### EXTENDED TO NOVEMBER 15, 2024

## Form **991**

### Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection A For the 2023 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change OMAHA PARKS FOUNDATION Doing business as 27-3185565 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ PO BOX 31369 402-778-0075 City or town, state or province, country, and ZIP or foreign postal code 2,500,228. G Gross receipts \$ Amende OMAHA, NE 68131 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: GRETCHEN MCGILL for subordinates? SAME AS C ABOVE H(b) Are all subordinates included? Yes No I Tax-exempt status: X 501(c)(3) 501(c) ( 4947(a)(1) or (insert no.) If "No," attach a list. See instructions WWW.OMAHAPARKSFOUNDATION.ORG J Website: H(c) Group exemption number K Form of organization: X Corporation Trust Association L Year of formation: 2010 M State of legal domicile: NE Part I Briefly describe the organization's mission or most significant activities: TO ENHANCE THE QUALITY OF QUE Activities & Governance PARK SYSTEM THROUGH PHILANTHROPIC SUPPORT AND INVESTMENT.  $oldsymbol{ol{ol}}}}}}}}}}}}}}}}}}}}$ Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 10 Total number of individuals employed in calendar year 2023 (Part V, line 2a) 2 5 6 Total number of volunteers (estimate if necessary) 52 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 2,011,348. 2,409,293. Revenue Program service revenue (Part VIII, line 2g) 0. 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 29,815. 90,935. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,041,163. 2,500,228. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 4,343,843. 1,780,454. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 89,871. 130,944. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 4,433,714. 1,911,398. 2,392,551. 19 Revenue less expenses. Subtract line 18 from line 12 588,830. Assets or Balances **Beginning of Current Year** End of Year Total assets (Part X, line 16) 2,463,851 1,875,990. 21 Total liabilities (Part X, line 26) 0. et Pict Net assets or fund balances. Subtract line 21 from line 20. 1,875,990. 2,463,851. 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.

Signature of officer Sign Date GRETCHEN MCGILL, PRESIDENT Here Type or print name and title Print/Type preparer's name PTIN Preparer's signature Paid MARI FRIZZELL EA MARI FRIZZELL EA 08/01/24 self-employed P01290184 Preparer HBE LLP Firm's name Firm's EIN 47-0677245 Firm's address 1121 N 102ND COURT, SUITE 100 Use Only OMAHA, NE 68114 Phone no. (402)895-5050May the IRS discuss this return with the preparer shown above? See instructions X Yes No Form 990 (2023) OMAHA PARKS
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
6	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	Ė		
	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.  Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	D -11/6	11a		Х
b	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_X_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	10-		Х
b	Schedule D, Parts XI and XII  Was the organization included in consolidated, independent audited financial statements for the tax year?	12a		
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
16	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	40		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
	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		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		3.	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	

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Form 990 (2023) OMAHA PARKS FOUNDA
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			l
040	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
h	Schedule K. If "No," go to line 25a  Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b		
·				
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		-
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24d		$\vdash$
	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 prior year, and	25a		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	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		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?/f			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
22	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		_X_
J-4	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			37
352	Did the organization have a controlled optity within the magning of parties (19/1/1999)	34		$\frac{x}{x}$
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		_ <u></u>
~	within the magning of eastion 510/h/1100 /f "Vos " complete Cabady Is D. Bart V Kara	25.		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	-0/	-	
	Note: All Form 990 filers are required to complete Schedule O	38	x	
Par	t V Statements Regarding Other IRS Filings and Tax Compliance	55		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a   12			
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	х	
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Part V	Statements Regarding Other IRS Filings and Tax Compliance (continued)
I CHE V	Statements negariting other instrillings and tax Compliance (continued)

					Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	<b>2</b> a	2			
b	Take the street of garage and the difference redefal employment tax rett	ırns?		2b	X	
3a	σ with the result of group indefine of φ1,000 of more during the year?			За		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	ority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	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 A	Accou	nts (FBAR).	a target	500	
-	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	y and the organization that it was on to a party to a prombited tax sheller trains	action	?	5b		X
C	and the object of the control of the			5c		
oa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t	he org	ganization solicit			
h	any contributions that were not tax deductible as charitable contributions?			6a		_X_
D	If "Yes," did the organization include with every solicitation an express statement that such contribu					
7	were not tax deductible?			6b		
и а	Organizations that may receive deductible contributions under section 170(c).			- 1		
b	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se			7a		_X_
C	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 w to file Form 8282?		quired			
d		1	I	7c		<u>X</u>
e	If "Yes," indicate the number of Forms 8282 filed during the year	7d	_			
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	contra	ct?	7e		
g	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribution of qualified intelligence of the organization received a contribution of qualified intelligence of the organization received a contribution of qualified intelligence or the organization received a contribution of qualified intelligence or the organization received a contribution of qualified intelligence or the organization received a contribution of qualified intelligence or the organization received a contribution of qualified intelligence or the organization received a contribution of qualified intelligence or the organization received a contribution of qualified intelligence or the organization received a contribution of qualified intelligence or the organization received a contribution of qualified intelligence or the organization received a contribution of qualified intelligence or the organization received and the organization received a contribution of qualified intelligence or the organization received a contribution of qualified intelligence or the organization or the o	ract?		7f		
h	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8	899 as required?	7g	_	
8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations maintaining donor advised funds. Did a donor advised fund maintained	ation 1	ile a Form 1098-C?	7h		
_	sponsoring organization have exceed business heldings at any time at the specific of					v
9	Sponsoring organizations maintaining donor advised funds.			8	-	<u>X</u>
а	Did the sponsoring organization make any taxable distributions under section 49662				- 4	v
	Did the sponsoring organization make a distribution to a dopor advisor, or related person?			9a		$\frac{x}{x}$
10	Section 501(c)(7) organizations. Enter:			9b		<u> </u>
а	Initiation fees and capital contributions included on Part VIII, line 12	10a	1			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	100				
а	Gross income from members or shareholders	11a	1		5-1	
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.				Zeg	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			7.9		
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
I4a	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	e O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.					
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t incoi	me?	16		X
	If "Yes," complete Form 4720, Schedule O.			1431		
7	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivities				
	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 (2023) OMAHA PARKS FOUNDATION

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

<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			Х
Sec	ction 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 10			
	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.			
	Enter the number of voting members included on line 1a, above, who are independent 1b 10			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	12.5		
_	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
_	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
р	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
Sac	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
000	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	-		
100	Did the organization have level showton by the Company of the Comp		Yes	No
h	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
11a	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	37	
b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.	11a	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		77	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	12b		
		40	x	
13	Did the experiencies have a without it will be a first or in the second of the second	12c	^	
	Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	13	-	X
15	Did the process for determining compensation of the following persons include a review and approval by independent	14		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO. Executive Director, or top management official	150	5 413	X
b	Other officers or key ampleyees of the examination	15a 15b	-+	$\frac{X}{X}$
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	1JD		
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	tayable entity during the year?	16a	The Level of	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100		Sign.
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	evernat status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	onlv)	availah	ole
	for public inspection. Indicate how you made these available. Check all that apply.			-
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	finan	cial	
	statements available to the public during the tax year.		1979	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	TIFFANY REGAN - 402-708-0075			
	PO BOX 31369, OMAHA, NE 68131			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization		org	anız			mpe	nsa			
<b>(A)</b> Name and title	(B)			Pos	C) sition	า		(D)	(E)	(F)
Name and the	Average hours per week	box	k, unle	check more than one less person is both an and a director/trustee)			th an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) PHIL MCHENRY	2.00							_		
TREASURER		Х		X		╙		0.	0.	0.
(2) ANN STRAUSS HOSFORD	2.00	l								
BOARD MEMBER		X	L					0.	0.	0.
(3) DEBRA PARSOW	2.00								_	
BOARD MEMBER		X	_		_			0.	0.	0.
(4) ECHOHAWK LEFTHAND	2.00	l								
BOARD MEMBER		Х						0.	0.	0.
(5) ZACHARY LUTZ-PRIEFERT	2.00									
BOARD MEMBER		X						0.	0.	0.
(6) GRETCHEN MCGILL	10.00									
PRESIDENT/VICE PRESDIENT		Х		Х				0.	0.	0.
(7) KEVIN CORY	2.00							_		
BOARD MEMBER	0.00	Х	_					0.	0.	0.
(8) TYLER GLOE	2.00								_	
SECRETARY		Х		X				0.	0.	0.
(9) MIKE DEBOLT	2.00							_		
FORMER PRESIDENT (10) ABRAHAM MORA	2 00	X				_		0.	0.	0.
E COLUMN TO THE STATE OF THE ST	2.00									_
BOARD MEMBER		X						0.	0.	0.
										-
									100.00	
		$\vdash$	$\dashv$	$\dashv$	-	$\dashv$	$\dashv$			

