501(C)3 501(C)3 501(C)3 501(C)6 88-3748473 45-5174295 81-2401231 46-5573732 47-0483506 82-2642265 51-0407787 47-0757708 47-0393178 (p) EIN FIRST UNITED METHODIST CHURCH OF FRIENDS OF CEDAR RIVER RASCALS, GENERATIONAL STRATEGIES, LLC GAGE AREA GROWTH ENTERPRISES (a) Name and address of organization or government LEGAL AID OF NEBRASKA HALL COUNTY COMMUNITY FUTURE SOCCER, INC. COLLABORATIVE FIRESPRING FOOI, INC LEXINGTON INC.

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Schedule I (Form 990) NEBRASKA CHILDREN & FAMILIES FOUNDATION

(h) Purpose of grant or assistance OPERATING EXPENSES (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 。 0 0 0 0 0 0 0 o (e) Amount of noncash assistance (d) Amount of cash grant 15,786. 44,114. 4,092,175. 14,341. 200,000 50,630, 54,596, 10,000 41,619 (c) IRC section if applicable 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 83-3102498 47-0049123 47-0557565 47-6005078 47-6001184 47-0492640 47-6004318 92-2845339 83-3133807 (p) EIN BLUE HILL EARLY LEARNING CENTER BAKER, WENDE D/B/A PROFESSIONAL BOARD OF REGENTS UNIVERSITY OF BLUE VALLEY COMMUNITY ACTION (a) Name and address of organization or government BOX BUTTE GENERAL HOSPITAL BAYARD PUBLIC SCHOOLS BOONE CENTRAL SCHOOL CRETE PUBLIC SCHOOLS BOONE BEGINNINGS PARTNERSHIP SERVICES NEBRASKA

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Schedule I (Form 990) NEBRASKA CHILDREN & FAMILIES FOUNDATION

(h) Purpose of grant or assistance OPERATING EXPENSES (g) Description of non-cash assistance Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) 。 0 0 0 0 0 0 0 o (e) Amount of noncash assistance (d) Amount of cash grant 6,525. 59,399. 72,575. 12,500. 292,605, 9,016, 5,850, 38,097 101,255 (c) IRC section if applicable 501(C)3 501(C)3 501(C)3 501(C)3 47-6004424 85-0849453 36-3430035 84-4192073 92-2873406 83-2959683 20-3991434 47-0779961 47-6090124 (p) EIN INC BRAIN BUILDERS EARLY CHILDHOOD AND ASHLAND-GREENWOOD PUBLIC SCHOOLS HARTINGTON COMMUNITY DEVELOPMENT, ATKINSON CHILDREN AND FAMILIES ASTA-USA TRANSLATION SERVICES, (a) Name and address of organization or government KIDS R US CHILDCARE, LLC AUBURN PUBLIC SCHOOLS AUTHENTICALLY, LLC FAMILY DEVELOPMENT HOPE HARBOR COALITION INC.

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Schedule I (Form 990) NEBRASKA CHILDREN & FAMILIES FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) NEBRASKA CHILDREN & FAMILIES FOUNDATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INCLUSION DIVERSITY AND EQUITY ASSESSMENTS CONSULTING, LLC	87-1755929		63,000.	0			OPERATING EXPENSES
HTI LABS, LLC			7,290.	•0		<u> </u>	OPERATING EXPENSES
KEARNEY PUBLIC SCHOOLS	47-6001393	501(C)3	479,049.	.0			OPERATING EXPENSES
HOPE DAYCARE, LLC	81-3759704		.000,03	.0			OPERATING EXPENSES
DAWSON COUNTY FAMILY PARTNERS	85-4062144	501(C)3	147,354.	•0		V	OPERATING EXPENSES
HASTINGS PUBLIC SCHOOLS	47-6001013	501(C)3	273,347.	.0			OPERATING EXPENSES
CULTURAL COMPTENCE CENTER, LLC	85-3289977		51,844.	.0			OPERATING EXPENSES
HO-CHUNK COMMUNITY DEVELOPMENT	47-0837036	501(C)3	120,662.	.0			OPERATING EXPENSES
SCHOOL DISTRIST OF COLUMBUS	47-0693924	501(C)3	284,289.	.0			OPERATING EXPENSES
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Schedule I (Form 990) NEBRASKA CHILDREN & FAMILILE'S FUUNDATION

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) NEBRASKA CHILDREN & FAMILIES FOUNDATION

