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Form	JJU

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

2018

A	For the	e 2018 cale	ndar year, or tax year beginning , 2018, and end	ding			, 20					
в	Check if	if applicable:	licable: C Name of organization THE HOPE VENTURE D Employer identification numbers									
	Address	s change	Doing business as		27-0863959							
	Name c	change	Number and street (or P.O. box if mail is not delivered to street address) Room/	1	E Telephor	ne number						
	Initial re	eturn	315 S 9TH STREET	200			402-802-8296					
	Final retu	urn/terminated	City or town, state or province, country, and ZIP or foreign postal code									
	Amende	ed return	LINCOLN, NE 68508			G Gross re	ceipts \$	760,122				
	Applicat	tion pending	F Name and address of principal officer: CYNTHIA PETERSEN	ŀ	I(a) Is this a gro	up return for s	subordinates? 🗌 Yes	🖌 No				
			7515 WHITLOCK PLACE, LINCOLN, NE 68516	H	H(b) Are all si	ubordinates	s included? 🗌 Yes	🗌 No				
I I	Tax-exe	empt status:	✓ 501(c)(3) 501(c) () ◄ (insert no.) 4947(a)(1) or 527		lf "No	," attach a	list. (see instructio	ns)				
J	Website	e: ► WW	W.THEHOPEVENTURE.ORG	H	H(c) Group e	exemption	number 🕨					
κ	Form of	organization:	✓ Corporation Trust Association Other ► L Year of form	mation:	2009	M State	of legal domicile:	NE				
Ρ	art I	Summ	ary									
	1	Briefly de	scribe the organization's mission or most significant activities: THE	HOPE	VENTUR	E EXIST	s to bring ho	PE AND				
e		DIGNITY	TO THE MOST DISADVANTAGED PEOPLE IN THE WORLD THROUGH ED	DUCAT	ION AND	HEALTH	PROJECTS.					
Activities & Governance												
veri	2	Check th	is box \blacktriangleright \Box if the organization discontinued its operations or disposed	d of m	ore than	25% of	its net assets.					
ĝ	3	Number	of voting members of the governing body (Part VI, line 1a)			3		8				
<u>م</u>	4	Number	of independent voting members of the governing body (Part VI, line 1	b) .		4		7				
itie	5	Total nur	nber of individuals employed in calendar year 2018 (Part V, line 2a)			5		7				
ži	6		nber of volunteers (estimate if necessary)			6		80				
¥	7a	Total unr	elated business revenue from Part VIII, column (C), line 12			7a		0				
	b	Net unre	ated business taxable income from Form 990-T, line 38			7b		0				
					Prior Yea	ar	Current Ye	ear				
ē	8		tions and grants (Part VIII, line 1h)			611750		698126				
enu	9	-	service revenue (Part VIII, line 2g)			0		0				
Revenue	10		nt income (Part VIII, column (A), lines 3, 4, and 7d)			76		411				
	11		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			42201		36579				
	12		enue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)			654027		735116				
	13		nd similar amounts paid (Part IX, column (A), lines 1–3)			477292		397760				
	14		paid to or for members (Part IX, column (A), line 4)			0		0				
es	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)			51457		103769				
sue	16a		nal fundraising fees (Part IX, column (A), line 11e)			0		0				
Expenses	b		draising expenses (Part IX, column (D), line 25) ► 80791									
ш	17		penses (Part IX, column (A), lines 11a–11d, 11f–24e)			98427		137340				
	18		enses. Add lines 13–17 (must equal Part IX, column (A), line 25) .			627176		638869				
	19	Revenue	less expenses. Subtract line 18 from line 12			26851		96247				
Net Assets or Fund Balances				Begir	nning of Cur		End of Ye					
sset	20		ets (Part X, line 16)			236410		335248				
et A: nd B	21		ilities (Part X, line 26)			6143		8734				
			ts or fund balances. Subtract line 21 from line 20			230267		326514				
P	art II	Signa	ture 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.

