

EIDE BAILLY LLP  
18081 BURT ST STE 200  
OMAHA, NE 68022-4722

COMBINED HEALTH AGENCIES DRIVE  
212 SOUTH 74TH STREET, 205  
OMAHA, NE 68114

|||||.....|||||.....

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CLIENT'S COPY



December 20, 2022

Ms. Michelle Grossman, President/CEO  
Community Health Charities of Nebraska  
212 South 74th Street, Suite 205  
Omaha, NE 68114

Dear Michelle:

Enclosed are the original and one copy of the 2021 Exempt Organization return, as follows...

2021 Form 990

Please review the return for completeness and accuracy.

In addition, we have included a separate public disclosure copy of the Form 990 and Form 990-T (if applicable) on our secure portal site. All exempt organizations are required to have a copy of their current year Form 990 and two prior year returns available for public inspection. If the Form 990 includes a Schedule of Contributors (Schedule B), we have removed the names and addresses of contributors from this return, as this information is not open to public inspection. Only organizations exempt under 501(c)(3) must make the current year Form 990-T and two prior year returns available. Please print and sign the public disclosure copy(ies) and keep them available at your primary office location.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

We prepared the return from information you furnished us without verification. Upon examination of the return by tax authorities, requests may be made for underlying data. We therefore recommend that you preserve all records which you may be called upon to produce in connection with such possible examinations.

Many states require legal entities to register with them in order to do business in their state. Please remember to keep your registration active and current for each state where you have business activities.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax return.

Sincerely,

Wendy R. Cooley, CPA

# TAX RETURN FILING INSTRUCTIONS

FORM 990

**FOR THE YEAR ENDING**

June 30, 2022

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**Prepared For:**

Ms. Michelle Grossman, President/CEO  
Community Health Charities of Nebraska  
212 South 74th Street, Suite 205  
Omaha, NE 68114

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**Prepared By:**

Eide Bailly LLP  
18081 Burt St Ste 200  
Omaha, NE 68022-4722

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**Amount Due or Refund:**

Not applicable

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**Make Check Payable To:**

Not applicable

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**Mail Tax Return and Check (if applicable) To:**

Not applicable

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**Return Must be Mailed On or Before:**

Not applicable

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**Special Instructions:**

This copy of the return is provided ONLY for Public Disclosure purposes. Any confidential information regarding large donors has been removed.

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><br><b>COMBINED HEALTH AGENCIES DRIVE</b>         | Taxpayer identification number (TIN)<br><br><b>23-7162972</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>212 SOUTH 74TH STREET, 205</b>        |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>OMAHA, NE 68114</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 1041-A                       | 08          |
| Form 4720 (individual)                   | 03          | Form 4720 (other than individual) | 09          |
| Form 990-PF                              | 04          | Form 5227                         | 10          |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |
| Form 990-T (corporation)                 | 07          |                                   |             |

**SHANNON CASTILLO**

• The books are in the care of ▶ **212 S 74TH STREET - OMAHA, NE 68114**

Telephone No. ▶ **402-614-8500** Fax No. ▶ \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **MAY 15, 2023**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2021**, and ending **JUN 30, 2022**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.   | <b>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

Form **990**

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Open to Public Inspection

**A** For the 2021 calendar year, or tax year beginning **JUL 1, 2021** and ending **JUN 30, 2022**

|  |  |   |
|--|--|---|
| <b>B</b> Check if applicable:<br><br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>COMBINED HEALTH AGENCIES DRIVE</b><br>Doing business as<br>Number and street (or P.O. box if mail is not delivered to street address) Room/suite<br><b>212 SOUTH 74TH STREET 205</b><br>City or town, state or province, country, and ZIP or foreign postal code<br><b>OMAHA, NE 68114</b><br><b>F</b> Name and address of principal officer: <b>MICHELLE GROSSMAN</b><br><b>SAME AS C ABOVE</b> | <b>D</b> Employer identification number<br><b>23-7162972</b><br><b>E</b> Telephone number<br><b>402-614-8500</b><br><b>G</b> Gross receipts \$ <b>1,656,398.</b><br><b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. See instructions<br><b>H(c)</b> Group exemption number ▶ |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |
| <b>J</b> Website: ▶ <b>WWW.CHCNE.ORG</b>   |  |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  | <b>L</b> Year of formation: <b>1971</b> <b>M</b> State of legal domicile: <b>NE</b>   |

**Part I Summary**

|                                    |                |   |  |                                  |
|------------------------------------|----------------|---|--|----------------------------------|
|                                    | <b>1</b>       | Briefly describe the organization's mission or most significant activities: <b>IMPROVING LIVES BY RAISING FUNDS FOR NEBRASKA'S HEALTH CHARITIES THROUGH WORKPLACE GIVING.</b> |  |                                  |
|                                    | <b>2</b>       | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.                                       |  |                                  |
| <b>Activities &amp; Governance</b> | <b>3</b>       | Number of voting members of the governing body (Part VI, line 1a)   | <b>3</b>   | <b>41</b>                        |
|                                    | <b>4</b>       | Number of independent voting members of the governing body (Part VI, line 1b)   | <b>4</b>   | <b>41</b>                        |
|                                    | <b>5</b>       | Total number of individuals employed in calendar year 2021 (Part V, line 2a)  | <b>5</b>   | <b>7</b>                         |
|                                    | <b>6</b>       | Total number of volunteers (estimate if necessary)  | <b>6</b>   | <b>150</b>                       |
|                                    | <b>7a</b>      | Total unrelated business revenue from Part VIII, column (C), line 12  | <b>7a</b>  | <b>0.</b>                        |
|                                    | <b>7b</b>      | Net unrelated business taxable income from Form 990-T, Part I, line 11  | <b>7b</b>  | <b>0.</b>                        |
|                                    | <b>Revenue</b> | <b>8</b>  | Contributions and grants (Part VIII, line 1h)                    | <b>Prior Year</b><br>1,619,933.  |
| <b>9</b>                           |                | Program service revenue (Part VIII, line 2g)  | 923.   | 1,079.                           |
| <b>10</b>                          |                | Investment income (Part VIII, column (A), lines 3, 4, and 7d)   | 60,632.  | 49,684.                          |
| <b>11</b>                          |                | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)  | 0.   | 0.                               |
| <b>12</b>                          |                | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)  | 1,681,488.   | 1,618,485.                       |
| <b>Expenses</b>                    |                | <b>13</b>   | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 1,140,134.                       |
|                                    | <b>14</b>      | Benefits paid to or for members (Part IX, column (A), line 4)   | 0.   | 0.                               |
|                                    | <b>15</b>      | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)   | 412,515.   | 418,886.                         |
|                                    | <b>16a</b>     | Professional fundraising fees (Part IX, column (A), line 11e)   | 0.   | 0.                               |
|                                    | <b>b</b>       | Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>19,563.</b>  |  |                                  |
|                                    | <b>17</b>      | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)  | 88,387.  | 98,141.                          |
|                                    | <b>18</b>      | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)   | 1,641,036.   | 1,587,538.                       |
|                                    | <b>19</b>      | Revenue less expenses. Subtract line 18 from line 12  | 40,452.  | 30,947.                          |
| <b>Net Assets or Fund Balances</b> | <b>20</b>      | Total assets (Part X, line 16)  | <b>Beginning of Current Year</b><br>1,956,493.                   | <b>End of Year</b><br>1,787,751. |
|                                    | <b>21</b>      | Total liabilities (Part X, line 26)   | 1,058,290.   | 1,004,271.                       |
|                                    | <b>22</b>      | Net assets or fund balances. Subtract line 21 from line 20  | 898,203.   | 783,480.                         |

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

|                               |  |   |
|-------------------------------|--|---|
| <b>Sign Here</b>              | Signature of officer<br><b>MICHELLE GROSSMAN, PRESIDENT/CEO</b><br>Type or print name and title                      | Date  |
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>WENDY R. COOLEY, CPA</b>  | Preparer's signature<br>Date<br><b>12/20/22</b>   |
|                               | Firm's name ▶ <b>EIDE BAILLY LLP</b><br>Firm's address ▶ <b>18081 BURT ST STE 200</b><br><b>OMAHA, NE 68022-4722</b> | Check if self-employed <input type="checkbox"/> PTIN<br><b>P01523804</b><br>Firm's EIN ▶ <b>45-0250958</b><br>Phone no. <b>402-330-2660</b> |

