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# IRS e-file Signature Authorization for a Tax Exempt Entity

endar year 2022, or fiscal year beginning	OCT	1	, 2022, and ending	SEP	30	, 20 2
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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

LINCOLN COUNTY EIN or SSN Name of filer SENIOR BINGO TRUST COMMITTEE 36-3543913 MEREDITH COLLINS Name and title of officer or person subject to tax CHIEF EXECUTIVE OFFICER Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ **1b** Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here b Total tax (Form 1120-POL, line 22) Form 1120-POL check here 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here ..... 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here ..... 6a 7a Form 4720 check here b Total tax (Form 4720, Part III, line 1) 8a Form 5227 check here ..... **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize CORE CPAS PC 36354 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PJN on the return's disclosure consent screen. <sub>Date</sub> 01 / 25 / 2024 Meredith Collins Signature of officer or person subject to tax **Certification and Authentication** Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

47334822222

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

MARK DEDIANA, CPA

01/17/24 Date

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

## IRS e-file Signature Authorization for a Tax Exempt Entity

ar year 2022, or fiscal year beginning $oxdot{OCT} oxdot{1}$ , 2022, and ending $oxdot{SEP} oxdot{3}$	0	r beginning (	r year 2022, or fiscal year beginning
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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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SENIOR BINGO TRUST EIN or SSN

Name of filer LINCOLN COUNTY COMMITTEE 36-3543913 MEREDITH COLLINS Name and title of officer or person subject to tax

CHIEF EXECUTIVE OFFICER

#### Part I Type of Return and Return Information

For calenda

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here		b	Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a	Form 990-EZ check here	X	b	Total revenue, if any (Form 990-EZ, line 9)	2b	5,627.
3a	Form 1120-POL check here		b	Total tax (Form 1120-POL, line 22)	3b	
4a	Form 990-PF check here			Tax based on investment income (Form 990-PF, Part V, line 5)		
5a	Form 8868 check here		b	Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here			Total tax (Form 990-T, Part III, line 4)		
7a	Form 4720 check here		b	Total tax (Form 4720, Part III, line 1)	7b	
8a	Form 5227 check here		b	FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here		b	Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here			Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	
Part	II Declaration and S	ignatu	ıre	Authorization of Officer or Person Subject to Tax		
Inder	penalties of perjury, I declare th	at X	l ar	m an officer of the above entity or I am a person subject to tax with re	spect to (na	ame
f entit	y)			, (EIN) and that I ha	ve examine	d a copy of the
022 A	lectronic return and accompany	ina sch	اللم	les and statements, and to the hest of my knowledge and helief, they are t	ruo corroct	t and

2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN	1:	check	one	box	only
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X I authorize	CORE CPAS	PC		to enter my PIN	36354
			ERO firm name		Enter five numbers, but do not enter all zeros

as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Meredith

Date 01 / 25 / 2024

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

47334822222

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

MARK DEDIANA, CPA

01/17/24 Date

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

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# **IRS e-file Signature Authorization** for a Tax Exempt Entity

or calendar year 2022, or fiscal year beginning	OCT	1	, 2022, and ending	$\mathtt{SEP}$	30	, 20 <b>2</b>
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OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service COMMUNITY ACTION PARTNERSHIP EIN or SSN Name of filer OF MID-NEBRASKA 47-6039628 MEREDITH COLLINS Name and title of officer or person subject to tax CHIEF EXECUTIVE OFFICER Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ **1b** Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) Form 1120-POL check here 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b Form 8868 check here ..... 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here ..... 6a Form 4720 check here ..... 7a b Total tax (Form 4720, Part III, line 1) 8a Form 5227 check here ..... **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return. financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only X lauthorize CORE CPAS PC 22967 to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Date 01 / 25 / 2024 Meredith Collins **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 47334822222 number (EFIN) followed by your five-digit self-selected PIN. I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. MARK DEDIANA, CPA 01/23/24 ERO's signature Date **ERO Must Retain This Form - See Instructions** 

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# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning	OCT	1	, 2022, and ending	SEP	30	, 20 2
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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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COMMUNITY ACTION PARTNERSHIP Name of filer EIN or SSN OF MID-NEBRASKA 47-6039628 MEREDITH COLLINS Name and title of officer or person subject to tax CHIEF EXECUTIVE OFFICER Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. b Total revenue, if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_\_ 1b1 3,541,459. Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) \_\_\_\_\_\_\_ **2b** 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) Form 1120-POL check here 3a **b Tax based on investment income** (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) 5b Form 8868 check here ..... 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here ..... 6a Form 4720 check here ..... 7a b Total tax (Form 4720, Part III, line 1) 8a Form 5227 check here ..... **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Part II Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. 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If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the processing the restriction account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return. financial institution to debit the entry to this account. 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As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. Signature of officer or person subject to tax

Meredith Collins Date 01 / 25 / 2024

Certification and Authentication Part III

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

47334822222

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

MARK DEDIANA, CPA

01/23/24 Date

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# **IRS e-file Signature Authorization** for a Tax Exempt Entity

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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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COMMUNITY AFFORDABLE HOUSING, INC. EIN or SSN Name of filer C/O MEREDITH COLLINS 47-0776833 Name and title of officer or person subject to tax MEREDITH COLLINS CHIEF EXECUTIVE OFFICER Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. 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ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

47334822222

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

MARK DEDIANA, CPA

01/22/24 Date

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



Community Affordable Housing, Inc. c/o Meredith Collins 16 West 11th Kearney, NE 68847

Community Affordable Housing, Inc. c/o Meredith Collins:

Enclosed are the original and one copy of the 2022 Exempt Organization return, as follows...

2022 Form 990

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

Thank You,

Mark DeDiana, CPA

### TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

## FOR THE YEAR ENDING

September 30, 2023

Pre	pared	d For:
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Community Affordable Housing, Inc. c/o Meredith Collins 16 West 11th Kearney, NE 68847

#### Prepared By:

Core CPAs PC 747 N Burlington Ave, Ste 401 Hastings, NE 68901-4479

#### **Amount Due or Refund:**

Not applicable

### Make Check Payable To:

Not applicable

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

Not applicable

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

Not applicable

### **Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by February 15, 2024

FEDERAL INFORMATIONAL FORMS

# **IRS e-file Signature Authorization** for a Tax Exempt Entity

nning OCT	1	, 2022, and ending	$\mathtt{SEP}$	30	, 20 <b>2 3</b>
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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2022, or fiscal year begin Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

FIN or SSN

ivallie u	COLLICITE III C	RDABLE HOUSING, INC.	EIN UI SON	
	C/O MEREDITH C		47-0776833	
Name a	nd title of officer or person subject to ta	MEREDITH COLLINS		
		CHIEF EXECUTIVE OFFICER		
Part	Type of Return and	Return Information		
		are using this Form 8879-TE and enter the applicable amount, if an		
		nts. For all other forms, enter whole dollars only. If you check the bo for the return being filed with this form was blank, then leave line		
		er -0-). But, if you entered -0- on the return, then enter -0- on the app		
than o	ne line in Part I.			
1a	Form 990 check here	<b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line	12) <b>1b</b> 73,91	<u>.3.</u>
2a	Form 990-EZ check here	<b>b Total revenue,</b> if any (Form 990-EZ, line 9)	2b	
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)		
4a	Form 990-PF check here	<b>b</b> Tax based on investment income (Form 990-PF, Part V,	line 5) <b>4b</b>	
5a	Form 8868 check here	b Balance due (Form 8868, line 3c)	5b	
6a	Form 990-T check here	<b>b Total tax</b> (Form 990-T, Part III, line 4)		
7a	Form 4720 check here	b Total tax (Form 4720, Part III, line 1)		
8a	Form 5227 check here	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D)	8b	
9a	Form 5330 check here	<b>b</b> Tax due (Form 5330, Part II, line 19)	9b	
10a	Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Pa	art III, line 22) <b>10b</b>	
Part		nature Authorization of Officer or Person Subject to		
Under	penalties of perjury, I declare that	X I am an officer of the above entity or I am a person subje		
of entit	ry)	, ,(EIN)	and that I have examined a copy of	the
2022 e	lectronic return and accompanying	schedules and statements, and, to the best of my knowledge and	pelief, they are true, correct, and	
		t in Part I above is the amount shown on the copy of the electronic or electronic return originator (ERO) to send the return to the IRS a		
acknov	vledgement of receipt or reason for	rejection of the transmission. (b) the reason for any delay in proces	ssing the return or refund, and (c) the	date
of any	refund. If applicable, I authorize the	U.S. Treasury and its designated Financial Agent to initiate an election dicated in the tax preparation software for payment of the federal taxets.	tronic funds withdrawal (direct debit)	
		is account. To revoke a payment, I must contact the U.S. Treasury		
later th	an 2 business days prior to the pay	ment (settlement) date. I also authorize the financial institutions inv	olved in the processing of the electron	ic
		formation necessary to answer inquiries and resolve issues related signature for the electronic return and, if applicable, the consent to		
porcor	arraonimeation named (i my as m	enginataro for the electrome retarri ana, ii applicable, the contestit to	y olega orne farias wariarawan	
PIN: c	neck one box only			
	I authorize CORE CPAS	PC	to enter my PIN 22970	$\neg$
	<u> </u>	ERO firm name	Enter five numbers	. but
		and manie	do not enter all ze	
	as my signature on the tax year	2022 electronically filed return. If I have indicated within this return	that a copy of the return is being filed	
		ng charities as part of the IRS Fed/State program, I also authorize t		IN
	on the return's disclosure conse	The state of the s	,	
Г	As an officer or person subject	to tax with respect to the entity, I will enter my PIN as my signature	on the tax year 2022 electronically file	d
_		this return that a copy of the return is being filed with a state agence	•	
	IRS Fed/State program, I will er	ter my PIN on the return's disclosure consent screen.		
Signatura	of officer or person subject to tax		Date	
orginaturt	or officer or person subject to tax		υαιο	

#### Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification

number (EFIN) followed by your five-digit self-selected PIN.

47334822222

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

MARK DEDIANA, CPA

Date

01/22/24

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FILEABLE FORMS

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

<u> A F</u>	or the	= 2022 calendar year, or tax year beginning $OCT = 1$ , $2022$ and	ending S	EP 30, 2023	
<b>B</b> c	heck if pplicabl	C Name of organization COMMUNITY AFFORDABLE HOUSING, INC.		D Employer identific	cation number
	Addre	SS C/O MEDEDIMU COLLING			
	Name chang			47-07768	33
	Initial return	~	Room/suite	E Telephone numbe	
X	=		11001111100110	(308)865	
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	73,913.
	Amen			H(a) Is this a group re	
	Application	F Name and address of principal officer: MEREDITH COLLINS		for subordinates	
	pendir	PO BOX 2288, KEARNEY, NE 68848		H(b) Are all subordinates in	
<u> </u>	ax-ex	empt status: $X = 501(c)(3) = 501(c)(0)$ (insert no.) 4947(a)(1) of the status is $(3.501(c)(3)) = 501(c)(3)$	or 527	If "No," attach a	list. See instructions
	Vebsi			H(c) Group exemptio	n number
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1996 <b>N</b>	A State of legal domicile: <b>NE</b>
Pa	ırt I	Summary			
Governance		Briefly describe the organization's mission or most significant activities: ${\hbox{{\bf TO}}\ \ {\hbox{{\bf PI}}}\over \hbox{{\bf INCOME}}\ \ \hbox{{\bf HOUSING}}}$	ROVIDE	LOW TO MODI	ERATE
naı	2	Check this box	ed of more	than 25% of its net ass	sets.
ove.	3			3	3
	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	3
8	5	Total number of individuals employed in calendar year 2022 (Part V, line 2a)		5	0
Activities &	6	Total number of volunteers (estimate if necessary)		<u>6</u>	0
Ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
			_	Prior Year	Current Year
<u>e</u>	l	Contributions and grants (Part VIII, line 1h)		5,075.	65,697.
èn	l	Program service revenue (Part VIII, line 2g)		19,467.	4,601.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		62,761.	3,615.
_	ı	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		<u>0.</u> 87,303.	72 012
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		58,083.	73,913. 524,076.
	l	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	45	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	160	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Sen	h	Total fundraising expenses (Part IX, column (A), line 25)	0.	•	•
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		29,947.	5,231.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		88,030.	529,307.
	l	Revenue less expenses. Subtract line 18 from line 12		-727.	-455,394.
or es			Ве	ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		542,880.	0.
Ass	21	Total liabilities (Part X, line 26)		87,486.	0.
Feet	22	Net assets or fund balances. Subtract line 21 from line 20		455,394.	0.
Pa	rt II	Signature Block			
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is
true,	correc	rt, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.	
		Signature of officer		Doto	
Sign				Date	
Her	е	MEREDITH COLLINS, CHIEF EXECUTIVE OFFICER Type or print name and title			
			Ιſ	Date Check C	PTIN
Paid		Print/Type preparer's name   Preparer's signature   MARK DEDIANA, CPA   MARK DEDIANA, CE		1/22/24 self-employ	
Prep		Firm's name CORE CPAS PC	. <u> </u>		2-1841583
	Only	Firm's address 747 N BURLINGTON AVE, STE 401		THIN SEIN J	
200	Jy	HASTINGS, NE 68901-4479		Phone no 40	2-462-4154
May	the IF	RS discuss this return with the preparer shown above? See instructions		11 Holle Ho. 2 0	X Yes No
	01 12-1		ns.		Form <b>990</b> (2022)

Pa	t III	Statement of Program Service Accompl	ishments		
		Check if Schedule O contains a response or note to	any line in this Part III		
1		y describe the organization's mission:			
	TO	PROVIDE LOW TO MODERATE INC	COME HOUSING.		
2		he organization undertake any significant program ser			
				L	Yes X No
		es," describe these new services on Schedule O.		_	
3		he organization cease conducting, or make significant	changes in how it conducts	, any program services?	Yes X No
		es," describe these changes on Schedule O.			
4		ribe the organization's program service accomplishme			
	Secti	on 501(c)(3) and 501(c)(4) organizations are required to	o report the amount of grant	s and allocations to others, the total expen	ses, and
	rever	nue, if any, for each program service reported.			
4a	(Code:			524,076. ) (Revenue \$	<b>4,601.</b> )
		MUNITY AFFORDABLE HOUSING,			
		D TITLE TO PROPERTY TO CONS		AND RELATED FACILITIE	S FOR
	ELI	GIBLE LOW TO MODERATE INCOM	ME OCCUPANTS.		
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
	(0000.	) (Expenses #	morading grants or \$\psi\$	) (Nevende \$	
اء ۾	Other	r program continue (Describe on Calaatida CA			
4d		r program services (Describe on Schedule O.)		) (o	
4.	(Expen	F00	,307.	) (Revenue \$	
4e	ıotal	program service expenses 529	, 501 •		orm <b>990</b> (2022)
				ŀ	-orm 230 (2022)

Form 990 (2022) 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)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X,			
• •	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
-	Part VI	11a		x
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
ч	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		
•	the organization's separate of consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
120	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		21	
ıza	, ,	12a		x
h	Schedule D, Parts XI and XII	IZa		
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
12	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		- 41	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a		148		
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 ferging investments valued at \$100,000			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	1/16		х
45	or more? If "Yes," complete Schedule F, Parts I and IV  Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15		45		х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	4.		х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	4.		v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	ء د		v
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	٠.	v	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	ggn	(2022)
232003	3 12-13-22	⊢orm	<b>330</b>	(2022)

C/O MEREDITH COLLINS 47-0776833 Page 4 Form 990 (2022) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Х 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes." complete 23 X Schedule J 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Х Schedule K. If "No," go to line 25a 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Х b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% Х controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III ....... Х 27 28 Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes." complete Schedule L, Part IV 28a **b** A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV ..... 28b A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If 28c "Yes," complete Schedule L, Part IV ...... 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I ..... 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete 32 Х Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? 36 Х If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Х 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Х Note: All Form 990 filers are required to complete Schedule O 38 Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response or note to any line in this Part v					
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	6			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	portab	ole gaming			
	(gambling) winnings to prize winners?			1c	X	

Form 990 (2022)

If "Yes," complete Form 6069.

47-0776833

Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h Х Did the organization have unrelated business gross income of \$1,000 or more during the year? If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? Х 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required Х to file Form 8282? 7с If "Yes," indicate the number of Forms 8282 filed during the year X Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7е X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g Х If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the Х sponsoring organization have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. X Did the sponsoring organization make any taxable distributions under section 4966? 9a X Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand Х Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? Х 15 If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

47-0776833

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b			
2	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?	2		Х
3	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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	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	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
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?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X 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	d finan	cial	
	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 MEREDITH COLLINS - (308)865-5675			
	16 WEST 11TH, KEARNEY, NE 68847			

#### Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per week	box	not c , unle	Pos heck i ss per	ition more rson i	than o	n an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) MEREDITH COLLINS DIRECTOR	1.00	x		x				0.	103,325.	0.
(2) JOSEPH BRAYTON	1.00	^	$\vdash$	^				0.	103,323.	· ·
SECRETARY/TREASURER	1.00	х		х				0.	0.	0.
(3) BARB ROEBUCK	1.00							•		<u> </u>
PRESIDENT		Х		Х				0.	0.	0.
(4) JACK YANT	1.00									
VICE-PRESIDENT		Х		Х				0.	0.	0.
		-								

Form 990 (2022) 232007 12-13-22

	Y AFFORI				IOU	SI	NG	;, INC.	47 077	-022	_	
	EDITH COL								47-0776	1833	P	age
Section A. Officers, Directors, 110		ploy	ees,			ghes	st C		, ,	т—		
<b>(A)</b> Name and title	Average hours per week (list any hours for related organizations below line)	tee or director by og	not confine and trustee	Pos heck ss pe	rson i lirecto	than o	h an tee)	(D)  Reportable compensation from the organization (W-2/1099-MISC/ 1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)	com fi org	(F) stimate mount other npensa rom th ganizat d relat anizati	of ation ne tion ted
			_		Ť	1						
							<u> </u>			—		
		-										
			$\vdash$							+-		
			_							+		
		-										
-										+		
										+-		
		1										
									100 005			
1b Subtotal								0.	103,325.			0
c Total from continuation sheets to Part d Total (add lines 1b and 1c)								0.	103,325			0
Total number of individuals (including but							o re		•			
compensation from the organization												
											Yes	No
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for			•	-	-		-		•	3		Х
4 For any individual listed on line 1a, is the								er compensation from t				
and related organizations greater than \$1										4		X
5 Did any person listed on line 1a receive o										_		l v
rendered to the organization? If "Yes," co	mplete Schedul	e J f	or su	ıch į	pers	on .				5		X
1 Complete this table for your five highest of	compensated inc	depe	nde	nt co	ontra	acto	rs th	nat received more than \$	3100,000 of compens	ation fro	om	
the organization. Report compensation for	r the calendar y	ear e	endir	ng w	ith c	or wi	thin	the organization's tax y	ear.			
<b>(A)</b> Name and busine:	se address	NT/	\\TT	7				<b>(B)</b> Description of s	envices	(C Compe	C) Insatio	'n
Name and busines	33 8001033	14(	INC	<u>.                                    </u>			_	Description of s	SCI VICCS	Oompo		
							$\dashv$					
							$\neg$					

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

Form **990** (2022)

\$100,000 of compensation from the organization

Form 990 (2022)

tement of Devenue

Pai	rt VII	Statement of Re	ven	ue						
		Check if Schedule O	conta	ains a res	sponse (	or note to any lin		(D)	(0)	<u> </u>
							<b>(A)</b> Total revenue	(B) Related or exempt	(C) Unrelated	( <b>D)</b> Revenue excluded
							Total Tevende	function revenue	business revenue	from tax under
					_					sections 512 - 514
nts nts				<u>1</u>						
Gra		Membership dues			_					
ts, (		Fundraising events				65 607				
Contributions, Gifts, Grants and Other Similar Amounts				<u>1</u>		65,697.				
ns, Sim		Government grants (contr			e					
erS	f	All other contributions, gifts,	-							
듗뙲		similar amounts not included								
ont nd (		Noncash contributions included in	lines 1	la-1f 1	g  \$		65 607			
<u>ට ස</u>	h	Total. Add lines 1a-1f				Business Onda	65,697.			
		REVENUES ASSO	СΤ	y WED	TAT T	Business Code 532000	2,835.	2 025		
ice	2 a	MECCHET ANDOUG				900099	1,766.	2,835. 1,766.		
er v	b		Ρ.	KUGKA	7147	900099	1,700.	1,700.		
n S	C									
gra Re	d									
Program Service Revenue	e	All able an area area a service.								
_		All other program service					4,601.			
	<u>g</u> 3	Total. Add lines 2a-2f Investment income (include					<b>4,001</b>			
	3	,	_		,	si, and	3,615.			3,615.
	4	Income from investment of					3,013.			3,013.
	5	Royalties		•						
	3	noyanies		(i) F		(ii) Personal				
	6 a	Gross rents	6a	(7.1		(1) 1 01001101				
	b		6b							
	c	Rental income or (loss)	6c							
	q	Net rental income or (loss)								
		Gross amount from sales of	,	(i) Sec	urities	(ii) Other				
		assets other than inventory	7a	- ''						
	b	Less: cost or other basis								
<u>o</u>	-	and sales expenses	7b							
Revenue	С	Gain or (loss)	7c							
ě		Net gain or (loss)								
ē		Gross income from fundraisi								
ŧ		including \$			- 1					
		contributions reported on	line	1c). See						
		Part IV, line 18			8a					
	b									
	С	Net income or (loss) from	fund	raising e	vent <u>s</u>					
	9 a	Gross income from gamin	-							
		Part IV, line 19			9a					
	b	Less: direct expenses			9b					
	С	Net income or (loss) from	gam	ing activi	ties					
	10 a	Gross sales of inventory, I	ess ı	returns						
		and allowances								
		Less: cost of goods sold								
$\dashv$	С	Net income or (loss) from	sales	s of inver	ntory	Busin 5 :				
જ						Business Code				
Je en	11 a									
Miscellaneous Revenue	b									
Sce.	C									
Ξ̈́	d	All other revenue								
		Total revenue See instruction					73 913	4.601.	0.	3 615.