Sign Here	Signature of officer			Date	9	
	Type or print name and title					
Paid Preparer	Print/Type preparer's name	Preparer's signature	Date		Check if self-employed	PTIN
Use Only	Firm's name	Firm's EIN ►				
	Firm's address 🕨	Phone no.				
May the IRS	discuss this return with the prepa	arer shown above? (see instructions)				. 🗌 Yes 🗌 No
For Paperwo	rk Reduction Act Notice, see the se	parate instructions.	Cat. No. 11282Y	,		Form 990 (2018)

Form 990	D (2018) Page 2
Part I	\mathbf{v}
	Check if Schedule O contains a response or note to any line in this Part III
	Briefly describe the organization's mission:
	THE HOPE VENTURE EXISTS TO BRING HOPE AND DIGNITY TO THE MOST DISADVANTAGED PEOPLE IN THE WORLD
	THROUGH EDUCATION AND HEALTH PROJECTS.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$103883 including grants of \$103883) (Revenue \$)
	STUDENTS:
	THE HOPE VENTURE STARTED 2018 SPONSORING 52 STUDENTS. BY THE END OF THE YEAR WE HAD MORE THAN DOUBLED
	OUR STUDENT SPONSORSHIP, STARTING 2019 WITH 128 STUDENTS! THIS PROJECT HELPS STUDENTS IN KENYA, WHERE
	THE DROP OUT RATE BY HIGH SCHOOL IS NEARLY 60%. IN ADDITION TO SPONSORING HIGH SCHOOL STUDENTS IN KENYA,
	WE PROVIDED SCHOLARSHIPS FOR COLLEGE AND OTHER STUDENTS IN KENYA, UGANDA, AND SOUTH ASIA.
4b	(Code:) (Expenses \$ 67714 including grants of \$ 67714) (Revenue \$)
40	FOOD:
	IN 2018, THE HOPE VENTURE PROVIDED DAILY MEALS TO 214 CHILDREN IN SOUTH ASIA THROUGH FOUR DIFFERENT FEEDING
	CENTERS. IN ADDITION WE RECEIVED A GRANT TO START AN AGRICULTURE PROJECT IN KENYA. WE HOPE TO HELP 500
	SCHOOL AGE CHILDREN WITH FOOD BY CULTIVATING CROPS AND CREATING A SUSTAINABLE SOLUTION TO SOME OF THEIR
	NEEDS OVER THE NEXT THREE YEARS.
4c	(Code:) (Expenses \$64555 including grants of \$64555) (Revenue \$)
	BACKPACKS:
	IN 2018, THE HOPE VENTURE HELPED 6784 CHILDREN HAVE THE SUPPLIES THEY NEEDED FOR A YEAR OF SCHOOLING
	THROUGH OUR BACKPACK PROJECT IN SOUTH ASIA. THESE CHILDREN COME FROM INCREDIBLY POOR BACKGROUNDS
	WHERE MANY OF THE FAMILIES HAVE NEVER RECEIVED SUCH A GIFT AND WHERE THERE IS LITTLE MONEY LEFTOVER FOR
	SCHOOL SUPPLIES.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 235543 including grants of \$ 161608) (Revenue \$)
-	Total program service expenses ► 471695

	0 (2018)		I	-age 3
Part	V Checklist of Required Schedules			N
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
-	complete Schedule A	1	~	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	~	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3		~
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		r
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		~
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6		~
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	8		~
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .	9		~
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		~
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		~
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>	11b		~
с	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		r
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d		~
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	~	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		~
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		~
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		~
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	14a		~
b	fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b	~	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	15	~	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .	16		~
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)	17		~
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .	18	~	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		~
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		~
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		~

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

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? С

1<u>c</u> V

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Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 7			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		~
b	If "Yes," enter the name of the foreign country: >			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		~
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		~
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		~
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	~	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		~
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
C	Enter the amount of reserves on hand	4.4		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		~
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		
	excess parachute payment(s) during the year?	15		~
16	If "Yes," see instructions and file Form 4720, Schedule N.	10		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		~

Form 990 (2018)