332007 12-21-23

The same of the sa	n 990 (2023) OMAHA PA									27-318	5565	5 1	Page
Pa	rt VII Section A. Officers, Directors, Trus		plo	yees			ighe	est C	Compensated Employe	es (continued)			
	(A) Name and title	(B) Average hours per	box	not o	Pos check ess pe	erson	than is bo	th an	( <b>D</b> ) Reportable compensation	(E) Reportable compensation	1	(F) Estima Imoun	
		week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee	Ė	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	or, ar	othe mpens from ti ganiza nd rela ganiza	ation he ation ated
С	Subtotal  Total from continuation sheets to Part VI	I, Section A							0.	0	•		0.
_ <u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including but no	ot limited to th	ose	liste	d ab	oove	e) wh	no re	0 .   eceived more than \$100	,000 of reportable	•		0.
	compensation from the organization												0
3	Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for so	director, truste										Yes	No
4	For any individual listed on line 1a, is the su			mne		tion	and	oth	or componentian from t		3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	,000? If "Yes,"	' cor	mple	te S	che	dule	J fo	or such individual		4	2000	Х
Sec	rendered to the organization? If "Yes," comption B. Independent Contractors	olete Schedule	J fo	or su	ch p	pers	on	Jac		ual for services	5	W123	Х
1	Complete this table for your five highest cor	nnensated ind	lene	ndor	nt or	ntr	acto	ro th	act received more than (	100,000		,	
	the organization. Report compensation for t	he calendar ye	ear e	ndin	na w	ith c	or wi	thin	the organization's tax v	ear	sauoni	irom	
	(A)							T	(B)		(0		
	Name and business	address ———————————————————————————————————	NO	NE				+	Description of se	ervices	Compe	nsatio	n 
								+					-
								+					
			-					+	- Anna Cara				
								+			***************************************		
2	Total number of independent contractors (in	cluding but no	t lim	nited	to t	hos	e list	ted a	above) who received mo	ore than			-

