

Form **990**

**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

**2014**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A For the 2014 calendar year, or tax year beginning and ending**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> LINCOLN COMMUNITY FOUNDATION INC		<b>D Employer identification number</b> 47-0458128
	Doing business as		<b>E Telephone number</b> 402-474-2345
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	215 CENTENNIAL MALL S STE 100		<b>G Gross receipts \$</b> 31,909,919.
	City or town, state or province, country, and ZIP or foreign postal code LINCOLN, NE 68508		
<b>F Name and address of principal officer:</b> BARBARA BARTLE SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number	

**I Tax-exempt status:**  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

**J Website:** WWW.LCF.ORG

**K Form of organization:**  Corporation  Trust  Association  Other **L Year of formation:** 1955 **M State of legal domicile:** NE

Part I Summary		Prior Year	Current Year
Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: TO CARRY OUT CHARITABLE ACTIVITIES, PRIMARILY IN AND FOR THE BENEFIT OF THE COMMUNITY OF		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	3	28
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	4	28
	<b>5</b> Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	14
	<b>6</b> Total number of volunteers (estimate if necessary)	6	5
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	23,520,359.	19,436,412.
	<b>9</b> Program service revenue (Part VIII, line 2g)	0.	0.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,014,401.	2,897,231.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	78,913.	67,140.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	27,613,673.	22,400,783.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	5,113,798.	6,423,947.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,036,745.	1,169,117.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	263,213.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,019,827.	1,275,159.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	7,170,370.	8,868,223.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	20,443,303.	13,532,560.	
Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year 98,045,791.	End of Year 113,437,321.
	<b>21</b> Total liabilities (Part X, line 26)	1,335,414.	1,207,995.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	96,710,377.	112,229,326.

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	SCOTT LAWSON, VICE PRESIDENT-FINANCE Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name KRYSTAL L SIEBRANDT, CPA	Preparer's signature KRYSTAL L SIEBRANDT	Date 10/30/15	Check if self-employed <input type="checkbox"/>	PTIN P00543870
	Firm's name HBE BECKER MEYER LOVE LLP	Firm's EIN 47-0677245			
	Firm's address 7140 STEPHANIE LANE, P.O. BOX 23110 LINCOLN, NE 68542-3110	Phone no. (402) 423-4343			

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE LINCOLN COMMUNITY FOUNDATION'S MISSION IS TO PROVIDE LEADERSHIP AND RESOURCES TO HELP BUILD A GREAT CITY.

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

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

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

4a (Code: ) (Expenses \$ 8,134,737. including grants of \$ 6,423,947. ) (Revenue \$ 469,359. ) GRANTS AND ALLOCATIONS TO NON-PROFIT CHARITABLE ORGANIZATIONS.

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

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

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

4e Total program service expenses 8,134,737.

**Part IV Checklist of Required Schedules**

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

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

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....	X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question numbers (1a-14b), descriptions, and Yes/No columns. Includes questions about Form 1096, Form W-2G, Form W-3, and various tax compliance items.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (28); 1b Enter the number of voting members included in line 1a, above, who are independent (28); 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? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 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? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 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 in Schedule O (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b 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?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in 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 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 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? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b 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?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 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] Own website [ ] Another's website [X] Upon request [ ] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: SCOTT LAWSON, VP-FINANCE - 402-474-2345 215 CENTENNIAL MALL SOUTH STE 100, LINCOLN, NE 68508

**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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD VIERK CHAIRMAN	3.00	X		X				0.	0.	0.
(2) CATHERINE LANG VICE CHAIRMAN	1.00	X		X				0.	0.	0.
(3) CARL SJULIN DIRECTOR	1.00	X						0.	0.	0.
(4) ANTHONY MESSINEO DIRECTOR	1.00	X						0.	0.	0.
(5) RICH BAILEY DIRECTOR	1.00	X						0.	0.	0.
(6) CHRISTINA BALL DIRECTOR	1.00	X						0.	0.	0.
(7) JOHN BERGMAYER DIRECTOR	1.00	X						0.	0.	0.
(8) WILLIAM CINTANI TREASURER	2.00	X		X				0.	0.	0.
(9) JOHN DITTMAN DIRECTOR	1.00	X						0.	0.	0.
(10) DONDE PLOWMAN DIRECTOR	1.00	X						0.	0.	0.
(11) JUAN FRANCO DIRECTOR	1.00	X						0.	0.	0.
(12) RANDY HAAS DIRECTOR	1.00	X						0.	0.	0.
(13) HELEN RAIKES DIRECTOR	1.00	X						0.	0.	0.
(14) WILLIAM MUELLER SECRETARY	1.00	X		X				0.	0.	0.
(15) WILLIAM OLSON DIRECTOR	1.00	X						0.	0.	0.
(16) MARK WHITEHEAD DIRECTOR	1.00	X						0.	0.	0.
(17) SUE WILKINSON DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) NANCY WIEDERSPAN DIRECTOR	1.00	X						0.	0.	0.
(19) HANK WOODS DIRECTOR	1.00	X						0.	0.	0.
(20) KIMBERLY RATH DIRECTOR	1.00	X						0.	0.	0.
(21) ROBERT CALDWELL DIRECTOR	1.00	X						0.	0.	0.
(22) DAVID LANDIS DIRECTOR	1.00	X						0.	0.	0.
(23) DIANE MENDENHALL DIRECTOR	1.00	X						0.	0.	0.
(24) DEB SCHORR DIRECTOR	1.00	X						0.	0.	0.
(25) KENT SEACREST DIRECTOR	1.00	X						0.	0.	0.
(26) ROBERT SCOTT DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								449,460.	0.	72,483.
<b>d Total (add lines 1b and 1c)</b>								449,460.	0.	72,483.

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

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS





**Part VIII Statement of Revenue**

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>						
	<b>b</b> Membership dues .....	<b>1b</b>						
	<b>c</b> Fundraising events .....	<b>1c</b>						
	<b>d</b> Related organizations .....	<b>1d</b>						
	<b>e</b> Government grants (contributions) .....	<b>1e</b>						
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	19,436,412.					
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		9,584,035.					
	<b>h Total.</b> Add lines 1a-1f .....			19,436,412.				
<b>Program Service Revenue</b>	<b>2 a</b> _____ <b>Business Code</b>							
	<b>b</b> _____							
	<b>c</b> _____							
	<b>d</b> _____							
	<b>e</b> _____							
	<b>f</b> All other program service revenue .....							
	<b>g Total.</b> Add lines 2a-2f .....							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....			2,495,012.			2,495,012.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....							
	<b>5</b> Royalties .....							
	<b>6 a</b> Gross rents .....	(i) Real	283,343.					
		(ii) Personal						
		<b>b</b> Less: rental expenses .....		222,321.				
		<b>c</b> Rental income or (loss) .....		61,022.				
	<b>d</b> Net rental income or (loss) .....			61,022.	61,022.			
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	9,689,034.					
		(ii) Other						
		<b>b</b> Less: cost or other basis and sales expenses .....		9,286,815.				
		<b>c</b> Gain or (loss) .....		402,219.				
	<b>d</b> Net gain or (loss) .....			402,219.	402,219.			
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>						
		<b>b</b> Less: direct expenses .....						
<b>c</b> Net income or (loss) from fundraising events .....								
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>							
	<b>b</b> Less: direct expenses .....							
	<b>c</b> Net income or (loss) from gaming activities .....							
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>							
	<b>b</b> Less: cost of goods sold .....							
	<b>c</b> Net income or (loss) from sales of inventory .....							
<b>Miscellaneous Revenue</b>			<b>Business Code</b>					
<b>11 a</b> MISCELLANEOUS INCOME .....		900099	6,118.	6,118.				
<b>b</b> _____								
<b>c</b> _____								
<b>d</b> All other revenue .....								
<b>e Total.</b> Add lines 11a-11d .....			6,118.					
<b>12 Total revenue.</b> See instructions. ....			22,400,783.	469,359.	0.	2,495,012.		