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Eart 3U Governance, Management, and Disclosure For each "Yes" response to lines 2 through To below, and to a "Nois" response to lines, 2 through To below, and to a "Nois" response to lines, and the analysis of the decimations, processes, or changes in Schedule O. See instructions. Check If Schedule O. contains a response or note to any line in this Part VI. Image: Check If Schedule O contains a response or note to any line in this Part VI. Section A. Governing Body and Management Image: Check If Schedule O. Image: Check If Schedule O. Image: Check If Schedule O. In Enter the number of voting members of the governing body at the end of the tax year. Image: Check If Schedule O. Image: Check If Schedule O. In Enter the number of voting members included in line 1a, above, who are independent Image: Check If Schedule O. Image: Check If Schedule O. In the organization near spinfand changes to its governing body at the end of the organization set spinfand changes to its governing body? Image: Check If Schedule O. Image: Check If Schedule O. In the organization near members stackholders? Image: Check If Schedule O. Image: Check If Schedule O. Image: Check If Schedule O. In the organization near sengement during the year of a significant diversion of the organization share members stackholders? Image: Check If Schedule O. Image: Check If Scheck If Schedule O. Image: Che	Form 99	0 (2018)		I	Page 6
Check If Schedule O contains a response or note to any line in this Part VI	Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below	v, and	for a	"No"
Section A. Governing Body and Management That Entar the number of voting members of the governing body, at the end of the tax year. If the era ematerial differences in voting rights among members of the governing body, of the explain is Schedule 0. Dentar the number of voting members included in line 1a, above, who are independent. Ib i Ib i		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O.	See in:	struct	ions.
1a Enter the number of voting members of the governing body at the end of the tax year. 1a 7 1a Enter the number of voting members of the governing body, or if the governing body delegated broad authority to an executive committee or almilar committee, explain in Schedule 0. 1b 5 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 employees to a management company or other person? 2 ✓ 3 Did the organization negates 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? 2 ✓ 4 Did the organization negate custoholders, or other persons who had the power to elect or appoint one members or stockholders, or persons other than the governing body? 5 ✓ 7a Did the organization negates other than the governing body? 7 7 7 8 Did the organization negates on the governing body? 7 7 7 7 7 9 Is there any officer, director, trustee, or key employee there and addresses in Schedule O. 8 7 7 9 Is there any officer, director, trustee, or key employee there and addresses in Schedule O. 8 7 7 7					. 🗸
1a Enter the number of voting members of the governing body, at the end of the tax year. 1a 7 1f there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar and the powerning body delegated broad authority to an executive committee or similar and the governing body of the critical delegate control over management dules customarily performed by or under the distribution of differs, director, trustee, or key employees to a management company or there person? 2 ✓ 3 Did the organization became aware during the year of a significant diversion of the organization have members or stockholders? 6 ✓ 4 Did the organization became aware during body? 4 ✓ 5 Did the organization come aware during body? 4 ✓ 6 Did the organization come aware during body? 4 ✓ 7a Did the organization contemporaneously document the meetings held or written actions undertaken during the year of a significant diversion of the organization contemporaneously document the meetings held or written actions undertaken during the year of a significant diversion of the organization contemporaneously document the meetings held or written actions undertaken during the year of a significant diversion of the organization contemporaneously document the meetings held or written actions undertaken during the year of a significant diversion of the organization contemporaneously document the meerganization contexentere organization contexent and pereson in 2	Secti	on A. Governing Body and Management			
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 ✓ Own website	18		-T (Sec	tion {	501(c)
 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 ► 					
financial statements available to the public during the tax year.State the name, address, and telephone number of the person who possesses the organization's books and records ►	19		nterest	policy	, and
		financial statements available to the public during the tax year.			,
CYNTHIA PETERSEN, 7515 WHITLOCK PLACE, LINCOLN, NE 68516 402-802-8296	20	CYNTHIA PETERSEN, 7515 WHITLOCK PLACE, LINCOLN, NE 68516 402-802-8296	ecoras	-	

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

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.