0

\$100,000 of compensation from the organization

Total. Add lines 2a2f    Total. Add lines 2a2f   Total. Add lines 2a2f   Total. Add lines 1a1d   Total add lines 1a1d				Check if Schedule O	con	tains a	respons	e or note to any I	ine in this Part VIII			
Program Service revenue gram s										Related or exempt	Unrelated	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
Program Service revenue gram s	nts Its	1	a	Federated campaigns			1a					
Program Service revenue gram s	irar		23						1			
Program Service revenue gram s	S,G		С	•					1			
Program Service revenue gram s	ar J			D					1			
Program Service revenue gram s	s, C						-		1			
Program Service revenue gram s	r Sign								1			
Program Service revenue gram s	the the						1f 2	,409,293				
Program Service revenue gram s	P G		g									
Program service revenue ground from service from servi	<u>ರಿ ೯</u>		h	Total. Add lines 1a-1f					2,409,293.			
Total. Add lines 2a2f    Total. Add lines 2a2f   Total. Add lines 2a2f   Total. Add lines 2a2f   Total. Add lines 11a1td												
Total. Add lines 2a2f    Total. Add lines 2a2f   Total. Add lines 2a2f   Total. Add lines 2a2f   Total. Add lines 11a1td	Se	2	а									
Total. Add lines 2a2f    Total. Add lines 2a2f   Total. Add lines 2a2f   Total. Add lines 2a2f   Total. Add lines 11a1td	ēŸ		b									
Total. Add lines 2a2f    Total. Add lines 2a2f   Total. Add lines 2a2f   Total. Add lines 2a2f   Total. Add lines 11a1td	n Se		С									
Total. Add lines 2a2f    Total. Add lines 2a2f   Total. Add lines 2a2f   Total. Add lines 2a2f   Total. Add lines 11a1td	ran ev		d									
Total. Add lines 2a2f    Total. Add lines 2a2f   Total. Add lines 2a2f   Total. Add lines 2a2f   Total. Add lines 11a1td	rog		е	· · · · · · · · · · · · · · · · · · ·								7,14,14,14
a Investment income (including dividends, interest, and other similar amounts)  4 Income from investment of tax-exempt bond proceeds  5 Royalties  (i) Real (ii) Personal (ii) Personal (iii) Personal (i	Δ.											
other similar amounts)  4 Income from investment of tax-exempt bond proceeds  Royalties  6 a Gross rents										Title Lawrence		
A Income from investment of tax-exempt bond proceeds Royafties  (i) Real (ii) Personal (ii) Personal (iii) Pers		3			_							
For Poyalties    For Poyalties   (i) Real   (ii) Personal		_							90,935.			90,935.
6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) 7 a Gross income from fundraising events (ii) Other d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a b C C d All other revenue e Total. Add lines 11a-11d								•				
Begin by Less: rental expenses of the control of th		5		Royalties								
B Less: rental expenses c Rental income or (loss)  7 a Gross amount from sales of assets other than inventory  b Less: cost or other basis and sales expenses 7b 7c .		_		0	_	- "	Real	(ii) Personal	-			
To Rental income or (loss)    A let rental income or (loss)   C		6		***************************************					- 1			
d Net rental income or (loss)  7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b c Gain or (loss) 7a d Net gain or (loss) 8 a Gross income from fundraising events (not including \$						_		-	- 1			
To a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 7b 7c				the second control of the second control of the second of	-							
assets other than inventory b Less; cost or other basis and sales expenses c Gain or (loss)  8 a Gross income from fundralsing events (not including \$ of contributions reported on line 1c). See Part IV, line 18  8 b Less; direct expenses		7		The state of the s	) <u>.</u>			1				
b Less: cost or other basis and sales expenses C Gain or (loss)  d Net gain or (loss)  8 a Gross income from fundraising events (not including \$		•	a		70		curities	(ii) Other	- 1			
and sales expenses 7b 7c   C Gain or (loss) 7c   d Net gain or (loss) 6   8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18   8			h		14	<del> </del>			-			
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  8 Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d	ne		~		7h							
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  8 Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d	le l		С						1			
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  8 Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d	Be											
contributions reported on line 1c). See Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  8 Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d	ğ	8	а	Gross income from fundraising	ng ev	ents (no	ot					
Part IV, line 18  b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  8 Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d	₽											
b Less: direct expenses c Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  11 a b c d All other revenue e Total. Add lines 11a-11d	- 1			contributions reported on	line	1c). Se	e					
C Net income or (loss) from fundraising events  9 a Gross income from gaming activities. See Part IV, line 19  b Less: direct expenses  C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  C Net income or (loss) from sales of inventory  11 a B Business Code  11 a B C Business Code  All other revenue  Total. Add lines 11a-11d				Part IV, line 18			8a					
9 a Gross income from gaming activities. See Part IV, line 19 9 b Less: direct expenses 9 c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold 10b c Net income or (loss) from sales of inventory  8 Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d			b	Less: direct expenses			8b					
Part IV, line 19  b Less: direct expenses c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory   Business Code  11 a  b  c d All other revenue e Total. Add lines 11a-11d			С	Net income or (loss) from	fund	Iraising	events					
b Less: direct expenses 9b  c Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances 10a  b Less: cost of goods sold 10b  c Net income or (loss) from sales of inventory  Business Code  11 a  b  c All other revenue  e Total. Add lines 11a-11d		9		_	_							
C Net income or (loss) from gaming activities  10 a Gross sales of inventory, less returns and allowances  b Less: cost of goods sold  c Net income or (loss) from sales of inventory  Business Code  11 a  b  c All other revenue  e Total. Add lines 11a-11d				Part IV, line 19			9a					
10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory  Business Code  11 a b c d All other revenue e Total. Add lines 11a-11d												
and allowances 10a 10b c Net income or (loss) from sales of inventory Business Code 11 a b c d All other revenue e Total. Add lines 11a-11d					-	_		······				
b Less: cost of goods sold 10b C Net income or (loss) from sales of inventory  11 a Business Code  b C All other revenue C Total. Add lines 11a-11d		10										
C Net income or (loss) from sales of inventory  Business Code  C d All other revenue  e Total. Add lines 11a-11d				and allowances			10a					
11 a												A
11 a	-		<u>c</u>	Net income or (loss) from s	sales	s of inve	entory					
e Total. Add lines 11a-11d	Sn.	44	_					Business Code	Section 10 Management of the second			0.0
e Total. Add lines 11a-11d	ne											
e Total. Add lines 11a-11d	ella 3ver											
e Total. Add lines 11a-11d	္ကြန္											
12 Total revenue. See instructions 2.500.228.	2		e	Total. Add lines 11a-11d								
				Total revenue. See instructio	ns				2,500,228.	0.	0.	90,935.