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,423,947.	6,423,947.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	521,943.	340,753.	105,625.	75,565.
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	505,575.	289,095.	125,700.	90,780.
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	12,526.	6,833.	3,324.	2,369.
<b>9</b> Other employee benefits	63,143.	35,163.	16,206.	11,774.
<b>10</b> Payroll taxes	65,930.	40,129.	15,011.	10,790.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal	2,500.		2,500.	
<b>c</b> Accounting	37,927.		37,927.	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	88,348.	5,000.	83,348.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	124,765.	124,765.		
<b>12</b> Advertising and promotion	235,242.	154,376.	40,433.	40,433.
<b>13</b> Office expenses	134,290.	120,378.	6,681.	7,231.
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	58,956.	32,072.	15,641.	11,243.
<b>17</b> Travel	26,405.	15,461.	5,029.	5,915.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings	7,835.	1,662.	5,548.	625.
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	285,293.	285,293.		
<b>23</b> Insurance	285.	285.		
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> LIFE INSURANCE PREMIUM	155,890.	155,890.		
<b>b</b> ANNUITY DISTRIBUTION	84,485.	84,485.		
<b>c</b> MEMBERSHIP DUES AND SUB	28,715.	16,921.	6,407.	5,387.
<b>d</b> DONOR RELATIONS	4,223.	2,229.	893.	1,101.
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	8,868,223.	8,134,737.	470,273.	263,213.
<b>26</b> 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)

**Part X Balance Sheet**

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

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	3,002,255.	<b>1</b>	774,151.	
	<b>2</b> Savings and temporary cash investments .....	7,285,134.	<b>2</b>	18,218,997.	
	<b>3</b> Pledges and grants receivable, net .....	3,063,928.	<b>3</b>	3,316,373.	
	<b>4</b> Accounts receivable, net .....	169,730.	<b>4</b>	3,568,462.	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....		<b>8</b>		
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>		
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 6,886,266.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 3,439,972.			
	<b>11</b> Investments - publicly traded securities .....	3,685,950.	<b>10c</b>	3,446,294.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	77,488,487.	<b>11</b>	81,285,858.	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	2,514,909.	<b>12</b>	2,566,972.	
	<b>14</b> Intangible assets .....	835,398.	<b>13</b>	260,214.	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>14</b>		
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	98,045,791.	<b>15</b>			
		<b>16</b>	113,437,321.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	576,828.	<b>17</b>	493,333.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>		
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	758,586.	<b>25</b>	714,662.	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	1,335,414.	<b>26</b>	1,207,995.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	89,014,378.	<b>27</b>	104,867,217.	
	<b>28</b> Temporarily restricted net assets .....	7,695,999.	<b>28</b>	7,362,109.	
	<b>29</b> Permanently restricted net assets .....		<b>29</b>		
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	96,710,377.	<b>33</b>	112,229,326.	
	<b>34</b> Total liabilities and net assets/fund balances .....	98,045,791.	<b>34</b>	113,437,321.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	22,400,783.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	8,868,223.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	13,532,560.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	96,710,377.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	754,802.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	1,231,587.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	112,229,326.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2014)



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	546,621.	4,699,019.	7,215,144.	23,520,360.	19,436,412.	55,417,556.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	546,621.	4,699,019.	7,215,144.	23,520,360.	19,436,412.	55,417,556.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						26,060,981.
<b>6 Public support.</b> Subtract line 5 from line 4.						29,356,575.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>7</b> Amounts from line 4 .....	546,621.	4,699,019.	7,215,144.	23,520,360.	19,436,412.	55,417,556.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	976,995.	1,116,500.	1,212,569.	2,236,793.	2,495,012.	8,037,869.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	1,865.	729.	2,851.	7,870.	6,118.	19,433.
<b>11 Total support.</b> Add lines 7 through 10						63,474,858.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

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

<b>14</b> Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	46.25 %
<b>15</b> Public support percentage from 2013 Schedule A, Part II, line 14 .....	<b>15</b>	46.96 %
<b>16a 33 1/3% support test - 2014.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input checked="" type="checkbox"/>	
<b>b 33 1/3% support test - 2013.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10% -facts-and-circumstances test - 2014.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10% -facts-and-circumstances test - 2013.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

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

<b>15</b> Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2013 Schedule A, Part III, line 15 .....	<b>16</b>	%

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

<b>17</b> Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2013 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33 1/3% support tests - 2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

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



**Part IV Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

**Section C. Type II Supporting Organizations**

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

**Section D. Type III Supporting Organizations**

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

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> 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.		
<b>b</b> Did the activities described in (a) 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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in <b>Part VI</b> .		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.		

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

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

Section 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	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	8	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (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 1-1/2% 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 .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	
<b>9</b> Distributable amount for 2014 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
<b>1</b> Distributable amount for 2014 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2014:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> From 2013			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2014 distributable amount			
<b>i</b> Carryover from 2009 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2014 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4.			
<b>5</b> Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
<b>6</b> Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> Excess from 2013			
<b>e</b> Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ **Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No. 1545-0047

**2014**

**Open to Public Inspection**

**Name of the organization** LINCOLN COMMUNITY FOUNDATION INC **Employer identification number** 47-0458128

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year .....	220	
2 Aggregate value of contributions to (during year) .....	6,083,500.	
3 Aggregate value of grants from (during year) .....	2,001,466.	
4 Aggregate value at end of year .....	29,265,207.	
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? .....		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).  
 Preservation of land for public use (e.g., recreation or education)     Preservation of a historically important land area  
 Protection of natural habitat     Preservation of a certified historic structure  
 Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified 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 |
|--|---------------------------------|
| a Total number of conservation easements .....   | 2a                              |
| b Total acreage restricted by conservation easements .....   | 2b                              |
| c Number of conservation easements on a certified historic structure included in (a) .....   | 2c                              |
| d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register ..... | 2d                              |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- 4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 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  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (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.
- b If the organization elected, as permitted under SFAS 116 (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 in Form 990, Part VIII, line 1 .....
- (ii) Assets included in Form 990, Part X .....
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included in Form 990, Part VIII, line 1 .....
- b Assets included in Form 990, Part X .....