47-0776833 Page 10 Form 990 (2022) 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 (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 524,076. 524,076. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... Benefits paid to or for members ..... Compensation of current officers, directors, trustees, and key employees ..... Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 9 10 Payroll taxes Fees for services (nonemployees): 1,422. 1,422. Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 Office expenses 13 Information technology 14 Royalties 15 1,469. 1,469. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings ..... 19 20 Payments to affiliates \_\_\_\_\_ 21 1,363. 1,363. Depreciation, depletion, and amortization ..... 22 977. 977. 23 Other expenses. Itemize expenses not covered 24 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.)

529,307.

529,307.

Form 990 (2022)

0.

Check here

d

25

All other expenses

Total functional expenses. Add lines 1 through 24e

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

if following SOP 98-2 (ASC 958-720)

0.

Form 990 (2022)
Part X Balance Sheet

Га	IL A	Balance Sheet					
		Check if Schedule O contains a response or	note to any	ne in this Part X	<b>(A)</b> Beginning of year		(B) End of year
	4	Cook non interest bearing			499,872.	4	0.
	1	Cash - non-interest-bearing			477,012.	2	0.
	2	Savings and temporary cash investments					0.
	3	Pledges and grants receivable, net			39,217.	3	0.
	4	Accounts receivable, net			33,211.	4	<u></u>
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su				-	0.
		controlled entity or family member of any of t	•			5	<u></u>
	6	Loans and other receivables from other disqu	•	,			0.
	_	under section 4958(f)(1)), and persons descri				6	0.
Assets	7	Notes and loans receivable, net				7	0.
	8	Inventories for sale or use				8	0.
	9	Prepaid expenses and deferred charges				9	0.
	10a	Land, buildings, and equipment: cost or other	1 1				
		basis. Complete Part VI of Schedule D		0.	2 701		0
		Less: accumulated depreciation		3,791.	10c	0.	
	11	Investments - publicly traded securities		11	0.		
	12	Investments - other securities. See Part IV, lir		12	0.		
	13	Investments - program-related. See Part IV, li		13	0.		
	14	Intangible assets			14	0.	
	15	Other assets. See Part IV, line 11	F40 000	15	0.		
	16	Total assets. Add lines 1 through 15 (must e	•		542,880.	16	0.
	17	Accounts payable and accrued expenses		76,722.	17	0.	
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
es	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
jab		controlled entity or family member of any of t	-			22	
_	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li	nes 17-24). (	Complete Part X	10 564		•
		of Schedule D			10,764.		0.
	26	Total liabilities. Add lines 17 through 25			87,486.	26	0.
"		Organizations that follow FASB ASC 958, or	check here	X			
ĕ		and complete lines 27, 28, 32, and 33.			455 224		
<u>la</u>	27	Net assets without donor restrictions			455,394.	27	0.
Ba	28	Net assets with donor restrictions				28	
PL		Organizations that do not follow FASB AS6	C 958, chec	here			
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fun				29	
set	30	Paid-in or capital surplus, or land, building, or	r equipment	fund		30	
As	31	Retained earnings, endowment, accumulated				31	
Net	32	Total net assets or fund balances			455,394.	32	0.
	33	Total liabilities and net assets/fund balances			542,880.	33	990 (2000)

Form **990** (2022)

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,9:		
2	Total expenses (must equal Part IX, column (A), line 25)	2				07.	
3	Revenue less expenses. Subtract line 2 from line 1	3		-455			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		455	5,39	94.	
5							
6							
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10				0.	
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: Cash X Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?			2b	Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate						
	consolidated basis, or both:						
	Separate basis X Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?			2c		Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	D.				
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
Uniform Guidance, 2 C.F.R. Part 200, Subpart F?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	dit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		I	3b			

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** Name of the organization COMMUNITY AFFORDABLE HOUSING, INC. C/O MEREDITH COLLINS 47-0776833 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	<u>.</u>				12	
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3)	
0	organization, check this box and stop						
	tion C. Computation of Publi					T I	
	Public support percentage for 2022 (I					14	%
	Public support percentage from 2021					15	<u>%</u>
16a	33 1/3% support test - 2022. If the control have The average retire average and the control of t						
h	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2021.</b> If the o		~			or mara, abaak thi	
D	and <b>stop here.</b> The organization qual						
170	10% -facts-and-circumstances test					and line 14 is 10%	
17 a	and if the organization meets the fact						
	meets the facts-and-circumstances te		Ť	•	•	viriow tile organiz	auon
h	10% -facts-and-circumstances test	-	-	*		17a and line 15 is:	L
b	more, and if the organization meets the	ū				•	10/0 UI
	organization meets the facts-and-circu				-		
12	Private foundation. If the organization		-				H
10	i iivate iounuation. Ii tile organizatio	an ala not crieck a	DON OH III ID 13, 10	u, 100, 11a, 01 1/1	o, oneon uns bux a	ina see manuchons	·

Schedule A (Form 990) 2022

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#### 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.)

Se	ction A. Public Support	slow, picase comp	oto i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	. ,		. ,			
	membership fees received. (Do not						
	include any "unusual grants.")				5,075.	65,697.	70,772.
2	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	14,085.	11,025.	10,260.	8,286.	2,835.	46,491.
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	14,085.	11,025.	10,260.	13,361.	68,532.	117,263.
7	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
ŀ	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						0.
	Add lines 7a and 7b						0.
8	Public support. (Subtract line 7c from line 6.)						117,263.
Se	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	14,085.	11,025.	10,260.	13,361.	68,532.	117,263.
10	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,169.	1,446.	383.	1,330.	3,615.	8,943.
ŀ	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b	2,169.	1,446.	383.	1,330.	3,615.	8,943.
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on		_,			0,0200	
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	16,254.	12,471.	10,643.	14,691.	72,147.	126,206.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	on,
	check this box and stop here						
	ction C. Computation of Publi						
	Public support percentage for 2022 (li	, (,,	• •	olumn (f))		15	92.91 %
	Public support percentage from 2021					16	82.45 %
	ction D. Computation of Inves					1	7 00
	Investment income percentage for 20					17	7.09 % 6.68 %
	Investment income percentage from 2					18   2 1/20/ and line 1	
198	a 33 1/3% support tests - 2022. If the more than 33 1/3%, check this box an						v
ı	33 1/3% support tests - 2021. If the	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mor	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, chec						
20	Private foundation. If the organization	n did not check a b	oox on line 14, 19a	. or 19b. check thi	s box and see inst	ructions	

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3c		
	4-		
	4a		
	4b		
	4c		
	5a		
	Ja		
	5b		
	5с		
	6		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	10b		
lule	A (Forn	n 990)	2022

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	dule A (Form 990) 2022 C/O MEREDITH COLLINS	47-077683	3 Pa	age <b>5</b>
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of	one or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's o	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	g the 1		
2	Did the organization operate for the benefit of any supported organization other than the supported	•		
_	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
	Ton Or Type it Supporting Organizations		Vaa	N <sub>1</sub>
_	Want a majority of the appearing time to all materials all minerals and minerals above and a majority of the all materials		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s). tion D. All Type III Supporting Organizations	1		
360	tion b. All Type III Supporting Organizations			Г
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructions).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental en	ntity (see instruction	ıs).	
2	Activities Test. Answer lines 2a and 2b below.	, (	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
		2b		
3	these activities but for the organization's involvement.  Parent of Supported Organizations. Answer lines 3a and 3b below.	20		
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		20		
<b>L</b>	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		
	THE DISCUSSION AND LEVELUAGE A SUBSTAINAL DEGLES OF DISCUSION OVER THE DOMESS. DISCUSIONS, AND ACTIVITIES OF EACH			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

# COMMUNITY AFFORDABLE HOUSING, INC.

Schedule A (Form 990) 2022

C/O MEREDITH COLLINS

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Part \	V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instruct			
	All other Type III non-functionally integrated supporting organizations m		•	
Section	A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 N	et short-term capital gain	1		
2 R	ecoveries of prior-year distributions	2		
3 0	ther gross income (see instructions)	3		
4 A	dd lines 1 through 3.	4		
<b>5</b> D	epreciation and depletion	5		
<b>6</b> P	ortion of operating expenses paid or incurred for production or			
C	ollection of gross income or for management, conservation, or			
	aintenance of property held for production of income (see instructions)	6		
	ther expenses (see instructions)	7		
	djusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 A	ggregate fair market value of all non-exempt-use assets (see			
in	structions for short tax year or assets held for part of year):			
a A	verage monthly value of securities	1a		
<b>b</b> A	verage monthly cash balances	1b		
c Fa	air market value of other non-exempt-use assets	1c		
d To	otal (add lines 1a, 1b, and 1c)	1d		
	iscount claimed for blockage or other factors			
	xolain in detail in <b>Part VI</b> ):			
	cquisition indebtedness applicable to non-exempt-use assets	2		
	ubtract line 2 from line 1d.	3		
4 C	ash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	ee instructions).	4		
5 N	et value of non-exempt-use assets (subtract line 4 from line 3)	5		
	lultiply line 5 by 0.035.	6		
	ecoveries of prior-year distributions	7		
	linimum Asset Amount (add line 7 to line 6)	8		
	C - Distributable Amount			Current Year
<b>1</b> A	djusted net income for prior year (from Section A, line 8, column A)	1		
	nter 0.85 of line 1.	2		
3 M	linimum asset amount for prior year (from Section B, line 8, column A)	3		
	nter greater of line 2 or line 3.	4		
	come tax imposed in prior year	5		
	istributable Amount. Subtract line 5 from line 4, unless subject to			
	mergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting orga	nization (see

Schedule A (Form 990) 2022

instructions).

Part V Type III Non-Functionally Int Section D - Distributions			1		Current Year
	accomplish over	mnt nurnosos		1	Ourrent real
	Amounts paid to supported organizations to accomplish exempt purposes				
	Amounts paid to perform activity that directly furthers exempt purposes of supported				
organizations, in excess of income from active	-	os of supported organizations	<u> </u>	3	
<ul> <li>Administrative expenses paid to accomplish</li> <li>Amounts paid to acquire exempt-use assets</li> </ul>	exempt purpose	s or supported organizations	)	4	
	ral required			5	
5 Qualified set-aside amounts (prior IRS appro-		ovide details in Part VI)		6	
<ul> <li>Other distributions (<u>describe in Part VI</u>). See</li> <li>Total annual distributions. Add lines 1 thro</li> </ul>				7	
	J	a avanization is vessensive		<del>  '  </del>	
8 Distributions to attentive supported organiza	tions to which tr	ie organization is responsive		.	
(provide details in Part VI). See instructions.	2 line C			8	
9 Distributable amount for 2022 from Section (	ن, ilne ه			9	
Line 8 amount divided by line 9 amount		(*)	(**)	10	(····)
ection E - Distribution Allocations (see instruct	ions)	(i) Excess Distributions	(ii) Underdistributio Pre-2022	ns	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section 0	C, line 6				
2 Underdistributions, if any, for years prior to 2	022 (reason-				
able cause required - explain in Part VI). See	instructions.				
3 Excess distributions carryover, if any, to 202	2				
<b>a</b> From 2017					
<b>b</b> From 2018					
<b>c</b> From 2019					
<b>d</b> From 2020					
e From 2021					
f Total of lines 3a through 3e					
<b>g</b> Applied to underdistributions of prior years					
h Applied to 2022 distributable amount					
i Carryover from 2017 not applied (see instruc	tions)				
j Remainder. Subtract lines 3g, 3h, and 3i fron	•				
4 Distributions for 2022 from Section D,					
line 7:					
a Applied to underdistributions of prior years					
<b>b</b> Applied to 2022 distributable amount					
c Remainder. Subtract lines 4a and 4b from lin	e 4.				
5 Remaining underdistributions for years prior					
any. Subtract lines 3g and 4a from line 2. For					
than zero, explain in <b>Part VI.</b> See instructions	-				
6 Remaining underdistributions for 2022. Subt					
and 4b from line 1. For result greater than ze					
Part VI. See instructions.	· =, GAPIAIII III				
7 Excess distributions carryover to 2023. Ac	ld lines 3i				
and 4c.	.a iii 100 0j				
8 Breakdown of line 7:					
a Excess from 2018					
b Excess from 2019					
c Excess from 2020					
d Excess from 2021					
e Excess from 2022					

Schedule A (Form 990) 2022

### COMMUNITY AFFORDABLE HOUSING, INC. C/O MEREDITH COLLINS

47-077<u>6833 Page 8</u> Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

# Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

**Schedule of Contributors** Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2022

Name of the organization

Organization type (check one):

COMMUNITY AFFORDABLE HOUSING, INC. C/O MEREDITH COLLINS

**Employer identification number** 

47-0776833

Filers of:		Section:			
Form 990 or 990-EZ		X 501(c)( 3 ) (enter number) organization			
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation			
		527 political organization			
Form 990-F	PF	501(c)(3) exempt private foundation			
		4947(a)(1) nonexempt charitable trust treated as a private foundation			
		501(c)(3) taxable private foundation			
		covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General R	ule				
	X 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 Ru	ules				
Se	ections 509(a)(1) ar ontributor, during t	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 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; line 1. Complete Parts I and II.			
Co	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.				
ye is p	ear, contributions of checked, enter he urpose. Don't com	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., plete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively, etc., contributions totaling \$5,000 or more during the year \$			
answer "No	o" on Part IV, line 2	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 requirements of Schedule B (Form 990).			

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

Schedule B (Form 990) (2022)

Name of organization

COMMUNITY AFFORDABLE HOUSING, INC.

C/O MEREDITH COLLINS

Employer identification number

47-0776833

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	COMMUNITY ACTION PARTNERSHIP OF MID-NEBRASKA  PO BOX 2288  KEARNEY, NE 68848	\$\$	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
			Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Nume, address, and 2n + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization Employer identification number COMMUNITY AFFORDABLE HOUSING, INC. C/O MEREDITH COLLINS

47-0776833

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$	Cabactula P. (Farra 000) (0000)	

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** COMMUNITY AFFORDABLE HOUSING, INC. C/O MEREDITH COLLINS 47-0776833 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

223454 11-15-22

Transferee's name, address, and ZIP + 4

Schedule B (Form 990) (2022)

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 Inspection

Name of the organization

COMMUNITY AFFORDABLE HOUSING, INC. C/O MEREDITH COLLINS

**Employer identification number** 47-0776833

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	e 6.	·			
		(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	sed funds			
	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?		Yes No			
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990,	Part IV, line 7.			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).				
	Preservation of land for public use (for example, recreated	tion or education) Preservation o	f a historically important land area			
	Protection of natural habitat	Preservation o	f a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c			
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a				
	historic structure listed in the National Register		2d			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax			
	year					
4	Number of states where property subject to conservation eas	sement is located				
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements it					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easements during the year			
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170				
9	In Part XIII, describe how the organization reports conservation	•				
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
Dai	organization's accounting for conservation easements.  † III   Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets			
ı aı	Complete if the organization answered "Yes" on Form		trei olilliai Assets.			
			and belongs about words			
та	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works					
	of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public					
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
D	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,					
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
•						
2	If the organization received or held works of art, historical treation following amounts required to be reported under EASP A		ıı gairi, provide			
_	the following amounts required to be reported under FASB A	3	¢.			
a	Revenue included on Form 990, Part VIII, line 1		\$			

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

Schedule D (Form 990) 2022

Par	t III	Organizations Maintaining Co	ollections of Ar	t, Histo	orical Tre	easures, or	Other	Simila	r Assets	(continue	ed)
3	Using	the organization's acquisition, accession	on, and other record	s, check	any of the	following that	make sig	nificant ι	use of its		
	collec	ction items (check all that apply):									
а		Public exhibition	d	ı 🔲 ı	Loan or exc	hange progra	m				
b		Scholarly research	е	. 🔲 (	Other						
С		Preservation for future generations									
4	Provi	de a description of the organization's co	llections and explain	n how the	ey further th	ne organizatio	n's exem	pt purpo	se in Part	XIII.	
5	Durin	g the year, did the organization solicit or	r receive donations of	of art, his	torical trea	sures, or othe	r similar a	ssets			
	to be	sold to raise funds rather than to be ma	intained as part of the	he organ	ization's co	llection?				Yes	☐ No
Par	t IV	Escrow and Custodial Arrang								ine 9, or	
		reported an amount on Form 990, Par			_						
1a	Is the	organization an agent, trustee, custodia	an or other intermed	iary for c	ontribution	s or other ass	ets not in	cluded			
	on Fo	orm 990, Part X?								Yes	☐ No
b		es," explain the arrangement in Part XIII a									
										Amount	
С	Begir	nning balance						1c			
		ions during the year						1d			
		butions during the year						1e			
f		ng balance						1f			
2a		ne organization include an amount on Fo						y?		Yes	No
b	If "Ye	es," explain the arrangement in Part XIII.	Check here if the ex	planation	n has been	provided on F	Part XIII				
Par	t V	Endowment Funds. Complete if	f the organization an	swered '	"Yes" on Fo	orm 990, Part	IV, line 10	).			
			(a) Current year		rior year	(c) Two year			ears back	(e) Four y	ears back
1a	Begir	nning of year balance									
		ributions									
		nvestment earnings, gains, and losses									
d	Gran	ts or scholarships									
е		expenditures for facilities									
	and p	programs									
f	Admi	nistrative expenses									
g		of year balance									
2	Provi	de the estimated percentage of the curre	ent year end balance	e (line 1g	, column (a	)) held as:					
а	Board	d designated or quasi-endowment	•	%							
b		anent endowment	%	<u> </u>							
С	Term	endowment	<del></del> %								
	The p	percentages on lines 2a, 2b, and 2c shou	uld equal 100%.								
За	Are th	nere endowment funds not in the posses	ssion of the organiza	ation that	are held a	nd administere	ed for the				
	orgar	nization by:								Y	es No
	(i) L	Inrelated organizations								3a(i)	
		lelated organizations								3a(ii)	
b	If "Ye	es" on line 3a(ii), are the related organizat	tions listed as requir	ed on Sc	chedule R?					3b	
4		ribe in Part XIII the intended uses of the		wment fu	unds.						
Par	t VI	Land, Buildings, and Equipme	ent.								
		Complete if the organization answered	d "Yes" on Form 990	), Part IV	, line 11a. S	See Form 990,	Part X, li	ne 10.			
		Description of property	(a) Cost or o	ther	(b) Cost	t or other	(c) Ac	cumulate	ed	(d) Book	/alue
			basis (investr	nent)	basis	(other)	dep	reciation			
1a	Land										
		ings									
		ehold improvements									
		oment									
		·									
otal	. Add	lines 1a through 1e. (Column (d) must ed	gual Form 990. Part	X colum	n (B) line 1	Oc.)			🔽		0.

Schedule D (Form 990) 2022

Complete if the organization answered "Yes" c		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	l-of-year market value
) Financial derivatives			
) Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n 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	l-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" complete if the organization and	on Form 990, Part IV, line Description	11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" complete if the organization and the o		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" complete if the organization and the organ		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [  (1)  (2)  (3)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" complete if the organization and t		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)		11d. See Form 990, Part X, line 15.	(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" complete if the organization and the organizati		11d. See Form 990, Part X, line 15.	(b) Book value
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tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" complete if the organiz	Description		(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [ (1) (2) (3) (4) (5) (6) (7) (8) (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Otal. (Column (b) must equal Form 990, Part X, col. (B) line (Column (b) must equal Form 990, Part X)	Description  15.)		(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) [2]  Complete if the organization answered "Yes" of (a) [2]  Complete if the organization answered "Yes" of (a) [2]	Description  15.)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability	Description  15.)		(b) Book value
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes	Description  15.)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Tart IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)	Description  15.)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Tart IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  tal. (Column (b) must equal Form 990, Part X, col. (B) line (art X) Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)	Description  15.)		
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tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Ital. (Column (b) must equal Form 990, Part X, col. (B) line (Part X)  Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)	Description  15.)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Description  15.)		
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)  (7)	Description  15.)		
Atal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.  Complete if the organization answered "Yes" of (a) [1]  (1)  (2)  (3)  (4)  (5)  (6)  (7)  (8)  (9)  Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability  (1) Federal income taxes  (2)  (3)  (4)  (5)  (6)	Description  15.)		