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: IMPROVING LIVES BY RAISING FUNDS FOR NEBRASKA'S HEALTH CHARITIES THROUGH WORKPLACE GIVING.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 1,406,672. including grants of \$ 1,070,511. ) (Revenue \$ 1,079. ) COMBINED HEALTH AGENCIES DRIVE (CHAD) CONNECTS EMPLOYEES AND EMPLOYERS VIA THE WORKPLACE TO CHAD'S MEMBER CHARITIES AND THEIR PROGRAMS, SERVICES AND VOLUNTEER OPPORTUNITIES. THIS RELATIONSHIP ALLOWS EMPLOYEES TO GIVE TO CHARITIES THROUGH PAYROLL DEDUCTIONS AND OTHER TYPES OF GIFTS IN THEIR WORKPLACE. PARTICIPATING EMPLOYERS ARE STATEWIDE IN NEBRASKA AND IN ALL ECONOMIC SECTORS, INCLUDING BOTH PUBLIC AND PRIVATE ENTITIES. THE COMPANIES/EMPLOYERS RANGE FROM SMALL, LOCAL EMPLOYERS TO LARGE MULTINATIONAL COMPANIES.

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 1,406,672.

**Part IV Checklist of Required Schedules**

|  | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i>  | X   |    |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions  | X   |    |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>  |     | X  |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>   |     | X  |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>  |     | 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? <i>If "Yes," complete Schedule D, Part I</i>  |     | 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? <i>If "Yes," complete Schedule D, Part II</i>  |     | X  |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>   |     | 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? <i>If "Yes," complete Schedule D, Part IV</i>            |     | X  |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>   | X   |    |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.  |     |    |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>   | X   |    |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>  |     | X  |
| c 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? <i>If "Yes," complete Schedule D, Part VIII</i>  |     | X  |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>   |     | X  |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>   |     | X  |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>  |     | X  |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>  | X   |    |
| b Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>  |     | X  |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>  |     | X  |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?  |     | X  |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> |     | X  |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>   |     | X  |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>   |     | 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? <i>If "Yes," complete Schedule G, Part I.</i> See instructions   |     | 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? <i>If "Yes," complete Schedule G, Part II</i>   |     | X  |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>   |     | X  |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>   |     | X  |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?   |     |    |
| 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? <i>If "Yes," complete Schedule I, Parts I and II</i>  | X   |    |



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

|   | Yes | No |
|---|-----|----|
| <b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  |     | X  |
| <b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....  |     | X  |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....  |     | X  |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  |     |    |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   |     |    |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  |     |    |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  |     | X  |
| <b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....   |     | X  |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....   |     | X  |
| <b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> ..... |     | X  |
| <b>28</b> 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):  |     |    |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   |     | X  |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....  |     | X  |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   |     | X  |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   |     | X  |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   |     | X  |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   |     | X  |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....   |     | X  |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  |     | X  |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     |    |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   |     | X  |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....  |     | X  |
| <b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....  | X   |    |

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|   | Yes | No |
|---|-----|----|
| <b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....  |     |    |
| <b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....  |     |    |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | X   |    |

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

**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

**Section A. Governing Body and Management**

|           |  | Yes | No |
|-----------|--|-----|----|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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. |     |    |
|           | 1a 41  |     |    |
| <b>b</b>  | Enter the number of voting members included on line 1a, above, who are independent   |     |    |
|           | 1b 41  |     |    |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |     | X  |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  |     | X  |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |     | X  |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |     | X  |
| <b>6</b>  | Did the organization have members or stockholders?   |     | X  |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |     | X  |
| <b>b</b>  | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |     | X  |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |     |    |
| <b>a</b>  | The governing body?  | X   |    |
| <b>b</b>  | Each committee with authority to act on behalf of the governing body?  | X   |    |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |     | X  |

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

|            |  | Yes | No |
|------------|--|-----|----|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |     | X  |
| <b>b</b>   | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |     |    |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | X   |    |
| <b>b</b>   | Describe on Schedule O the process, if any, used by the organization to review this Form 990.  |     |    |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | X   |    |
| <b>b</b>   | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | X   |    |
| <b>c</b>   | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done   | X   |    |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | X   |    |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | X   |    |
| <b>15</b>  | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |     |    |
| <b>a</b>   | The organization's CEO, Executive Director, or top management official   | X   |    |
| <b>b</b>   | Other officers or key employees of the organization<br>If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  |     | X  |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |     | X  |
| <b>b</b>   | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? |     |    |
| <b>16b</b> |  |     |    |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **NONE**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     Upon request     Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **SHANNON CASTILLO - 402-614-8500**  
**212 S 74TH STREET, OMAHA, NE 68114**

**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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- 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.

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

| (A)<br>Name and title                                    | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) MICHELLE GROSSMAN<br>PRESIDENT/CEO                   | 40.00   |   |                       | X       |              |                              |        | 97,090.   | 0.   | 25,457.   |
| (2) SHANNON CASTILLO<br>DIRECTOR OF FINANCE              | 40.00   |   |                       | X       |              |                              |        | 47,153.   | 0.   | 2,406.  |
| (3) JAMIE GUTIERREZ<br>BOARD CHAIR                       | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (4) MIKE WADE<br>IMMEDIATE PAST BOARD CHAIR              | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (4) SCOTT MCLAIN<br>LINCOLN BOARD CHAIR                  | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (5) KATIE LOVE<br>SECRETARY                              | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (6) STEPHANIE VANICEK<br>TREASURER                       | 1.00  | X   |                       | X       |              |                              |        | 0.  | 0.   | 0.  |
| (7) LARRY GUENTHER<br>ALZHEIMER'S ASSN REP               | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (8) KATHY NELLOR<br>AMERICAN LUNG ASSOCIATION REP        | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (9) CARLO RINALDI<br>ARTHRITIS FOUNDATION REP            | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (10) CALE FURSTENBERG<br>CYSTIC FIBROSIS FOUNDATION REP  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (11) KRISTI CUNNINGHAM<br>JDRF NE-IA CHAPTER REP         | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (12) CARLA DEVELDER<br>NEBRASKA AIDS PROJECT REP         | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (13) TODD DEFREECE<br>MARCH OF DIMES REP                 | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (14) ELLEN DISALVO<br>NEBRASKA COMMUNITY BLOOD BANK REP  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (15) GARY GEORGE<br>NE HOSPICE & PALLIATIVE CARE ASSN RE | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (17) DAWN GONZALES<br>SUSAN G. KOMEN GREAT PLAINS REP    | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |

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

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC/1099-NEC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (18) KAREN CARSON<br>TEAM JACK FOUNDATION REP                  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (19) CARRIE KEENE<br>WEST CENTRAL BOARD CHAIR                  | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (20) PETER SENIOR<br>NE CHAPTER - NATIONAL HEMOPHILIA FND      | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (21) AMY JOHNSON<br>NEBRASKA HEALTH CARE FNDTN REP             | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (22) MARK LEHMAN<br>CHROHN'S & COLITIS FOUNDATION, NE-IA       | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (23) TODD MURPHY<br>EPILEPSY FOUNDATION NE REP                 | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (24) MARK RUSSELL<br>BRAIN INJURY ALLIANCE NEBRASKA REP        | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (25) TORI SORENSEN<br>UNITED CEREBRAL PALSY OF NEBRASKA RE     | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| (26) CHAD TREMEL<br>THE ALS ASSOCIATION MID-AMERICA REP        | 1.00  | X   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>1b Subtotal</b>   |   |   |                       |         |              |                              |        | 144,243.  | 0.   | 27,863.   |
| <b>c Total from continuation sheets to Part VII, Section A</b> |   |   |                       |         |              |                              |        | 0.  | 0.   | 0.  |
| <b>d Total (add lines 1b and 1c)</b>                           |   |   |                       |         |              |                              |        | 144,243.  | 0.   | 27,863.   |