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a  Public exhibition
- b  Scholarly research
- c  Preservation for future generations
- d  Loan or exchange programs
- e  Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	64,507,663.	55,721,643.	51,304,766.	52,772,759.	48,604,136.
b Contributions	11,207,087.	810,481.	546,394.	3,136,474.	261,112.
c Net investment earnings, gains, and losses	2,628,094.	10,775,958.	6,694,590.	1,159,927.	7,077,945.
d Grants or scholarships	1,272,200.	1,285,929.	2,824,107.	3,444,540.	3,044,592.
e Other expenditures for facilities and programs	1,136,600.	751,266.			
f Administrative expenses	828,000.	763,224.			
g End of year balance	75,106,044.	64,507,663.	55,721,643.	51,304,766.	52,898,601.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment  \_\_\_\_\_ %
- b Permanent endowment  100.00 %
- c Temporarily restricted endowment  \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		641,294.		641,294.
b Buildings		5,605,743.	2,878,562.	2,727,181.
c Leasehold improvements				
d Equipment		639,229.	561,410.	77,819.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,446,294.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ANNUITIES AND TRUSTS PAYABLE	714,662.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	714,662.

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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII



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

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

<b>1</b>	Total revenue, gains, and other support per audited financial statements	<b>1</b>	25,325,723.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments	<b>2a</b>	754,802.
<b>b</b>	Donated services and use of facilities	<b>2b</b>	
<b>c</b>	Recoveries of prior year grants	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	2,767,775.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	3,522,577.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	21,803,146.
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	597,637.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	597,637.
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	<b>5</b>	22,400,783.

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

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

<b>1</b>	Total expenses and losses per audited financial statements	<b>1</b>	10,323,148.
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities	<b>2a</b>	
<b>b</b>	Prior year adjustments	<b>2b</b>	
<b>c</b>	Other losses	<b>2c</b>	
<b>d</b>	Other (Describe in Part XIII.)	<b>2d</b>	1,536,188.
<b>e</b>	Add lines <b>2a</b> through <b>2d</b>	<b>2e</b>	1,536,188.
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b>	<b>3</b>	8,786,960.
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b	<b>4a</b>	
<b>b</b>	Other (Describe in Part XIII.)	<b>4b</b>	81,263.
<b>c</b>	Add lines <b>4a</b> and <b>4b</b>	<b>4c</b>	81,263.
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.)	<b>5</b>	8,868,223.

**Part XIII Supplemental Information.**

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

**PART V, LINE 4:**

ENDOWMENT FUNDS WILL BE USED TO FUND GRANTS TO NONPROFIT ORGANIZATIONS AND SCHOLARSHIPS TO DESERVING STUDENTS.

**PART X, LINE 2:**

LINCOLN COMMUNITY FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED BUSINESS ACTIVITIES. THE ORGANIZATION HAD NO UNRELATED BUSINESS INCOME FOR THE YEAR ENDED DECEMBER 31, 2014. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

**Part XIII** Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

SPLIT INTEREST AGREEMENTS	121,870.
INTERNAL ADMINISTRATIVE FEE REVENUE	1,315,020.
RENTAL EXPENSES	222,321.
ADJUSTMENT FOR AN INTERFUND TRANSFER BETWEEN LINCOLN COMMUNITY FOUNDATION AND LINCOLN FOUNDATION DONOR DIRECTED DEPOSITORY	1,108,564.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	2,767,775.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTIONS AND INVESTMENT INCOME RELATED TO AGENCY FUNDS	597,637.
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PART XII, LINE 2D - OTHER ADJUSTMENTS:

INTERNAL ADMINISTRATIVE FEE EXPENSE	1,313,867.
RENTAL EXPENSES	222,321.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,536,188.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

EXPENSES RELATED TO AGENCY FUNDS	81,263.
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**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" to Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization **LINCOLN COMMUNITY FOUNDATION INC** Employer identification number **47-0458128**

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

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

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

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
ABENDMUSIK LINCOLN 2000 D ST LINCOLN, NE 68502	36-3094958		47,833.	0.			GENERAL SUPPORT
ALZHEIMER'S ASSOCIATION - GREAT PLAINS CHAPTER - 1500 S 70TH ST STE 201 - LINCOLN, NE 68506	13-3039601		16,649.	0.			GENERAL SUPPORT
AMERICAN CRAFT COUNCIL 1224 MARSHALL ST NE STE 200 MINNEAPOLIS, MN 55413	13-1566058		7,500.	0.			GENERAL SUPPORT
AMERICAN RED CROSS-CORNHUSKER REGIONAL CHAPTER - 220 OAKCREEK DR - LINCOLN, NE 68528	53-0196605		13,866.	0.			GENERAL SUPPORT
ARC OF LINCOLN 5730 R ST STE C2 LINCOLN, NE 68505	47-0498629		14,316.	0.			GENERAL SUPPORT
ARCHDIOCESE OF GALVESTON-HOUSTON 1700 SAN JACINTO ST HOUSTON, TX 77002			5,000.	0.			GENERAL SUPPORT