				(0	C)					
(A)	(B)	<i>.</i> .		Pos				(D)	(E)	(F)
Name and Title	Average					e than c is both		Reportable	Reportable	Estimated
	hours per					or/trust		compensation	compensation from	amount of
	week (list any hours for	9 5	In	Q	X	막 프	F	from the	related organizations	other compensation
	related	divi	stitu	Officer	ey e	ghe	Former	organization	(W-2/1099-MISC)	from the
	organizations	dual	itior	r	mp	st c	Ψ	(W-2/1099-MISC)		organization
	below dotted line)	r tru	nal ti		Key employee	omp				and related organizations
	liney	Individual trustee or director	Institutional trustee		O	bens				organizations
			ee			Highest compensated employee				
(1) CYNTHIA PETERSEN	40									
EXECUTIVE DIRECTOR		~		~				17,783		
(2) TROY BREDENKAMP	1									
CHAIRMAN		~		~						
(3) JOHN KROEKER	1									
VICE CHAIR		~		~						
(4) JODY KONGSJORD	1									
TREASURER		~		~						
(5) KATHERINE STEWART	1									
SECRETARY		~		~						
(6) TRACY BRESTER	1									
DIRECTOR		~								
(7) FRANKLIN A BOYLE	1									
DIRECTOR		~								
(8)										
(9)										
(10)										
(10)										
(11)										
(12)										
(13)										
	+									
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mplo	yees	s, aı	nd H	lighe	st C	compensated E	mployees (co	ontinue	ed)		ugo e
				-		C)								
	(A)	(B)	(-1	-4 -1		ition			(D)	(E)			(F)	
	Name and title	Average					e than o is both		Reportable	Reportable		Esti	mated	
		hours per					or/trust		compensation	compensation f	rom		ount of	
		week (list any hours for	우프	Ē	Q	2	φŢ	T	from	related			ther	
		related	divi	stitu	Officer	ey e	nplo	Former	the organization	organizations (W-2/1099-MIS			ensatio m the	n
		organizations	dua	ltio	¥	dŭ	st c	°	(W-2/1099-MISC)		- /		nization	1
		below dotted	r t	าล่า		Key employee	m						related	
		line)	Individual trustee or director	Institutional trustee		ď	Den					organ	nization	5
			Ū.	tee			Highest compensated employee							
(15)								-						
(13)														
(16)														
(10)			-											
(17)														
<u>(11)</u>			-											
(18)														
(10)			ł											
(19)														
(19)			1											
(20)														
(20)			-											
(21)														
(21)			ł											
(00)														
(22)			-											
(00)														
(23)			-											
(04)														
(24)			-											
(05)														
(25)			-											
46	Sub total								17783					
1b		 .///. Cootio		·	·	• •	• •		17783					
C L	Total from continuation sheets to Part			·	•	•	• •		17783					
d		<u></u>						<u> </u>						
2	Total number of individuals (including but		i to tr	1056	e IIS1	ed	apove	e) w		ore than \$100	,000 (JC		
	reportable compensation from the organ	zation F							0				X	
_													Yes	No
3	Did the organization list any former of													
	employee on line 1a? If "Yes," complete	Schedule J	tor su	uch	Ind	ividi	ual	•			·	3		~
4	For any individual listed on line 1a, is the													
	organization and related organizations	0						-	,	edule J for	such			
	individual											4		~
5	Did any person listed on line 1a receive of								•					
	for services rendered to the organization	? If "Yes," c	compl	lete	Scł	nedu	ule J f	for s	such person			5		~
Section	on B. Independent Contractors													
1	Complete this table for your five highest	compensat	ed ind	dep	end	ent	contr	act	ors that receive	ed more than	\$100,	000 of		
	compensation from the organization. Rep													ax
	year.													
	(A)								(B)			(C)		

	(A) Name and business address	(B) Description of services	(C) Compensation
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 \blacktriangleright	0	

Form 990 (2018)

	990 (201					Page 9
Par	i VIII	Statement of Revenue				_
		Check if Schedule O contains a response or note to	(A) Total revenue	(B) Related or exempt	(C) Unrelated business	(D) Revenue excluded from tax
				function revenue	revenue	under sections 512–514
nts nts	1 a	Federated campaigns . Ia 0				
Gra	b	Membership dues . . 1b 0				
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c 0				
	d	Related organizations . Id 0				
ns, Simi	е	Government grants (contributions) 1e 0				
erS	f	All other contributions, gifts, grants,				
Ę Į		and similar amounts not included above 1f 698126				
ont	g	Noncash contributions included in lines 1a–1f: \$0				
	h	Total. Add lines 1a–1f	698126			
nue		Business Code				
eve	2a					
Program Service Revenue	b					
	C					
ی د	d					
lran	e f	All other program service revenue .				
20C	f g	Total. Add lines 2a–2f	0			
<u> </u>	3	Investment income (including dividends, interest,	0			
		and other similar amounts)	411			
	4	Income from investment of tax-exempt bond proceeds	0			
	5		0			
		(i) Real (ii) Personal	-			
	6a	Gross rents 0 0				
	b	Less: rental expenses 0 0				
	с	Rental income or (loss) 0 0				
	d	Net rental income or (loss)	0			
	7a	Gross amount from sales of (i) Securities (ii) Other				
		assets other than inventory 0 0				
	b	Less: cost or other basis				
		and sales expenses . 0 0				
	с	Gain or (loss) 0 0				
	d	Net gain or (loss) ►	0			
•						
Other Revenue	8a	Gross income from fundraising				
Ne		events (not including \$				
å		of contributions reported on line 1c).				
her		See Part IV, line 18 a 59287				
đ	b					
	c	Net income or (loss) from fundraising events	34280			
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a 0				
	b	Less: direct expenses b 0 Net income or (loss) from gaming activities b				
	C	Net income or (loss) from gaming activities . ▶ Gross sales of inventory, less ■	0			
	IVa	returns and allowances a 0				
	b	Less: cost of goods sold b 0				
		Net income or (loss) from sales of inventory ►	0			
		Miscellaneous Revenue Business Code				
	11a					
	b					1
	c					
	d	All other revenue				
	е	Total. Add lines 11a-11d	2299			
	12	Total revenue. See instructions ►	735116			