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

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

**Section B. Independent Contractors**

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

| (A)<br>Name and business address | (B)<br>Description of services | (C)<br>Compensation |
|----------------------------------|--------------------------------|---------------------|
| NONE                             |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |
|                                  |                                |                     |

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

| (A)<br>Name and title                                   | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (check all that apply) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director         | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (27) TERESA LAYTON<br>DIRECTOR AT LARGE                 | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (28) KERRY HEINRICH<br>DIRECTOR AT LARGE                | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (29) SHARON BRODKEY<br>DIRECTOR AT LARGE                | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (30) DAVE BUSHEY<br>DIRECTOR AT LARGE                   | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (31) MICHAEL DEMMAN<br>DIRECTOR AT LARGE                | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (32) DREW FOSSUM<br>DIRECTOR AT LARGE                   | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (33) DAVID GILINSKY<br>DIRECTOR AT LARGE                | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (34) BRIAN W. KRUSE<br>DIRECTOR AT LARGE                | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (35) THOMAS MACY<br>DIRECTOR AT LARGE                   | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (36) LINDSAY PATT<br>DIRECTOR AT LARGE                  | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (37) STEVE PATTERSON<br>DIRECTOR AT LARGE               | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (38) VINCE PILLE<br>DIRECTOR AT LARGE                   | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (39) GREG PORTER<br>DIRECTOR AT LARGE                   | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (40) AMBER PRESTON<br>DIRECTOR AT LARGE                 | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (41) MERV RIEPE<br>DIRECTOR AT LARGE                    | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (42) JIM SCHELBLE<br>DIRECTOR AT LARGE                  | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (43) JANE BEERMAN<br>DIRECTOR AT LARGE                  | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
| (44) JEN CUNNINGHAM<br>DIRECTOR AT LARGE THROUGH 3/2022 | 1.00  | X                                      |                       |         |              |                              |        | 0.   | 0.  | 0.  |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
| Total to Part VII, Section A, line 1c .....             |   |  |                       |         |              |                              |        |  |   |   |

**Part VIII Statement of Revenue**

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

|   |   |                      | (A)            | (B)                                | (C)                        | (D)  |  |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
|   |   |                      | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| Contributions, Gifts, Grants and Other Similar Amounts  | <b>1 a</b> Federated campaigns .....  | <b>1a</b> 1,104,246. |                |                                    |                            |  |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>            |                |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>            |                |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b> 463,476.   |                |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f .....                                | <b>1g</b> \$         |                |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   | ▶ 1,567,722.         |                |                                    |                            |  |  |
| Program Service Revenue   | <b>2 a</b> LEADERSHIP 25 INCOME   | Business Code 900099 | 1,079.         | 1,079.                             |                            |  |  |
|   | <b>b</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>c</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>d</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>e</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue .....  |                      |                |                                    |                            |  |  |
|   | <b>g Total.</b> Add lines 2a-2f .....   | ▶ 1,079.             |                |                                    |                            |  |  |
| Other Revenue   | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... | ▶ 22,756.            |                |                                    |                            | 22,756.  |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....                           | ▶                    |                |                                    |                            |  |  |
|   | <b>5</b> Royalties .....  | ▶                    |                |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents .....  | <b>6a</b>            | (i) Real       |                                    |                            |  |  |
|   |   |                      | (ii) Personal  |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses ...  | <b>6b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss) .....  | ▶                    |                |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory .....                     | <b>7a</b>            | (i) Securities |                                    |                            |  |  |
|   |   |                      | (ii) Other     |                                    |                            |  |  |
|   |   |                      | 64,841.        |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b> 37,913.    |                |                                    |                            |  |  |
| <b>c</b> Gain or (loss) .....   | <b>7c</b> 26,928.   |                      |                |                                    |                            |  |  |
| <b>d</b> Net gain or (loss) .....   | ▶ 26,928.   |                      |                |                                    | 26,928.                    |  |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....  | <b>8b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....   | ▶   |                      |                |                                    |                            |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....  | <b>9b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....  | ▶   |                      |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....   | <b>10a</b>  |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold .....   | <b>10b</b>  |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory .....   | ▶   |                      |                |                                    |                            |  |  |
| Miscellaneous Revenue   | <b>11 a</b> _____   | Business Code        |                |                                    |                            |  |  |
|   | <b>b</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>c</b> _____  |                      |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue .....  |                      |                |                                    |                            |  |  |
|   | <b>e Total.</b> Add lines 11a-11d .....   | ▶                    |                |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions .....   | ▶ 1,618,485.  |                      | 1,079.         | 0.                                 | 49,684.                    |  |  |

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 1,070,511.            | 1,070,511.                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   | 174,043.              | 81,960.                         | 83,381.                                | 8,702.                      |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   | 200,606.              | 170,614.                        | 28,597.                                | 1,395.                      |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   | 8,654.                | 5,882.                          | 2,724.                                 | 48.                         |
| <b>9</b> Other employee benefits .....  | 9,362.                | 8,213.                          |  | 1,149.                      |
| <b>10</b> Payroll taxes .....   | 26,221.               | 17,787.                         | 7,763.                                 | 671.                        |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  |                       |                                 |  |                             |
| <b>c</b> Accounting .....   | 20,674.               | 2,067.                          | 16,540.                                | 2,067.                      |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   | 6,722.                |                                 | 6,722.                                 |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)   | 2,518.                | 1,806.                          | 482.                                   | 230.                        |
| <b>12</b> Advertising and promotion .....   |                       |                                 |  |                             |
| <b>13</b> Office expenses .....   | 16,781.               | 13,006.                         | 2,097.                                 | 1,678.                      |
| <b>14</b> Information technology .....  |                       |                                 |  |                             |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 26,687.               | 21,349.                         | 2,669.                                 | 2,669.                      |
| <b>17</b> Travel .....  | 3,956.                | 3,363.                          | 395.                                   | 198.                        |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  | 2,573.                | 2,316.                          | 257.                                   |                             |
| <b>20</b> Interest .....  |                       |                                 |  |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 2,518.                | 2,014.                          | 252.                                   | 252.                        |
| <b>23</b> Insurance .....   | 4,402.                | 1,761.                          | 2,201.                                 | 440.                        |
| <b>24</b> 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.) |                       |                                 |  |                             |
| <b>a</b> <b>BAD DEBT EXPENSE</b>  | 5,490.                |                                 | 5,490.                                 |                             |
| <b>b</b> <b>CAMPAIGN EXPENSE</b>  | 3,363.                | 3,195.                          | 168.                                   |                             |
| <b>c</b> <b>MEMBERSHIP DUES</b>   | 1,273.                | 636.                            | 573.                                   | 64.                         |
| <b>d</b> <b>MISCELLANEOUS</b>   | 1,184.                | 192.                            | 992.                                   |                             |
| <b>e</b> All other expenses _____   |                       |                                 |  |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 1,587,538.            | 1,406,672.                      | 161,303.                               | 19,563.                     |
| <b>26</b> <b>Joint costs.</b> 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)