**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **190.**

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

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

Schedule I (Form 990) (2014)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASIAN COMMUNITY & CULTURAL CENTER 2635 O ST STE A LINCOLN, NE 68510	47-0807501		14,122.	0.			GENERAL SUPPORT
BEMIS CENTER FOR CONTEMPORARY ARTS 3335 N 12TH STREET LINCOLN, NE 68521	47-0376893		5,000.	0.			GENERAL SUPPORT
BLESSED SACRAMENT CATHOLIC CHURCH 1720 LAKE ST LINCOLN, NE 68502	47-0415802		35,200.	0.			GENERAL SUPPORT
BOY SCOUTS OF AMERICA-CORNHUSKER COUNCIL - PO BOX 269 - WALTON, NE 68461	47-0378985		33,804.	0.			GENERAL SUPPORT
BOYS AND GIRLS CLUB OF LINCOLN/LANCASTER COUNTY - PO BOX 22344 - LINCOLN, NE 68542	20-8677226		16,902.	0.			GENERAL SUPPORT
BOYS TOWN NATIONAL HEADQUARTERS 200 FLANAGAN BLVD PO BOX 8000 BOYS TOWN, NE 68010	47-0396606		10,200.	0.			GENERAL SUPPORT
BRYAN COLLEGE OF HEALTH SCIENCES 5035 EVERETT ST LINCOLN, NE 68506			8,575.	0.			SCHOLARSHIPS
BRYAN HEALTH FOUNDATION 1600 S 48TH ST LINCOLN, NE 68506-1299	23-7005720		30,405.	0.			SCHOLARSHIPS
CAMP SONSHINE 13440 S 25TH STREET ROCA, NE 68430	87-0785556		76,157.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CAMPBELL ELEMENTARY SCHOOL 2200 DODGE ST LINCOLN, NE 68521			5,000.	0.			GENERAL SUPPORT
CAPITAL HUMANE SOCIETY 6500 S 70TH ST LINCOLN, NE 68502	47-0376622		26,066.	0.			GENERAL SUPPORT
CASA FOR LANCASTER COUNTY 1141 H ST STE C LINCOLN, NE 68508	47-0833799		6,363.	0.			GENERAL SUPPORT
CAT HOUSE PO BOX 23145 LINCOLN, NE 68542	47-0823296		39,688.	0.			GENERAL SUPPORT
CATHEDRAL OF THE RISEN CHRIST 3500 SHERIDAN BLVD LINCOLN, NE 68506	47-0438599		7,054.	0.			GENERAL SUPPORT
CATHOLIC CHARITIES OF THE ARCHDIOCESE OF OMAHA, INC - 3300 NORTH 60TH STREET - OMAHA, NE 68104	47-0376612		10,000.	0.			GENERAL SUPPORT
CATHOLIC FOUNDATION OF THE DIOCESE OF LINCOLN - 3400 SHERIDAN BLVD - LINCOLN, NE 68506			66,000.	0.			MARIAN SISTERS OF THE DIOCESE
CBMC HEARTLAND 1065 N 115TH ST STE 100 OMAHA, NE 68154			10,000.	0.			GENERAL SUPPORT
CEDARS HOME FOR CHILDREN FOUNDATION - 6601 PIONEERS BLVD STE 2 - LINCOLN, NE 68506	47-6024881		8,245.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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CEDARS YOUTH SERVICES 6601 PIONEERS BLVD LINCOLN, NE 68506	47-0551975		56,804.	0.			GENERAL SUPPORT
CENTENNIAL PUBLIC SCHOOL 1301 CENTENNIAL RD UTICA, NE 68456			9,170.	0.			SCHOLARSHIPS
CENTER FOR LEGAL IMMIGRATION ASSISTANCE - 3047 N 70TH ST - LINCOLN, NE 68507	27-2661395		8,540.	0.			GENERAL SUPPORT
CENTER FOR PEOPLE IN NEED 3901 N 27TH ST UNIT 1 LINCOLN, NE 68521	06-1669552		46,725.	0.			GENERAL SUPPORT
CENTER FOR RURAL AFFAIRS 145 MAIN ST LYONS, NE 68038	47-0553823		59,145.	0.			REAP PROGRAM FOR MICRO LOAN PROGRAM
CENTERPOINTE 2633 P ST LINCOLN, NE 68503-3528	47-0550702		35,062.	0.			GENERAL SUPPORT
CHILD ADVOCACY CENTER 5025 GARLAND ST LINCOLN, NE 68504	47-0793765		28,902.	0.			GENERAL SUPPORT
CHILD GUIDANCE CENTER 2444 O ST LINCOLN, NE 68510	47-0398819		13,707.	0.			GENERAL SUPPORT
CHILDREN'S HOSPITAL & MEDICAL CENTER FOUNDATION - 8401 W DODGE RD STE 160 - OMAHA, NE 68114	47-6105603		6,554.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRIST LUTHERAN CHURCH 4325 SUMNER ST LINCOLN, NE 68506	47-0519511		27,361.	0.			GENERAL SUPPORT
CHRISTIAN APPALACHIAN PROJECT, INC 2610 PALUMBO DRIVE LEXINGTON, KY 40509	61-0661137		6,000.	0.			GENERAL SUPPORT
CHRISTIAN HERITAGE CHILDREN'S HOMES - 14880 OLD CHENEY RD - WALTON, NE 68461	47-0632613		11,944.	0.			GENERAL SUPPORT
CITY IMPACT 400 N 27TH ST LINCOLN, NE 68503	47-0800906		87,871.	0.			GENERAL SUPPORT
CITY OF LINCOLN 555 S 10TH ST LINCOLN, NE 68503			197,464.	0.			HAYMARKET LIGHTING PROJECT
CITY OF LINCOLN - PARKS & RECREATION DEPARTMENT - 2740 A ST - LINCOLN, NE 68502	47-6006256		31,160.	0.			GENERAL SUPPORT
CLINIC WITH A HEART 1701 S 17TH ST STE 4G LINCOLN, NE 68502	20-2850139		32,652.	0.			GENERAL SUPPORT
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	54-0505888		100,000.	0.			IDEA FOR AMERICA AND/OR DIVERSITY PROGRAMMING, PRESIDENTIAL CHAIR
COMMUNITY ACTION PARTNERSHIP OF LANCASTER & SAUNDERS CNTYS - 210 O ST - LINCOLN, NE 68508	47-0491162		6,942.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CROPS 1551 S 2ND ST LINCOLN, NE 68502	20-3174357		24,194.	0.			CONVERT LPS SCHOOL GARDENS INTO COMMUNITY GARDENS
COMMUNITY DEVELOPMENT RESOURCES 285 S 68TH ST PL STE 520 LINCOLN, NE 68510	47-0832685		47,250.	0.			ESTABLISH A LOW-INCOME CREDIT UNION; GENERAL PUPOSES
DESERT SKIES UNITED METHODIST CHURCH - 3255 N. HOUGHTON RD - TUCSON, AZ 85749			6,000.	0.			GENERAL PURPOSES
DOANE COLLEGE-CRETE FINANCIAL AID OFFICE 1014 BOSWELL A CRETE, NE 68333	47-0377991		19,922.	0.			GENERAL PURPOSES
DRESSAGE FOUNDATION INC. 1314 O ST STE 305 LINCOLN, NE 68508	36-3670953		9,282.	0.			GENERAL SUPPORT
DULUTH SUPERIOR AREA COMMUNITY FOUNDATION - 222 E SUPERIOR ST STE 302 - DULUTH, MN 55802			10,000.	0.			GENERAL PURPOSES
EAST BUTLER PUBLIC SCHOOLS FOUNDATION - 212 S MADISON ST - BRAINARD, NE 68626	36-3431235		27,511.	0.			SCHOLARSHIPS
EASTMONT TOWERS FOUNDATION 6315 O ST LINCOLN, NE 68510	91-1767080		11,226.	0.			GENERAL SUPPORT
EL CENTRO DE LAS AMERICAS MALONE COMMUNITY CENTER, 210 "O" ST LINCOLN, NE 68508	47-0658284		13,897.	0.			GENERAL SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FALLS CITY RECREATION INC 1701 STONE ST FALLS CITY, NE 68355	36-3582826		5,000.	0.			GENERAL SUPPORT
FAMILY SERVICE ASSOCIATION 501 S 7TH ST LINCOLN, NE 68508	47-0376584		56,012.	0.			GENERAL SUPPORT
FIRST BAPTIST CHURCH PO BOX 246 ARNOLD, NE 69120	47-0554218		5,000.	0.			GENERAL SUPPORT
FIRST PLYMOUTH CONGREGATIONAL CHURCH - 2000 D ST - LINCOLN, NE 68502	47-0376589		89,927.	0.			CAPITAL CAMPAIGN AND GENERAL PURPOSES
FIRST PRESBYTERIAN CHURCH 840 S 17TH ST LINCOLN, NE 68508			26,150.	0.			GENERAL SUPPORT