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

232054 09-01-22

C/O MEREDITH COLLINS

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Par	t XI Reconciliation of Revenue per Audited Financial St	atements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	73,913.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	73,913.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		•
С	Add lines <b>4a</b> and <b>4b</b>			0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 1	2.)	5	73,913.
Pal	rt XII Reconciliation of Expenses per Audited Financial S	•	es per Heturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV,			E00 20F
1	Total expenses and losses per audited financial statements		1	529,307.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а	Donated services and use of facilities			
b	Prior year adjustments	2b		
С	Other losses			
d	,			•
е	Add lines 2a through 2d			0.
3	Subtract line 2e from line 1		3	529,307.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)	4b		•
	Add lines 4a and 4b			0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	529,307.
	rt XIII Supplemental Information.			
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and		t V, line 4; Part X, li	ne 2; Part XI,
lines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional information.		
D 7 T	om v tind 0.			
PAI	RT X, LINE 2:			
тит	ACENCY TO A NONDROETH ODGANTGARTON OF	OPDAMINO IINDPD CI	POMTON E01	(0) (2)
1111	E AGENCY IS A NONPROFIT ORGANIZATION OF	ERATING UNDER SI	ECTION 301	.(C)(3)
OΕ	THE INTERNAL REVENUE CODE AND IS GENER	מו.ד.ע בעבואסת בסרו	M DDDDAT.	CUVUE
OI.	THE INTERNAL REVENUE CODE AND 15 GENER	NADDI EXEMPI PROI	M FEDERAL,	DIAIL
ΔΝΙΤ	D LOCAL INCOME TAXES AND, ACCORDINGLY,	NO PROVISION FOR	R TNCOME T	AXES TS
71111	D LOCAL INCOME TAXED AND, ACCORDINGET,	NO INSTIBLEM TO	K INCOME I	AMID ID
TNO	CLUDED IN THE FINANCIAL STATEMENTS.			
	THE TIME STITLING OF THE STITL			
ACC	COUNTING PRINCIPLES GENERALLY ACCEPTED	IN THE UNITED ST	TATES OF A	MERICA
REC	QUIRE THE AGENCY'S MANAGEMENT TO EVALUA	ATE TAX POSITIONS	S TAKEN BY	THE
	•		-	
AGI	ENCY AND RECOGNIZE A TAX LIABILITY (OR	ASSET) IF THE AC	GENCY HAS	TAKEN AN
	== (***	· · · · · · · · · · · · · · · · · · ·		<u> </u>
UNC	CERTAIN POSITION THAT MORE LIKELY THAN	NOT WOULD NOT BI	E SUSTAINE	D UPON
	·			
EXA	AMINATION BY THE INTERNAL REVENUE SERV	ICE. THE AGENCY	IS SUBJECT	TO_
ROU	JTINE AUDITS BY TAXING JURISDICTIONS; I	HOWEVER, THERE A	RE CURRENT	'LY NO

Schedule D (Form 990) 2022

Part XIII Supplemental Information (continued)
AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE AGENCY'S MANAGEMENT BELIEVES
IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO
2020.
THE AGENCY'S POLICY IS TO INCLUDE PENALTIES AND INTEREST ASSOCIATED WITH
INCOME TAXES AS INCOME TAX EXPENSE AND INTEREST EXPENSE, RESPECTIVELY. THE
AGENCY DID NOT INCUR ANY PENALTIES OR INTEREST ON INCOME TAXES FOR THE
PERIODS BEING REPORTED.

#### **SCHEDULE I** (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

OMB No. 1545-0047

Il Revenue Service			Go to www.irs	.gov/Form990 for	the latest informa	ation.			Inspect	ion
e of the organization COMMUNITY AFFORDABLE HOUSING,		INC.				Employer id				
	C/O MEREDITH COLLINS					47-077	6833			
t I General Ir	nformation on Grants a	nd Assistance								
Does the organiz	zation maintain records t	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assis	tance, and the selection	on _		
criteria used to a	award the grants or assis	stance?						L	Yes	X No
Describe in Part	IV the organization's pro	cedures for monito	oring the use of grant t	funds in the United	States.					
	d Other Assistance to I hat received more than \$	_				anization answered "Yo	es" on Form 990, Part	IV, line 21, fo	or any	
` '	ddress of organization vernment	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance		urpose of gra	ant
							NON-CASH			
MUNITY ACTION	PARTNERSHIP OF						LIQUIDATING	LIQUIDATI:	NG DISTRIE	BUTIONS
NEBRASKA - PO	BOX 2288 -						NET ASSETS	ETS TO ASSIST IN THE		
NEY, NE 68848		47-6039628		434,574.	89,502.	FAIR VALUE	INCLUDING	OPERATION	S OF THE I	ENTITY.
		l		l						

criteria used to award the grants or assis  Describe in Part IV the organization's pro	stance?	oring the use of grant	funds in the United	States		, 	Yes X No
Part II Grants and Other Assistance to recipient that received more than S	Domestic Organiz	ations and Domestic	Governments. C	omplete if the org	ganization answered "	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
COMMUNITY ACTION PARTNERSHIP OF MID-NEBRASKA - PO BOX 2288 - KEARNEY, NE 68848	47-6039628		434,574.	89,502.	FAIR VALUE	NET ASSETS	LIQUIDATING DISTRIBUTIONS TO ASSIST IN THE OPERATIONS OF THE ENTITY.

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

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

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

SEE PART IV FOR COLUMN (G) DESCRIPTIONS

Schedule I (Form 990) 2022

Schedule I (Form 990) 2022 C/O MEREDITH CC	LLINS				47-0776833	Page 2
Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.		
(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 as	ssistance
Part IV Supplemental Information. Provide the information red	 quired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.		
PART II, LINE 1, COLUMN (G):						
NAME OF ORGANIZATION OR GOVERNMENT	:					
COMMUNITY ACTION PARTNERSHIP OF MI	D-NEBRASK	·A				
(G) DESCRIPTION OF NON-CASH ASSIST			JIDATING NE	T ASSETS		
INCLUDING ACCOUNTS RECEIVABLE & RE						
INCHODING ACCOUNTS RECEIVABLE & RE	AL EDIALE	<u> </u>				

#### SCHEDULE N (Form 990)

Department of the Treasury Internal Revenue Service

Part I

### Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.

Attach certified copies of any articles of dissolution, resolutions, or plans.

Attach to Form 990 or Form 990-EZ.

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

**2022** 

OMB No. 1545-0047

Open to Public Inspection

Employer identification number 47-0776833

Name of the organization

COMMUNITY AFFORDABLE HOUSING, INC.

C/O MEREDITH COLLINS

Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" on Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

space is needed.						
1 (a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	determining FMV for	(e) EIN of recipient	(f) Name and address of recipient	(g) IRC section of recipient(s) (if tax-exempt) or type of entity
					COMMUNITY ACTION PARTNERSHIP O	)
					РО ВОХ 2288	
CASH	03/23/23	434,574.	BOOK VALUE	47-6039628	KEARNEY, NE 68848	501(C)3
					COMMUNITY ACTION PARTNERSHIP O	
					РО ВОХ 2288	
ACCOUNTS RECEIVABLE	03/23/23	25,911.	BOOK VALUE	47-6039628	KEARNEY, NE 68848	501(C)3
REAL ESTATE - RESIDENTIAL RENTAL					COMMUNITY ACTION PARTNERSHIP O	
16 WEST 11TH ST.					РО ВОХ 2288	
KEARNEY, NE 68847	04/27/23	63,591.	BOOK VALUE	47-6039628	KEARNEY, NE 68848	501(C)3

			163	140
2	Did or will any officer, director, trustee, or key employee of the organization:			
а	Become a director or trustee of a successor or transferee organization?	2a	Х	
b	Become an employee of, or independent contractor for, a successor or transferee organization?	2b		X
С	Become a direct or indirect owner of a successor or transferee organization?	2c		X
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?	2d		X

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III.

SEE PART III

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

Schedule N (Form 990) 2022

LHA

232151 09-09-22

47-0776833

Par	t I Liquidation, Termination, or Dissolu	ition (continued)							
	Note: If the organization distributed all of it	ts assets during the	tax year, then Form 990,	Part X, column (B), line 16	(Total assets), and li	ne 26 (Total liabilities), should equal -0		Yes	No
3 Did the organization distribute its assets in accordance with its governing instrument(s)? If "No," describe in Part III							. 3	Х	
4a	Is the organization required to notify the at							X	
b	If "Yes," did the organization provide such	notice?					4b	Х	
5	Did the organization discharge or pay all or	f its liabilities in acco	ordance with state laws?				5	X	
6a	Did the organization have any tax-exempt I								Х
	If "Yes" to line 6a, did the organization disc								<u> </u>
<u> </u>	If "Yes" on line 6b, describe in Part III how	the organization def	eased or otherwise settle	ed these liabilities. If "No"	on line 6b, explain in	Part III.			
Par	t II Sale, Exchange, Disposition, or Othe	er Transfer of More	Than 25% of the Organi	zation's Assets. Comple	ete this part if the orga	anization answered "Yes" on Form 990, P	art IV, line	e 32, c	r
	Form 990-EZ, line 36. Part II can be du	plicated if additional	space is needed.						
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	tax-exen	ient(s) (if	
		I			1			Yes	No
2	Did or will any officer, director, trustee, or k	kev emplovee of the	organization:					100	.40
Become a director or trustee of a successor or transferee organization?						2a			
b									
	Become a direct or indirect owner of a suc								
d									
	If the organization answered "Yes" to any						-	•	
	-	•	= /1	•	•	0.1	- NI /F	- 000	

#### COMMUNITY AFFORDABLE HOUSING, INC.

Schedule N (Form 990) 2022 C/O MEREDITH COLLINS 47-0776833 Page 3  Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e.  Also complete this part to provide any additional information.
PART I, LINE 2E:
MEREDITH COLLINS
JACK YANT
JOSEPH BRAYTON
PART I, LINE 2E:
MEREDITH COLLINS - IS THE CHIEF EXECUTIVE OFFICER OF COMMUNITY ACTION
PARTNERSHIP OF MID-NE
JACK YANT - IS THE PRESIDENT OF THE BOARD OF DIRECTORS OF COMMUNITY ACTION
PARTNERSHIP OF MID-NE
JOSEPH BRAYTON - IS A MEMBER OF THE BOARD OF DIRECTORS OF COMMUNITY ACTION
PARTNERSHIP OF MID-NE

232153 09-09-22 Schedule N (Form 990) 2022

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

Inspection

OMB No. 1545-0047

Name of the organization

COMMUNITY AFFORDABLE HOUSING, INC. C/O MEREDITH COLLINS

**Employer identification number** 47-0776833

FORM 990, PART VI, SECTION B, LINE 11B:
PRIOR TO FILING, BOARD MEMBERS RECEIVE A COPY TO REVIEW AND APPROVE.
FORM 990, PART VI, SECTION B, LINE 12C:
EACH BOARD MEMBER AND ALL EMPLOYEES ARE REQUIRED TO SIGN A CODE OF ETHICS
CONTAINING A CONFLICT OF INTEREST CLAUSE. EACH BOARD MEETING A WRITTEN
CONFLICT OF INTEREST REMINDER IS PUT ON THE BOARD AGENDA, REMINDING BOARD
MEMBERS TO NOTIFY THE GOVERNING BODY IF ANY ITEM ON THE AGENDA MAY
CONSTITUTE A CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION C, LINE 19:
THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL
STATEMENTS ARE AVAILABLE UPON REQUEST AT THE OFFICE.

#### SCHEDULE R (Form 990)

Part I

#### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Attach to Form 990.

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

**2022** Open to Publi

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

COMMUNITY AFFORDABLE HOUSING, INC. C/O MEREDITH COLLINS

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 47-0776833

(a)  Name, address, and EIN (if applicable)  of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state o foreign country)	r (d) Total inco	me End-of-year	assets Direct of	(f) Direct controlling entity		
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization	answered "Yes" on Form 990	), Part IV, line 34, b	ecause it had one	or more related tax-exe	mpt		
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	contr ent	_	
, , ,	ASSIST ELDERLY & DISADVANTAGED PERSONS	NEBRASKA	501(C)(3)	170 B 1 A VI		Yes	No X	
000*0	PISADVANIAGED FERSONS	NEDRASKA	501(C)(3)	170 6 1 A VI			Α	

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

Schedule R (Form 990) 2022

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income	Share of total	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	ate or reign entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	income				amount in box 20 of Schedule K-1 (Form 1065)	ule partner?	ownersnip
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	o
-											
											+
-											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	ction b)(13) rolled tity?
		,						Yes	No

232162 09-14-22 Schedule R (Form 990) 2022

Page 3

Yes No

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions	with one or more re	lated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	,			1a		Х	
	Gift, grant, or capital contribution to related organization(s)					X		
	Gift, grant, or capital contribution from related organization(s)					X		
d	Loans or loan guarantees to or for related organization(s)				1d		Х	
	Loans or loan guarantees by related organization(s)						Х	
f	Dividends from related organization(s)				1f		Х	
g	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		Х	
i	Exchange of assets with related organization(s)						X	
j Lease of facilities, equipment, or other assets to related organization(s)								
							х	
k Lease of facilities, equipment, or other assets from related organization(s)								
I	I Performance of services or membership or fundraising solicitations for related organization(s)							
m	m Performance of services or membership or fundraising solicitations by related organization(s)							
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization	on(s)			1n		Х	
0	Sharing of paid employees with related organization(s)				10		Х	
р	Reimbursement paid to related organization(s) for expenses				<b>1</b> p		Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	Other transfer of cash or property to related organization(s)				1r		Х	
s	Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," and "Yes,	no must complete th	is line, including covered i	relationships and transaction thresholds.				
	(a) (b) (c) (d)  Name of related organization type (a-s) (b) (c) Method of determining amount involved type (a-s)							
(	COMMUNITY ACTION PARTNERSHIIP OF							
<u>(1)</u> ]	MID-NEBRASKA	В	524,076.	FAIR MARKET VALUE				
(	COMMUNITY ACTION PARTNERSHIIP OF							
(2)	MID-NEBRASKA	С	65,697.	FAIR MARKET VALUE				

(5)

Schedule R (Form 990) 2022

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(	i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners sec 501(c)(3) orgs.?		Share of end-of-year assets	Dispro tions allocati	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or laging ner?	Percentage ownership
			,	103 140			103	140	( )	103	NO	
							H					
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## COMMUNITY AFFORDABLE HOUSING, INC.

Schedule F	(Form 990) 2022 C/O MEREDITH COLLINS	47-0776833	Page 5
Part VII	Supplemental Information   Supplemental Inform		
	Provide additional information for responses to questions on Schedule R. See instructions.		

232165 09-14-22 Schedule R (Form 990) 2022

Electronic Filing PDF Attachment

#### ARTICLES OF DISSOLUTION

OF

### COMMUNITY AFFORDABLE HOUSING, INC.

Pursuant to the Nebraska Nonprofit Corporation Act, the undersigned Nonprofit Corporation hereby submits the following Articles of Dissolution for the purpose of dissolving the Corporation:

- 1. The name of the Corporation: Community Affordable Housing, Inc.
- 2. The date the dissolution was authorized: March 23, 2023.
- 3. The dissolution was approved by a sufficient vote of the board.
- 4. Approval of dissolution was required of Members.
  - The Corporation has one class of Members, consisting of one member.
  - b. The Member cast its vote for dissolution.
  - c. The vote cast by the Member for dissolution was sufficient for approval of dissolution.
- The Attorney General of the State of Nebraska has been given Notice of Dissolution as Required by law.
- 6. The effective date of this document is March 23, 2023.

Dated:

Community Affordable Housing, Inc., A Nebraska Nonprofit Corporation,

y Devis

Barb Roebuck, President

#### PLAN OF DISSOLUTION

PLAN OF DISSOLUTION (herein the "Plan") for Community Affordable Housing, Inc., a Nebraska Nonprofit Corporation ("Corporation").

#### RECITALS:

WHEREAS, Community Action Partnership of Mid-Nebraska, a Nebraska Nonprofit Corporation, is the sole member of the Corporation ("Member");

WHEREAS, the Board of Directors have determined and resolved, by appropriate corporation action, that it would be in the best interests of the Corporation to dissolve the Corporation and to wind up and liquidate its affairs, without delay, pursuant to and in accordance with this Plan;

WHEREAS, the Corporation's Member must approve this Plan and the dissolution to dissolve the Corporation as provided in this Plan; and

WHEREAS, by execution of this Plan, as indicated below, the Board of Directors has unanimously voted and consented to dissolve the Corporation; and

WHEREAS, the Board of Directors of the Corporation hereby adopt this Plan.

**NOW, THEREFORE,** pursuant to and in accordance with the laws of the state of Nebraska and subject to the approval of the Member of the Corporation, the Corporation shall be dissolved pursuant to and in accordance with the terms and provisions of this Plan:

- 1. <u>MEMBER APPROVAL</u>: The Corporation shall, as soon as it is possible, hold a meeting of its Member for the purpose of approving this Plan. If the Member does not approve of this Plan, it shall be null and void. If the member approves this Plan, then the additional terms, provisions, conditions, covenants, and agreements contained herein shall be come effective immediately.
- 2. <u>DIRECTOR APPROVAL</u>: The Board of Directors hereby unanimously consent to and adopt the Plan.
- 3. <u>EFFECTIVE DATE:</u> The dissolution of the Corporation provided for in this Agreement shall become effective (herein the "Effective Date") upon the filing of the Articles of Dissolution with the Nebraska Secretary of State.
- **4. WINDING UP:** The Board of Directors shall undertake the duties to wind up the Corporation pursuant to the Nebraska Nonprofit Corporation Act, including, but not limited to the following:
  - a. Preserve and protect the Corporation's assets and minimize its liabilities;
  - b. Discharge the Corporation's liabilities and obligations;
  - c. Dispose of the Corporation's assets that will not be distributed in kind;

- d. Return, transfer, or convey assets held by the Corporation upon a condition requiring return, transfer, or conveyance, which condition occurs by reason of the dissolution, in accordance with such condition;
- e. Transfer the Corporation's assets as provided in Paragraph 5 below;
- f. File articles of Dissolution with the Nebraska Secretary of State; and
- g. Do every other act necessary to wind up and liquidate its assets and affairs.
- 5. <u>DISTRIBUTION OF ASSETS:</u> After payment of all dissolution costs and expenses, including attorney's fees and costs, and paying the Corporation's debts, obligations, and liabilities, the Corporation shall distribute all remaining assets to the Member, who qualifies for exemption under §501(a) of the Internal Revenue Code by virtue of being described in §501(c)(3) thereof and are engaged in administering programs and services to low-income individuals in Central Nebraska.

By accepting said distribution, the Member promises and agrees to repay to the Corporation, upon demand, a prorate share of the amount, not to exceed, in any event, the amount of the distribution, of any and all lawful claims made against the Corporation after the dissolution of the Corporation and the distribution of its assets that should have been paid under this Paragraph 5 but were unknown at the time of distribution or inadvertently not paid.

- 6. NOTICE TO STATE ATTORNEY GENERAL: The Corporation, being a public benefit corporation, shall give written notice to the Nebraska Attorney General of its intention to dissolve the Corporation at or before the time the Corporation delivers its Articles of Dissolution to the Nebraska Secretary of State, which notice shall include a copy of this Plan. No assets of the Corporation shall be transferred or distributed by the Corporation under the Plan until twenty (20) days after said notice has been given to the Nebraska Attorney General or until the Nebraska Attorney General has consented in writing to the Corporation's dissolution or indicated in writing that the Nebraska Attorney General will take no action regarding the transfer of the Corporation's assets, whichever is earlier.
- 7. <u>EFFECT OF DISSOLUTION:</u> After dissolution, the Corporation continues only for the purpose of winding up and liquidating its affairs, and terminates when such winding up and liquidation is completed.

IN WITNESS WHEREOF, the appropriate officers of the Corporation have executed this Plan as of the 23rd day of March, 2023.

Community Affordable Housing, Inc., A Nebraska Nonprofit Corporation,

Barb Roebuck, President

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



January 17, 2024

Lincoln County Senior Bingo Trust Committee 900 East 10th St North Platte, NE 69101

Lincoln County Senior Bingo Trust Committee:

Enclosed are the original and one copy of the 2022 Exempt Organization returns, as follows...

2022 Form 990-EZ

2022 Form 990-T

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

Thank You,

Mark DeDiana, CPA

#### TAX RETURN FILING INSTRUCTIONS

**FORM 990-EZ** 

#### FOR THE YEAR ENDING

September 30, 2023

Prepared F	For:
------------	------

Lincoln County Senior Bingo Trust Committee 900 East 10th St North Platte, NE 69101

#### Prepared By:

Core CPAs PC 747 N Burlington Ave, Ste 401 Hastings, NE 68901-4479

#### **Amount Due or Refund:**

Not applicable

#### Make Check Payable To:

Not applicable

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

Not applicable

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

Not applicable

#### **Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by February 15, 2024

#### TAX RETURN FILING INSTRUCTIONS

FORM 990-T

#### FOR THE YEAR ENDING

September 30, 2023

	Lincoln County Senior Bingo Trus Committee 900 East 10th St North Platte, NE 69101
Prepared By:	

**Prepared For:** 

Core CPAs PC 747 N Burlington Ave, Ste 401 Hastings, NE 68901-4479

Amount Due or Refund:

No amount is due.

Make Check Payable To:

No amount is due.

