Form

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2022

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

<u> </u>	For the	2022 calendar year, or tax year beginning 01/01/22, and ending 06/3	0/2					
В	Check if app	olicable: C Name of organization Buffalo County Community Health			D Employe	r identification number		
	Address ch							
닉		Doing business as	- 10					
	Name chan	9e Number and street (or P.O. box if mail is not delivered to street address)	F	Room/suite	E Telephon			
Initial retur		PO Box 1466			308-	865-2280		
\exists	Final return							
_	terminated	Kearney NE 68848-1466		l	G Gross rec	eipts\$ 1,236,017		
	Amended re		- 1		0 01000100			
	Application		- 1	H(a) Is this a gro	up return for s	ubordinates? Yes X No		
_	/ ipplication	Delized Enterior	- 1	LI/b\ A.o. oll oub		uded? Yes No		
		PO Box 1466	-	H(b) Are all sub-				
		Kearney NE 68848-1466		It "No,"	attach a list.	See instructions		
1	Tax-exem	pt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527						
J	Website:	www.bcchp.org		H(c) Group exer	mption numbe	er		
ĸ	Form of org		L Yea	r of formation: 1	999	м State of legal domicile: NE		
UNIVERSE	art I		1					
8888.8								
	1 1 8	riefly describe the organization's mission or most significant activities:			• • • • • • • • • •			
8		See Schedule O			• • • • • • • • •			
a	1							
& Governance	l							
8	2 C	theck this box if the organization discontinued its operations or disposed of more than	25% o	of its net asset	s.			
9		umber of voting members of the governing body (Part VI, line 1a)				25		
	4 N	umber of independent voting members of the governing body (Part VI, line 1b)			4	25		
Activities	4 17	unitiber of independent voting members of the governing body (Part VI) in emby			. 5	18		
⋛		otal number of individuals employed in calendar year 2022 (Part V, line 2a)						
Ä		otal number of volunteers (estimate if necessary)				5006		
		otal unrelated business revenue from Part VIII, column (C), line 12			7a	0		
	b N	let unrelated business taxable income from Form 990-T, Part I, line 11			7b	0		
	1		\vdash	Prior Yea		Current Year		
a	8 C	ontributions and grants (Part VIII, line 1h)	_		9,570	1,226,319		
5		rogram service revenue (Part VIII, line 2g)	- 1	58	3,643	2,840		
Revenue		svestment income (Part VIII, column (A), lines 3, 4, and 7d)			3,840	3,579		
2	11 0	other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				2,930		
				98'	7,053	1,235,668		
		otal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)			,,000	1,233,000		
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)	⊢	· 		0,0		
	1	enefits paid to or for members (Part IX, column (A), line 4)	⊢	- 15		0		
Ś	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	_	480	6,056	549,419		
Expenses	16aP	rofessional fundraising fees (Part IX, column (A), line 11e)	L			0		
Be		otal fundraising expenses (Part IX, column (D), line 25) 17,342				9.000		
Ж	17 0	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		560	0,943	602,084		
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)			6,999	1,151,503		
					9,946	84,165		
	1 19 R	Levenue less expenses. Subtract line 18 from line 12		Beginning of Cur		End of Year		
Net Assets or	an -	ictal cocate (Part V. line 16)	_		6,174	771,791		
SSe	20 1	otal assets (Part X, line 16)	⊢		8,384	9,000		
et A	21 T	otal liabilities (Part X, line 26)	}					
		let assets or fund balances. Subtract line 21 from line 20		64	7,790	762,791		
	art II							
ι	Inder pen	alties of perjury, I declare that I have examined this return, including accompanying schedules and si	tatement	ts, and to the be	est of my kr	nowledge and belief, it is		
tr	ue, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer ha	s any knowledg	e			
Si	gn	Signature of officer			Date			
	- 1		ת בי	irector	_			
пе	ere		<u>е</u> р	TTECTOI	-			
_	-	Type or print name and title		15:		[] PTIN		
_		Print/Type preparer's name Preparer's signature		Date	Check	if PTIN		
Pa	id	Jamie Clemans, CPA Janti Climans C	PA.	01/10	/24 self-en			
Pre	eparer	Firm's name AMGL, PC		F	irm's EIN	47-0589915		
Us	e Only	PO Box 1407						
	-	Firm's address Grand Island, NE 68802-1407		15	hone no.	308-381-1810		
1/40	v the ID					X Yes No		
IVIC	iy ure irki	S discuss this return with the preparer shown above? See instructions				22 163 140		