**Part X Balance Sheet**

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

|  |  | (A)<br>Beginning of year |            | (B)<br>End of year |
|--|--|--------------------------|------------|--------------------|
| <b>Assets</b>  | <b>1</b> Cash - non-interest-bearing .....   | 207,503.                 | <b>1</b>   | 56,963.            |
|  | <b>2</b> Savings and temporary cash investments .....  | 8,372.                   | <b>2</b>   | 9,005.             |
|  | <b>3</b> Pledges and grants receivable, net .....  | 931,948.                 | <b>3</b>   | 1,034,787.         |
|  | <b>4</b> Accounts receivable, net .....  |                          | <b>4</b>   |                    |
|  | <b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |                          | <b>5</b>   |                    |
|  | <b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....   |                          | <b>6</b>   |                    |
|  | <b>7</b> Notes and loans receivable, net .....   |                          | <b>7</b>   |                    |
|  | <b>8</b> Inventories for sale or use .....   |                          | <b>8</b>   |                    |
|  | <b>9</b> Prepaid expenses and deferred charges .....   | 6,240.                   | <b>9</b>   | 2,155.             |
|  | <b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....   | <b>10a</b> 24,140.       |            |                    |
|  | <b>b</b> Less: accumulated depreciation .....  | <b>10b</b> 13,524.       |            |                    |
|  | <b>11</b> Investments - publicly traded securities .....   | 12,599.                  | <b>10c</b> | 10,616.            |
|  | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 726,503.                 | <b>11</b>  | 615,837.           |
|  | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | <b>12</b>  |                    |
|  | <b>14</b> Intangible assets .....  |                          | <b>13</b>  |                    |
|  | <b>15</b> Other assets. See Part IV, line 11 .....   | 63,328.                  | <b>14</b>  | 58,388.            |
| <b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) .....   | 1,956,493.   | <b>15</b>                | 1,787,751. |                    |
| <b>17</b> Accounts payable and accrued expenses .....  | 34,989.  | <b>16</b>                | 1,787,751. |                    |
| <b>18</b> Grants payable .....   | 1,023,301.   | <b>17</b>                | 37,304.    |                    |
| <b>19</b> Deferred revenue .....   |  | <b>18</b>                | 966,967.   |                    |
| <b>20</b> Tax-exempt bond liabilities .....  |  | <b>19</b>                |            |                    |
| <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |  | <b>20</b>                |            |                    |
| <b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons ..... |  | <b>21</b>                |            |                    |
| <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   |  | <b>22</b>                |            |                    |
| <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |  | <b>23</b>                |            |                    |
| <b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....                                      |  | <b>24</b>                |            |                    |
| <b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....  | 1,058,290.   | <b>25</b>                | 1,004,271. |                    |
| <b>27</b> <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |  | <b>26</b>                |            |                    |
| <b>28</b> Net assets without donor restrictions .....  | -432,045.  |                          | -507,601.  |                    |
| <b>29</b> Net assets with donor restrictions .....   | 1,330,248.   |                          | 1,291,081. |                    |
| <b>30</b> <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |  |                          |            |                    |
| <b>31</b> Capital stock or trust principal, or current funds .....   |  | <b>27</b>                |            |                    |
| <b>32</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |  | <b>28</b>                |            |                    |
| <b>33</b> Retained earnings, endowment, accumulated income, or other funds .....   |  | <b>29</b>                |            |                    |
| <b>34</b> Total net assets or fund balances .....  | 898,203.   | <b>30</b>                | 783,480.   |                    |
| <b>35</b> Total liabilities and net assets/fund balances .....   | 1,956,493.   | <b>31</b>                | 1,787,751. |                    |

**Part XI Reconciliation of Net Assets**

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

|           |  |           |            |
|-----------|--|-----------|------------|
| <b>1</b>  | Total revenue (must equal Part VIII, column (A), line 12)  | <b>1</b>  | 1,618,485. |
| <b>2</b>  | Total expenses (must equal Part IX, column (A), line 25)   | <b>2</b>  | 1,587,538. |
| <b>3</b>  | Revenue less expenses. Subtract line 2 from line 1   | <b>3</b>  | 30,947.    |
| <b>4</b>  | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))                      | <b>4</b>  | 898,203.   |
| <b>5</b>  | Net unrealized gains (losses) on investments   | <b>5</b>  | -140,730.  |
| <b>6</b>  | Donated services and use of facilities   | <b>6</b>  |            |
| <b>7</b>  | Investment expenses  | <b>7</b>  |            |
| <b>8</b>  | Prior period adjustments   | <b>8</b>  |            |
| <b>9</b>  | Other changes in net assets or fund balances (explain on Schedule O)   | <b>9</b>  | -4,940.    |
| <b>10</b> | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | <b>10</b> | 783,480.   |

**Part XII Financial Statements and Reporting**

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

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? \_\_\_\_\_  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? \_\_\_\_\_  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? \_\_\_\_\_
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits \_\_\_\_\_

|           | Yes | No |
|-----------|-----|----|
| <b>2a</b> |     | X  |
| <b>2b</b> | X   |    |
| <b>2c</b> | X   |    |
| <b>3a</b> |     | X  |
| <b>3b</b> |     |    |



**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.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  | 1610812. | 1787595. | 1555897. | 1619933. | 1567722. | 8141959.  |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  | 1610812. | 1787595. | 1555897. | 1619933. | 1567722. | 8141959.  |
| <b>5</b> 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) ..... |          |          |          |          |          | 150,954.  |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          | 7991005.  |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total                |
|---|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....  | 1610812. | 1787595. | 1555897. | 1619933. | 1567722. | 8141959.                 |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....  | 15,247.  | 18,999.  | 19,807.  | 16,375.  | 22,756.  | 93,184.                  |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....   |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....   |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10   |          |          |          |          |          | 8235143.                 |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....   |          |          |          |          | 12       | 15,977.                  |
| <b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |                                     |         |
|---|-------------------------------------|---------|
| <b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) .....   | <b>14</b>                           | 97.04 % |
| <b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 .....  | <b>15</b>                           | 98.43 % |
| <b>16a 33 1/3% support test - 2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  | <input checked="" type="checkbox"/> |         |
| <b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   | <input type="checkbox"/>            |         |
| <b>17a 10% -facts-and-circumstances test - 2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....    | <input type="checkbox"/>            |         |
| <b>b 10% -facts-and-circumstances test - 2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ..... | <input type="checkbox"/>            |         |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  | <input type="checkbox"/>            |         |

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose ..... |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....  |          |          |          |          |          |           |
| <b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) 2021 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ..... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                           |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on .....      |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                  |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

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

|   |           |   |
|---|-----------|---|
| <b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on 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**

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

**Part IV Supporting Organizations** *(continued)*

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization? |     |    |
| <b>b</b> A family member of a person described on line 11a above?  |     |    |
| <b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>                              |     |    |
| <b>11a</b>   |     |    |
| <b>11b</b>   |     |    |
| <b>11c</b>   |     |    |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove 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.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i> |     |    |
| <b>1</b>   |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? |     |    |
| <b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   |     |    |
| <b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     |    |
| <b>1</b>  |     |    |
| <b>2</b>  |     |    |
| <b>3</b>  |     |    |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |     |    |
|---|-----|----|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |     |    |
| <b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.  |     |    |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |     |    |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).   |     |    |
| <b>2</b> Activities Test. Answer lines 2a and 2b below.   |     |    |
| <b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i> | Yes | No |
| <b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  |     |    |
| <b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.   |     |    |
| <b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>   |     |    |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |     |    |
| <b>2a</b>   |     |    |
| <b>2b</b>   |     |    |
| <b>3a</b>   |     |    |
| <b>3b</b>   |     |    |

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

| <b>Section A - Adjusted Net Income</b> |  | (A) Prior Year | (B) Current Year (optional) |
|--|--|----------------|-----------------------------|
| 1                                      | Net short-term capital gain  | 1              |                             |
| 2                                      | Recoveries of prior-year distributions   | 2              |                             |
| 3                                      | Other gross income (see instructions)  | 3              |                             |
| 4                                      | Add lines 1 through 3.   | 4              |                             |
| 5                                      | Depreciation and depletion   | 5              |                             |
| 6                                      | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6              |                             |
| 7                                      | Other expenses (see instructions)  | 7              |                             |
| 8                                      | <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)  | 8              |                             |

| <b>Section B - Minimum Asset Amount</b> |   | (A) Prior Year | (B) Current Year (optional) |
|---|---|----------------|-----------------------------|
| 1                                       | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): |                |                             |
| a                                       | Average monthly value of securities   | 1a             |                             |
| b                                       | Average monthly cash balances   | 1b             |                             |
| c                                       | Fair market value of other non-exempt-use assets  | 1c             |                             |
| d                                       | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                       | <b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):                                  |                |                             |
| 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, 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                                       | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| <b>Section C - Distributable Amount</b> |   |   | Current Year |
|---|---|---|--------------|
| 1                                       | Adjusted net income for prior year (from Section A, line 8, column A)   | 1 |              |
| 2                                       | Enter 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                                       | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6 |              |
| 7                                       | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |   |              |