Mail Tax Return and Check (if applicable) To:

Not applicable

Return Must be Mailed On or Before:

Not applicable

#### **Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required.

FEDERAL INFORMATIONAL FORMS

## Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

eginning	OCT	1	, 2022, and ending	SEP	30	, 20 <b>2</b> :

3

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

For calendar year 2022, or fiscal year be Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information. Name of filer LINCOLN COUNTY SENIOR BINGO TRUST EIN or SSN

	COMMITTEE			0-3543913
Name a	nd title of officer or person subject to tax	MEREDITH COLLINS		
		CHIEF EXECUTIVE OFF	CER	
Part	Type of Return and Re	turn Information		
Form 5 or <b>10a</b> whiche	330 filers may enter dollars and cents below, and the amount on that line for over is applicable, blank (do not enter ne line in Part I.	re using this Form 8879-TE and enter the . For all other forms, enter whole dollars or the return being filed with this form was 0-). But, if you entered -0- on the return, the	only. If you check the box on line 1 blank, then leave line 1b, 2b, 3b, 4 hen enter -0- on the applicable line b	a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, pelow. <b>Do not</b> complete more
1a	Form 990 check here	<ul><li>b Total revenue, if any (Form 990, P</li><li>b Total revenue, if any (Form 990-EZ</li></ul>	art VIII, column (A), line 12)	1b
2a	Form 990-EZ check here X			
3a	Form 1120-POL check here	b Total tax (Form 1120-POL, line 22)		
4a	Form 990-PF check here	b Tax based on investment income		
5a	Form 8868 check here	<b>b Balance due</b> (Form 8868, line 3c)		
6a	Form 990-T check here	<b>b Total tax</b> (Form 990-T, Part III, line		
7a	Form 4720 check here	<b>b</b> Total tax (Form 4720, Part III, line		
8a	Form 5227 check here	b FMV of assets at end of tax year		
9a	Form 5330 check here	<b>b Tax due</b> (Form 5330, Part II, line 19		9b
	Form 8038-CP check here	b Amount of credit payment reques		2) <b>10b</b>
Part		ture Authorization of Officer or		
	• •	I am an officer of the above entity or		
	-	, (EII hedules and statements, and, to the best		
later th payment person	an 2 business days prior to the payment of taxes to receive confidential infor	account. To revoke a payment, I must corent (settlement) date. I also authorize the mation necessary to answer inquiries and gnature for the electronic return and, if approximation is a set of the electronic return and and the set of the electronic return and the	financial institutions involved in the difference of the paym oplicable, the consent to electronic	processing of the electronic nent. I have selected a funds withdrawal.
LZ	1 authorize CORE CFAS FO	ERO firm name	to ente	Enter five numbers, but
		ERO IIIII IIaille		do not enter all zeros
	with a state agency(ies) regulating on the return's disclosure consent  As an officer or person subject to t return. If I have indicated within thi	22 electronically filed return. If I have indi charities as part of the IRS Fed/State pro screen.  ax with respect to the entity, I will enter n s return that a copy of the return is being my PIN on the return's disclosure conse	gram, I also authorize the aforemen ny PIN as my signature on the tax y filed with a state agency(ies) regula	ntioned ERO to enter my PIN year 2022 electronically filed
Signature	of officer or person subject to tax			Date
Part	III Certification and Author	entication		
ERO's	EFIN/PIN. Enter your six-digit electron	nic filing identification		
numbe	r (EFIN) followed by your five-digit self-	selected PIN.	47334822222 Do not enter all zeros	
submit		IN, which is my signature on the 2022 ele requirements of <b>Pub. 4163,</b> Modernized	•	
ERO's s	ignature MARK DEDIANA	, CPA	Date	/24
		ERO Must Retain This Form - S	See Instructions	
		ubmit This Form to the IRS Unl		
LHA F	For Privacy Act and Paperwork Redu			Form <b>8879-TE</b> (2022)
				(2022)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FILEABLE FORMS

## Form **990-EZ**

#### **Short Form Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form, as it may be made public. Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

		e 2022 calendar year, or tax year beginning OC.T. I	, 202	z, and ending	SEP 3	0, 2023
В	Check if applicat	C Name of organization			D Employe	er identification number
	Addr	ess change LINCOLN COUNTY SENIOR BINGO TRUST				
	Name	e change COMMITTEE			36-	3543913
	Initia	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	<b>E</b> Telepho	ne number
F	¬Final	return/ 900 EAST 10TH ST			(30	8)865-5675
	=	City or town, state or province, country, and ZIP or foreign postal code		l	F Group E	
	=	ation pending NORTH PLATTE, NE 69101			Number	
G		nting Method: Cash X Accrual Other (specify)			H Check	X if the organization is
	Websi	· · · · · · · · · · · · · · · · · · ·				uired to attach Schedule B
		tempt status (check only one) $ \times$ 501(c)(3) $\longrightarrow$ 501(c) ( ) (insert no.)	4947(a)(	1) or 527	-	
				1) 01 327	(FUIII 9	90).
		· — · — — — —	Other	tal assats (Dant I	1	
		es 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or	•	•	-	<b>.</b>
		(B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ  Revenue, Expenses, and Changes in Net Assets or Fund	Palanaac			\$ 54,110.
P	art I	<del>-</del>				
	Τ.	Check if the organization used Schedule O to respond to any question in this Part I				
	1	Contributions, gifts, grants, and similar amounts received				
	2	Program service revenue including government fees and contracts				
	3	Membership dues and assessments				
	4	Investment income			4	
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less: cost or other basis and sales expenses	5b			
	C	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)			5c	;
	6	Gaming and fundraising events:				
•	a	Gross income from gaming (attach Schedule G if greater than				
ng.		\$15,000)	6a	53,2	37.	
Revenue	Ь	Gross income from fundraising events (not including \$	of contributi			
æ	-	from fundraising events reported on line 1) (attach Schedule G if the sum of such				
		gross income and contributions exceeds \$15,000)	6b			
	٦,	Less: direct expenses from gaming and fundraising events	6c	48,48	83.	
	1	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and sub				4,754.
	1	Gross sales of inventory, less returns and allowances				1,7510
	1		7b			
	ן ו	Less: cost of goods sold  Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a)			70	
	ا ا					
	8	Other revenue (describe in Schedule 0)				
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	ь соп		9	F 60F
	10	Grants and similar amounts paid (list in Schedule 0)	п оспр	ס פתטת		
	11	Benefits paid to or for members			11	
es	12	Salaries, other compensation, and employee benefits				
Expenses	13	Professional fees and other payments to independent contractors				
ă	14	Occupancy, rent, utilities, and maintenance			14	<u> </u>
ш	15	Printing, publications, postage, and shipping			15	<b>i</b>
	16	Other expenses (describe in Schedule 0)			16	
	17	Total expenses. Add lines 10 through 16			17	
'n	18	Excess or (deficit) for the year (subtract line 17 from line 9)			18	0.
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))				
As		(must agree with end-of-year figure reported on prior year's return)			19	11,250.
Net Assets	20	Other changes in net assets or fund balances (explain in Schedule 0)			20	
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20	······································		21	
LHA	A For	Paperwork Reduction Act Notice, see the separate instructions.				Form <b>990-EZ</b> (2022)

Form 990-EZ (2022) **COMMITTEE** 

Pa	art II	Balance Sheets (see the instructions for Part II	<i>'</i>	ing in this Doubl			Г.	· -
		Check if the organization used Schedule O to re	espond to any quest	(A) Beginning of year	<del></del>	/D\ E	nd of year	X
00	Cook	covings and investments	-	14,047.	22	( <b>B</b> ) □	12,922	
22		savings, and investments and buildings		14,04/	23		14,34	•
23 24		and buildings assets (describe in Schedule 0) SEE SCHEDULE		0.	_		152	2
25			·····	14,047	<del></del>		13,07	
26		assets liabilities (describe in Schedule 0) SEE SCHEDULE		2,797			1,82	
		, , , , , , , , , , , , , , , , , , , ,					11,25	
Pa	art III	sets or fund balances (line 27 of column (B) must agree with line 2 Statement of Program Service Accomplishm	<b>ents</b> (see the instru	ctions for Part III)	, , 21	Fv	penses	•
		Check if the organization used Schedule O to re	espond to any quest	· ·	X	(Required	for section and 501(c)(4)	
Wha	nt is the c	rganization's primary exempt purpose? SEE SCHEDULE	0				and 50 f(c)(4) ons; optional fo	or
		ganization's program service accomplishments for each of its three largest progra		nses. In a clear and concise		others.)	, ·	
		be the services provided, the number of persons benefited, and other relevant info	rmation for each program title.					
28	SEE	SCHEDULE O						
	(Grants	\$ ) If this amount includes foreig	n grants, check here			28a		
29								
					_			
	(Grants	\$ ) If this amount includes foreig	n grants, check here			29a		
30								
					_			
	(Grants	,				30a		
31	•					<u> </u>		
	(Grants	,				31a		<u> </u>
32 <b>D</b> -	Total p	rogram service expenses (add lines 28a through 31a) List of Officers, Directors, Trustees, and Key	Fmnlovees			32		) <u>.</u>
F	art iv				ee the i	nstructions to	r Part IV)	_
		Check if the organization used Schedule O to re			/d\	alth benefits.	L	
		(a) Name and title	(b) Average hours per week devoted to	(C) Reportable compensation (Forms W-2/1099-MISC/	` contr	ibutions to	(e) Estimate amount of ot	
		(a) Name and title	position	** E/ 1000 WIIOO/	plans,	oyee benefit and deferred pensation	compensation	
СП	FDVI	MATTHEWS		(II not paid, enter -0-)	COII	pensation		
	ESIL		1.00	0.		0.	(	).
		GBORN	1.00	0.		<u> </u>	<u>'</u>	<i>.</i>
		PRESIDENT	1.00	0.		0.	(	).
		LOOS	1.00	•			,	•
	CRET		1.00	0.		0.	(	).
		TH COLLINS	1,00					•
		EXECUTIVE OFFICER	1.00	0.		0.	(	).
			_					

Page 3

Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Sch. O to respond to any question in this			X
	included on the control of the control of the cope in the cope in the cope in the cope in the control of the cope in the cope		Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule 0	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			
	on lines 2, 6a, and 7a, among others)?	35a	X	
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	Х	
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	05.		х
36	requirements during the year? If "Yes," complete Schedule C, Part III  Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	35c		
30	complete applicable parts of Schedule N	36		Х
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.			
	Did the organization file Form 1120-POL for this year?	37b		Х
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee; <b>or</b> were any such loans made			
	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved 38b N/A	4		
39	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on line 9 39a N/A	-		
	Gross receipts, included on line 9, for public use of club facilities N/A	-		
4U a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  section 4911			
h	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit			
·	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any			
	of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on			
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed			
	by the organizationO •			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			37
	transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed NONE	40e		X
41	List the states with which a copy of this return is filed NONE  The organization's books are in care of COMMUNITY ACTION PARTNERSHIP Telephone no. (308) 8	65-	567	5
42 a	•	884		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		Х
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
40	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041 -</b> Check here  and enter the amount of tax-exempt interest received or accrued during the tax year  43	N/A		
	and enter the amount of tax-exempt interest received of accided during the tax year	14 / 23		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead			
	of Form 990-EZ	44b		X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation			
45 -	in Schedule 0	44d		Х
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	45a		Λ
IJ	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	45b		Х
	CIECAL 1011 1003 1 0111 000 and contocate it may need to be completed instead of Form 000 LZ. Oce instructions		00-F7	

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<b>16</b> Did the	a organization angage directly or indirectly in political campai	an activities on behalf of or i	n apposition to can	udidatae for nu	ublic office?		Yes	No
	e organization engage, directly or indirectly, in political campai ," complete Schedule C, Part I			•		46		Х
Part VI								
	All section 501(c)(3) organizations must answer ques							
	Check if the organization used Schedule O to respon	nd to any question in this	Part VI			<u></u>	Yes	No
17 Did +ba	a arganization angaga in labbuing activities or bays a section E	'01/h) alastian in affact durin	a the toy year?				res	No
	e organization engage in lobbying activities or have a section 5	• •	-			47		х
	," complete Sch. C, Part II					48		X
	e organization make any transfers to an exempt non-charitable					49a		X
<b>b</b> If "Yes,	," was the related organization a section 527 organization?					49b		
	ete this table for the organization's five highest compensated					ach red	ceived r	nore
than \$	100,000 of compensation from the organization. If there is no	ne, enter "None."			,			
	(a) Name and title of each employee	(b) Average		Reportable ensation (Forms	(d) Health benefit contributions to		e) Estim	
	NONE	per week dev positio	W-2	/1099-MISC/ 099-NEC)	employee benefi plans, and deferre	t   am	ount of Impens	
	NONE	positio	""	099-NEO)	compensation	+	, inpono	
			+			+		
	number of other employees paid over \$100,000							
	zation. If there is none, enter "None." NONE  i) Name and business address of each independent contractor		<b>(b)</b> Type o	f service	(c)	Comp	ensatio	1
<b>d</b> Total n	number of other independent contractors each receiving over \$	\$100,000						
<b>52</b> Did the	e organization complete Schedule A? <b>Note:</b> All section 501(c)(	(3) organizations must attach	ı a		_		_	_
	eted Schedule A			<u></u>		Χ γ		No
•	ties of perjury, I declare that I have examined this return, inclu , and complete. Declaration of preparer (other than officer) is		•		•	lge and	l belief,	it is
Sign	Signature of officer				Date			
Here	MEREDITH COLLINS, CHIEF E	EXECUTIVE OFF	ICER					
<b>I</b>	Print/Type preparer's name Preparer's	signature	Date	Check	if PTIN			
Paid				self- emplo	yed			
Preparei		DEDIANA, CPA	01/17/24		P01			
Use Only	Firm's name CORE CPAS PC			Firm's EIN				
	Firm's address 747 N BURLINGTON			Phone no.	402-46	2-4	154	
	HASTINGS, NE 6890							
/lay the IRS	discuss this return with the preparer shown above? See instr	uctions				Χ γ		No
						Form 9	990-EZ	(2022

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization LINCOLN COUNTY SENIOR BINGO TRUST COMMITTEE

Employer identification number 36-3543913

Pa	art I	Reason for Public (	Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instructions.	
The	organ	ization is not a private found	ation because it is: (I	or lines 1 through 12, cl	neck only	one box.)		
1	$\bigcap$	A church, convention of ch					I)(A)(i).	
2	一	A school described in <b>sect</b> i					<i>X X Y</i>	
3	Ħ	A hospital or a cooperative		•		/hV1VAVii	i\	
4	H	A medical research organization					•	the hospital's name
7		city, and state:	ation operated in con	ijanotion with a noopital	acconbca	Scould	11 17 0(b)(1)(A)(iii). Entor	the hoopital o hame,
_		•	ar the benefit of a col	laga ar university avende	or on orat	ad by a ga	warmantal unit dagarib	ad in
5	Ш	An organization operated for		lege of university owned	or operati	eu by a go	iverninental unit describe	eu III
_		section 170(b)(1)(A)(iv). (C						
6	77	A federal, state, or local gov	-					
7	X	An organization that norma	•	ntial part of its support fr	om a gove	rnmental	unit or from the general	public described in
		section 170(b)(1)(A)(vi). (C	•					
8	Щ	A community trust describe	ed in <b>section 170(b)(</b>	(1)(A)(vi). (Complete Part	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(	ix) operate	ed in conju	inction with a land-grant	college
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the r	name, city	, and state of the college	e or
		university:						
10		An organization that norma	lly receives (1) more	than 33 1/3% of its supp	ort from co	ontributior	ns, membership fees, and	d gross receipts from
		activities related to its exem	npt functions, subjec	t to certain exceptions; a	and (2) no i	more than	33 1/3% of its support f	rom gross investment
		income and unrelated busin	ness taxable income	(less section 511 tax) fro	m busines	ses acqui	red by the organization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)					
11		An organization organized a	and operated exclusi	vely to test for public sat	ety. See	section 50	)9(a)(4).	
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne function	ns of, or to carry out the	purposes of one or
		more publicly supported or	ganizations describe	d in <b>section 509(a)(1)</b> o	r section (	509(a)(2).	See <b>section 509(a)(3).</b> (	Check the box on
		lines 12a through 12d that	describes the type o	f supporting organization	and com	olete lines	12e, 12f, and 12g.	
а		Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving						giving
			· · · · · · · · · · · · · · · · · · ·	•	•	_		
		the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.						11 3
b		Type II. A supporting org			ion with its	s supporte	ed organization(s), by hav	vina .
		control or management o	•					-
		organization(s). You mus			arrio poroci	io triat oo	manage the cap	501104
c		☐ Type III functionally inte	-		in connect	ion with a	and functionally integrate	ed with
•		its supported organization						with,
c		Type III non-functionally		·				zation(s)
	'		•					• •
		that is not functionally int	-		•		•	veriess
_		requirement (see instructi	,	•	•			
e	,	☐ Check this box if the orga					Type I, Type II, Type III	
		functionally integrated, or	* *	nally integrated supporting	ng organiza	ation.		
f		er the number of supported o						
		vide the following information  (i) Name of supported	about the supporte	d organization(s).  (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of monetary	(vi) Amount of other
		organization	(,	(described on lines 1-10	in your governi		support (see instructions)	support (see instructions)
		<u> </u>		above (see instructions))	Yes	No	,	, ,
Tota	al							

36-3543913 Page 2

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")				199.	873.	1,072.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3				199.	873.	1,072.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						1,072.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4				199.	873.	1,072.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						1,072.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	166,629.
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 50	01(c)(3)	
	organization, check this box and stop	here					
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I						100.00 %
	Public support percentage from 2021						100.00 %
16a	33 1/3% support test - 2022. If the						
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organizatior	ı			X
b	33 1/3% support test - 2021. If the	•		•		•	
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on line	e 13, 16a, or 16b, a	nd line 14 is 10% o	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	<b>ere.</b> Explain in Part	/I how the organiz	ation
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circun	nstances test, che	ck this box and s	<b>top here.</b> Explain ir	Part VI how the	
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box ar	nd see instructions	

Schedule A (Form 990) 2022

#### 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.)

Sec	ction A. Public Support		,				
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties,						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b, whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ie organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	601(c)(3) organization	on,
	check this box and stop here						
Sec	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2022 (I	ine 8, column (f), d	livided by line 13, o	column (f))		15	%
16	Public support percentage from 2021					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	122 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from					18	%
19a	33 1/3% support tests - 2022. If the	organization did n	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization quali	fies as a publicly s	supported organiza	ition	
k	33 1/3% support tests - 2021. If the	•			•	•	
	line 18 is not more than 33 1/3%, che	ck this box and st	t <b>op here.</b> The orga	nization qualifies a	as a publicly suppo	orted organization	
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	nis box and see ins	structions	

Schedule A (Form 990) 2022

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3c		
4a		
1.0		
4b		
4c		
5a		
5b 5c		
35		
6		
7		
8		
3		
9a		
9b		
9c		
10a		
10b		
ule A (Forn	n 990)	2022

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Pa	rt IV	Supporting Organizations (continued)			
		•		Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а		son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
		elow, the governing body of a supported organization?	11a		
b		illy member of a person described on line 11a above?	11b		
		6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	1.2		
Ĭ		in Part VI.	11c		
Sec	tion E	3. Type I Supporting Organizations			
		71 0 0		Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or		100	110
•		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
		ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  The organization operate for the benefit of any supported organization other than the supported	•		
_		ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		• •			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sec	<u>super</u> tion (	vised, or controlled the supporting organization.  C. Type II Supporting Organizations			
		or type in cupper unity or guinimations		Yes	No
4	Moro	a majority of the avantization's divestors by twistons during the tay year also a majority of the divestors		162	NO
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed	4		
Sec	the su	upported organization(s).  D. All Type III Supporting Organizations	1		
		5. All Type III cupper ting organizations		V	Na
_	D: 4 41-			Yes	No
1		ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	-	ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	(ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	-	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_		ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	•	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	•	icant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	suppo tion F	orted organizations played in this regard.  E. Type III Functionally Integrated Supporting Organizations	3		
1		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction	·	
2		ties Test. <b>Answer lines 2a and 2b below.</b>		Yes	No
а		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		e supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	_		
		hese activities constituted substantially all of its activities.	2a		
b		ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		the reasons for the organization's position that its supported organization(s) would have engaged in			
_		activities but for the organization's involvement.	2b		
3		tt of Supported Organizations. Answer lines 3a and 3b below.			
а		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its:	supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

## LINCOLN COUNTY SENIOR BINGO TRUST COMMITTEE

Schedule A (Form 990) 2022

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ent Year onal)
ent Year
ent Year onal)
nt Year

Schedule A (Form 990) 2022

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
_3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

Schedule A (Form 990) 2022

# LINCOLN COUNTY SENIOR BINGO TRUST COMMITTEE

36-354<u>3913 Page 8</u> Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

# SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

	COUNTY SENIOR BING	GO :	rrus	ST			ntification number
COMMITT						36-3543	
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
Indicate whether the organization rais	e Solicitat f Solicitat g Special  or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising ding of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	<del></del>
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. <b>(i)</b>	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total			•				
List all states in which the organization or licensing.			utions	or has been notified	it is e	exempt from re	gistration

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

Schedule G (Form 990) 2022

# LINCOLN COUNTY SENIOR BINGO TRUST

	Chedule G (Form 990) 2022									
Pa	<b>Part II Fundraising Events.</b> Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.									
		of fundraising event contributions and gro				is greater than \$5,000.				
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events				
						(add col. (a) through				
			(2.12.24 4.12.2)	(22.4 4	(4 a 4 a 1 . a	col. <b>(c)</b> )				
ē			(event type)	(event type)	(total number)					
Revenue										
Вè	1	Gross receipts								
	2	Less: Contributions				_				
	3	Gross income (line 1 minus line 2)								
	3	Gross income (line i militus line 2)								
	4	Cash prizes								
	5	Noncash prizes								
S										
ens	6	Rent/facility costs								
Direct Expenses										
č	7	Food and beverages								
Öİ										
	8	Entertainment								
	9	Other direct expenses								
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)							
_		Net income summary. Subtract line 10 from li								
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than					
		\$15,000 on Form 990-EZ, line 6a.	I	a Dellaska forstant	I	T. n. m.				
e			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))				
Revenue				biligo/progressive biligo		coi. (a) through coi. (c)				
Вè	_	0	53,237.			53,237.				
_	1	Gross revenue	33,237.			33,231.				
	2	Cash prizes	40,579.			40,579.				
ses	_	Cash ph200	20,075			20,0.50				
Expenses	3	Noncash prizes								
ă										
Direct	4	Rent/facility costs	1,750.			1,750.				
₫			·							
	5	Other direct expenses	6,154.			6,154.				
			X Yes 100 %	Yes %	Yes %					
	6	Volunteer labor	No	No	No					
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			48,483.				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			4,754.				
	_			т.						
		ter the state(s) in which the organization condu	-							
		the organization licensed to conduct gaming ac				X Yes No				
0	IT "	No," explain:								
	_									
10:	\//	ere any of the organization's gaming licenses re	evoked suspended orte	rminated during the tay y	vear?	Yes X No				
		Yes," explain:			you:	103100				
	.,									
	_									

# LINCOLN COUNTY SENIOR BINGO TRUST

Sch	edule G (Form 990) 2022 COMMITITEE 36 -	<u>-3543913</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	X Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	. —	
	to administer charitable gaming?	Yes	X No
12	Indicate the percentage of gaming activity conducted in:		110
		1420	07
	The organization's facility	1 4 4 4	<u>%</u>
	An outside facility	13b H 0 0	.00 %
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name COMMUNITY ACTION PARTNERSHIP OF MID-NE		
	Address PO BOX 2288 - KEARNEY, NE 68848		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
_	The fact of the first and address of the time party.		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	,		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to	X Yes	□ Na
_	retain the state gaming license?	LAL Yes	∟ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
<b>D</b> -	organization's own exempt activities during the tax year \$ 4,754.		
Рa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F	art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
			<u> </u>

#### LINCOLN COUNTY SENIOR BINGO TRUST

Schedule G	(Form 990) COMMITTEE	36-3543913	Page 4
Part IV	(Form 990) COMMITTEE Supplemental Information (continued)		
	(oorianaoa)		

#### **SCHEDULE 0** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Inspection

Name of the organization

LINCOLN COUNTY SENIOR BINGO TRUST COMMITTEE

**Employer identification number** 36-3543913

COMMITTEE		30	334371	
FORM 990-EZ, PART I, LINE 10, GRANTS AND SIMILA	R AMOUNT	S PAID:		
ACTIVITY CLASSIFICATION: CHARITY-501(C)(3)				
GRANTEE NAME: COMMUNITY ACTION PARTNERSHIP OF M	ID-NEBR <i>I</i>	ASKA		
GRANTEE ADDRESS: PO BOX 2288 KEARNEY, NE 68848				
GRANTEE RELATIONSHIP: SUPPORTED ORGANIZATION				
AMOUNT GIVEN:				5,627.
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:				
DESCRIPTION				
ACCOUNTS RECEIVABLE				152.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIE	S:			
DESCRIPTION	BEG. C	OF YEAR	END C	F YEAR
ACCOUNTS PAYABLE		2,797.		1,824.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE -	PROVIDE	E SUPPORT	FOR T	HE
LINCOLN COUNTY SENIOR SERVICE CENTER				
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE	ACCOMPI	ISHMENTS	:	
ORGANIZATION SUPPORTS ACTIVITY OF COMMUNITY ACT	ION			
PARTNERSHIP OF MID-NEBR. THE LINCOLN COUNTY SEN	IOR SERV	7ICE		
CENTER PROVIDES A FINANCIAL BASE TO ASSIST IN O	PERATION	OF		
THE CENTER & DEVELOP MATCHING FUNDS. THE CENTER	SERVES	APPROX 7	00	
UNDUPLICATED INDIVIDUALS A YEAR AND AVERAGES 35	0 MEALS	SERVED A	DAY.	

## Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning  $\ \ OCT\ \ 1$  , 2022, and ending  $\ \ SEP\ \ 30$  , 20 23

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of	f filer LINCOLN COUNT	Y SENIOR BINGO TR	UST	EIN or S		
	COMMITTEE			36-	3543913	
Name a	nd title of officer or person subject to					
		CHIEF EXECUTIV	E OFFICER			
Part	I Type of Return and	d Return Information				
Form 5 or <b>10a</b> whiche	330 filers may enter dollars and obelow, and the amount on that li	rou are using this Form 8879-TE an cents. For all other forms, enter wh ne for the return being filed with th nter -0-). But, if you entered -0- on t	ole dollars only. If you check the is form was blank, then leave lin- he return, then enter -0- on the a	e box on line 1a, 2 e 1b, 2b, 3b, 4b, applicable line belo	2a, 3a, 4a, 5a, 6a, 5b, 6b, 7b, 8b, 9l ow. Do not comp	, <b>7a, 8a, 9a,</b> <b>b,</b> or <b>10b,</b> plete more
1a	Form 990 check here		orm 990, Part VIII, column (A), li			
<b>2</b> a	Form 990-EZ check here		orm 990-EZ, line 9)			
3a	Form 1120-POL check here		OL, line 22)			
4a	Form 990-PF check here	b Tax based on investment	ent income (Form 990-PF, Part	V, line 5)	4b	
5a	Form 8868 check here	<b>b</b> Balance due (Form 886	88, line 3c) Part III, line 4)		5b	
6a	Form 990-T check here	<b>b</b> Total tax (Form 990-T,	Part III, line 4)		6b	<u> </u>
7a	Form 4720 check here	<b>b</b> Total tax (Form 4720, F	Part III, line 1)		7b	
8a	Form 5227 check here	b FMV of assets at end	of tax year (Form 5227, Item D)		8b	
9a	Form 5330 check here	<b>b Tax due</b> (Form 5330, P	art II, line 19)		9b	
	Form 8038-CP check here		nent requested (Form 8038-CP		10b	
Part		gnature Authorization of C				
		t $X$ I am an officer of the above				
of entit	••	ng schedules and statements, and,	, (EIN)			
financia later the payme	al institution to debit the entry to an 2 business days prior to the p nt of taxes to receive confidential	indicated in the tax preparation so this account. To revoke a payment ayment (settlement) date. I also au I information necessary to answer i my signature for the electronic retu	, I must contact the U.S. Treasu thorize the financial institutions nguiries and resolve issues relat	iry Financial Agen involved in the pro ed to the paymen	t at 1-888-353-453 ocessing of the ele it. I have selected	37 no ectronic
	neck one box only 【	י דר		to ontor m	nv PIN 363	35/
L <b>2</b>	I authorize CORE CPAS			to enter m	Enter five nu	
		ERO firm name	:		do not enter	
	with a state agency(ies) regulation the return's disclosure con.  As an officer or person subject return. If I have indicated with	ar 2022 electronically filed return. I ating charities as part of the IRS Feasent screen.  It to tax with respect to the entity, in this return that a copy of the return the return's disclose.	d/State program, I also authoriz will enter my PIN as my signatu urn is being filed with a state age	e the aforementio	ned ERO to enter	my PIN
	of officer or person subject to tax			[	Date	
Part	III Certification and A	authentication				
numbe	<b>EFIN/PIN.</b> Enter your six-digit eler (EFIN) followed by your five-digit	t self-selected PIN.	4733482 Do not enter	all zeros		
submit		my PIN, which is my signature on the the requirements of <b>Pub. 4163</b> ,				
ERO's s	ignature <u>MARK DEDIA</u>	ANA, CPA	Date	01/17/2	4	

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form	990-T		Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))		OMB No. 1545-0047
		For ca	endar year 2022 or other tax year beginning $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	<u>23</u> .	2022
Depar Interna	tment of the Treasury al Revenue Service		Go to www.irs.gov/Form990T for instructions and the latest information.  On not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).	-	Open to Public Inspection for 501(c)(3) Organizations Only
<b>A</b>	Check box if address changed.		Name of organization (		oyer identification number
	kempt under section	Print	COMMITTEE		6-3543913
X	] 501( <b>c</b> )( <b>3</b> ) ] 408(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 900 EAST 10TH ST	EGrou (see i	p exemption number nstructions)
	408A 530(a) 529A		City or town, state or province, country, and ZIP or foreign postal code NORTH PLATTE, NE 69101	F	9514 Check box if
	. ,	С Во	ok value of all assets at end of year	7 7	an amended return.
G	Check organization		501(c) corporation X 501(c) trust 401(a) trust Other trust	State	college/university
	Check if filing only to		Claim credit from Form 8941 Claim a refund shown on Form 2439		
			ation filing a consolidated return with a 501(c)(2) titleholding corporation		
			ed Schedules A (Form 990-T)		1
K	During the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation.		_
	The books are in car		COMMUNITY ACTION PARTNERSHIP OF Telephone number d Business Taxable Income	(308	)865-5675
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see	T	
			(Coo	1	0.
2	, December			2	
3	Add lines 1 and 2			3	
4	Charitable contrib		see instructions for limitation rules)	4	0.
5			taxable income before net operating losses. Subtract line 4 from line 3		
6			ng loss. See instructions	6	
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from	m line 5	5	7	
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	8	1,000.
9			duction. See instructions	9	
10	Total deductions.	. Add li		10	1,000.
11	Unrelated busine	ss taxa	<b>ible income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero		·	11	0.
Pa	rt II Tax Com	putat	ion		
1	Organizations tax	cable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	1	
2	Trusts taxable at	trust r	ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	ı: 🔼	▼ Tax rate schedule or Schedule D (Form 1041)	2	0.
3	Proxy tax. See ins	structio	ns	3	
4	Other tax amounts	s. See i	nstructions	4	
5	Alternative minimu	ım tax (	trusts only)	5	
6	Tax on noncompl	liant fa	cility income. See instructions	6	
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

\$ \$ X **6a** Did the organization change its method of accounting? (see instructions) If 6a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V Part V Supplemental Information Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions. 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 taxpayer) is based on all information of which preparer has any knowledge.

CHIEF EXECUTIVE Sign May the IRS discuss this return with Here **OFFICER** the preparer shown below (see instructions)? X Yes Signature of officer Date Date l if PTIN Print/Type preparer's name Preparer's signature Check self- employed **Paid** MARK DEDIANA, CPA MARK DEDIANA, CPA |01/17/24 P01702042 Preparer 92-1841583 CORE CPAS PC Firm's name Firm's EIN **Use Only** 747 N BURLINGTON AVE, STE 401 HASTINGS, NE 68901-4479 402-462-4154 Firm's address Form 990-T (2022) 223711 01-16-23

FOOTNOTES

STATEMENT 1

STATEMENT REGARDING LAWFUL PURPOSE EXPENDITURES:

LINCOLN COUNTY SENIOR BINGO TRUST COMMITTEE IS ENGAGED IN PULL-TAB (PICKLE CARD) ACTIVITY AS A LICENSED TAX-EXEMPT ORGANIZATION UNDER THE NEBRASKA PICKLE CARD STATUTES. UNDER NEBRASKA LAW ONLY TAX-EXEMPT, NON-PROFIT ORGANIZATIONS MAY BE LICENSED PICKLE CARD ORGANIZATIONS. ALL NET PROFITS OF THE ORGANIZATION FROM THE PICKLE CARD (PULL-TAB) ACTIVITIES ARE REQUIRED BY THE NEBRASKA PICKLE CARD STATUTES TO BE USED BY OR DONATED BY THE ORGANIZATION FOR EXEMPT PURPOSES. IN CALCULATING UNRELATED BUSINESS TAXABLE INCOME, THE TAXPAYER IS CLAIMING A SEC 162 DEDUCTION CLAIMED ON THE TAXPAYER'S 2022 FORM 990T FOR SELF PAID LAWFUL PURPOSE EXPENSES OF \$0.

#### **SCHEDULE A** (Form 990-T)

### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury

Go to www.irs.gov/Form990T for instructions and the latest information.

Interna	Do not enter SSN numbers on this form as it i	may be ı	nade public i	if your	organiza	ation is a 50	I(c)(3).		anizations Only
1 A	A Name of the organization COUNTY SENIOR BINGO TRUST  COMMITTEE  B Employ 36-3							cation numb	er
<u>C (</u>	Unrelated business activity code (see instructions) 71399	0				<b>D</b> Sequ	uence:	1 of	1
<u>E (</u>	Describe the unrelated trade or business NONE - SEE A	TTAC	CHED						
Pa	rt I Unrelated Trade or Business Income		(A) In	come		(B) Exp	enses	(C	) Net
1 a	Gross receipts or sales								
b	Less returns and allowances c Balance	1c							
2	Cost of goods sold (Part III, line 8)	2							
3	Gross profit. Subtract line 2 from line 1c	3							
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a							
h	1120)). See instructions  Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b			_				
c		4c			_				
5	Income (loss) from a partnership or an S corporation (attach	.							
•	statement)	5							
6	Rent income (Part IV)	6							
7	Unrelated debt-financed income (Part V)	7							
8	Interest, annuities, royalties, and rents from a controlled								
	organization (Part VI)	8							
9	Investment income of section 501(c)(7), (9), or (17)								
	organizations (Part VII)	9							
10	Exploited exempt activity income (Part VIII)	10							
11	Advertising income (Part IX)	11							
12	Other income (see instructions; attach statement)	12							
<u>13</u>	Total. Combine lines 3 through 12	13			0.				
	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business in	come						is must b	e 
1 2	Compensation of officers, directors, and trustees (Part X)								
3	Salaries and wages								
3 4	Repairs and maintenance Bad debts								
5	Interest (attach statement). See instructions								
6	Taxes and licenses								
7	Depreciation (attach Form 4562). See instructions				[				
8	Less depreciation claimed in Part III and elsewhere on return						8b		
9	Depletion						9		
10	Contributions to deferred compensation plans								
11	Employee benefit programs								
12	Excess exempt expenses (Part VIII)								
13	Excess readership costs (Part IX)								
14	Other deductions (attach statement)								
15	Total deductions. Add lines 1 through 14						15		0.
16	Unrelated business income before net operating loss deduction. S column (C)	ubtract	line 15 from	n Part	I, line 1	3,			0.
17	Deduction for net operating loss. See instructions						17		0.
								l .	

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Schedule A (Form 990-T) 2022

Part	III Cost of Goods Sold Enter met	hod of inventory valua	ation		rago <u>z</u>
1	Inventory at beginning of year			1	
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	<b>Total.</b> Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter			_	
9	Do the rules of section 263A (with respect to property	,			Yes No
Part					
1	Description of property (property street address, city, s  A	state, ZIP code). Chec	k if a dual-use. See ins	tructions.	
		A	В	С	
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, columns A through b				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter her	o and an Dort I line 6	oolumn (A)	0.
3	Deductions directly connected with the income	tillough b. Enterner	e and on Fart i, line o,		
4	in lines 2(a) and 2(b) (attach statement)				
7	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I	line 6 column (R)		0.
Part '		ee instructions)	, iiie 0, 00iaiiii (b)		
1	Description of debt-financed property (street address,	,	Check if a dual-use. Se	e instructions	
-	A	on, onato, <u></u>			
	В				
	c $\square$				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed				
-	property				
3	Deductions directly connected with or allocable				
3	to debt-financed property				
	Straight line depreciation (attach statement)				
a					
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	9	6 9	6 %	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D	. Enter here and on P	art I, line 7, column (A)		0.
			T	<del></del>	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th				0.
11	Total dividends-received deductions included in line	10			0.

Part	VI Interest, Annu	<u>:</u> uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	see instruc	ctions)	Page 3
	,		· ·					lled Organizatio		
	Name of controlled organization		2. Employer 3. Net unrelated income (loss) payments may (see instructions)		al of specified	late da se se en en el como de se se		6. Deductions directly connected with income in column 5		
(1)										
(2)										
(3)										
(4)										
				1	Controlled O	-			T	
7	. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specif syments mad		that is inc	of column 9 luded in the organization's income		Deductions directly connected with come in column 10
(1)										
(2)										
(3)										
(4)										
							Enter here	nns 5 and 10. and on Part I, column (A)	Ente I	d columns 6 and 11. er here and on Part I, ine 8, column (B)
Totals	N / 11		·····					0.		0.
Part			of a Section 50	1(c)(7), (	9), or (17)	Orgai	nization <sub>(s</sub>	ee instructions)		
	<b>1.</b> Desc	cription of	income		2. Amou incor		3. Deduction directly connocattach states	ected (attach	t-asides statemer	5. Total deductions and set-asides (add cols 3 and 4)
(1)										
(2)										
(3)										
(4)										
Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I,				Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Part	VIII Exploited E	xempt A	ctivity Income,	Other 1	Than Adve		g Income (	see instructions	3)	
1	Description of exploite								<u> </u>	
2	Gross unrelated busin	•		ness. Ente	r here and o	n Part I.	line 10, columi	n (A)	2	
3	Expenses directly con	nected wit	h production of unre	elated busi	iness income	e. Enter	here and on Pa	art I,		
	line 10, column (B)								3	
4	Net income (loss) from						<b>5</b> , 1			
-	lines 5 through 7								4	
5	Gross income from ac								5 6	
6 7	Expenses attributable Excess exempt expen									
,	4 Enter here and on E			, but uo n	or enrei inoi	c u iaii li	ie amount off h	II IC	,	

Schedule A (Form 990-T) 2022

Sched Part	ule A (Form 990-T) 2022  IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if reporti	ng two or more period	licals on a	consolidated basis		
	A T	3				
	В					
	c 🗆					
	D					
Enter a	amounts for each periodical listed above in the	corresponding colum	ın			
		A		В	С	D
2	Gross advertising income		•	_		
-	Add columns A through D. Enter here and or		n (A)	I	1	0.
а	Add coldmins A through b. Enter here and or	Traiti, iiic Tr, colum				
3	Direct advertising costs by periodical					
	Add columns A through D. Enter here and or	·	n (P)	l		0.
а	Add Coldinins A through D. Enter here and or	Traiti, iiile TT, Colum	II (D)			
4	Advertising asin (less) Cubtrast line 2 from li	ino				
4	Advertising gain (loss). Subtract line 3 from li					
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column i					
	line 4 showing a loss or zero, do not complet					
_	lines 5 through 7, and enter zero on line 8					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le					
_	than line 6, enter zero					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain					
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g	greater of the line 8a, o	columns to	tal or zero here and	d on	0
Dort	Part II, line 13	rootore and Tru				0.
Part	X Compensation of Officers, Di	rectors, and trus	stees (s	ee instructions)	Г <u>.</u>	
					3. Percentage	4. Compensation
	1. Name		2. Title		of time devoted	attributable to
					to business	unrelated business
<u>(1)</u>					%	
<u>(2)</u>					%	
(3)					%	
<u>(4)</u>					%	
						•
	Enter here and on Part II, line 1					0.
Part	XI Supplemental Information (s	ee instructions)				

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

CLIENT'S COPY



Community Action Partnership of Mid-Nebraska PO Box 2288 Kearney, NE 68848

Community Action Partnership of Mid-Nebraska:

Enclosed are the original and one copy of the 2022 Exempt Organization returns, as follows...

2022 Form 990

2022 Form 990-T

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

Thank You,

Mark DeDiana, CPA

#### TAX RETURN FILING INSTRUCTIONS

**FORM 990** 

#### FOR THE YEAR ENDING

September 30, 2023

Prep	oared	For:
------	-------	------

Community Action Partnership of Mid-Nebraska PO Box 2288 Kearney, NE 68848

#### Prepared By:

Core CPAs PC 747 N Burlington Ave, Ste 401 Hastings, NE 68901-4479

#### **Amount Due or Refund:**

Not applicable

#### Make Check Payable To:

Not applicable

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

Not applicable

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

Not applicable

#### **Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by February 15, 2024

#### TAX RETURN FILING INSTRUCTIONS

FORM 990-T

#### FOR THE YEAR ENDING

September 30, 2023

Prepared F	For:	
	Community Action Partnership of Mid-Nebraska PO Box 2288 Kearney, NE 68848	
Prepared I	Ву:	
	Core CPAs PC 747 N Burlington Ave, Ste 401 Hastings, NE 68901-4479	
Amount D	ue or Refund:	
	No amount is due.	
Make Chec	ck Payable To:	
	No amount is due.	
Mail Tax R	eturn and Check (if applicable) To:	
	Not applicable	
Return Mu	st he Mailed On or Refore:	

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

Not applicable

#### **Special Instructions:**

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required.

FEDERAL INFORMATIONAL FORMS

### Form **8879-TE**

# IRS e-file Signature Authorization for a Tax Exempt Entity

OCT	1	, 2022, and ending	SEP	30	, 20 2 3
		, ====, a.r.a orraning			,

For calendar year 2022, or fiscal year beginning Do not send to the IRS. Keep for your records.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

Go to www.irs.gov/Form8879TE for the latest information.