FLATWATER SHAKESPEARE COMPANY PO BOX 84935 LINCOLN, NE 68501-4935	20-1712203		13,431.	0.			GENERAL SUPPORT
FOOD BANK OF LINCOLN 4840 DORIS BAIR CIR STE A LINCOLN, NE 68504	47-0640293		138,273.	0.			BACKPACK PROGRAM AND GENERAL PURPOSES
FOOD BANK OF LINCOLN FOUNDATION 4840 DORIS BAIR CIR STE A LINCOLN, NE 68504	20-5474034		5,000.	0.			GENERAL SUPPORT
FOUNDATION FOR LINCOLN CITY LIBRARIES - 136 S 14TH ST - LINCOLN, NE 68508-1801	47-6032744		19,802.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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FOUNDATION FOR LINCOLN PUBLIC SCHOOLS - PO BOX 82889 - LINCOLN, NE 68501	36-3490560		200,930.	0.			NEW SCOREBOARD, WELLNESS PROGRAM, AND GENERAL PURPOSES
FOUNDATION TO DEFEND THE FIRST AMENDMENT - 645 PENNSYLVANIA AVE SE STE 100 - WASHINGTON, DC 20003	22-2442295		10,000.	0.			GENERAL SUPPORT
FRESH START, INC. 6433 HAVELOCK AVE LINCOLN, NE 68507	36-3785810		24,315.	0.			GENERAL SUPPORT
FRIENDS OF LIED PO BOX 880151 LINCOLN, NE 68588-0151	47-0727188		16,201.	0.			GENERAL SUPPORT
FRIENDS OF MARY RIEPMA ROSS MEDIA ARTS CENTER INC - PO BOX 880253 - LINCOLN, NE 68588-0253	47-0638642		5,692.	0.			GENERAL SUPPORT
FRIENDS OF THE HAYMARKET THEATRE 803 Q ST LINCOLN, NE 68508-1397	47-0811311		6,443.	0.			GENERAL SUPPORT
FRIENDS OF THE NEBRASKA 150 SESQUICENTENIAL - 203 6TH ST - SEWARD, NE 68434	46-1943941		5,000.	0.			GENERAL SUPPORT
FRIENDS OF THE UNIVERSITY OF NEBRASKA STATE MUSEUM OF NATURAL HISTORY - UNIVERSITY OF NEBRASKA LINCOLN 307 MORRILL HALL -	47-0658163		5,655.	0.			GENERAL SUPPORT
FRIENDSHIP HOME OF LINCOLN PO BOX 85358 LINCOLN, NE 68501-5358	47-0619855		57,814.	0.			GENERAL PURPOSES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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GIRL SCOUTS SPIRIT OF NEBRASKA 8230 BEECHWOOD DR LINCOLN, NE 68510	47-0432299		26,370.	0.			GENERAL SUPPORT
GOOD NEIGHBOR COMMUNITY CENTER 2617 Y ST LINCOLN, NE 68503	20-0391739		18,337.	0.			GENERAL SUPPORT
GREAT PLAINS WELSH HERITAGE PROJECT - PO BOX 253 - WYNMORE, NE 68466	47-0844022		10,000.	0.			GENERAL SUPPORT
HARRY AND RIBA HUGE FOUNDATION 25 EAST BATTERY STREET CHARLESTON, SC 29401			10,000.	0.			GENERAL SUPPORT
HARVEST OF BOOKS INC 4920 NORMAL BLVD LINCOLN, NE 68542	47-0813904		5,503.	0.			GENERAL SUPPORT
HEARTLAND BIG BROTHERS BIG SISTERS 6201 HAVELOCK AVE LINCOLN, NE 68507-1236	47-0794732		12,639.	0.			GENERAL SUPPORT
HEARTS UNITED FOR ANIMALS BOX 286 AUBURN, NE 68305	47-0773858		329,390.	0.			GENERAL SUPPORT
HILDEGARD CENTER FOR THE ARTS PO BOX 5304 LINCOLN, NE 68505	27-0355196		8,203.	0.			GENERAL SUPPORT
HUMANITIES NEBRASKA 215 CENTENNIAL MALL S STE 330 LINCOLN, NE 68508	23-7359778		10,788.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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INTERCHURCH MINISTRIES OF NEBRASKA 215 CENTENNIAL MALL S STE 300 LINCOLN, NE 68508	47-0379495		8,427.	0.			PRISON POST-SECONDARY EDUCATION PROGRAM
JACOB'S WELL PO BOX 82852 LINCOLN, NE 68501-2852	26-4503142		17,953.	0.			GENERAL SUPPORT
JEWISH FEDERATION OF LINCOLN, INC. PO BOX 67218 LINCOLN, NE 68506	47-0388144		6,135.	0.			GENERAL SUPPORT
JUNIOR ACHIEVEMENT OF LINCOLN, INC. - 285 S 68TH ST PL STE 580 - LINCOLN, NE 68510-2572	47-0535692		22,920.	0.			GENERAL SUPPORT
JUNIOR LEAGUE OF LINCOLN 215 CENTENNIAL MALL S STE 510 LINCOLN, NE 68508	47-0424534		5,207.	0.			GENERAL SUPPORT
KNIGHTS OF AK-SAR-BEN FOUNDATION 302 S 36TH ST STE 800 OMAHA, NE 68131	47-0447496		31,000.	0.			GENERAL SUPPORT
LANCASTER YOUTH SOFTBALL ASSOCIATION - 4900 DORIS BAIR CIRCLE - LINCOLN, NE 68504	36-3313153		10,776.	0.			GENERAL SUPPORT
LAUNCH LEADERSHIP FOUNDATION 1201 INFINITY CT LINCOLN, NE 68512	27-1283595		5,249.	0.			GENERAL SUPPORT
LIBRARY AND COMMUNITY FOUNDATION OF RICHARDSON COUNTY - PO BOX 37 - FALLS CITY, NE 68355	47-0842392		10,000.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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LIGHTHOUSE 2601 N ST LINCOLN, NE 68510-1334	36-3656310		53,266.	0.			GENERAL SUPPORT
LINCOLN ARTS COUNCIL 1701 S 17TH ST STE 1A LINCOLN, NE 68502	47-6046691		10,053.	0.			GENERAL SUPPORT
LINCOLN BEREAN CHURCH 6400 S 70TH ST LINCOLN, NE 68516	47-0677716		25,000.	0.			GENERAL SUPPORT
LINCOLN CHILDREN'S MUSEUM 1420 P ST LINCOLN, NE 68508	47-0716636		7,636.	0.			GENERAL SUPPORT
LINCOLN CHILDREN'S ZOO 1222 S 27TH ST LINCOLN, NE 68502-1832	47-0482255		27,793.	0.			GENERAL PURPOSES
LINCOLN COMMUNITY FOUNDATION 215 CENTENNIAL MALL S STE 100 LINCOLN, NE 68508			8,930.	0.			GENERAL SUPPORT
LINCOLN COMMUNITY PLAYHOUSE 2500 S 56TH ST LINCOLN, NE 68506	47-0355388		18,937.	0.			GENERAL PURPOSES
LINCOLN CRISIS PREGNANCY CENTER 4247 O ST LINCOLN, NE 68510	47-0662813		22,688.	0.			GENERAL SUPPORT
LINCOLN FRIENDS OF CHAMBER MUSIC 218 S 29TH ST LINCOLN, NE 68510	36-3348024		22,535.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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LINCOLN KIDS AGAINST HUNGER 2316 KIMARRA PL LINCOLN, NE 68521			7,311.	0.			GENERAL SUPPORT
LINCOLN LITERACY 745 S 9TH ST LINCOLN, NE 68508-3107	47-0655582		58,048.	0.			GENERAL SUPPORT
LINCOLN ORCHESTRA ASSOCIATION 233 S 13TH ST STE 1702 LINCOLN, NE 68508-2017	47-0773445		65,302.	0.			GENERAL SUPPORT
LINCOLN PARKS FOUNDATION 2740 A ST LINCOLN, NE 68502	36-3853746		96,289.	0.			AIRPORT ENTRY CORRIDOR, NEW TENNIS CENTER, AND GENERAL PURPOSES
LINCOLN YOUTH SPORTS PROMOTIONS INC - 2033 WILDERNESS RIDGE DR - LINCOLN, NE 68512	47-0826311		16,296.	0.			GENERAL SUPPORT
LINCOLN/LANCASTER COUNTY HABITAT FOR HUMANITY - 144 N ANTELOPE VALLEY PKWY - LINCOLN, NE 68503	47-0714576		15,317.	0.			GENERAL SUPPORT
LUTHERAN EDUCATION FOUNDATION 1100 N 56TH ST LINCOLN, NE 68504	41-2032088		34,042.	0.			GENERAL SUPPORT
LUTHERAN FAMILY SERVICES OF NEBRASKA, INC. - 2900 O ST STE 200 - LINCOLN, NE 68510-1454	23-7267972		26,997.	0.			GENERAL SUPPORT
LUX CENTER FOR THE ARTS 2601 N 48TH ST LINCOLN, NE 68502	47-0629528		25,566.	0.			GENERAL PURPOSES