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

| <b>Section D - Distributions</b> |   | <b>Current Year</b> |
|----------------------------------|---|---------------------|
| <b>1</b>                         | Amounts paid to supported organizations to accomplish exempt purposes   | <b>1</b>            |
| <b>2</b>                         | Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity               | <b>2</b>            |
| <b>3</b>                         | Administrative expenses paid to accomplish exempt purposes of supported organizations   | <b>3</b>            |
| <b>4</b>                         | Amounts paid to acquire exempt-use assets   | <b>4</b>            |
| <b>5</b>                         | Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i> )  | <b>5</b>            |
| <b>6</b>                         | Other distributions ( <i>describe in Part VI</i> ). See instructions.   | <b>6</b>            |
| <b>7</b>                         | <b>Total annual distributions.</b> Add lines 1 through 6.   | <b>7</b>            |
| <b>8</b>                         | Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions. | <b>8</b>            |
| <b>9</b>                         | Distributable amount for 2021 from Section C, line 6  | <b>9</b>            |
| <b>10</b>                        | Line 8 amount divided by line 9 amount  | <b>10</b>           |

| <b>Section E - Distribution Allocations</b> (see instructions)   | <b>(i)<br/>Excess Distributions</b> | <b>(ii)<br/>Underdistributions<br/>Pre-2021</b> | <b>(iii)<br/>Distributable<br/>Amount for 2021</b> |
|--|-------------------------------------|---|--|
| <b>1</b> Distributable amount for 2021 from Section C, line 6  |                                     |   |  |
| <b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i> ). See instructions.   |                                     |   |  |
| <b>3</b> Excess distributions carryover, if any, to 2021   |                                     |   |  |
| <b>a</b> From 2016   |                                     |   |  |
| <b>b</b> From 2017   |                                     |   |  |
| <b>c</b> From 2018   |                                     |   |  |
| <b>d</b> From 2019   |                                     |   |  |
| <b>e</b> From 2020   |                                     |   |  |
| <b>f</b> <b>Total</b> of lines 3a through 3e   |                                     |   |  |
| <b>g</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>h</b> Applied to 2021 distributable amount  |                                     |   |  |
| <b>i</b> Carryover from 2016 not applied (see instructions)  |                                     |   |  |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.  |                                     |   |  |
| <b>4</b> Distributions for 2021 from Section D, line 7: \$   |                                     |   |  |
| <b>a</b> Applied to underdistributions of prior years  |                                     |   |  |
| <b>b</b> Applied to 2021 distributable amount  |                                     |   |  |
| <b>c</b> Remainder. Subtract lines 4a and 4b from line 4.  |                                     |   |  |
| <b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions. |                                     |   |  |
| <b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.                        |                                     |   |  |
| <b>7</b> <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.   |                                     |   |  |
| <b>8</b> Breakdown of line 7:  |                                     |   |  |
| <b>a</b> Excess from 2017  |                                     |   |  |
| <b>b</b> Excess from 2018  |                                     |   |  |
| <b>c</b> Excess from 2019  |                                     |   |  |
| <b>d</b> Excess from 2020  |                                     |   |  |
| <b>e</b> Excess from 2021  |                                     |   |  |





**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990 or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

Name of the organization

COMBINED HEALTH AGENCIES DRIVE

Employer identification number

23-7162972

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

|   |   |
|---|---|
| Name of organization<br><br><b>COMBINED HEALTH AGENCIES DRIVE</b> | Employer identification number<br><br><b>23-7162972</b> |
|---|---|

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| 1          | <hr/> <hr/> <hr/>                 | \$ 567,938.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 2          | <hr/> <hr/> <hr/>                 | \$ 536,308.                | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 3          | <hr/> <hr/> <hr/>                 | \$ 95,500.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| 4          | <hr/> <hr/> <hr/>                 | \$ 53,045.                 | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |
|            | <hr/> <hr/> <hr/>                 | \$ _____                   | Person <input type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.)            |

|   |   |
|---|---|
| Name of organization<br><br><b>COMBINED HEALTH AGENCIES DRIVE</b> | Employer identification number<br><br><b>23-7162972</b> |
|---|---|

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |
|                              | _____  | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><br><b>COMBINED HEALTH AGENCIES DRIVE</b> | Employer identification number<br><br><b>23-7162972</b> |
|---|---|

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|---|---------------------|--|-------------------------------------|
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |
| (a) No. from Part I                     | (b) Purpose of gift | (c) Use of gift                          | (d) Description of how gift is held |
|   |                     |  |                                     |
| <b>(e) Transfer of gift</b>             |                     |  |                                     |
| Transferee's name, address, and ZIP + 4 |                     | Relationship of transferor to transferee |                                     |
|   |                     |  |                                     |

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

2021

Open to Public Inspection

Name of the organization COMBINED HEALTH AGENCIES DRIVE Employer identification number 23-7162972

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and acquired after 7/25/06), and questions 3-9 regarding monitoring, expenses, and reporting.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions 1a, 1b, and 2 regarding art and historical treasures, with sub-rows for revenue and assets.



**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|  | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance                     | 770,417.         | 629,562.       | 630,577.           | 612,484.             | 577,756.            |
| b Contributions                                  | 14,735.          | 10,805.        | 12,855.            | 9,070.               | 8,775.              |
| c Net investment earnings, gains, and losses     | -97,685.         | 154,924.       | 10,230.            | 31,623.              | 39,953.             |
| d Grants or scholarships                         | 27,000.          | 24,874.        | 24,100.            | 22,600.              | 14,000.             |
| e Other expenditures for facilities and programs |                  |                |                    |                      |                     |
| f Administrative expenses                        |                  |                |                    |                      |                     |
| g End of year balance                            | 660,467.         | 770,417.       | 629,562.           | 630,577.             | 612,484.            |

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment  .0000 %
  - b Permanent endowment  100 %
  - c Term endowment  .0000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes                      | No                                  |
|---|--------------------------|-------------------------------------|
| (i) Unrelated organizations   | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) Related organizations  | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>            |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

| Description of property  | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|--|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land  |                                      |                                 |                              |                |
| b Buildings  |                                      |                                 |                              |                |
| c Leasehold improvements   |                                      |                                 |                              |                |
| d Equipment  |                                      | 24,140.                         | 13,524.                      | 10,616.        |
| e Other  |                                      |                                 |                              |                |
| <b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) |                                      |                                 |                              | 10,616.        |

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A)   |                |   |
| (B)   |                |   |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ |                |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

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

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

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

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

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 ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |  |           |            |
|----------|--|-----------|------------|
| <b>1</b> | Total revenue, gains, and other support per audited financial statements                       | <b>1</b>  | 1,470,370. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part VIII, line 12:                            |           |            |
| <b>a</b> | Net unrealized gains (losses) on investments   | <b>2a</b> | -140,730.  |
| <b>b</b> | Donated services and use of facilities   | <b>2b</b> | 4,277.     |
| <b>c</b> | Recoveries of prior year grants  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)   | <b>2d</b> | -4,940.    |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>  | <b>2e</b> | -141,393.  |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>   | <b>3</b>  | 1,611,763. |
| <b>4</b> | Amounts included on Form 990, Part VIII, line 12, but not on line 1:                           |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                               | <b>4a</b> | 6,722.     |
| <b>b</b> | Other (Describe in Part XIII.)   | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>  | <b>4c</b> | 6,722.     |
| <b>5</b> | Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) | <b>5</b>  | 1,618,485. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|          |   |           |            |
|----------|---|-----------|------------|
| <b>1</b> | Total expenses and losses per audited financial statements                                      | <b>1</b>  | 1,585,093. |
| <b>2</b> | Amounts included on line 1 but not on Form 990, Part IX, line 25:                               |           |            |
| <b>a</b> | Donated services and use of facilities  | <b>2a</b> | 4,277.     |
| <b>b</b> | Prior year adjustments  | <b>2b</b> |            |
| <b>c</b> | Other losses  | <b>2c</b> |            |
| <b>d</b> | Other (Describe in Part XIII.)  | <b>2d</b> |            |
| <b>e</b> | Add lines <b>2a</b> through <b>2d</b>   | <b>2e</b> | 4,277.     |
| <b>3</b> | Subtract line <b>2e</b> from line <b>1</b>  | <b>3</b>  | 1,580,816. |
| <b>4</b> | Amounts included on Form 990, Part IX, line 25, but not on line 1:                              |           |            |
| <b>a</b> | Investment expenses not included on Form 990, Part VIII, line 7b                                | <b>4a</b> | 6,722.     |
| <b>b</b> | Other (Describe in Part XIII.)  | <b>4b</b> |            |
| <b>c</b> | Add lines <b>4a</b> and <b>4b</b>   | <b>4c</b> | 6,722.     |
| <b>5</b> | Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) | <b>5</b>  | 1,587,538. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

CHAD HOLDS ENDOWMENT FUNDS FOR SUPPORT OF ITS MEMBER CHARITIES THAT CONSIST PRIMARILY OF INVESTMENTS AND LIFE INSURANCE POLICIES. INCOME FROM THE ENDOWMENT FUNDS IS USED TO SUPPORT ONE OR MORE MEMBER CHARITIES EACH YEAR THROUGH A GRANTING PROCESS.