COMMUNITY ACTION PARTNERSHIP

EIN or SSN

OF MID-NEBRASKA		47-6039628						
Name and title of officer or person subject to tax	MEREDITH COLLINS							
	CHIEF EXECUTIVE OFFICER							
Part I Type of Return and Ret	turn Information							
Form 5330 filers may enter dollars and cents. or <b>10a</b> below, and the amount on that line for whichever is applicable, blank (do not enter than one line in Part I.	e using this Form 8879-TE and enter the applicable amount, if any For all other forms, enter whole dollars only. If you check the box the return being filed with this form was blank, then leave line 11-b. But, if you entered -0- on the return, then enter -0- on the application.	con line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, cable line below. Do not complete more						
1a Form 990 check here X	<b>b Total revenue,</b> if any (Form 990, Part VIII, column (A), line 1							
2a Form 990-EZ check here	2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)  3a Form 1120-POL check here b Total tax (Form 1120-POL, line 22)							
4a Form 990-PF check here	b Tax based on investment income (Form 990-PF, Part V, lin							
5a Form 8868 check here	b Balance due (Form 8868, line 3c)							
6a Form 990-T check here	<ul><li>b Total tax (Form 990-T, Part III, line 4)</li><li>b Total tax (Form 4720, Part III, line 1)</li></ul>							
8a Form 5227 check here	b FMV of assets at end of tax year (Form 5227, Item D)							
9a Form 5330 check here	<b>b</b> Tax due (Form 5330, Part II, line 19)	8b 9b						
10a Form 8038-CP check here	b Amount of credit payment requested (Form 8038-CP, Par							
	ure Authorization of Officer or Person Subject to							
2022 electronic return and accompanying sch complete. I further declare that the amount in intermediate service provider, transmitter, or eacknowledgement of receipt or reason for reje of any refund. If applicable, I authorize the U.S entry to the financial institution account indical institution to debit the entry to this a later than 2 business days prior to the payment of taxes to receive confidential information.		elief, they are true, correct, and eturn. I consent to allow my d to receive from the IRS (a) an sing the return or refund, and (c) the date ronic funds withdrawal (direct debit) resoned on this return, and the inancial Agent at 1-888-353-4537 no lived in the processing of the electronic or the payment. I have selected a electronic funds withdrawal.						
	ERO firm name	Enter five numbers, but do not enter all zeros						
as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.  As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.								
Signature of officer or person subject to tax		Date						
Part III Certification and Author	entication							
ERO's EFIN/PIN. Enter your six-digit electron	40004000							
number (EFIN) followed by your five-digit self-	selected PIN. 473348222  Do not enter all z							
	N, which is my signature on the 2022 electronically filed return increquirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information							

MARK DEDIANA, CPA ERO's signature

01/23/24 Date

**ERO Must Retain This Form - See Instructions** Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

FILEABLE FORMS

**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	$\simeq$ 2022 calendar year, or tax year beginning $ m OCT~1$ , $ m ~2022$ and $ m ~202$	ending S	EP 30, 2023							
<b>B</b> 0	heck if	C Name of organization		D Employer identific	cation number						
а	pplicable	COMMUNITY ACTION PARTNERSHIP									
	Addres										
	Name change			47-60396	47-6039628						
	Initial return		Room/suite	E Telephone number							
	 _Final _return/	PO BOX 2288		(308)865							
	termin ated			G Gross receipts \$	13,632,023.						
	Ameno			H(a) Is this a group re							
	Applic			for subordinates							
	PO BOX 2288, KEARNEY, NE 68848  H(b) Are all subordinates included? Yes No										
T 1	ax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527	1	list. See instructions						
	Vebsit			H(c) Group exemption							
		organization: X Corporation Trust Association Other	L Year		1 State of legal domicile: <b>NE</b>						
	art I	Summary	1								
	1	Briefly describe the organization's mission or most significant activities: ASSIS	T ELD	ERLY AND LOV	V-INCOME						
Governance		PERSONS.									
nar	2	Check this box if the organization discontinued its operations or dispose	ed of more	than 25% of its net ass	ets.						
Ver	3			3	15						
ဗိ	4	Number of independent voting members of the governing body (Part VI, line 1b)			15						
ళ		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			322						
Activities &		Total number of volunteers (estimate if necessary)			453						
흕		Total unrelated business revenue from Part VIII, column (C), line 12			1,969.						
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.						
		, , ,		Prior Year	Current Year						
_	8	Contributions and grants (Part VIII, line 1h)		12,669,430.	12,519,379.						
Revenue	l	Program service revenue (Part VIII, line 2g)		655,379.	775,485.						
ě.	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		196,849.	244,626.						
æ	I	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		4,998.	1,969.						
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		13,526,656.	13,541,459.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	65,697.						
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.						
"	l	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		7,345,944.	7,616,768.						
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.						
ber	I	Total fundraising expenses (Part IX, column (D), line 25)	0.								
Щ	l	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,377,521.	5,768,746.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		12,723,465.	13,451,211.						
	l	Revenue less expenses. Subtract line 18 from line 12		803,191.	90,248.						
or es				ginning of Current Year	End of Year						
Net Assets or	20	Total assets (Part X, line 16)		10,567,482.	10,604,550.						
Ass	21	Total liabilities (Part X, line 26)		1,033,740.	980,560.						
Net Elect	22	Net assets or fund balances. Subtract line 21 from line 20		9,533,742.	9,623,990.						
	rt II	Signature Block									
Und	er pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is						
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi		· · ·	•						
Sigi	n	Signature of officer		Date							
Her		MEREDITH COLLINS, CHIEF EXECUTIVE OFFICER									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature		Date Check	PTIN						
Paid		MARK DEDIANA, CPA MARK DEDIANA, CP	A 0	1/23/24 self-employ	P01702042						
Prep	arer	Firm's name CORE CPAS PC			2-1841583						
	Only	Firm's address 747 N BURLINGTON AVE, STE 401									
_		HASTINGS, NE 68901-4479		Phone no. 40	2-462-4154						
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No						
	01 12-10		ns.		Form <b>990</b> (2022)						

Part III	Sta	tement of Program Service Accomplishments
Form 990 (2		
		COMMONITI ACTION TAKINERSHIT

. u.	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
•	TO PROVIDE DIVERSE SERVICES AND PROGRAMS THAT WILL HAVE AN IMPACT ON
	THE ELDERLY AND DISADVANTAGED POPULATIONS OF NEBRASKA.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.  (Code: ) (Expenses \$ 4,766,240 • including grants of \$ ) (Revenue \$ 24,665 • )
4a	(Code:) (Expenses \$4,766,240 . including grants of \$) (Revenue \$) (Revenue \$)
	HEAD START
	HEAD START PROMOTES THE SCHOOL READINESS OF LOW-INCOME PRESCHOOL
	CHILDREN (AGES 3 TO 5), INCLUDING CHILDREN OF FEDERALLY RECOGNIZED
	INDIAN TRIBES, ALASKA NATIVES, AND MIGRATORY SEASONAL AND FARM WORKERS,
	AND INFANTS AND TODDLERS (BIRTH THROUGH AGE 3) BY ENHANCING THEIR
	COGNITIVE SOCIAL AND EMOTIONAL DEVELOPMENT IN LEARNING ENVIRONMENTS
	THAT SUPPORT THEIR GROWTH IN LANGUAGE, LITERACY, MATHEMATICS, SCIENCE,
	SOCIAL AND EMOTIONAL FUNCTIONING, CREATIVE ART, PHYSICAL SKILLS, AND
	APPROACHES TO LEARNING. PARENTS RECEIVE SOCIAL SERVICES AND
	PARTICIPATE IN VARIOUS DECISION-MAKING PROCESSES RELATED TO THE
	OPERATION OF THE PROGRAM.
4b	(Code:) (Expenses \$ 950,615. including grants of \$) (Revenue \$)
	SPECIAL SUPPLEMENTAL NUTRITION PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)
	(MIC)
	WIC PROVIDES SUPPLEMENTAL NUTRITIOUS FOODS, NUTRITION EDUCATION, AND
	REFERRALS TO HEALTH CARE FOR LOW-INCOME PERSONS DURING CRITICAL PERIODS
	OF GROWTH AND DEVELOPMENT. SUCH PERSONS INCLUDE PREGNANT WOMEN,
	BREAST-FEEDING WOMEN UP TO ONE YEAR POSTPARTUM, NON-BREAST-FEEDING
	WOMEN UP TO SIX MONTHS POSTPARTUM, INFANTS (PERSONS UNDER ONE YEAR OF
	AGE), AND CHILDREN UNDER AGE FIVE DETERMINED TO BE AT NUTRITIONAL RISK.
	INTERVENTION DURING THE PRENATAL PERIOD IMPROVES FETAL DEVELOPMENT AND
	REDUCES THE INCIDENCE OF LOW BIRTH WEIGHT, SHORT GESTATION, AND ANEMIA.
	(Code: ) (Expenses \$ 2,028,295. including grants of \$ ) (Revenue \$ 546,334.)
4c	(Code:) (Expenses \$2,028,295. including grants of \$) (Revenue \$) (Revenue \$)
	TOBLIC TRANSFORTATION ADDIDITANCE TROGRAM
	THE GOAL OF PUBLIC TRANSPORTATION ASSISTANCE PROGRAM IS TO INITIATE,
	IMPROVE, OR CONTINUE PUBLIC TRANSPORTATION SERVICE IN RURAL AREAS BY
	PROVIDING FINACIAL ASSISTANCE FOR OPERATING, PLANNING, ADMINISTRATIVE
	EXPENSES, AND THE ACQUISITION, CONSTRUCTION, AND IMPROVEMENT OF
	FACILITIES AND EQUIPMENT.
4-1	Other program con ices (Describe on Schodule O.)
40	Other program services (Describe on Schedule O.) (Expenses \$ 4,431,041. including grants of \$ 65,697.) (Revenue \$ 204,486.)
4e	Total program service expenses 12,176,191.
	Form <b>990</b> (2022)

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# COMMUNITY ACTION PARTNERSHIP

Form 990 (2022) OF MID-NEBRASKA
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)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			7.7
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		37
_	during the tax year? If "Yes," complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			v
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		_X_
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	_		Х
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		х
0	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
9	Schedule D, Part III  Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	8		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		Х
10	If "Yes," complete Schedule D, Part IV	9		
10		10		х
11	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
u	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	- · · · ·		
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	- 1.2		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_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? If "Yes," complete Schedule F, Parts I and IV	14b		_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? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			77
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			7.7
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00	complete Schedule G, Part III	19	X	
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24	х	
200000	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	<b>21</b>		(2022)
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# COMMUNITY ACTION PARTNERSHIP

Form 990 (2022) OF MID-NEBRASKA

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		_X_
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		<u>X</u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		<u> X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u> X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			l
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		_X_
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			v
	"Yes," complete Schedule L, Part IV	28c	Х	<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Λ	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
•	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			v
00	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			v
0.4	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		Х	
2E -	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	Soa	77	
b		25h		Х
36	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2  Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
50		36		Х
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
J1	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	51		
55	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	, 50		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable  1b  0	-		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
-	(gambling) winnings to prize winners?	1c	Х	

Form **990** (2022)

OF MID-NEBRASKA Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		[			
	filed for the calendar year ending with or within the year covered by this return	2a	322			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		<b>2</b> b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			За	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority o	ver, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	.ccount)?		4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Advanced in the Financi	ccounts (F	BAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organiza	tion solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution					
	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_		37
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a		X
b				7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		1	_		, v
	to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		٠.		v
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or			<u>7e</u> 7f		X
T						
g	the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  the organizations maintaining donor advised funds. Did a donor advised fund maintained by the  tonsoring organization have excess business holdings at any time during the year?  tonsoring organizations maintaining donor advised funds.  It the sponsoring organization make any taxable distributions under section 4966?		7g 7h			
h 8			-01111 1096-0?	/11		
0		-		8		
9						
а				9a		
b				9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				
				14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15				15		\ <b>.</b> ,
	excess parachute payment(s) during the year?					X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	: income?		16		X
47	If "Yes," complete Form 4720, Schedule O.	11111 -				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac			4-		
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form **990** (2022)

Form 990 (2022)

OF MID-NEBRASKA

47-6039628

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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 No Yes 15 **1a** Enter the number of voting members of the governing body at the end of the tax year 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. 15 **b** Enter the number of voting members included on line 1a, above, who are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 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? The organization's CEO, Executive Director, or top management official Х 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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? 16b Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 X Upon request X Own website Another's website \_\_ Other (explain on Schedule O) 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. State the name, address, and telephone number of the person who possesses the organization's books and records COMMUNITY ACTION PTR OF MID-NEBR - (308)865-5675 P.O. BOX 2288, KEARNEY, NE68848

#### Form 990 (2022)

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

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

   List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)	l		((	<u></u>		our	(D)	(E)	(F)
Name and title	Average hours per	box	not c , unle:	Posi heck i ss per	ition more son is	than o s both	an	Reportable compensation	Reportable compensation	Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer po		Highest compensated All Semployee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) MEREDITH COLLINS	40.00							400 005		
CHIEF EXECUTIVE OFFICER	40.00			Х				103,325.	0.	0.
(2) LADONNA JACKMAN	40.00	-						00 444	•	•
CHIEF FINANCIAL OFFICER	1 00			Х				88,441.	0.	0.
(3) JACK YANT	1.00	ļ							•	•
PRESIDENT	1 00	Х		Х				0.	0.	0.
(4) BARB ROEBUCK	1.00	ļ							•	•
TREASURER	1 00	Х		Х				0.	0.	0.
(5) DICK TRAIL	1.00	ļ							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(6) NATHAN AVERY	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(7) COY CLARK	1.00	ļ							•	•
DIRECTOR	1 00	Х						0.	0.	0.
(8) ROGER DORN	1.00	.,							0	•
DIRECTOR	1 00	Х						0.	0.	0.
(9) JERRY WOODRUFF	1.00	.,							0	•
DIRECTOR	1 00	Х	_					0.	0.	0.
(10) LINDA FITZSIMMONS	1.00	٠,,		٦,					0	•
MEMBER AT LARGE	1 00	Х	_	Х				0.	0.	0.
(11) DEB GRANGER DIRECTOR	1.00	Х						0.	0.	0.
(12) MICHAEL STROMER	1.00	Δ						0.	0.	<u> </u>
DIRECTOR	1.00	Х						0.	0.	0.
(13) JOY KYHN	1.00	Λ	$\vdash$					0.	0.	· ·
DIRECTOR	1.00	Х						0.	0.	0.
(14) JENNIFER BANTAM	1.00	Λ						0.	0.	<u> </u>
SECRETARY	1.00	Х		х				0.	0.	0.
(15) MYRON KOUBA	1.00	Δ		Δ				0.	0.	<u> </u>
VICE PRESIDENT	1.00	Х		х				0.	0.	0.
(16) JOSEPH BRAYTON	1.00							•	0.	<u></u>
DIRECTOR	1.00	Х						0.	0.	0.
(17) CECILIA LOGANBILL	1.00	21						1	0.	<u></u>
DIRECTOR	1.00	х						0.	0.	0.
	l .	22						1 0.	0.	<u> </u>

232007 12-13-22 Form **990** (2022)

COMMUNITY ACTION PARTNERSHIP

Form 990 (2022) OF MID-NEBRASKA

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

(A) (B) (C) (D)

Name and title Average Position Reportable Rep

· ui	Section A. Officers, Directors, Trus		JIOY	ees,			gnes	it C		,	$\overline{}$		<b>(C</b> )	
	(A)	(B) (C) Average Position					า		(D)	(E)		_	(F)	
	Name and title	hours per (do not check more than one box, unless person is both an					than o		Reportable	Reportable			stimate	
		week					is both or/trus		compensation	compensatio			nount other	от
		(list any	tor						from the	from related organization			pensa	tion
		hours for	Individual trustee or director				_		organization	(W-2/1099-MIS			om th	
		related	9e 0r	stee			nsate		(W-2/1099-MISC/	1099-NEC)			anizat	
		organizations	trust	al tru		yee	ed mic		1099-NEC)	,		•	d relat	
		below	idual	Institutional trustee	ь	Key employee	est co	ıer				orga	anizati	ons
		line)	Indiv	Instii	Officer	Key 6	Highest compensated employee	Former						
							1				$\neg$			
											$\rightarrow$			
							1				$\dashv$			
			-											
							-				$\rightarrow$			
				_			_				$\rightarrow$			
											$\longrightarrow$			
1b	Subtotal								191,766.		0.			0.
С	Total from continuation sheets to Part VI	I, Section A							0.		0.			0.
d	Total (add lines 1b and 1c)								191,766.		0.			0.
2	Total number of individuals (including but n								eceived more than \$100,	000 of reportable	3			
	compensation from the organization													1
													Yes	No
3	Did the organization list any <b>former</b> officer,	director, trust	ee. k	ev e	lame	love	e. or	hia	hest compensated empl	ovee on				
	line 1a? If "Yes," complete Schedule J for s	•		•		•		_	•	•		3		Х
4	For any individual listed on line 1a, is the su													
-	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a	•		•										
•	rendered to the organization? If "Yes," com											5		Х
Sec	tion B. Independent Contractors	ipiete Scrieduit	<del>- 0</del> 10	UI SL	<u>ICII J</u>	JEIS								
1	Complete this table for your five highest co	mnensated inc	lene	nder	nt co	ntr	actor	re th	nat received more than \$	100 000 of comr		ion fro	nm	
•	the organization. Report compensation for										)Ci isat	1011 110	,,,,	
		ine calendar ye	Jai C	iluii	ig w	ILIT	OI WI	<u> </u>		cai.		(0	•	
	<b>(A)</b> Name and business	address	NIC	ONE	7				<b>(B)</b> Description of s	ervices	C		<b>ر،</b> nsatio	n
			140	7141	_			_						
								$\dashv$						
								$\dashv$						
								$\dashv$						
2	Total number of independent contractors (in	ncluding but n	ot lin	nited	d to	thos	se lis	ted	above) who received mo	ore than				
	\$100,000 of compensation from the organization	zation				(	J							

Page 9

#### COMMUNITY ACTION PARTNERSHIP OF MID-NEBRASKA

Form 990 (2022) OF MID-

		Check if Schedule O contains a response	or note to any line	e in this Part VIII			
		Check in Consulate C Consulation a respective		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
(0, (0	1.0	Federated campaigns 1a					000000000000000000000000000000000000000
Contributions, Gifts, Grants and Other Similar Amounts	1 4						
ij d							
ts, An	C	Fundraising events 1c	F20 702				
igit ilar	C	Related organizations 1d	529,703.				
ns, Sim	e	Government grants (contributions)	10,866,382.				
er	f	All other contributions, gifts, grants, and					
ję t		similar amounts not included above <b>1f</b>	1,123,294.				
d th	ç	Noncash contributions included in lines 1a-1f 1g \$	89,502.				
<u>5 p</u>	h	Total. Add lines 1a-1f		12,519,379.			
			Business Code				
e	2 a	INTERPROGRAM CHARGES	900099	712,658.	712,658.		
ē Š	b	MISCELLANEOUS PROGRAM REVENU	900099	62,827.	62,827.		
S	c	:					
am	c	l					
Program Service Revenue	e	•					
P	f	All other program service revenue					
		Total. Add lines 2a-2f		775,485.			
	3	Investment income (including dividends, intere					
		other similar amounts)		47,242.			47,242.
	4	Income from investment of tax-exempt bond p		·			
	5	Royalties					
	·	(i) Real	(ii) Personal				
	6 -		(1) 1 01001141				
		' '''					
		Rental income or (loss) 6c					
		Net rental income or (loss)	(ii) Othor				
	/ a		(ii) Other				
		assets other than inventory 7a	279,300.				
_	b	Less: cost or other basis					
ηne		and sales expenses	81,916.				
her Revenue		Gain or (loss) 7c	197,384.				
Be	C	Net gain or (loss)		197,384.			197,384.
her	8 a	Gross income from fundraising events (not					
ŏ		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	b	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a	10,617.				
	b	Less: direct expenses 9b	8,648.				
		A1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1,969.		1,969.	
		Gross sales of inventory, less returns		·			
		and allowances10a					
	h	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	'				
_		The modifie of hossy from sales of inventory	Business Code				
ns	44 -		Suchiess Code				
je on	11 a						
Miscellaneous Revenue	b						<u> </u>
Se.	C						
Σ	C	All other revenue					
	е	Total. Add lines 11a-11d		12 544 455	BBE 405	4 055	044 505
	40	Total revenue See instructions		13 541 459.	775 485.	1 969.	244 626.

# Form 990 (2022) OF MID-NEBRASKA Part IX Statement of Functional Expenses

Conti	0': - 504(-\/0) - 1.504(-\/0)' -1' 1  1										
Secti	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											
	not include amounts reported on lines 6b, Bb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	( <b>D)</b> Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	65,697.	65,697.								
2	Grants and other assistance to domestic										
	individuals. See Part IV, line 22										
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
	individuals. See Part IV, lines 15 and 16										
4	Benefits paid to or for members										
5	Compensation of current officers, directors,										
3		216,087.		216,087.							
•	trustees, and key employees	210,007.		210,007.							
6	Compensation not included above to disqualified										
	persons (as defined under section 4958(f)(1)) and										
_	persons described in section 4958(c)(3)(B)	7,400,681.	6 710 620	600 052							
7	Other salaries and wages	/,400,001.	6,710,628.	690,053.							
8	Pension plan accruals and contributions (include										
_	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (nonemployees):		04 406								
а	Management	39,880.	31,106.	8,774.							
b	Legal	42,875.	32,786.	10,089.							
С	Accounting	55,845.		55,845.							
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees										
g	Other. (If line 11g amount exceeds 10% of line 25,										
	column (A), amount, list line 11g expenses on Sch O.)										
12	Advertising and promotion	78,784.	78,784.								
13	Office expenses										
14	Information technology										
15	Royalties										
16	Occupancy	1,132,378.		37,275.							
17	Travel	172,052.	146,234.	25,818.							
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization	662,617.	662,617.								
23	Insurance	343,894.	270,074.	73,820.							
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If										
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)										
а	SUPPLIES	1,279,722.	1,202,848.	76,874.							
b	CONTRACT SERVICES	471,670.	454,700.	16,970.							
c	REPAIRS AND MAINTENANCE	441,310.	416,331.	24,979.							
d	FOOD COSTS	410,920.	410,920.								
е	All other expenses	636,799.	598,363.	38,436.							
25	Total functional expenses. Add lines 1 through 24e	13,451,211.	12,176,191.	1,275,020.	0.						
26	Joint costs. Complete this line only if the organization										
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)				_						
					000						

Form 990 (2022)
Part X Balance Sheet

	t X	Balance Sneet								
	Check if Schedule O contains a response or note to any line in this Part X									
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year			
	1	Cash - non-interest-bearing	2,755,817.	1	3,269,608.					
	2	Savings and temporary cash investments	41,491.	2	44,305.					
	3	Pledges and grants receivable, net		3						
	4	Accounts receivable, net	1,734,295.	4	1,673,568.					
	5	Loans and other receivables from any current or								
		trustee, key employee, creator or founder, substa								
		controlled entity or family member of any of these		5						
	6	Loans and other receivables from other disqualifi	ed per	sons (as defined						
		under section 4958(f)(1)), and persons described	in sect	tion 4958(c)(3)(B)		6				
छ	7	Notes and loans receivable, net				7				
Assets	8	Inventories for sale or use				8				
۲	9	Prepaid expenses and deferred charges			80,069.	9	132,936.			
	10a	Land, buildings, and equipment: cost or other								
		basis. Complete Part VI of Schedule D	10a	13,369,841.						
	b	Less: accumulated depreciation		7,885,708.	5,955,810.	10c	5,484,133.			
	11	Investments - publicly traded securities				11				
	12	Investments - other securities. See Part IV, line 1				12				
	13	Investments - program-related. See Part IV, line 1			13					
	14	Intangible assets				14				
	15	Other assets. See Part IV, line 11	10 565 400	15	10 604 550					
	16	Total assets. Add lines 1 through 15 (must equa	10,567,482.	16	10,604,550.					
	17	Accounts payable and accrued expenses			794,840.	17	731,833.			
	18	Grants payable		170 447	18	170 202				
	19	Deferred revenue		170,447.	19	178,292.				
	20	Tax-exempt bond liabilities				20				
	21	Escrow or custodial account liability. Complete P				21				
es	22	Loans and other payables to any current or former								
ij		trustee, key employee, creator or founder, substa				-00				
Liabilities	00	controlled entity or family member of any of these				22				
	23 24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelated				23 24				
	2 <del>4</del> 25	Other liabilities (including federal income tax, pay				24				
	23	parties, and other liabilities not included on lines								
		of Schedule D	•	·	68,453.	25	70,435.			
	26	Total liabilities. Add lines 17 through 25			1,033,740.	26	980,560.			
	20	Organizations that follow FASB ASC 958, chec	k here	e X	2,000,7200		300,3001			
S e		and complete lines 27, 28, 32, and 33.	, , , , , , , , , , , , , , , , , , ,	, <u></u>						
ğ	27	Net assets without donor restrictions	2,618,460.	27	3,103,268.					
3ak	28	Net assets with donor restrictions	6,915,282.	28	6,520,722.					
힏		Organizations that do not follow FASB ASC 95								
ᆵ		and complete lines 29 through 33.	-,							
þ	29	Capital stock or trust principal, or current funds				29				
šets	30	Paid-in or capital surplus, or land, building, or equ				30				
Ass	31	Retained earnings, endowment, accumulated inc				31				
Net Assets or Fund Balances	32	Total net assets or fund balances		9,533,742.	32	9,623,990.				
~	33	Total liabilities and net assets/fund balances			10,567,482.	33	10,604,550.			