(h) Purpose of grant or assistance OPERATING EXPENSES (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 0 0 (e) Amount of noncash assistance 0 0 0 0 0 o 48,686. (d) Amount of cash grant 30,000 107,322. 10,941. 15,096. 591,263, 50,000 112,247 92,971 (c) IRC section if applicable 501(C)3 501(C)3 501(C)3 501(C)6 85-1439279 81-1666743 27-2442893 36-3762126 47-0533471 88-2738406 47-0789054 80-0008974 (p) EIN SCHOOL DISTRICT 145 FOUNDATION FOR SANTEE SIOUX NATION OF NEBRASKA RUTGERS STATE UNIVERSITY OF NEW (a) Name and address of organization or government SEWARD COUNTY CHAMBER AND PUBLIC HEALTH SOLUTIONS DEVELOPMENT PARTNERSHIP SANDHILLS FIRST STEP PROJECT HARMONY RABBLE MILL RAGA, LLC EDUCATION JERSEY

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Schedule I (Form 990) NEBRASKA CHILDREN & FAMILI	CHILDREN	& FAMILIES E	FOUNDATION	odos) stacmanos	ES FOUNDATION		91-1829974 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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SCOTTSBLUFF PUBLIC SCHOOLS	47-6005320		5,619.	.0			OPERATING EXPENSES
SCHUYLER COMMUNITY SCHOOLS	47-0535355	501(C)3	29,571.	0.			OPERATING EXPENSES
SMARTER LEARNING GROUP	27-4356890		.000,78	0.			OPERATING EXPENSES
SHERMAN COUNTY ECONOMIC DEVELOPMENT	26-4618722	501(C)3	182,180.	.0			OPERATING EXPENSES
SIDNEY PUBLIC SCHOOLS	47-6001927	501(C)3	145,702.	.0			OPERATING EXPENSES
SIOUXLAND HUMAN INVESTMENT	42-1495836	501(C)3	684,233.	0			OPERATING EXPENSES
SKY HIGH LEARNING CENTER	81-4793688		175,000.	.0			OPERATING EXPENSES
SOUTH CENTRAL ECONOMIC	27-2850581	501(C)3	97,941.	0.			OPERATING EXPENSES
SOUTHEAST NEBRASKA COMMUNITY ACTION	47-0497102	501(C)3	. 609, 89	•0			OPERATING EXPENSES
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Schedule I (Form 990) NEBRASKA CHILDREN & FAMILIES FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) NEBRASKA CHILDREN & FAMILIES FOUNDATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SPALDING COMMUNITY CLUB, INC.	81-3457835	501(C)3	. 419, 419,	.0			OPERATING EXPENSES
SPRING CREEK KIDS, INC.	88-4035215	501(C)3	53,975.	.0			OPERATING EXPENSES
ST, PAUL EARLY CHILDHOOD FOUNDATION	87-3355312	501(C)3	80,818.	.0			OPERATING EXPENSES
STRATEGIC AIR AND AEROSPACE MUSEUM	47-0619646	501(C)3	16,394.	•0			OPERATING EXPENSES
TANNIS, LYNETTE	87-2768889		10,000.	0			OPERATING EXPENSES
SUPER KIDS CLUB, INC.	83-2961498	501(C)3	13,850.	•0		, and the second	OPERATING EXPENSES
UPSIDE DOWN CHILDCARE, LLC	92-1149891		. 688, 66	.0			OPERATING EXPENSES
TECUMSEH TOMORROW	87-1244642	501(C)3	.856,855	.0			OPERATING EXPENSES
UNITED WAY OF THE MIDLANDS	47-0376605	501(C)3	.888,26	.0			OPERATING EXPENSES
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Schedule I (Form 990) NEBRASKA CHILDREN & FAMILIES FOUNDATION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) NEBRASKA CHILDREN & FAMILIES FOUNDATION