**PART XI, LINE 2D - OTHER ADJUSTMENTS:**

|  |         |
|--|---------|
| CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE | 83.     |
| CHANGE IN BENEFICIAL INTEREST                    | -5,023. |
| TOTAL TO SCHEDULE D, PART XI, LINE 2D            | -4,940. |



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

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

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization **COMBINED HEALTH AGENCIES DRIVE** Employer identification number **23-7162972**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government                              | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of noncash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance   |
|--|----------------|--|---------------------------------|---|--|--|---|
| ALZHEIMER'S ASSOCIATION, MIDLANDS CHAPTER - 8790 F ST, STE 404 - OMAHA, NE 68127         | 47-0648438     | 501(C)(3)                              | 144,553.                        | 0.                                      |  |  | TO PROVIDE EDUCATION AND SUPPORT TO ALZHEIMER'S RELATED DISEASES                            |
| AMERICAN LUNG ASSN OF THE CENTRAL STATES - 11225 DAVENPORT ST, STE 101 - OMAHA, NE 68154 | 43-0662525     | 501(C)(3)                              | 45,715.                         | 0.                                      |  |  | TO FIGHT LUNG DISEASE AND PROMOTE LUNG HEALTH THROUGH EDUCATION, ADVOCACY, RESEARCH, AND    |
| ARTHRITIS FOUNDATION, NEBRASKA CHAPTER - 16614 VINTON CIRCLE - OMAHA, NE 68130           | 47-0483544     | 501(C)(3)                              | 28,534.                         | 0.                                      |  |  | TO IMPROVE LIVES THROUGH LEADERSHIP IN THE PREVENTION, CONTROL AND CURE OF ARTHRITIS AND    |
| AUTISM ACTION PARTNERSHIP 10110 NICHOLAS STREET #202 OMAHA, NE 68114                     | 20-6892034     | 501(C)(3)                              | 42,219.                         | 0.                                      |  |  | TO IMPROVE THE QUALITY OF LIFE OF PERSONS WITH AUTISM SPECTRUM DISORDERS AND THEIR FAMILIES |
| BRAIN INJURY ALLIANCE OF NEBRASKA PO BOX 22147 LINCOLN, NE 68542                         | 26-0851140     | 501(C)(3)                              | 23,704.                         | 0.                                      |  |  | TO SUPPORT THOSE WITH TRAUMATIC BRAIN INJURIES  |
| CROHN'S & COLITIS FOUNDATION OF NEBRASKA - 268 N 115 ST, STE 2 - OMAHA, NE 68154         | 13-6193105     | 501(C)(3)                              | 35,633.                         | 0.                                      |  |  | TO CURE CROHN'S DISEASE AND ULCERATIVE COLITIS, AND TO IMPROVE THE QUALITY OF LIFE OF       |

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶ 24.**

**3** Enter total number of other organizations listed in the line 1 table **▶ 0.**

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

Schedule I (Form 990) 2021

**SEE PART IV FOR COLUMN (H) DESCRIPTIONS**

**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 | (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   |
|--|------------|-------------------------------|--------------------------|----------------------------------|---|--|--|
| CYSTIC FIBROSIS FOUNDATION, NE CHAPTER - 2827 S 88TH STREET - OMAHA, NE 68124                              | 13-1930701 | 501(C)(3)                     | 44,308.                  | 0.                               |   |  | TO SUPPORT INNOVATIVE RESEARCH TO CONTROL AND CURE CYSTIC FIBROSIS, PROVIDE SPECIALIZED          |
| EPILEPSY FOUNDATION OF NEBRASKA UNO COMMUNITY ENGAGEMENT CAMPUS 6001 DODGE ST, CEC 228.6 - OMAHA, NE 68132 | 52-0856660 | 501(C)(3)                     | 8,554.                   | 0.                               |   |  | TO PROVIDE PROGRAMS AND SERVICES TO PEOPLE AND FAMILIES OF NEBRASKA IMPACTED BY EPILEPSY. WE     |
| HAITIAN AMERICAN FRIENDSHIP FOUNDATION - PO BOX 3421 - NORTH FT. MEYERS, FL 33918                          | 95-3248186 | 501(C)(3)                     | 10,000.                  | 0.                               |   |  | TO PARTNER WITH THE HAITIANS IN CENTRAL PLATEAU OF HAITI THROUGH ACADEMIC VOCATIONAL AND         |
| JUVENILE DIABETES RESEARCH FOUNDATION - 9202 WEST DODGE RD STE 304 - OMAHA, NE 68114                       | 23-1907729 | 501(C)(3)                     | 115,707.                 | 0.                               |   |  | TO IMPROVE THE LIVES OF CHILDREN AND ADULTS LIVING WITH TYPE 1 DIABETES (T1D) THROUGH            |
| MARCH OF DIMES NEBRASKA CHAPTER 3606 N 156, STE 101-248 OMAHA, NE 68116                                    | 13-1846366 | 501(C)(3)                     | 12,728.                  | 0.                               |   |  | TO IMPROVE THE LIVES OF INFANTS BY PREVENTING PREMATURE BIRTH, BIRTH DEFECTS AND INFANT          |
| MUSCULAR DYSTROPHY ASSOCIATION 1685 S COLORADO BLVD, UNIT S DENVER, CO 80222                               | 13-1665552 | 501(C)(3)                     | 6,993.                   | 0.                               |   |  | TO ASSIST IN FIGHTING NEUROMUSCULAR DISEASES THROUGH WORLDWIDE RESEARCH, A NATIONWIDE            |
| NATIONAL MULTIPLE SCLEROSIS SOCIETY, NE CHAPTER - 7611 STATE LINE, STE 100 - KANSAS CITY, MO 64114         | 47-0439079 | 501(C)(3)                     | 43,376.                  | 0.                               |   |  | TO AID IN ENDING THE DEVASTATING EFFECTS OF MS, OFFERING INFORMATION AND REFERRAL, EDUCATION     |
| NEBRASKA AIDS PROJECT 250 S 77TH ST STE A OMAHA, NE 68114  | 47-0786622 | 501(C)(3)                     | 31,310.                  | 0.                               |   |  | TO LEAD THE COMMUNITY IN THE FIGHT TO OVERCOME HIV/AIDS AND ITS STIGMA THROUGH EDUCATION,        |
| NEBRASKA COMMUNITY BLOOD BANK 100 NORTH 84TH STREET LINCOLN, NE 68505                                      | 41-8693869 | 501(C)(3)                     | 9,673.                   | 0.                               |   |  | TO PROVIDE COMPREHENSIVE BLOOD PRODUCTS, ADVANCED LABORATORY SERVICES, AND ENHANCED VALUE-DRIVEN |