Form **990** (2022)

	11990 (2022) OF MID NEDRADRA	<u> </u>	0033	020	Pag	je • •
Pa	art XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	13	,54	L,4!	<u>59.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	,45	1,23	11.
3	Revenue less expenses. Subtract line 2 from line 1	3			),24	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9	,53	3,74	42.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	9	,62	3,99	90.
Pa	art XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	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?			2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,	,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule (	<b>D</b> .			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За	Х	

**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

Form 990 (2022)

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

In the second of the latest information in the latest information.

Open to Public Inspection

Employer identification number

47-6039628

OMB No. 1545-0047

Name of the organization COMMUNITY ACTION PARTNERSHIP
OF MID-NEBRASKA

Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

ne	organi	zation is not a private found	ation because it is: (F	For lines 1 through 12, cl	heck only	one box.)						
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).										
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)										
3		A hospital or a cooperative	hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4		A medical research organiza	medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,									
		city, and state:										
5		An organization operated for	or the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in				
		section 170(b)(1)(A)(iv). (C	Complete Part II.)									
6		A federal, state, or local gov	ernment or governm	nental unit described in	section 17	70(b)(1)(A)	(v).					
7	X											
		section 170(b)(1)(A)(vi). (C	•		· ·							
8		A community trust describe	•	1)(A)(vi). (Complete Part	t II.)							
9		An agricultural research org			•	ed in conju	nction with a land-grant	college				
		or university or a non-land-g				-	-	•				
		university:		,		, ,						
0		An organization that normal	lly receives (1) more	than 33 1/3% of its supp	ort from c	ontributior	ns, membership fees, and	d gross receipts from				
		activities related to its exem										
		income and unrelated busin	•	•			• •	-				
		See section 509(a)(2). (Cor				•	, ,					
1		An organization organized a	and operated exclusi	vely to test for public sat	fety. See	section 50	)9(a)(4).					
2		An organization organized a						purposes of one or				
		more publicly supported org	•	· · ·	-		· · · · · · · · · · · · · · · · · · ·					
		lines 12a through 12d that	-									
а		Type I. A supporting orga	* *					aivina				
		the supported organization			•	_						
		organization. You must c			, ,			3				
b		Type II. A supporting orga			ion with its	s supporte	d organization(s), by hav	vina				
-		control or management or	•					-				
		organization(s). You mus			arrio porco	110 11141 001	na or manage are cap	501104				
С		Type III functionally inte			in connect	ion with.	and functionally integrate	ed with				
Ī		its supported organization					• •	,				
d		Type III non-functionally		·				zation(s)				
-		that is not functionally into					· · · · · · · · · · · · · · · · · · ·	* *				
		requirement (see instructi	-	•	•		='					
е		Check this box if the orga	•	-								
Ī		functionally integrated, or					., po ., ., po, ., po					
f	Ente	the number of supported of										
q		ide the following information	-									
		Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
nta												

47-6039628 Page 2

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

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

Sec	tion A. Public Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
1	Gifts, grants, contributions, and								
	membership fees received. (Do not								
	include any "unusual grants.")	10653738.	10052334.	11791810.	12669430.	<u> 12519379.</u>	57686691.		
2	Tax revenues levied for the organ-								
	ization's benefit and either paid to								
	or expended on its behalf								
3	The value of services or facilities								
	furnished by a governmental unit to								
	the organization without charge								
4	Total. Add lines 1 through 3	10653738.	10052334.	<u>11791810.</u>	12669430.	<u> 12519379.</u>	<u>57686691.</u>		
5	The portion of total contributions								
	by each person (other than a								
	governmental unit or publicly								
	supported organization) included								
	on line 1 that exceeds 2% of the								
	amount shown on line 11,								
	column (f)								
	Public support. Subtract line 5 from line 4.						57686691.		
Sec	tion B. Total Support								
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total		
7	Amounts from line 4	10653738.	10052334.	<u> 11791810.</u>	<u> 12669430.</u>	<u> 12519379.</u>	57686691.		
8	Gross income from interest,								
	dividends, payments received on								
	securities loans, rents, royalties,								
	and income from similar sources	16,029.	9,740.	3,148.	8,528.	50,857.	88,302.		
9	Net income from unrelated business								
	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	429,789.	608,844.	266,294.	655,379.				
11	<b>Total support.</b> Add lines 7 through 10						60447957.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	59,578.		
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax y	ear as a section 5	01(c)(3)			
_	organization, check this box and sto								
	tion C. Computation of Publi					Г	05.40		
	Public support percentage for 2022 (I					14	95.43 %		
	Public support percentage from 2021					15	96.03 %		
16a	33 1/3% support test - 2022. If the	-			14 is 33 1/3% or m	ore, check this bo			
	<b>stop here.</b> The organization qualifies		-						
b	33 1/3% support test - 2021. If the								
	and <b>stop here.</b> The organization qual								
17a	10% -facts-and-circumstances test	-							
	and if the organization meets the fact		*	-		<u> </u>			
	meets the facts-and-circumstances to	· ·	•			7			
b	10% -facts-and-circumstances test	-					10% or		
	more, and if the organization meets the				-				
40	organization meets the facts-and-circ								
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

### 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
(	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	<b>r</b>		_	1	ı	
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)				l		
14	First 5 years. If the Form 990 is for the	-		•			
80	check this box and stop herection C. Computation of Publi						
				l (f))		45	
	Public support percentage for 2022 (I					15	<u>%</u>
	Public support percentage from 2021 ction D. Computation of Inves					10	<u>%</u>
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from					18	<del>/</del> 6
	33 1/3% support tests - 2022. If the			on line 14, and line			
196	more than 33 1/3%, check this box ar						, 13 HOL
L	33 1/3% support tests - 2021. If the						 nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

_		Yes	No
	1		
	0		
	2		
-	3a		
	3b		
	3с		
	00		
	4a		
L	4b		
	4 -		
	4c		
	5a		
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-	5b		
-	5c		
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	ΟL		
-	9b		
L	9с		
	10a		
	.54		
	104		
	10b		065-
iule A	(Forn	n 990)	2022

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sec	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
366	tion of Type it Supporting Organizations		V	
4	Mare a majority of the expeniention's divertors by twisters duving the toy year also a majority of the divertors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
•	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?	1		
2	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	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? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	<b>~</b> 1		
^	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	20		
h	trustees of each of the supported organizations? <i>If</i> "Yes" or "No" provide details in <b>Part VI.</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3a		

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Sche	dule A (Form 990) 2022 OF MID-NEBRASKA		4	17-6039628 Page 6		
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi:		<del>,</del>		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.		
	All other Type III non-functionally integrated supporting organizations mus		·			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
_5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
_7_	Other expenses (see instructions)	7				
8_	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
_3_	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
_6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				

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

6

Schedule A (Form 990) 2022

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations <sub>(continu</sub>	ued)	
Section	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	 S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pri	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Section	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2022	15	Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
с	From 2019				
<u>d</u>	From 2020				
<u>e</u>	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
88	Breakdown of line 7:				
<u>a</u>	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

## COMMUNITY ACTION PARTNERSHIP OF MID-NEBRASKA

47-603<u>9628 Page 8</u> OF MID-NEBRASKA Schedule A (Form 990) 2022 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. Part VI (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

### Schedule B

Department of the Treasury Internal Revenue Service

(Form 990)

## Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Name of the organization

Organization type (check one):

COMMUNITY ACTION PARTNERSHIP OF MID-NEBRASKA

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

**Employer identification number** 

47-6039628

Filers of:	Section:						
Form 990 or 990-EZ	$\overline{X}$ 501(c)( $\overline{3}$ ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> 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						
	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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.							
contributor, dur literary, or educ	For an organization described in section 501(c)(7), (8), or (10) filling 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.						
year, contribution is checked, ento purpose. Don't	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 <i>exclusively</i> 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 <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year						
answer "No" on Part IV,	In that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it <b>must</b> 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 filing requirements of Schedule B (Form 990).						

Schedule B (Form 990) (2022)

Name of organization

COMMUNITY ACTION PARTNERSHIP

OF MID-NEBRASKA

**Employer identification number** 

47-6039628

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	U.S. DEPARTMENT OF AGRICULTURE  301 CENTENNIAL MALL SOUTH  LINCOLN, NE 68509	\$ <u>1,254,992</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NE DEPARTMENT OF ENERGY  1200 "N" STREET  LINCOLN, NE 68509	\$\$09,115.	Person X Payroll
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  NE DEPARTMENT OF HEALTH AND HUMAN SERVICES  301 CENTENNIAL MALL SOUTH  LINCOLN, NE 68509	\$ 5,048,706.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
	Name, address, and ZIP + 4  U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT  10909 MILL VALLEY ROAD  OMAHA, NE 681593955	\$ 530,131.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d) Type of contribution
	Name, address, and ZIP + 4  U.S. DEPARTMENT OF TRANSPORTATION  1200 NEW JERSEY AVE, SE  WASHINGTON, DC 20590	\$1,283,092.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
6_	Name, address, and ZIP + 4  U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  200 INDEPENDANCE AVE S.W.  WASHINGTON, DC 20201	\$ 740,272.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

COMMUNITY ACTION PARTNERSHIP

OF MID-NEBRASKA

Employer identification number

47-6039628

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7	NE DEPARTMENT OF AGRICULTURE  301 CENTENNIAL MALL SOUTH  LINCOLN, NE 68509	\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
NO.	Name, address, and ZiF + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization

COMMUNITY ACTION PARTNERSHIP

OF MID-NEBRASKA

**Employer identification number** 

47-6039628

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.						
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
7	CSFP FOOD VALUE						
		\$\$10,920.					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received				
		\$					

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** COMMUNITY ACTION PARTNERSHIP OF MID-NEBRASKA 47-6039628 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 (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift

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 Inspection

Name of the organization

COMMUNITY ACTION PARTNERSHIP OF MID-NEBRASKA

**Employer identification number** 47-6039628

		(a) Donor advised fu	ınds	(b) Funds and other accounts
1	Total number at end of year			• •
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in	n donor advised fun	ds
	are the organization's property, subject to the organization's e	-		
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or			
	impermissible private benefit?	•		
Pa				
1	Purpose(s) of conservation easements held by the organization		,	,
	Preservation of land for public use (for example, recreat		reservation of a hist	orically important land area
	Protection of natural habitat	· —		ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution	n in the form of a co	onservation easement on the last
_	day of the tax year.			Held at the End of the Tax
а				2a
b				2b
c	Number of conservation easements on a certified historic stru			2c
	Number of conservation easements included in (c) acquired at			
_	historic structure listed in the National Register	• • •		2d
3	Number of conservation easements modified, transferred, rele			
-	year	acca, changaichea, ch teim	mateura, and engan	Laner daring the tark
4	Number of states where property subject to conservation ease	ement is located		
5	Does the organization have a written policy regarding the peri		handling of	
_	violations, and enforcement of the conservation easements it	• • •		Yes
6	Staff and volunteer hours devoted to monitoring, inspecting, h			
	3, 1, 3,	,	Ü	<b>,</b>
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforce	ing conservation ea	sements during the year
	3, 1 3,	3	3	3
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of	section 170(h)(4)(B	)(i)
	and section 170(h)(4)(B)(ii)?	,	( // //	Yes
9	In Part XIII, describe how the organization reports conservatio			
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization's fina	ancial statements th	at describes the
	organization's accounting for conservation easements.	ŭ		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasu	res, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue	e statement and bal	ance sheet works
	of art, historical treasures, or other similar assets held for public	lic exhibition, education, or	research in furthera	nce of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describ	es these items.	
b	If the organization elected, as permitted under FASB ASC 958	B, to report in its revenue sta	atement and balanc	e sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or res	earch in furtheranc	e of public service,
	provide the following amounts relating to these items:	•		·
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			•
а	Revenue included on Form 990, Part VIII, line 1			\$
а				

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

	t III Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, o	r Other	Simila	Asset	s (contin	nued)	ugo –
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the	following tha	t make siç	gnificant ι	ise of its	-	-	
	collection items (check all that apply):										
а	Public exhibition	c	j	Loan or exc	hange progra	am					
b	Scholarly research	e		Other							
С	Preservation for future generations										
4	Provide a description of the organization's co	ollections and explain	n how th	ey further th	ne organizatio	n's exem	pt purpos	se in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations	of art, his	storical trea	sures, or othe	er similar	assets				
	to be sold to raise funds rather than to be ma								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par	t X, line 21.									
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for o	contribution	s or other as:	sets not ir	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing t	able:							
									Amount	t	
С	Beginning balance						1c				
d	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance								_		
<b>2</b> a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for 6	escrow or co	ustodial acco	unt liabilit	ty?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Pai	T V Endowment Funds. Complete i								T		<del></del>
		(a) Current year	(b) P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance								1		
b	Contributions								1		
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
f	Administrative expenses								1		
g	End of year balance										
2	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g	j, column (a	)) held as:						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
С		%									
	The percentages on lines 2a, 2b, and 2c sho	•									
За	Are there endowment funds not in the posse	ssion of the organiza	ation that	t are held a	nd administer	red for the	9		г		
	organization by:									Yes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza								. 3b		
4 Dai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		wment f	unds.							
Fai	Complete if the organization answere		Dort IV	lina 11a C	oo Form 000	Dort V I	ina 10				
	· · · · · · · · · · · · · · · · · · ·										
	Description of property	(a) Cost or o			or other		cumulate	ed	(d) Bool	k valu	е
		basis (investr	neni)		(other) 8,399.	uep	reciation		1 / (	0 2	00
	Land					2 5	12 71	- 2			<u>99.</u>
b	Buildings				3,845.		43,7		3,910		56.
С.	Leasehold improvements				9,425. 8,172.		72,40				
d	Equipment			5,45	0,1/4.	4,0	69,48	٠ / د	1,388	o , o	05.
	Other								E 10	1 1	33
ıota	l. Add lines 1a through 1e. (Column (d) must e	<u>qual Form 990, Part</u>	X, colum	nn (B). line 1	0c.)				5,484	±,⊥	<u> </u>

OF MID-NEBRASKA

Part VII Investments - Other Securities.  Complete if the organization answered "Yes" or	n 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 en	d-of-year market value
I) Financial derivatives			
Closely held equity interests			
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)  Part IX Other Assets.			
Complete if the organization answered "Yes" or		11d. See Form 990, Part X, line 15.	(h) Pook volue
· · · · · · · · · · · · · · · · · · ·	escription		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
otal. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) GRANT ADVANCES			43,00
(3) STATE TAX W/H PAYABLE			17,15
(4) SECURITY DEPOSITS			10,28
(5)			
(6)			
(7)			
(8)			
(9)			
otal. (Column (b) must equal Form 990. Part X. col. (B) line	25.)		70,43

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 ... X

47-6039628 Page 4 OF MID-NEBRASKA

Pai	rt XI Reconciliation of Revenue per Audited Financial State	ments With I	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.			
1	Total revenue, gains, and other support per audited financial statements			1	13,115,385.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	60,172.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	129,992.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	190,164.
3	Subtract line 2e from line 1			3	12,925,221.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	616,238.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	616,238.
5				5	13,541,459.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		Expenses per R	etur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line				
1	Total expenses and losses per audited financial statements			1	13,480,531.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	60 470		
а		l I	60,172.		
b	Prior year adjustments				
С	Other losses				
d	Other (Describe in Part XIII.)	2d	585,386.		
е	Add lines 2a through 2d			2e	645,558.
3	Subtract line 2e from line 1			3	12,834,973.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b	616,238.		
С	Add lines <b>4a</b> and <b>4b</b>			4c	616,238.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	13,451,211.
Pa	rt XIII Supplemental Information.				
rov	vide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; $^{\rm I}$	Part IV, lines 1b	and 2b; Part V, line 4;	Part 2	X, line 2; Part XI,
nes	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional inform	nation.		

#### PART X, LINE 2:

THE AGENCY IS A NONPROFIT ORGANIZATION OPERATING UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IS GENERALLY EXEMPT FROM FEDERAL, STATE AND LOCAL INCOME TAXES AND, ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE THE AGENCY'S MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE AGENCY AND RECOGNIZE A TAX LIABILITY (OR ASSET) IF THE AGENCY HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. THE AGENCY IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO

54,110.

Part XIII	Supplemental	Information	(continued	

AUDITS FOR ANY TAX PERIODS IN PROGRESS. THE AGENCY'S MANAGEMENT BELIEVES

IT IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS FOR YEARS PRIOR TO

2020.

THE AGENCY'S POLICY IS TO INCLUDE PENALTIES AND INTEREST ASSOCIATED WITH

INCOME TAXES AS INCOME TAX EXPENSE AND INTEREST EXPENSE, RESPECTIVELY. THE

AGENCY DID NOT INCUR ANY PENALTIES OR INTEREST ON INCOME TAXES FOR THE

PERIODS BEING REPORTED.

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

AMOUNTS REPORTED PER RELATED ENTITY 990'S:

LINCOLN COUNTY SENIOR SERVICES TRUST - EIN #36-3543913

	- ,
COMMUNITY AFFORDABLE HOUSING, INC EIN #47-0776833	73,913.
GAMING INCOME	1,969.

TOTAL TO SCHEDULE D, PART XI, LINE 2D 129,992.

### PART XI, LINE 4B - OTHER ADJUSTMENTS:

RELATED ELIMINATION ENTRY 616,238.

### PART XII, LINE 2D - OTHER ADJUSTMENTS:

AMOUNTS REPORTED PER RELATED ENTITY 990'S:

LINCOLN COUNTY SENIOR SERVICES TRUST - EIN #36-3543913	54,110.				
COMMUNITY AFFORDABLE HOUSING, INC EIN #47-0776833	529,307.				
GAMING EXPENSES	1,969.				

TOTAL TO SCHEDULE D, PART XII, LINE 2D 585,386.

### PART XII, LINE 4B - OTHER ADJUSTMENTS:

RELATED ELIMINATION ENTRY 616,238.

## SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Attach to Form 990 or Form 990-EZ.

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

COMMUNITY ACTION PARTNERSHIP

OMB No. 1545-0047

QUZZ
Open to Public

Inspection
Employer identification number

OF MID-	NEBRASKA				4/-6039	6∠8	
Part I Fundraising Activities. required to complete this part	Complete if the organization answet.	red "Y	es" or	n Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not	
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.  a							
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No				
Total  3 List all states in which the organization or licensing	n is registered or licensed to solicit o	ontrib	 utions	or has been notified	it is exempt from re	gistration	
or licensing.							

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

	Schedule G (Form 990) 2022 OF MID-NEBRASKA 47-6039628 Page 2							
Pa	ırt I		e organization answered	d "Yes" on Form 990, Par	t IV, line 18, or reported	more than \$15,000		
		of fundraising event contributions and gro				ts greater than \$5,000.		
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events		
						(add col. (a) through		
			(event type)	(event type)	(total number)	col. <b>(c)</b> )		
e			(event type)	(event type)	(total number)			
Revenue		Cross respires						
Вe	1	Gross receipts						
	2	Less: Contributions						
	_	Less. Contributions						
	3	Gross income (line 1 minus line 2)						
	_	(miss miss z)						
	4	Cash prizes						
	5	Noncash prizes						
es								
ens	6	Rent/facility costs						
Direct Expenses								
ect	7	Food and beverages						
Ë								
	8	Entertainment						
	9	Other direct expenses						
	10	3						
Da	11 irt	Net income summary. Subtract line 10 from li		- 000 D-+ IV I' 10				
Г		<b>Gaming.</b> Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	1 990, Part IV, line 19, or i	reported more than			
		\$13,000 on Form 990-E2, line oa.		(b) Pull tabs/instant		(d) Total gaming (add		
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))		
Revenue						.,, ,		
Ä	1	Gross revenue		10,617.		10,617.		
				•		,		
m	2	Cash prizes		7,804.		7,804.		
Expenses								
bei	3	Noncash prizes						
Û.								
Direct	4	Rent/facility costs						
	5	Other direct expenses		844.		844.		
			Yes %		Yes %			
	6	Volunteer labor	No	X No	No			
	_	Disable and a supplied to the	5 in a discourse (all)			8,648.		
	7	Direct expense summary. Add lines 2 through	1 5 in column (a)			0,040.		
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)			1,969.		
		Thet garming moome summary. Subtract line r	montaine 1, column (a)					
9	En	ter the state(s) in which the organization condu	icts gaming activities: N	IE				
		the organization licensed to conduct gaming ac	-			X Yes No		
		No," explain:						
	_							
	_							
		ere any of the organization's gaming licenses re			/ear?	Yes X No		
b	lf "	Yes," explain:						
	_							

Sch	edule G (Form 990) 2022 OF MID-NEBRASKA 47	7-603962	28 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?	X Ye	s No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?		s X No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		00.00 %
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name COMMUNITY ACTION PARTNERSHIP OF MID-NE		
	Address PO BOX 2288 - KEARNEY, NE 68848		
		,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		s X No
b	If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount	:	
	of gaming revenue retained by the third party \$		
С	If "Yes," enter name and address of the third party:		
	Nama		
	Name		
	Address		
	Address		
16	Gaming manager information:		
10	Carring manager mornation.		
	Name		
	Gaming manager compensation \$		
	<u></u>		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	🗶 Үе	s L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	<b>)</b>	
D-	organization's own exempt activities during the tax year \$ 1,969.		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines	9, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule 6	G (Form 990) OF MID-NEBRASKA	47-6039628 Page 4
Part IV	(Form 990) OF MID-NEBRASKA Supplemental Information (continued)	· ·
	(continued)	

### 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 for the latest information.

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization							Employer identification number 47-6039628		
Part I General Information on Grants a	nd Assistance								
Does the organization maintain records to criteria used to award the grants or assis     Describe in Part IV the organization's propert II Grants and Other Assistance to II	stance? ocedures for monito	oring the use of grant	funds in the United	States.			Yes X No		
recipient that received more than \$	5,000. Part II can	be duplicated if addition	onal space is need	ed.					
1 (a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
COMMUNITY AFFORDABLE HOUSING, INC. 16 WEST 11TH							TO ASSIST IN THE		
KEARNEY, NE 68847	47-0776833		65,697.	0.			OPERATIONS OF THE ENTITY.		
2 Enter total number of section 501(c)(3) at 3 Enter total number of other organizations									

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

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 req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.					