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED WAY OF SOUTH CENTRAL	47-0402359	501(C)3	473,729.	0		ŭ.	OPERATING EXPENSES
UNITED WAY OF LINCOLN AND LANCASTER	47-0376624	501(C)3	524,315.	•0		ŭ.	OPERATING EXPENSES
UNDER THE UMBRELLA DAYCARE UNITED METHODIST CHURCH OF ALMA	47-0590133		12,016.	0.			OPERATING EXPENSES
THE LEAN EYE, LLC	93-2055923		42,000.	.0		- G	OPERATING EXPENSES
TWO RIVERS PUBLIC HEALTH	47-6039628		54,333.	•0		- G	OPERATING EXPENSES
THE VALLEY CHILD DEVELOPMENT	81-1174755	501(C)3	75,918.	.0		, and the second	OPERATING EXPENSES
THE HUB - CENTRAL ACCESS POINT FOR YOUNG ADULTS	20-8008617	501(C)3	258,715.	.0			OPERATING EXPENSES
VALENTINE CHILDREN AND FAMILIES	86-1906040	501(C)3	84,604.	.0			OPERATING EXPENSES
YORK PUBLIC SCHOOLS	47-6006011	501(C)3	253,592.	•0		- V	OPERATING EXPENSES
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NEBRASKA CHILDREN & FAMILIES FOUNDATION

(h) Purpose of grant or assistance OPERATING EXPENSES (g) Description of non-cash assistance Schedule I (Form 990) NEBRASKA CHILDREN & FAMILILE'S FUUNDATION

Part II | Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.) (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of noncash assistance 。 0 0 0 0 0 0 0 o 9,208. 5,200. (d) Amount of cash grant 170,918. 10,078. 7,000. 53,078, 38,356 61,524 288,360 (c) IRC section if applicable 501(C)3 501(C)3 501(C)3 501(C)3 501(C)3 91-1807621 47-6005723 47-0844888 47-1040912 92-0271276 20-5685824 33-1013107 82-2392079 47-0549863 (p) EIN WOMEN'S EMPOWERING LIFE LINE, INC. WILCOX-HILDRETH PUBLIC SCHOOLS YORK COUNTY HEALTH COALITION (a) Name and address of organization or government VALENTINE COMMUNITY SCHOOLS WOOD RIVER VISION 2020 INC. WALTHILL PUBLIC SCHOOLS VANCE, MICHAELE VIVAYIC, ONC. STUDENT NEBRASKA CHILDREN & FAMILIES FOUNDATION

Schedule | (Form 990) 2023

Part III

Page 2

91-1829974

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (d) Amount of non-cash assistance 。 。 。 0 22,324. 144,529, 2,455,747 424,148 (c) Amount of cash grant (b) Number of recipients 49 1942 604 258 EMERGENCY RENTAL & UTILITIES ASSISTANCE PAYMENTS EARLY CHILDHOOD PROVIDERS - SOC/EMOTIONAL (a) Type of grant or assistance ENHANCEMENT STIPENDS Part IV OTHER

PART I, LINE

EVALUATIONS. THE FOUNDATION REQUIRES PERIODIC REPORTING AND THIRD PARTY Schedule I (Form 990) 2023 332102 11-01-23

SCHEDULE J (Form 990)

Compensation Information

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2023

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

NEBRASKA CHILDREN & FAMILIES FOUNDATION

Employer identification number 91-1829974

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	. 2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
-	If "Yes" on line 5a or 5b, describe in Part III.			
3	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
		6b		Х
n	If "Yes" on line 6a or 6b, describe in Part III.	0.0		
b	ii 100 on mio od or obj doddino ii i diciiii			
	For persons listed on Form 990, Part VII. Section A, line 1a, did the organization provide any pontived payments			
	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	7		х
7	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
р 7 В	not described on lines 5 and 6? If "Yes," describe in Part III Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
7	not described on lines 5 and 6? If "Yes," describe in Part III			X

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

Schedule J (Form 990) 2023

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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

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

		(B) Breakdown of W	(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) MARY JO PANKOKE	Ξ	209,531.	0	0	16,652.	9,355.	235,538.	0
PRESIDENT	(ii)			0.				0
(2) KEVIN CLOONAN	Ξ	177,830.	15,000.	0.	16,167.	13,801.	222,798.	0
CFO	(ii)		0	0.				0
(3) JENNIFER SKALA	Ξ	185,067.	0	0.	14,615.	9,34	209,031.	0
SVP	(ii)	0.	0.	0.	0.		0.	0.
(4) JOSHUA CRAMER	(i)	168,911.	• 0	0.	13,199.	6,35	191,465.	0.
SVP	(ii)		0.	0.			0.	0.
(5) JASON PROKOP	(i)	143,987.	0 •	0.	12,135.	17,475.	173,597.	0.
DIRECTOR FIRST FIVE NEBR	(ii)	0.	0.	0.	0.	0.	0.	0.
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a, 4b, 4c, 5i										
1a, 1b, 3, 4										
Part I, lines										
required for										
escriptions										
ınation, or d										
ıation, expla										
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.										
Provid										