**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 | (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  |
|---|------------|-------------------------------|--------------------------|----------------------------------|---|--|---|
| NEBRASKA HEALTH CARE FOUNDATION<br>1200 LIBRA DRIVE, STE 100<br>LINCOLN, NE 68512                   | 36-3573679 | 501(C)(3)                     | 8,555.                   | 0.                               |   |  | TO HELP ENSURE THERE ARE AN ADEQUATE NUMBER OF TRAINED PROFESSIONALS TO CARE FOR RESIDENTS OF           |
| NEBRASKA CHAPTER OF THE NATIONAL HEMOPHILIA FOUNDATION - 8031 W CENTER RD STE 304 - OMAHA, NE 68124 | 13-5641857 | 501(C)(3)                     | 10,836.                  | 0.                               |   |  | TO FIND BETTER TREATMENTS AND CURES FOR INHERITABLE BLEEDING DISORDERS AND TO PREVENT THE COMPLICATIONS |
| NEBRASKA HOSPICE & PALLIATIVE CARE PARTNERSHIP - 1519 M STREET - COZAD, NE 69130                    | 47-0673727 | 501(C)(3)                     | 32,132.                  | 0.                               |   |  | TO IMPROVE CARE AND CONDITIONS FOR CHRONICALLY AND TERMINALLY ILL NEBRASKANS                            |
| NEBRASKA KIDNEY ASSOCIATION, INC.<br>PO BOX 42<br>MINDEN, NE 68959                                  | 23-7225449 | 501(C)(3)                     | 54,293.                  | 0.                               |   |  | TO PROVIDE INFORMATION AND REFERRALS TO THOSE WITH KIDNEY AND UROLOGIC DISEASES AND TRANSPLANT          |
| SUSAN G KOMEN FOR THE CURE NEBRASKA - 16309 CRAIG AVE - BENNINGTON, NE 68007                        | 26-0056671 | 501(C)(3)                     | 27,506.                  | 0.                               |   |  | TO PROVIDE GRANTS TO LOCAL ORGANIZATIONS TO SUPPORT BREAST HEALTH EDUCATION, SCREENING AND              |
| THE ALS ASSN MID AMERICA CHAPTER<br>900 S. 74TH PLAZA, STE 106<br>OMAHA, NE 68114                   | 48-1021611 | 501(C)(3)                     | 40,442.                  | 0.                               |   |  | TO EMPOWER PEOPLE WITH ALS AND THEIR FAMILIES TO LIVE FULLER LIVES, PROVIDING THEM WITH                 |
| TEAM JACK<br>PO BOX 607<br>ATKINSON, NE 68713   | 46-2301134 | 501(C)(3)                     | 47,558.                  | 0.                               |   |  | TO RAISE MONEY TO FUND IMPACTFUL PEDIATRIC BRAIN CANCER RESEARCH AND WORK TO CREATE NATIONAL            |
| THE LEUKEMIA & LYMPHOMA SOCIETY<br>11840 NICHOLAS ST, STE 215<br>OMAHA, NE 68154                    | 13-5644916 | 501(C)(3)                     | 71,295.                  | 0.                               |   |  | TO CURE LEUKEMIA, NON-HODGKIN'S LYMPHOMA, HODGKIN'S LYMPHOMA AND MYELOMA AND IMPROVE THE                |
| UNITED CEREBRAL PALSY OF NEBRASKA<br>11930 ARBOR ST, STE 202<br>OMAHA, NE 68114                     | 47-0534212 | 501(C)(3)                     | 22,835.                  | 0.                               |   |  | TO PROVIDE PROGRAMS, SERVICES, INFORMATION, REFERRAL, AND FINANCIAL SUPPORT FOR INDIVIDUALS             |

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

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |
|                                 |                          |                          |                                   |   |                                       |

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

FUNDS CONTRIBUTED BY DONORS IN WORKPLACE CAMPAIGNS CONDUCTED BY OR IN PARTNERSHIP WITH CHAD ARE EITHER DESIGNATED OR UNDESIGNATED FOR SPECIFIC AGENCIES.

DESIGNATED FUNDS: FULL MEMBER AGENCIES ARE CREDITED WITH ALL SPECIFICALLY DESIGNATED FUNDS. DESIGNATED FUNDS ARE DISTRIBUTED QUARTERLY (SEPTEMBER, DECEMBER, MARCH AND JUNE) THE FISCAL YEAR FOLLOWING THE FISCAL YEAR IN WHICH THEY WERE PLEDGED.



**Part IV** Supplemental Information

UNDESIGNATED FUNDS: THE UNDESIGNATED FUNDS, LESS EXPENSES ARE CREDITED TO EACH MEMBER AGENCY BASED ON THE PERCENTAGE OF EACH AGENCY'S DESIGNATED FUNDS RELATIVE TO THE TOTAL OF ALL DESIGNATED FUNDS. THIS PERCENTAGE IS CALCULATED ANNUALLY AT THE END OF EVERY FISCAL YEAR FOR EACH AGENCY BY DIVIDING ITS DESIGNATED FUNDS BY THE TOTAL OF ALL DESIGNATED FUNDS FROM NON-NATIONAL CAMPAIGNS. UNDESIGNATED FUNDS ARE DISTRIBUTED FROM AVAILABLE COLLECTED RECEIVABLES ON THE LAST DAY OF EACH CALENDAR QUARTER (SEPTEMBER, DECEMBER, MARCH AND JUNE).

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN LUNG ASSN OF THE CENTRAL STATES

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FIGHT LUNG DISEASE AND PROMOTE LUNG HEALTH THROUGH EDUCATION, ADVOCACY, RESEARCH, AND COMMUNITY PROGRAMS FOR ALL RESIDENTS

NAME OF ORGANIZATION OR GOVERNMENT:

ARTHRITIS FOUNDATION, NEBRASKA CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE LIVES THROUGH LEADERSHIP IN THE PREVENTION, CONTROL AND CURE OF ARTHRITIS AND RELATED DISEASES

NAME OF ORGANIZATION OR GOVERNMENT: AUTISM ACTION PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE THE QUALITY OF LIFE OF PERSONS WITH AUTISM SPECTRUM DISORDERS AND THEIR FAMILIES THROUGH EDUCATION, ADVOCACY, AND SUPPORT, THEREBY ENABLING THEM TO BE AN INTEGRAL PART OF THE COMMUNITY

**Part IV** Supplemental Information

NAME OF ORGANIZATION OR GOVERNMENT:

CROHN'S & COLITIS FOUNDATION OF NEBRASKA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CURE CROHN'S DISEASE AND  
ULCERATIVE COLITIS, AND TO IMPROVE THE QUALITY OF LIFE OF CHILDREN AND  
ADULTS AFFECTED BY THESE DISEASES

NAME OF ORGANIZATION OR GOVERNMENT:

CYSTIC FIBROSIS FOUNDATION, NE CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO SUPPORT INNOVATIVE RESEARCH TO  
CONTROL AND CURE CYSTIC FIBROSIS, PROVIDE SPECIALIZED MEDICAL CARE  
THROUGH A NATIONWIDE NETWORK OF CENTERS, AND OFFER PHARMACY AND OTHER  
PATIENT SERVICES

NAME OF ORGANIZATION OR GOVERNMENT: EPILEPSY FOUNDATION OF NEBRASKA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PROGRAMS AND SERVICES TO  
PEOPLE AND FAMILIES OF NEBRASKA IMPACTED BY EPILEPSY. WE ARE COMMITTED TO  
LEADING THE FIGHT TO OVERCOME THE CHALLENGES OF EPILEPSY AND TO  
ACCELERATE THERAPIES TO STOP SEIZURES, FIND CURES, AND SAVE LIVES RIGHT  
HERE IN NEBRASKA.