### **SCHEDULE M** (Form 990)

Department of the Treasury Internal Revenue Service

**Noncash Contributions** 

OMB No. 1545-0047

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

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

Open to Public Inspection

Name of the organization COMMUNITY ACTION PARTNERSHIP OF MID-NEBRASKA

Employer identification number 47-6039628

Pai	rt i Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribute amounts reported Form 990, Part VIII, I	on nonca	(d) ethod of determine sh contribution a	•	s
1	Art - Works of art							
2	Art - Works of art Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory	X		410,9	20.FAIR V	ALUE OF	FOOI	D
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ( )							
26	Other ()							
27	Other (							
28	Other (							
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions				
	for which the organization completed Form 828				9			
		-,, -	<b>9</b>		- 1		Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I. lines 1	through 28, that it			
	must hold for at least 3 years from the date of t			•	•			
	exempt purposes for the entire holding period?					30a		х
h	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	olicy that re	auires the review o	of any nonstandard co	ontributions?	31		х
32a	Does the organization have a gift acceptance p					31	+	
o∠d			•			30-		х
L	contributions?					32a		
	If "Yes," describe in Part II.	-l		. fan latala la	in alexalised			
33	If the organization didn't report an amount in co	oiumn (c) foi	a type of property	rior wnich column (a)	is checked,			
	describe in Part II.							

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

Schedule M	1 (Form 990) 2022 OF MID-NEBRASKA	47-6039628	Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and	ad 22 and whather the erganize	rtion
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a	acmbination of both Alexand	alion
	is reporting in Part I, column (b), the number of contributions, the number of items received, or a	combination of both. Also com-	piete
	this part for any additional information.		

232142 09-09-22

### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

COMMUNITY ACTION PARTNERSHIP OF MID-NEBRASKA

**Employer identification number** 47-6039628

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: PROVIDE RELIEF TO THOSE IN POVERTY BY PROVIDING SUPPORT TO THE

LOW-INCOME POPULATION IN THE AREA SERVED THROUGH THE MEANS OF THE

ADMINISTRATION OF COMMUNITY ACTION PROGRAMS AND ASSISTANCE.

EXPENSES \$ 4,431,041. INCLUDING GRANTS OF \$ 65,697. REVENUE \$ 204,486.

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

COPY OF THE FORM 990 WAS PROVIDED TO EACH MEMBER OF THE BOARD OF DIRECTORS FOR REVIEW AND COMMENTS PRIOR TO FILING.

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

EACH BOARD MEMBER AND ALL EMPLOYEES ARE REQUIRED TO SIGN A CODE OF ETHICS CONTAINING A CONFLICT OF INTEREST CLAUSE. AT EACH BOARD MEETING, A WRITTEN CONFLICT OF INTEREST REMINDER IS PUT ON THE BOARD AGENDA REMINDING BOARD MEMBERS TO NOTIFY THE GOVERNING BODY IF ANY ITEM ON THE AGENDA MAY CONSTITUTE A CONFLICT OF INTEREST.

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

THE EXECUTIVE COMMITTEE OF THE AGENCY'S BOARD OF DIRECTORS REVIEWS WAGE COMPARABILITY STUDIES TO RECOMMEND THE COMPENSATION LEVEL OF THE CEO TO THE FULL BOARD OF DIRECTORS. THE BOARD OF DIRECTORS ENSURE THE RECOMMENDED COMPENSATION IS WITHIN THE AGENCY'S FORMALLY ADOPTED SALARY RANGE AND GRADE SCALE, AND REQUIRE A FORMAL MOTION TO APPROVE THE COMPENSATION. THIS PROCESS OCCURS ANNUALLY.

THE AGENCY HAS A FORMALLY ADOPTED SALARY RANGE AND GRADE SCALE THAT IS USED

232212 10-28-22 Schedule O (Form 990) 2022

### SCHEDULE R (Form 990)

### **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

COMMUNITY ACTION PARTNERSHIP OF MID-NEBRASKA

Employer identification number 47-6039628

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) (f) (a) (b) (c) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country)

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	<b>(f)</b> Direct controlling entity	conti	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
COMMUNITY AFFORDABLE HOUSING - 47-0776833					COMMUNITY ACTION		
16 WEST 11TH					PARTNERSHIP OF		
KEARNEY, NE 68847	LOW-INCOME HOUSING	NEBRASKA	501 (C)3	509 (A)2	MID-NEBRASKA	Х	
LINCOLN COUNTY SENIOR BINGO TRUST -					COMMUNITY ACTION		
36-3543913, 900 EAST 10TH, NORTH PLATTE, NE					PARTNERSHIP OF		
69101	SUPPORT	NEBRASKA	501 (C)3	509 (A)2	MID-NEBRASKA	Х	
	_						
	-						

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

Page 2

OF MID-NEBRASKA

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata		General	Percentage
		foreign country)		sections 512-514)		assets	Yes	No	K-1 (Form 1065)	Yes N	
	1										
	-										
							-				
	1										
	-										
	1										
	1										
								<u> </u>			

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
	-								

232162 09-14-22 Schedule R (Form 990) 2022

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

<b>b</b> Gift, grant, or capital contribution to related organization(s)				. 1b	X		
				_	Х		
d Loans or loan guarantees to or for related organization(s)				. 1d		X	
e Loans or loan guarantees by related organization(s)				. 1e		X	
f Dividends from related organization(s)				1f		X	
g Sale of assets to related organization(s)				. 1g		Х	
h Purchase of assets from related organization(s)				. 1h		Х	
i Exchange of assets with related organization(s)				. 1i		_X_	
j Lease of facilities, equipment, or other assets to related organization(s)				. <u>1j</u>		X	
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X	
Performance of services or membership or fundraising solicitations for related organization.						X	
m Performance of services or membership or fundraising solicitations for related organization(s)							
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
Sharing of paid employees with related organization(s)							
o onamig or pana omproyece man relation organization (e)	•••••			. <u>1o</u>		X	
p Reimbursement paid to related organization(s) for expenses				. 1p		X	
q Reimbursement paid by related organization(s) for expenses						Х	
r Other transfer of cash or property to related organization(s)				. 1r		_X_	
s Other transfer of cash or property from related organization(s)				. 1s		<u>X</u>	
2 If the answer to any of the above is "Yes," see the instructions for information on wh	ho must complete th	is line, including covered r	elationships and transaction thresholds.				
(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount	involved			
(1) COMMUNITY AFFORDABLE HOUSING	В	65,697.	FAIR MARKET VALUE				
(2) COMMUNITY AFFORDABLE HOUSING	С	524,076.	FAIR MARKET VALUE				
(3) LINCOLN COUNTY SENIOR BINGO TRUST	С	5,627.	FAIR MARKET VALUE				
(4)							
(5)							

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h	1)	(i)	(	i)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		Are all partners sec 501(c)(3) orgs.?		Share of end-of-year assets	Dispro tions allocati	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana part	ral or laging ner?	Percentage ownership
			,	103 140			103	140	( )	103	NO	
							H					
							$\vdash$					
							$\vdash$					
							$\vdash$				-	
							$\sqcup$					
							$\sqcup$					
							Ш					

Schedule R	(Form 990) 2022 OF MID-NEBRASKA	47-6039628	Page <b>5</b>
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		
			-

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### Form 8879-TF

### IRS e-file Signature Authorization for a Tax Exempt Entity

3

OMB No. 1545-0047

Department of the Treasury

Do not send to the IRS. Keep for your records.

For calendar year 2022, or fiscal year beginning

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service COMMUNITY ACTION PARTNERSHIP EIN or SSN Name of filer 47-6039628 OF MID-NEBRASKA MEREDITH COLLINS Name and title of officer or person subject to tax CHIEF EXECUTIVE OFFICER Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. **b Total revenue,** if any (Form 990, Part VIII, column (A), line 12) \_\_\_\_\_ **1b** Form 990 check here ...... 1a **b Total revenue,** if any (Form 990-EZ, line 9) 2a Form 990-EZ check here **b Total tax** (Form 1120-POL, line 22) Form 1120-POL check here 3a Tax based on investment income (Form 990-PF, Part V, line 5) 4a Form 990-PF check here b Balance due (Form 8868, line 3c) Form 8868 check here ..... 5a **b Total tax** (Form 990-T, Part III, line 4) Form 990-T check here ..... 6a Form 4720 check here ..... 7a b Total tax (Form 4720, Part III, line 1) 8a Form 5227 check here ..... **b FMV of assets at end of tax year** (Form 5227, Item D) Form 5330 check here ..... **b** Tax due (Form 5330, Part II, line 19) 9a 9b **b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) 10a Form 8038-CP check here 10b **Declaration and Signature Authorization of Officer or Person Subject to Tax** Under penalties of perjury, I declare that X I am an officer of the above entity or I I am a person subject to tax with respect to (name , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the process of the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return, and the payment of the federal taxes owed on this return. financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only 22967 X Lauthorize CORE CPAS PC to enter my PIN Enter five numbers, but ERO firm name do not enter all zeros as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program. I will enter my PIN on the return's disclosure consent screen. **Certification and Authentication** Part III ERO's EFIN/PIN. Enter your six-digit electronic filing identification 47334822222 number (EFIN) followed by your five-digit self-selected PIN. Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. MARK DEDIANA, CPA 01/23/24 ERO's signature Date

**ERO Must Retain This Form - See Instructions** 

Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2022)

Form	990-T		Exempt Organization Business Income Tax Retur		OMB No. 1545-0047			
		For ca	endar year 2022 or other tax year beginning $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	23 .	2022			
Depar Intern	tment of the Treasury al Revenue Service	).	Open to Public Inspection for 501(c)(3) Organizations Only					
A [	Check box if address changed.		DEmp	loyer identification number				
<b>B</b> E	xempt under section	Print	OF MID-NEBRASKA		47-6039628			
X	] 501( <b>c</b> )( <b>3</b> ) ] 408(e) [ 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.  PO BOX 2288		p exemption number instructions)			
	408A 530(a) 529(a) 529A		City or town, state or province, country, and ZIP or foreign postal code <b>KEARNEY</b> , <b>NE</b> 68848	F	Check box if			
		С Во	ok value of all assets at end of year 10,604,702.		an amended return.			
G	Check organization	type	X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	college/university			
Н	Check if filing only to	0	Claim credit from Form 8941 Claim a refund shown on Form 2439					
	Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation					
J	Enter the number of	attach	ed Schedules A (Form 990-T)		1			
K	During the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No			
	If "Yes," enter the na	ame an	d identifying number of the parent corporation.					
$\overline{}$	The books are in car		COMMUNITY ACTION PTR OF MID-NEBR Telephone number d Business Taxable Income	(308	)865-5675			
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see					
	instructions)			1	0.			
2	Reserved			2				
3	Add lines 1 and 2							
4	Charitable contrib	utions (	see instructions for limitation rules)	. 4	0.			
5	Total unrelated bu	siness	taxable income before net operating losses. Subtract line 4 from line 3	. 5				
6	Deduction for net	operati	ng loss. See instructions	. 6				
7	Total of unrelated	busine	ss taxable income before specific deduction and section 199A deduction.					
	Subtract line 6 fro	m line 5	j	7				
8	Specific deduction	n (gene	rally \$1,000, but see instructions for exceptions)	. 8	1,000.			
9	Trusts. Section 19	99A de	duction. See instructions	. 9				
10	Total deductions	. Add li	nes 8 and 9	10	1,000.			
11	Unrelated busine	ss taxa	<b>Ible income.</b> Subtract line 10 from line 7. If line 10 is greater than line 7,					
	enter zero			11	0.			
Pa	rt II Tax Com	putat	on					
1	Organizations tax	kable a	s corporations. Multiply Part I, line 11 by 21% (0.21)	. 1	0.			
2	Trusts taxable at	trust ra	ates. See instructions for tax computation. Income tax on the amount on					
	Part I, line 11 from	n: 🗀	Tax rate schedule or Schedule D (Form 1041)	. 2				
3	Proxy tax. See instructions							
4								
5	Alternative minimu	ım tax (	trusts only)	5				
6	Tax on noncomp	liant fa	cility income. See instructions	. 6				
7	Total. Add lines 3	throug	h 6 to line 1 or 2, whichever applies	. 7	0.			

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2022)

Provide the explanation required by Part IV, line 6b. Also, provide any other additional information. See instructions.

| 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 taxpayer) is based on all information of which preparer has any knowledge.

| CHIEF EXECUTIVE OFFICER | May the IRS discuss this return with the preparer shown below (see instructions)? X Yes | N

Date l if PTIN Print/Type preparer's name Preparer's signature Check self- employed **Paid** MARK DEDIANA, CPA MARK DEDIANA, CPA |01/23/24 P01702042 Preparer 92-1841583 CORE CPAS PC Firm's name Firm's EIN **Use Only** 747 N BURLINGTON AVE, STE 401 HASTINGS, NE 68901-4479 402-462-4154 Firm's address

FOOTNOTES STATEMENT 1

#### STATEMENT REGARDING LAWFUL PURPOSE EXPENDITRES:

COMMUNITY ACTION PARTNERSHIP OF MID-NEBRASKA IS ENGAGED IN PULL-TAB (PICKLE CARD) ACTIVITY AS A LICENSED TAX-EXEMPT ORGANIZATION UNDER THE NEBRASKA PICKLE CARD STATUTES. UNDER NEBRASKA LAW ONLY TAX-EXEMPT, NON-PROFIT ORGANIZATIONS MAY BE LICENSED PICKLE CARD ORGANIZATIONS. ALL NET PROFITS OF THE ORGANIZATION FROM THE PICKLE CARD (PULL-TAB) ACTIVITIES ARE REQUIRED BY THE NEBRASKA PICKLE CARD STATUTES TO BE USED BY OR DONATED BY THE ORGANIZATION FOR EXEMPT PURPOSES. IN CALCULATING UNRELATED BUSINESS TAXABLE INCOME, THE TAXPAYER IS CLAIMING A 162 ORDINARY AND NECESSARY BUSINESS EXPENSE FOR THE STATE STATUTORILY-MANDATED LAWFUL PURPOSE EXPENDITURES PAID FROM GROSS GAMBLING PROCEEDS. THE 162 DEDUCTION CLAIMED ON THE TAXPAYER'S 2022 FORM 990-T FOR SELF-PAID LAWFUL PURPOSE EXPENDITURES IS \$1,969.

### SCHEDULE A (Form 990-T)

### **Unrelated Business Taxable Income** From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only COMMUNITY ACTION PARTNERSHIP Name of the organization B Employer identification number OF MID-NEBRASKA 47-6039628 713990 **D** Sequence: Unrelated business activity code (see instructions) Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 10,617. **1a** Gross receipts or sales 7,804. c Balance 2,813. **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 2 2,813. 2,813. Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions 4a b Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 5 statement) Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 2,813. **Total.** Combine lines 3 through 12 Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income Compensation of officers, directors, and trustees (Part X) 2 2 Salaries and wages 3 3 Repairs and maintenance 4 4 Interest (attach statement). See instructions 5 5 Taxes and licenses 6 6 Depreciation (attach Form 4562). See instructions 7 Less depreciation claimed in Part III and elsewhere on return 8b 8 9 Depletion \_\_\_\_\_ 9 10 Contributions to deferred compensation plans 10 Employee benefit programs 11 11 Excess exempt expenses (Part VIII) 12 12 Excess readership costs (Part IX) 13 13 2,813. Other deductions (attach statement) SEE STATEMENT 2 14 14 2,813. 15 **Total deductions.** Add lines 1 through 14 15 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 16 column (C)

For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 17 from line 16

Deduction for net operating loss. See instructions

Schedule A (Form 990-T) 2022

17 18 17

Part	III Cost of Goods Sold Enter met	hod of inventory valua	ation		rago <u>z</u>
1	Inventory at beginning of year			1	
2	Purchases			_	
3	Cost of labor				
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	<b>Total.</b> Add lines 1 through 5				
7	Inventory at end of year			_	
8	Cost of goods sold. Subtract line 7 from line 6. Enter			_	
9	Do the rules of section 263A (with respect to property	,			Yes No
Part					
1	Description of property (property street address, city, s  A	state, ZIP code). Chec	k if a dual-use. See ins	tructions.	
		A	В	С	
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
·	Add lines 2a and 2b, columns A through D				
	Add lines 2a and 2b, columns A through b				
3	Total rents received or accrued. Add line 2c columns A	through D. Enter her	o and an Dort I line 6	oolumn (A)	0.
3	Deductions directly connected with the income	tillough b. Enterner	e and on Fart i, line o,		
4	in lines 2(a) and 2(b) (attach statement)				
7	in lines 2(a) and 2(b) (attach statement)				
5	Total deductions. Add line 4 columns A through D. Er	nter here and on Part I	line 6 column (R)		0.
Part '		ee instructions)	, iiie 0, 00iaiiii (b)		
1	Description of debt-financed property (street address,	,	Check if a dual-use. Se	e instructions	
-	A	on, onato, <u></u>			
	В				
	c $\square$				
	D				
		Α	В	С	
2	Gross income from or allocable to debt-financed				
-	property				
3	Deductions directly connected with or allocable				
3	to debt-financed property				
	Straight line depreciation (attach statement)				
a					
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	9	6 9	6 %	%
7	Gross income reportable. Multiply line 2 by line 6				
8	Total gross income (add line 7, columns A through D	. Enter here and on P	art I, line 7, column (A)		0.
			T	<del></del>	
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A th				0.
11	Total dividends-received deductions included in line	10			0.

Part	VI Interest, Annu	<u>:</u> uities, Ro	oyalties, and Re	ents fror	n Control	led Or	ganizations	see instruc	ctions)	Page 3		
	,		· ·				Exempt Controlled Organizations					
	Name of controlled organization		1 ' ' 1				al of specified that is includ controlling of tion's gross		umn 4 d in the ganiza-	6. Deductions directly connected with income in column 5		
(1)												
(2)												
(3)												
(4)												
				1	Controlled O	-			T			
7	. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specif syments mad		that is inc	of column 9 luded in the organization's income		Deductions directly connected with come in column 10		
(1)												
(2)												
(3)												
(4)												
	Add columns 5 and 10. Enter here and on Part I, line 8, column (A)					Add columns 6 and 11. Enter here and on Part I, line 8, column (B)						
Totals	N / 11		·····					0.		0.		
Part			of a Section 50	1(c)(7), (	9), or (17)	Orgai	nization <sub>(s</sub>	ee instructions)				
	<b>1.</b> Desc	cription of	income		2. Amou incor		3. Deduction directly connocattach states	ected (attach	t-asides statemer	5. Total deductions and set-asides (add cols 3 and 4)		
(1)												
(2)												
(3)												
(4)												
Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I,				Add amounts in column 5. Enter here and on Part I, line 9, column (B)		
Part	VIII Exploited E	xempt A	ctivity Income,	Other 1	Than Adve		g Income (	see instructions	3)			
1	Description of exploite											
2	Gross unrelated busin	•		ness. Ente	r here and o	n Part I.	line 10, columi	n (A)	2			
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I,											
	line 10, column (B)								3			
4	Net income (loss) from						<b>5</b> , 1					
-	lines 5 through 7								4			
5	Gross income from ac								5 6			
6 7	Expenses attributable Excess exempt expen											
,	4 Enter here and on E			, but uo n	or enrei inoi	c u iaii li	ie amount off h	II IC	,			

Sched Part	ule A (Form 990-T) 2022  IX Advertising Income				Page 4
1	Name(s) of periodical(s). Check box if reporting	ng two or more periodicals on a	consolidated basis		
	A T				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the	corresponding column.			
		A	В	С	D
2	Gross advertising income				
_	Add columns A through D. Enter here and or			L	0.
а	Add coldmins A through b. Enter here and or				
3	Direct advertising costs by periodical				
	Add columns A through D. Enter here and or		1		0.
а	Add Coldinins A through D. Enter here and or				
4	Advertising asin (less) Cubtrest line 2 from li	in a	Ī		
4	Advertising gain (loss). Subtract line 3 from li	nie			
	2. For any column in line 4 showing a gain,				
	complete lines 5 through 8. For any column i				
	line 4 showing a loss or zero, do not complet				
_	lines 5 through 7, and enter zero on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than				
	line 5, subtract line 6 from line 5. If line 5 is le	<u> </u>			
_	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain				
	line 4, enter the lesser of line 4 or line 7				
а	Add line 8, columns A through D. Enter the g	greater of the line 8a, columns to	tal or zero here and	d on	0
Dort	Part II, line 13	vootore and Trustees			0.
Part	X Compensation of Officers, Di	rectors, and Trustees (s	ee instructions)		
				3. Percentage	4. Compensation
	1. Name	<b>2.</b> Title		of time devoted	attributable to
				to business	unrelated business
<u>(1)</u>				%	
<u>(2)</u>				%	
(3)				%	
(4)				%	
					•
	Enter here and on Part II, line 1				0.
Part	XI Supplemental Information (se	ee instructions)			

FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
COMMISSIONS LAWFUL PURPOSE EXPENDITURES	3	844. 1,969.
TOTAL TO SCHEDULE A, PART I	II, LINE 14	2,813.



Title Community Action Partnership of Mid-Nebraska, Community...

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