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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MADONNA FOUNDATION 5401 SOUTH ST LINCOLN, NE 68506	23-7159940		38,925.	0.			GENERAL SUPPORT
MAKE-A-WISH OF NEBRASKA, INC. 11926 ARBOR ST STE 102 OMAHA, NE 68144	47-0671096		6,554.	0.			GENERAL SUPPORT
MASONIC - EASTERN STAR HOME FOR CHILDREN - PO BOX 1327 - FREMONT, NE 68026	47-0384097		10,776.	0.			GENERAL SUPPORT
MATT TALBOT KITCHEN & OUTREACH 2121 N 27TH ST LINCOLN, NE 68503	36-3945814		23,260.	0.			GENERAL SUPPORT
MATTERS ON TOMORROW PO BOX 5573 LINCOLN, NE 68505	26-3385226		20,465.	0.			GENERAL SUPPORT
MID-AMERICA ARTS ALLIANCE 2018 BALTIMORE AVE KANSAS CITY, MO 64108	23-7303693		5,100.	0.			GENERAL SUPPORT
MILFORD SCHOOLS FOUNDATION 1200 W 1ST ST MILFORD, NE 68405	47-0830054		9,170.	0.			SCHOLARSHIPS
MOSAIC 4980 S 118TH ST OMAHA, NE 68137	11-3669999		21,653.	0.			GENERAL SUPPORT - AXTELL AGENCY
NATIONAL AUDUBON SOCIETY INC 225 VARICK ST 7TH FLOOR DEPT W NEW YORK, NY 10014	13-1624108		6,126.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL WILDLIFE FEDERATION 11100 WILDLIFE CENTER DR RESTON, VA 20190-5362	53-0204616		6,173.	0.			GENERAL SUPPORT
NEBRASKA APPLESEED CENTER FOR LAW IN THE PUBLIC INTEREST - 941 O ST STE 920 - LINCOLN, NE 68508-3649	47-0798343		50,574.	0.			GENERAL SUPPORT
NEBRASKA CHILDREN AND FAMILIES FOUNDATION - 215 CENTENNIAL MALL S STE 200 - LINCOLN, NE 68508	91-1829974		23,314.	0.			GENERAL SUPPORT
NEBRASKA COMMUNITY BLOOD BANK 100 N 84TH ST LINCOLN, NE 68505	47-0524449		10,889.	0.			GENERAL SUPPORT
NEBRASKA FAMILY ALLIANCE 1106 E STREET LINCOLN, NE 68508			6,933.	0.			GENERAL SUPPORT
NEBRASKA FFA FOUNDATION PO BOX 94942 LINCOLN, NE 68509-4942	47-0741774		23,292.	0.			GENERAL SUPPORT
NEBRASKA HUMAN RESOURCES RESEARCH FOUNDATION - UNIVERSITY OF NEBRASKA LINCOLN 300 AG HALL - LINCOLN, NE 68583	47-6040776		6,302.	0.			GENERAL SUPPORT
NEBRASKA ITALIAN GREYHOUND RESCUE 443 S 53RD ST LINCOLN, NE 68510-2021	46-0480347		6,235.	0.			GENERAL SUPPORT
NEBRASKA NO KILL CANINE RESCUE PO BOX 6295 LINCOLN, NE 68506	30-0655509		9,296.	0.			GENERAL SUPPORT