NAME OF ORGANIZATION OR GOVERNMENT:

HAITIAN AMERICAN FRIENDSHIP FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PARTNER WITH THE HAITIANS IN  
CENTRAL PLATEAU OF HAITI THROUGH ACADEMIC VOCATIONAL AND THEOLOGICAL  
EDUCATION TO ENRICH THEIR CULTURE SOCIALLY ACADEMICALLY AND SPIRITUALLY  
ALL TO THE GLORY OF GOD

NAME OF ORGANIZATION OR GOVERNMENT: JUVENILE DIABETES RESEARCH FOUNDATION

**Part IV** Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE THE LIVES OF CHILDREN AND ADULTS LIVING WITH TYPE 1 DIABETES (T1D) THROUGH FUNDING RESEARCH TO CURE, TREAT, AND PREVENT THIS DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: MARCH OF DIMES NEBRASKA CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE THE LIVES OF INFANTS BY PREVENTING PREMATURE BIRTH, BIRTH DEFECTS AND INFANT MORTALITY

NAME OF ORGANIZATION OR GOVERNMENT: MUSCULAR DYSTROPHY ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO ASSIST IN FIGHTING NEUROMUSCULAR DISEASES THROUGH WORLDWIDE RESEARCH, A NATIONWIDE NETWORK OF CLINICS OFFERING COMPREHENSIVE MEDICAL SERVICES, AND FAR-REACHING PROFESSIONAL AND PUBLIC HEALTH EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT:

NATIONAL MULTIPLE SCLEROSIS SOCIETY, NE CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO AID IN ENDING THE DEVASTATING EFFECTS OF MS, OFFERING INFORMATION AND REFERRAL, EDUCATION AND DIRECT ASSISTANCE TO OVER 25,000 PEOPLE AFFECTED BY MS

NAME OF ORGANIZATION OR GOVERNMENT: NEBRASKA AIDS PROJECT

(H) PURPOSE OF GRANT OR ASSISTANCE: TO LEAD THE COMMUNITY IN THE FIGHT TO OVERCOME HIV/AIDS AND ITS STIGMA THROUGH EDUCATION, SUPPORTIVE SERVICES AND ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT: NEBRASKA COMMUNITY BLOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE COMPREHENSIVE BLOOD PRODUCTS, ADVANCED LABORATORY SERVICES, AND ENHANCED VALUE-DRIVEN

**Part IV** Supplemental Information

SOLUTIONS FOR HOSPITALS, PHYSICIANS, AND OTHER HEALTHCARE PARTNERS

NAME OF ORGANIZATION OR GOVERNMENT: NEBRASKA HEALTH CARE FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO HELP ENSURE THERE ARE AN ADEQUATE NUMBER OF TRAINED PROFESSIONALS TO CARE FOR RESIDENTS OF NEBRASKA'S SKILLED NURSING FACILITIES AND ASSISTED LIVING COMMUNITIES.

NAME OF ORGANIZATION OR GOVERNMENT:

NEBRASKA CHAPTER OF THE NATIONAL HEMOPHILIA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FIND BETTER TREATMENTS AND CURES FOR INHERITABLE BLEEDING DISORDERS AND TO PREVENT THE COMPLICATIONS OF THESE DISORDERS THROUGH EDUCATION, ADVOCACY AND RESEARCH

NAME OF ORGANIZATION OR GOVERNMENT:

NEBRASKA HOSPICE & PALLIATIVE CARE PARTNERSHIP

(H) PURPOSE OF GRANT OR ASSISTANCE: TO IMPROVE CARE AND CONDITIONS FOR CHRONICALLY AND TERMINALLY ILL NEBRASKANS THROUGH PUBLIC AND PROFESSIONAL EDUCATION, RESEARCH AND ADVOCACY

NAME OF ORGANIZATION OR GOVERNMENT: NEBRASKA KIDNEY ASSOCIATION, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE INFORMATION AND REFERRALS TO THOSE WITH KIDNEY AND UROLOGIC DISEASES AND TRANSPLANT PATIENTS, EMERGENCY FUNDING, EARLY DETECTION SCREENINGS, PROFESSIONAL EDUCATION, PUBLIC EDUCATION

NAME OF ORGANIZATION OR GOVERNMENT: SUSAN G KOMEN FOR THE CURE NEBRASKA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE GRANTS TO LOCAL ORGANIZATIONS TO SUPPORT BREAST HEALTH EDUCATION, SCREENING AND TREATMENT

**Part IV** Supplemental Information

PROGRAMS ACROSS THE STATE

NAME OF ORGANIZATION OR GOVERNMENT: THE ALS ASSN MID AMERICA CHAPTER

(H) PURPOSE OF GRANT OR ASSISTANCE: TO EMPOWER PEOPLE WITH ALS AND THEIR FAMILIES TO LIVE FULLER LIVES, PROVIDING THEM WITH SERVICES AND SUPPORT WHILE FUNDING GLOBAL RESEARCH TO FIND A CURE

NAME OF ORGANIZATION OR GOVERNMENT: TEAM JACK

(H) PURPOSE OF GRANT OR ASSISTANCE: TO RAISE MONEY TO FUND IMPACTFUL PEDIATRIC BRAIN CANCER RESEARCH AND WORK TO CREATE NATIONAL AWARENESS FOR THE DISEASE

NAME OF ORGANIZATION OR GOVERNMENT: THE LEUKEMIA & LYMPHOMA SOCIETY

(H) PURPOSE OF GRANT OR ASSISTANCE: TO CURE LEUKEMIA, NON-HODGKIN'S LYMPHOMA, HODGKIN'S LYMPHOMA AND MYELOMA AND IMPROVE THE QUALITY OF LIFE OF PATIENTS AND FAMILIES

NAME OF ORGANIZATION OR GOVERNMENT: UNITED CEREBRAL PALSY OF NEBRASKA

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE PROGRAMS, SERVICES, INFORMATION, REFERRAL, AND FINANCIAL SUPPORT FOR INDIVIDUALS AND FAMILIES WITH CEREBRAL PALSY AS WELL AS OTHER DISABILITIES

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

OMB No. 1545-0047

**2021**

Open to Public  
Inspection

Name of the organization

COMBINED HEALTH AGENCIES DRIVE

Employer identification number

23-7162972

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

A COPY OF THE FORM 990 IS PROVIDED TO ALL THE MEMBERS OF THE FINANCE COMMITTEE TO BE REVIEWED AND APPROVED BEFORE IT IS FILED. A COPY IS ALSO EMAILED TO EACH BOARD MEMBER AND IS PROVIDED AT THE CLOSEST SCHEDULED BOARD MEETING.

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

THE CONFLICT OF INTEREST POLICY IS RENEWED EACH YEAR AND BOTH BOARD MEMBERS AND CHC-NE EMPLOYEES ARE ASKED TO DISCLOSE POTENTIAL CONFLICTS. THE CEO MONITORS THESE WITH THE ASSISTANCE OF THE ADMINISTRATIVE ASSISTANT. IF A CONFLICT EXISTS FOR A BOARD MEMBER IT IS ADDRESSED.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PRESIDENT & CEO POSITION IS REVIEWED ANNUALLY BY THE HUMAN RESOURCE COMMITTEE. THIS COMMITTEE CONSISTS OF THE BOARD CHAIR, IMMEDIATE PAST BOARD CHAIR AND AT LEAST THREE BUT NO MORE THAN FIVE OTHER BOARD MEMBERS. THIS COMMITTEE IS ALSO RESPONSIBLE FOR ANY OTHER HUMAN RESOURCE ISSUES THAT MAY ARISE WITH THE CEO. THE COMMITTEE USES COMPARABILITY DATA AND KEEPS MINUTES OF THE MEETING DISCUSSIONS. GOALS AND ACHIEVEMENTS ARE REVIEWED AS WELL AS ANNUAL SALARY INCREASE.

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

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

Schedule O (Form 990) 2021

|  |  |
|--|--|
| Name of the organization<br>COMBINED HEALTH AGENCIES DRIVE | Employer identification number<br>23-7162972 |
|--|--|

|  |         |
|--|---------|
| CHANGE IN CASH SURRENDER VALUE OF LIFE INSURANCE | 83.     |
| CHANGE IN BENEFICIAL INTEREST                    | -5,023. |
| TOTAL TO FORM 990, PART XI, LINE 9               | -4,940. |

FORM 990, PART XII, LINE 2C:

THE TREASURER OF THE BOARD IS THE CHAIRMAN OF THE FINANCE COMMITTEE.

THE TREASURER ALONG WITH THE FINANCE COMMITTEE ASSUMES RESPONSIBILITY

FOR THE OVERSIGHT OF THE AUDIT OF THE ORGANIZATION'S FINANCIAL

STATEMENTS AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS

PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.