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).

	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	2000	2000		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0	0		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	395760	395760		
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	0 18245	0 8108	8107	203
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	
7	Other salaries and wages	66698	112	27626	3896
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2294	168	1042	108
9	Other employee benefits	8012	239	6880	89
10	Payroll taxes	8520	634	4684	320
11	Fees for services (non-employees):				
а	Management	0			
b	Legal	0			
С		11699	848	8004	284
d	Lobbying	0			
e	Professional fundraising services. See Part IV, line 17	0			
f	Investment management fees	0			
g	(A) amount, list line 11g expenses on Schedule O.)	12467	2465	7323	267
12	Advertising and promotion	9506	2405	59	944
13	Office expenses	27125	374	8316	1843
14	Information technology	48	0	48	
15	Royalties	0	-		
16	Occupancy	12087	0	11073	101
17	Travel	61187	60987	0	20
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings .	0			
20	Interest	0			
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization .	0			
23	Insurance	3221	0	3221	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а					
b					
c d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	638869	471695	86383	8079
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Par	tX		🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	130697	1	0
	2	Savings and temporary cash investments	105713	2	335248
	3	Pledges and grants receivable, net	0	3	C
	4	Accounts receivable, net	0	4	(
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
		Complete Part II of Schedule L	0	5	C
S	6	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 instructions). Complete Part II of Schedule L	0	6	C
Assets	7	Notes and loans receivable, net	0	7	0
As	8	Inventories for sale or use	0	8	0
	9	Prepaid expenses and deferred charges	0	9	0
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 0			
	b	Less: accumulated depreciation 10b 0	0	10c	0
	11	Investments-publicly traded securities	0	11	0
	12	Investments-other securities. See Part IV, line 11	0	12	0
	13	Investments-program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	236410	16	335248
	17	Accounts payable and accrued expenses	5946	17	4127
	18	Grants payable	0	18	0
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Liabilities	22	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	0	22	0
-	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	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			
			197	25	4607
	26	Total liabilities. Add lines 17 through 25 .	6143	26	8734
Se		Organizations that follow SFAS 117 (ASC 958), check here ► \checkmark and complete lines 27 through 29, and lines 33 and 34.			
Net Assets or Fund Balances	27	Unrestricted net assets	0	27	326514
	28	Temporarily restricted net assets	0	28	0
	20 29	Permanently restricted net assets	0	20	0
	23	Organizations that do not follow SFAS 117 (ASC 958), check here ►		23	
ŝ	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .		32	
let	33	Total net assets or fund balances	230267	33	326514
2	34	Total liabilities and net assets/fund balances	236410		335248

Form **990** (2018)

Form 99	90 (2018)			Pa	ige 12		
Part				-			
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)	1			35116		
2	Total expenses (must equal Part IX, column (A), line 25)	2		638869			
3	Revenue less expenses. Subtract line 2 from line 1						
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				230267		
5	Net unrealized gains (losses) on investments				0		
6	Donated services and use of facilities	6	6				
7	Investment expenses	vestment expenses					
8	Prior period adjustments						
9	Other changes in net assets or fund balances (explain in Schedule O)	9)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))	10		3	26514		
Part	XII Financial Statements and Reporting						
Check if Schedule O contains a response or note to any line in this Part XII							
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," explain in						
_	Schedule O.		. 2a		~		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?						
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or						
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis		. 2b				
b	Were the organization's financial statements audited by an independent accountant?				~		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for ov						
	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.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?						
					~		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b				

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