	1990 (2022) Buffalo County Community Health 20-5852415	Page 2
Pa	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	, X
1		
S	See Schedule O	
	*	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	., 🔲 📇
3	Did the organization cease conducting, or make significant changes in how-it conducts, any program	•
Ū	continue?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
7	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.	
	the total expenses, and revenue, it any, for each program service reported.	
-	(O. d.) /F 0 F12 / A20 + d # / A	2 9/10 \
	(Code:) (Expenses \$ 512,428 including grants of \$) (Revenue \$	2,840)
۵	Substance abuse/Region III grants are used to provide services as	5
	authorized by public law 102 321 to improve the lives of people w	with or at
r	risk for mental and substance abuse disorders.	
	·	
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4b	(Code:) (Expenses \$ 288,363 including grants of \$) (Revenue \$)
	Early childhood development	
	••••••••••••••••••••••••••••••••••••	
	·	• • • • • • • • • • • • • • • • • • • •
	······	
4-	/Code: \/Funesce C 316 033 including graphs of C	
4C	(Code:)(Expenses \$ 316,033 including grants of \$) (Revenue \$ Community Well Being is a program designed to promote a healthy of	······································
	culture through infrastructure, education, and programs to support	be beelther
	- 1	re mearchy.
1	iving.	
	·	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,116,824	

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		77	
_	complete Schedule A	1	X	
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			x
	candidates for public office? If "Yes," complete Schedule C, Part 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? If "Yes," complete Schedule C, Part II	4		x
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
·	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			-
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes;" complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X; line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets		v	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	x
e	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	445		x
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12a	x	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
D	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a		14a		X
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,	1		
D	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
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	<u> </u>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	<u> </u>	X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			7.5
_	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

Part IV Checklist of Required Schedules (continued
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					Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individual	als on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the					ĺ
	organization's current and former officers, directors, trustees, key employees, and highest compensation	ed				
	employees? If "Yes," complete Schedule J			23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than					1
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lin	es 241	b	1		1
	through 24d and complete Schedule K. If "No," go to line 25a			24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?			24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the	year			ĺĺ	
	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	5a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in	a prio	r]	1
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 9	90-EZ	?	1		
	If "Yes," complete Schedule L, Part I			25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any	currei	nt			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%					
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, truste	-	/			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee					
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of the	se				
	persons? If "Yes," complete Schedule L, Part III			27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Sche	dule L	,			
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):					
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contribut	or? If		l		~~
				28a	<u> </u>	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?	if .				7.7
	"Yes," complete Schedule L, Part IV			28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedu			29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	ea		20		х
24	conservation contributions? If "Yes," complete Schedule M		David I	30	-	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedu	ле IV, I	Pan I	31	-	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			1 22		v
33	complete Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regi			32	\vdash	. X
33				33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part			33		
54				34		х
35a	or IV, and Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	• • • • • • •		35a		X
b b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a		•••••	JJa		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line			35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitab			505	-	
•	related assessment and If 10/co. Il complete Ochodula D. Dorf V. line O.			36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			-		
•	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, R			37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines			T		
	19? Note: All Form 990 filers are required to complete Schedule O.			38	x	1
Pa	art 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		· · · · · · · · · · · · · · · · · · ·	<u></u> , ,	<u></u> ,	
					Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	54			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and					
	reportable gaming (gambling) winnings to prize winners?			1c	X	

Pa	irt V Statements Regarding Other IRS Filings and Tax Compliance (continu	ıed)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a_	18			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	accou	ınt)?·	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact	tion?		5b		X
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		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributio	ns 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 g	oods				
	and services provided to the payor?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	5				
	required to file Form 8282?	,	,	7c		X
ď	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract	?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ct?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 889	99 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h	5000000000	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne			
				8	***********	**********
9	Sponsoring organizations maintaining donor advised funds.					
а						
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	1				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	ا ـ د د	1			
a	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources	446				
	against amounts due or received from them.)	11b		42-		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		······	12a		
ь	, , , , , , , , , , , , , , , , , , ,	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a	*********	
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.					
L	·					
b	Enter the amount of reserves the organization is required to maintain by the states in which	13b				
	the organization is licensed to issue qualified health plans	13c		_		
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
. •	excess parachute payment(s) during the year?			15		x
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	· · · · · · · · · · · · · · · · · · ·					X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activities					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
If "Yes," complete Form 6069.						
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Form 990 (2022) Buffalo County Community Health 20-5852415 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. b Enter the number of voting members included on line 1a, above, who are independent 25 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? Х 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? Х Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 6 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 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х The governing body? 8a Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12a 12a Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done Х 12c Did the organization have a written whistleblower policy? Х 13⁻ 13 Did the organization have a written document retention and destruction policy? X 14 14 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? The organization's CEO, Executive Director, or top management official Х 15a Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,

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and financial statements available to the public during the tax year.

PO Box 1466

State the name, address, and telephone number of the person who possesses the organization's books and records

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