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Employer identification number _1829971

	NEBRASKA CHI	LDREN	& FAMILIES	FOUNDATION	91-182	9974	
Pa	t I Types of Property						
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deterr noncash contributior	_	ts
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	X	2	2,952,688.	FMV		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other ()						
29	Number of Forms 8283 received by the organia	zation during	the tax year for co	ontributions			
	for which the organization completed Form 82						
						Yes	No
30a	During the year, did the organization receive b	y contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least 3 years from the date of	the initial co	ntribution, and whi	ch isn't required to be used	for		
	exempt purposes for the entire holding period)a	Х
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance	oolicy that re	equires the review o	of any nonstandard contribut	ions? 3	1 X	
32a	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell noncash			
	contributions?		_		32	2a	x
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a) is chec	ked,		
	describe in Part II.						

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

Schedule M (Form 990) 2023

Schedule M	(Form 990) 2023	NEBRASKA	CHILDREN	&	FAMILIES	FOUNDATION	91-1829974	Page 2
Part II	Supplemental	Information. t I, column (b), the	Provide the informumber of contribution	natio	n required by Part	I. lines 30b, 32b, and 33,	, and whether the organizat pination of both. Also comp	tion

332142 09-11-23 Schedule M (Form 990) 2023

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NEBRASKA CHILDREN & FAMILIES FOUNDATION

Employer identification number 91-1829974

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
SCHOOL, AND SUPPORT YOUTH AS THEY TRANSITION TO ADULTHOOD.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
EARLY BEFORE PROBLEMS START, (2) OPPORTUNITY - WE BELIEVE EVERY CHILD
DESERVES THE CHANCE TO REACH THEIR FULL POTENTIAL, SO WE FOCUS ON
PROVIDING OPPORTUNITIES TO CHILDREN WHO HAVE THE LEAST AND (3)
COLLABORATION - WE BELIEVE IT TAKES ALL OF US TO CREATE A NEBRASKA
WHERE ALL CHIDLREN CAN REACH THEIR FULL POTENTIAL.
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
ALL OTHERS.
EXPENSES \$ 2,973,438. INCLUDING GRANTS OF \$ 6,362,175. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 4:
IN OCTOBER 2023, THE BYLAWS WERE AMENDED TO MODIFY ITS ARTICLE VII
CONTRACTS, CHECKS, DEPOSITS AND FUNDS WITH REGARD TO AUTHORIZATION
THRESHHOLD OF CONTRACTS AND BANKING PROCEDURES. THE BYLAWS WERE ALSO
AMENDED TO ADD ARTCILE XI WAIVER OF NOTICE AND ARTICLE XII BOOKS AND
RECORDS.

FORM 990, PART VI, SECTION B, LINE 11B:

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

Schedule O (Form 990) 2023

<u>Schedule O (Form 990) 2023</u> Page **2**

Name of the organization **Employer** identification number NEBRASKA CHILDREN & FAMILIES FOUNDATION 91-1829974 THE DRAFT 990 WAS REVIEWED BY THE INTERNAL GOVERNANCE BOARD WORK GROUP PRIOR TO FINAL FILNG. IN ADDITION, THE TAX RETURN WAS PRESENTED TO THE BOARD FOR REVIEW. FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS ARE COVERED BY THE CONFLICT OF INTEREST POLICY. THE CONFLICT OF INTEREST POLICY IS RENEWED EACH YEAR BY BOARD MEMBERS. FORM 990, PART VI, SECTION B, LINE 15: ALL MANAGEMENT AND STAFF SALARIES ARE COMPARED TO SURVEY DATA OBTAINED THROUGH THE NON-PROFIT ASSOCIATION OF THE MIDLANDS. SUPERVISORS ARE RESPONSIBLE FOR STAFF SALARIES. ALL SALARY AND BENEFIT PACKAGES ARE COMPARED TO SURVEY DATA OBTAINED THROUGH THE NON-PROFIT ASSOCIATION OF THE MIDLANDS. FORM 990, PART VI, SECTION C, LINE 19: THE FINANCIAL STATEMENTS ARE AVAILABLE FROM THE ORGANIZATION'S WEBSITE. A SUMMARY OF THE ORGANIZATION'S FINANCIAL INFORMATION IS PROVIDED IN THE ANNUAL REPORT. GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE ON REQUEST. PART XII, LINE 2C THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.