Schedule I (Form 990)



**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEBRASKA PEACE FOUNDATION 941 O ST STE 1026 LINCOLN, NE 68508	36-3347131		14,563.	0.			GENERAL SUPPORT
NEBRASKA SPORTS COUNCIL PO BOX 29366 LINCOLN, NE 68529	36-3354207		10,405.	0.			GENERAL SUPPORT
NEBRASKA STUDENT LEADERS FOUNDATION - 211 N 14TH STREET - LINCOLN, NE 68508	27-1283595		35,981.	0.			GENERAL SUPPORT
NEBRASKA WESLEYAN UNIVERSITY 5000 ST PAUL AVE LINCOLN, NE 68504	47-0376524		49,279.	0.			SCHOLARSHIPS
NEBRASKANS FOR CIVIC REFORM PO BOX 85024 LINCOLN, NE 68501-5024	27-2204391		22,883.	0.			GENERAL SUPPORT
NEIGHBORWORKS LINCOLN, INC. 2240 Q ST LINCOLN, NE 68503	36-3430278		116,015.	0.			GENERAL PURPOSES
NET FOUNDATION FOR RADIO 1800 N 33RD ST LINCOLN, NE 68503	47-0588533		8,931.	0.			GENERAL SUPPORT
NET FOUNDATION FOR TELEVISION 1800 N 33RD ST LINCOLN, NE 68503	23-7122088		20,211.	0.			GENERAL SUPPORT
NORRIS HIGH SCHOOL 25211 SOUTH 68TH ST FIRTH, NE 68358			5,000.	0.			SCHOLARSHIPS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHEAST COMMUNITY COLLEGE FINANCIAL AID OFFICE PO BOX 469 NORFOLK, NE 68702			7,350.	0.			SCHOLARSHIPS
NORTHEAST FAMILY CENTER 6220 LOGAN AVE LINCOLN, NE 68507			5,298.	0.			GENERAL SUPPORT
OPENSKY POLICY INSTITUTE 1201 O ST STE 10 LINCOLN, NE 68508			22,972.	0.			GENERAL SUPPORT
ORAL ROBERTS UNIVERSITY PO BOX 707171 TULSA TULSA, OK 74170-9921	73-0739626		6,465.	0.			SCHOLARSHIPS
PEOPLE'S CITY MISSION 110 Q ST LINCOLN, NE 68501	47-0376896		78,509.	0.			GENERAL PURPOSES
PERU STATE COLLEGE FOUNDATION FINANCIAL AID OFFICE PO BOX 10 PERU, NE 68421			5,000.	0.			GENERAL PURPOSES
PERU STATE COLLEGE FINANCIAL AID OFFICE PO BOX 10 PERU, NE 68421			5,000.	0.			SCHOLARSHIPS
PHI KAPPA TAU FOUNDATION 5221 MORNING SUN RD OXFORD, OH 45056	31-6024975		10,000.	0.			GENERAL SUPPORT
PINWOOD BOWL INC. 3800 VERMAAS PL STE 200 LINCOLN, NE 68502	51-0203438		10,252.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PIUS X FOUNDATION 6000 A ST LINCOLN, NE 68510	23-7074428		120,171.	0.			GENERAL SUPPORT
PLANNED PARENTHOOD OF THE HEARTLAND - 1171 7TH ST - DES MOINES, IA 50314-2505	42-0727488		32,178.	0.			GENERAL SUPPORT
PRISON FELLOWSHIP MINISTRIES PO BOX 1550 MERRIFIELD, VA 22116-1550	62-0988294		50,000.	0.			GENERAL SUPPORT
RONALD MCDONALD HOUSE CHARITIES IN OMAHA INC - 620 S 38TH AVE - OMAHA, NE 68105			5,400.	0.			GENERAL SUPPORT
RURAL INVESTMENT CORPORATION PO BOX 136 LYONS, NE 68038			50,000.	0.			GENERAL SUPPORT
SAINT ELIZABETH FOUNDATION 6900 L ST STE 100 LINCOLN, NE 68510-2462	47-0625523		21,853.	0.			GENERAL SUPPORT
SECOND BAPTIST CHURCH 525 N 58TH STREET LINCOLN, NE 68505			11,200.	0.			GENERAL SUPPORT
SENIORS FOUNDATION PO BOX 81904 LINCOLN, NE 68501-1904	47-0630837		13,583.	0.			GENERAL SUPPORT
SEWARD COMMUNITY SCHOLARSHIP PO BOX 141 SEWARD, NE 68434	47-0620453		45,852.	0.			SCHOLARSHIPS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHELDON ART ASSOCIATION SHELDON ART GALLERY BLDG 12TH & R S LINCOLN, NE 68588			39,137.	0.			SHELDON SCULPTURE COURT RENOVATION AND GENERAL PURPOSES
SHERIDAN LUTHERAN CHURCH 6955 OLD CHENEY RD LINCOLN, NE 68516			18,216.	0.			GENERAL SUPPORT
SHRINER'S HOSPITAL FOR CHILDREN 2900 ROCKY POINT DR TAMPA, FL 33607	36-2193608		10,776.	0.			GENERAL SUPPORT
SOUTH STREET TEMPLE 2061 S 20TH ST LINCOLN, NE 68502			13,300.	0.			GENERAL SUPPORT
SPECIAL OLYMPICS NEBRASKA 11011 Q ST STE 104C OMAHA, NE 68137	47-0546346		12,592.	0.			GENERAL SUPPORT
SPIRIT OF HOPE LUTHERAN CHURCH 5801 NW 1ST STREET LINCOLN, NE 68521			16,000.	0.			GENERAL SUPPORT
SPRING CREEK PRAIRIE AUDUBON CENTER - 11700 SW 100TH ST - DENTON, NE 68339	13-1624102		7,969.	0.			HABITAT MANAGEMENT AND GENERAL SUPPORT
ST. JOSEPH CATHOLIC CHURCH 1940 S 77TH ST LINCOLN, NE 68506			100,571.	0.			GENERAL SUPPORT
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 SAINT JUDE PL - MEMPHIS, TN 38105	62-0646012		10,100.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. MARY MAGDALENE CATHOLIC CHURCH 109 S 19TH ST OMAHA, NE 68102			23,240.	0.			GENERAL SUPPORT
ST. MONICA'S BEHAVIORAL HEALTH SERVICES FOR WOMEN - 120 WEDGEWOOD DR - LINCOLN, NE 68510	47-0490169		48,207.	0.			GENERAL SUPPORT
ST. PAUL UNITED METHODIST CHURCH 1144 M ST LINCOLN, NE 68508	47-0379012		19,073.	0.			GENERAL SUPPORT
TABITHA FOUNDATION 4720 RANDOLPH ST LINCOLN, NE 68510	47-0636199		79,477.	0.			GENERAL SUPPORT
TABITHA INC. 4720 RANDOLPH ST LINCOLN, NE 68510	47-0377998		9,085.	0.			MEALS ON WHEELS PROGRAM
TEACH A KID TO FISH 3140 N ST RM 2149 LINCOLN, NE 68510	26-2325377		5,949.	0.			GENERAL SUPPORT
TEAMMATES MENTORING PROGRAM 6801 O ST LINCOLN, NE 68510	47-0840990		90,579.	0.			GENERAL SUPPORT
THE BAY 2005 Y ST LINCOLN, NE 68503			22,705.	0.			GENERAL SUPPORT
THE BRIDGE BEHAVIORAL HEALTH 721 K ST LINCOLN, NE 68508			6,030.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MEDIATION CENTER 610 J ST STE 100 LINCOLN, NE 68508			12,498.	0.			GENERAL SUPPORT
THE SALVATION ARMY 2625 POTTER ST LINCOLN, NE 68503	36-2167910		47,344.	0.			GENERAL SUPPORT
UNION COLLEGE FINANCIAL AID OFFICE 3800 S 48TH ST LINCOLN, NE 68506			34,792.	0.			SCHOLARSHIPS
UNITED WAY OF LINCOLN AND LANCASTER COUNTY - 238 S 13TH ST - LINCOLN, NE 68508	47-0376624		18,472.	0.			GENERAL SUPPORT
UNIVERSITY OF IOWA FOUNDATION 1 W PARK RD IOWA CITY, IA 52242			18,200.	0.			FACULTY FELLOWSHIP IN BUSINESS COLLEGE
UNIVERSITY OF NEBRASKA - KEARNEY OFFICE OF FINANCIAL AID KEARNEY, NE 68849-2350			30,500.	0.			SCHOLARSHIPS
UNIVERSITY OF NEBRASKA - LINCOLN 201 ADMINISTRATION BLDG LINCOLN, NE 68588-0411			97,100.	0.			SCHOLARSHIPS
UNIVERSITY OF NEBRASKA - OMAHA FINANCIAL AID OFFICE OMAHA, NE 68182			9,225.	0.			SCHOLARSHIPS
UNIVERSITY OF NEBRASKA BOARD OF REGENTS - ALEXANDER BLDG W - LINCOLN, NE 68503	47-0049123		30,493.	0.			SCHOLARSHIPS

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NEBRASKA FOUNDATION 1010 MALL STE 300 LINCOLN, NE 68508	47-0379839		176,802.	0.			SCHOLARSHIPS AND GENERAL SUPPORT
UNIVERSITY OF NEBRASKA MEDICAL CENTER - FINANCIAL AID OFFICE 984265 NEBRASKA MEDICAL CENTER - OMAHA, NE 68195			14,000.	0.			SCHOLARSHIPS
VOICES OF HOPE 2545 N ST LINCOLN, NE 68510	47-0726814		14,859.	0.			GENERAL SUPPORT
VOLUNTEER PARTNERS 215 CENTENNIAL MALL S STE 340 LINCOLN, NE 68508	58-2574619		30,800.	0.			GENERAL SUPPORT
WACHISKA AUDUBON SOCIETY 4547 CALVERT ST STE 10 LINCOLN, NE 68506	51-0229888		8,378.	0.			GENERAL SUPPORT
WAYNE STATE COLLEGE FINANCIAL AID OFFICE WAYNE, NE 68787			7,750.	0.			SCHOLARSHIPS
WESTMINSTER PRESBYTERIAN CHURCH 2110 SHERIDAN BLVD LINCOLN, NE 68502	47-0380471		16,432.	0.			GENERAL SUPPORT
WOMEN IN MILITARY SERVICE FOR AMERICA MEMORIAL FOUNDATION - 200 N GLEBE RD #400 - ARLINGTON, VA 22203	52-1513535		5,000.	0.			GENERAL SUPPORT
WYUKA HISTORICAL FOUNDATION 3600 O ST LINCOLN, NE 68510	47-0823689		37,834.	0.			GENERAL SUPPORT