## 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 respon	nse or note to any line in	this Part IX		
	8b, 9b, 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				охроносо
	and domestic governments. See Part IV, line 21	1,780,454.	1,780,454.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			1	
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				- Variation
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
a	Management				
b		5,553.		F FF3	
0	Legal	3,333.		5,553.	
4	Accounting				-
d	Lobbying Professional fundraising services. See Part IV, line 17				
4					
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	0 202			
13	Office expenses	2,373.		2,373.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				*****
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	0 4 3 0			26
23	Insurance	2,130.		2,130.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),		433		
	amount, list line 24e expenses on Schedule O.)			<u>ekanisi ya kali</u>	
а	PAYROLL EXPENSES	74,185.		74,185.	
b	MARKETING	15,784.		15,784.	
С	PROJECT FEES	11,366.	11,366.		
d	AWARDS AND GRANTS	5,218.		5,218.	
е	All other expenses	14,335.		14,335.	74400
25	Total functional expenses. Add lines 1 through 24e	1,911,398.	1,791,820.	119,578.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
332010	12-21-23				Form <b>990</b> (2023)

Form 990 (2023)

Part X | Balance Sheet

	Check if Schodule O contains a reconstruction in the contains a reconstruction of the contains a re			
	Check if Schedule O contains a response or note to any line in this Part X			
		<b>(A)</b> Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing	49,212.	1	2,75
2	Savings and temporary cash investments	1,826,778.	2	2,461,094
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,	STAR PERCE	99	
	trustee, key employee, creator or founder, substantial contributor, or 35%		15.63	
	controlled entity or family member of any of these persons		5	
6	Loans and other receivables from other disqualified persons (as defined		3.7	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		7	***************************************
8	Inventories for sale or use		8	
9	Prepaid expenses and deferred charges		9	
10a				a comment
b	Less: accumulated depreciation 10b		10c	
11	Investments - publicly traded securities		11	
12	Investments - other securities. See Part IV, line 11		12	Para Para Para Para Para Para Para Para
13	Investments - program-related. See Part IV, line 11		13	A30
14	Intangible assets		14	
15	Other assets. See Part IV, line 11			
16	Total assets. Add lines 1 through 15 (must equal line 33)	1,875,990.	16	2,463,851
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	(A)
19	Deferred revenue		19	
20	Tax-exempt bond liabilities			
21	Escrow or custodial account liability. Complete Part IV of Schedule D			
22	Loans and other payables to any current or former officer, director,			777777
	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled antity or family mamber of any of the		22	
23	Secured mortgages and notes payable to unrelated third parties		$\overline{}$	
24	Unsecured notes and loans payable to unrelated third parties			
25	Other liabilities (including federal income tax, payables to related third			
	of Schedule D		25	
		0.	26	0
				THE TANK THE PERSON
			5.4	
27	Net assets without donor restrictions	270,844.	27	312,731
28	Net assets with donor restrictions	1,605,146.	28	2,151,120
	Organizations that do not follow FASB ASC 958, check here	GOAT WATER TO A		
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	
32	Total net assets or fund balances	1,875,990.	32	2,463,851
33	Total liabilities and net assets/fund balances	1,875,990.	33	2,463,851.
	2 3 4 5 5 6 7 8 9 10a b 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32	2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(r)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 11 Investments - publicly traded securities 12 Investments - publicly traded securities 13 Investments - publicly traded securities. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Tax-exempt bond liabilities 10 Escrow or custodial account liability. Complete Part IV of Schedule D 10 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 10 Secured mortgages and notes payable to unrelated third parties 11 Unsecured notes and loans payable to unrelated third parties 12 Unsecured notes and loans payable to unrelated third parties 13 Unsecured notes and loans payable to unrelated third parties 14 Unsecured notes and loans payable to unrelated third parties 15 Other liabilities (including federal income tax, payables to related third parties 16 Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 17 Net assets with donor restrictions 18 Net assets with donor restrictions 19 Net assets with donor restrictions 19 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 19 Acco	Cash - non-interest-bearing	1   Cash - non-interest-bearing

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.

Uniform Guidance, 2 C.F.R. Part 200, Subpart F?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

X

2c

3a