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF LINCOLN 570 FALLBROOK BLVD STE 210 LINCOLN, NE 68521	47-0376578		282,604.	0.			NEW FACILITY AND GENERAL SUPPORT
YOUNG LIFE 3203 S 33RD ST LINCOLN, NE 68506	84-0385934		5,739.	0.			GENERAL SUPPORT
YOUTH FOR CHRIST USA INC. PO BOX 4478 ENGLEWOOD, CO 80155	36-2193619		18,470.	0.			GENERAL SUPPORT
YOUTH FOR CHRIST USA INC. SOUTHEAST NEBRASKA - 6401 PINE LAKE RD - LINCOLN, NE 68516	47-0543176		8,374.	0.			GENERAL SUPPORT



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

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

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

PART I, LINE 2:

THE LINCOLN COMMUNITY FOUNDATION STAFF RESEARCHES ALL CHARITIES THAT DONORS RECOMMEND FOR GRANTS. TO QUALIFY FOR A GRANT DISTRIBUTION, A PROSPECTIVE GRANTEE MUST BE ABLE TO SATISFY THE FOUNDATION'S DUE DILLIGENCE REQUIREMENTS BEFORE A GRANT IS MADE. A PROSPECTIVE GRANTEE COMPLETES A FORMAL GRANT APPLICATION, WHICH INCLUDES SUPPLYING AUDITED FINANCIAL STATEMENTS, CURRENT 990S, BOARD OF DIRECTORS AND OFFICER LISTINGS. LINCOLN COMMUNITY FOUNDATION ALSO USES GUIDESTAR TO DETERMINE THAT THE POTENTIAL GRANTEE IS A QUALIFIED CHAIRTY IN GOOD STANDING. ONCE THE ORGANIZATION

**Part IV Supplemental Information**

MEETS THE DUE DILLIGENCE REQUIREMENTS, THE FOUNDATION ISSUES A CHECK TO THE ORGANIZATION.

Lined area for supplemental information.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2014**

Open to Public Inspection

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

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

▶ Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Department of the Treasury  
Internal Revenue Service

Name of the organization

LINCOLN COMMUNITY FOUNDATION INC

Employer identification number

47-0458128

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use          |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence          |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input checked="" type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? .....

**3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Compensation committee   | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 5a or 5b, describe in Part III.

**6** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" to line 6a or 6b, describe in Part III.

**7** For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>	X	
<b>2</b>	X	
<b>4a</b>		X
<b>4b</b>		X
<b>4c</b>		X
<b>5a</b>		X
<b>5b</b>		X
<b>6a</b>		X
<b>6b</b>		X
<b>7</b>		X
<b>8</b>		X
<b>9</b>		

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

Schedule J (Form 990) 2014

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) BARBARA BARTLE PRESIDENT	(i)	147,350.	0.	0.	4,980.	19,399.	171,729.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

SOCIAL CLUB DUES WERE PAID FOR THE PRESIDENT.

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2014**

Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization **LINCOLN COMMUNITY FOUNDATION INC** Employer identification number **47-0458128**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	104	10,081,556.	FMV
10 Securities - Closely held stock	X	1	76,806.	INDEPENDENT APPRAISA
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **X**

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **X**

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2014)

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

AN INDEPENDENT FINANCIAL SERVICES BROKERAGE FIRM IS USED FOR SECURITIES  
TRANSACTIONS.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public  
Inspection

Name of the organization <b>LINCOLN COMMUNITY FOUNDATION INC</b>	Employer identification number <b>47-0458128</b>
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

LINCOLN, NEBRASKA AND LANCASTER COUNTY, NEBRASKA.

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

FORM 990 IS PROVIDED TO THE FULL BOARD PRIOR TO FILING WITH THE EXCEPTION OF SCHEDULE B, WHERE DONOR NAMES AND ADDRESSES ARE REMOVED DUE TO CONFIDENTIALITY REASONS. THE BOARD CHAIR AND AUDIT COMMITTEE CHAIR ARE PROVIDED THE FULL VERSION OF FORM 990 INCLUDING SCHEDULE B.

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

ALL BOARD OF DIRECTORS ARE ASKED AT THE BEGINNING OF EACH QUARTERLY MEETING IF THERE ARE ANY CHANGES SINCE THEIR LAST DISCLOSURE.

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

THE HUMAN RESOURCES COMMITTEE (A BOARD COMMITTEE) MEETS ANNUALLY TO SET PAY INCREASES AS WELL AS PAY RANGES FOR ALL EMPLOYEES. THESE ARE BASED ON COMPARABILITY DATA. THE DECISIONS MADE BY THIS COMMITTEE ARE DOCUMENTED IN MEETING MINUTES.

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

THE FOUNDATION PUTS ITS FORM 990 AND AUDIT REPORTS FOR THREE YEARS ON THE WEBSITE FOR PUBLIC VIEWING. GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICIES ARE PROVIDED TO ANYONE UPON REQUEST.

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

<b>SPLIT INTEREST AGREEMENTS</b>	<b>121,870.</b>
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Name of the organization LINCOLN COMMUNITY FOUNDATION INC	Employer identification number 47-0458128
--	--

ADJUSTMENT FOR AN INTERFUND TRANSFER BETWEEN LINCOLN COMMUNITY FOUNDATION AND LINCOLN FOUNDATION DONOR DIRECTED DEPOSITORY	1,109,717.
TOTAL TO FORM 990, PART XI, LINE 9	1,231,587.

FORM 990, PART XII, LINE 2C, AUDIT OVERSIGHT:  
THE POLICY HAS NOT CHANGED SINCE THE PRIOR YEAR.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2014**

Open to Public Inspection

Name of the organization **LINCOLN COMMUNITY FOUNDATION INC** Employer identification number **47-0458128**

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
LINCOLN FOUNDATION DONOR DIRECTED DEPOSITORY - 36-3766015, 215 CENTENNIAL MALL SOUTH, STE 100, LINCOLN, NE 68508	GRANTS AND ALLOCATIONS TO LOCAL NON-PROFIT ORGANIZATIONS	NEBRASKA	501(C)(3)	LINE 7		X	

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

**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) 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	(i) Section 512(b)(13) controlled entity?	
								Yes	No

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

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

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....		X
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
LINCOLN FOUNDATION DONOR DIRECTED (1) DEPOSITORY	S	1,101,264.	CASH
(2)			
(3)			
(4)			
(5)			
(6)			

**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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII** Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Multiple horizontal lines for supplemental information.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box  **X**

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

<b>Type or print</b> <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions. <b>LINCOLN COMMUNITY FOUNDATION INC</b>	Employer identification number (EIN) or <b>47-0458128</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>215 CENTENNIAL MALL S STE 100</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LINCOLN, NE 68508</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**SCOTT LAWSON, VP-FINANCE**

• The books are in the care of  **215 CENTENNIAL MALL SOUTH STE 100 - LINCOLN, NE 68508**  
Telephone No.  **402-474-2345** Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2015**.

5 For calendar year **2014**, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

6 If the tax year entered in line 5 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

7 State in detail why you need the extension  
**ADDITIONAL TIME IS NECESSARY TO PREPARE AND COMPLETE AN ACCURATE TAX RETURN**

<b>8a</b> If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	0.
<b>c Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title  Date