Form 990

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

OMB No. 1545-0047

2017

Department of the Treasury

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.

Open to Public

inte	iriai i	reven	ue Service	Go to www.irs.gov/Form990 for instructions and the latest information		mapeetion
A	For	the	2017 cale	ndar year, or tax year beginning ${ m JULY}  01$ , 2017, and endin	<b>g</b> JUNE 30	, 2018
В	Chec	k if ap	plicable	CName of organization CASA OF SOUTH CENTRAL NEBRASK	D Employer ic	lentification number
П	Addr	ess ch	nange	Doing business as	20-53199	02
П	Name	e chan	nge	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone r	number
П	Initia	l retur	'n	835 S BURLINGTON SUITE 106	(402)463	-1030
П	Final	return	1/	City or town, state or province, country, and ZIP or foreign postal code		
ш		nated		HASTINGS NE 68901	G Gross receipts \$	761,323
П		nded r			group return for sul	——————————————————————————————————————
Н			pending		ubordinates include	H H
4			npt status		," attach a list (see	
					xemption number	
			<u> </u>		2006 M st	tate of legal domicile NE
j	art		Summ	· · · · · · · · · · · · · · · · · ·		
				cribe the organization's mission or most significant activities		
	ey 🗜	$\Lambda$ D $\Lambda$	OCACY	SERVICES FOR STATE WARD CHILDREN		
	Activities & Governance					
	err					
	<u> </u>	2	Check this	box $ ightharpoonup$ if the organization discontinued its operations or disposed of more than 25%	% of its net asset	1
ì	8	3	Number o	f voting members of the governing body (Part VI, line 1a)	3	10
	es	4	Number o	findependent voting members of the governing body (Part VI, line 1b)	4	10
3		5	Total num	ber of individuals employed in calendar year 2017 (Part V, line 2a) .	5	19
	5	6	Total num	ber of volunteers (estimate if necessary)	6	21
Σ,	`	7a	Total unre	lated business revenue from Part VIII, column (C), line 12	7a	
2		b	Net unrela	ted business taxable income from Form 990-T, line 34	7b	0
				Processia	ior Year	Current Year
<b>F</b>	a	8	Contributi	ons and grants (Part VIII, line 1h) RECEIVED	632,229	685,343
Ë	Kevenue			ervice revenue (Part VIII, line 2g)	51,533	21,857
₹ .	ě	10	Investmer	ervice revenue (Part VIII, line 2g)  t income (Part VIII, column (A), lines 3, Tand 7g) E ( 1 2 2018	20,108	54,123
Σ,				enue (Part VIII, column (A), lines 5, 6d, 80, 9c, 10c, and 11e)	112	
		12	Total reve	nue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	703,982	761,323
.9		13	Grants an	d similar amounts paid (Part IX, column (A), lines (E) EN,		78,328
				aid to or for members (Part IX, column (A), line 4)		
20 <b>10</b>	اي	15	Salaries, c	other compensation, employee benefits (Part IX, column (A), lines 5-10)	418,865	429,944
	Expenses	16a	Profession	al fundraising fees (Part IX, column (A), line 11e)		
	ğ	b	Total fund	raising expenses (Part IX, column (D), line 25)		
ı	ן נו	17	Other exp	enses (Part IX, column (A), lines 11a-11d, 11f-24e)	309,051	245,578
		18	Total expe	nses. Add lines 13-17 (must equal Part IX, column (A), line 25)	727,916	753,850
		19	Revenue I	ess expenses. Subtract line 18 from line 2 RECEIVED	-23,934	7,473
ts	_ %			Beginni	ng of Current Year	End of Year
SSE	uces -nug	20	Total asse	ts (Part X, line 16) titles (Part X, line 26)	744,148	752,809
_	- 101	21	Total liabil	ities (Part X, line 26)		1,823
ž	Ba	22	Net assets	or fund balances. Subtract line 21 from line 20	744,148	750,986
Р	art		Signa	ture Block		
Und	der pe	enaltie	s of perjury	I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my know	wledge and belief, it is
true	e, cor	rect, a	ina complete	Declaration of preparer (other than officer) is based on all information of which preparer has any kno	wledge	
				laura Mohlma		10/23/15
	gn		_	nature of officer		Date
He	ere			UREEN MOHLMAN TREASURER		
				e or print name and title		
ъ.			- 1	Type preparer's name Preparer's signature Date	Check if	PTIN
Pa			MAU	REEN MOHLMAN Mauree malena 10123/113	self-employe	P00582261
	•	rer		s name ► H AND R BLOCK . F	irm's EIN ▶ 47	0825616
Us	se (	Only	Firm'	1011 57 0	Phone no	
_			HAS		402) 462-	5282
_				nis return with the preparer shown above? (see instructions)	•	X Yes No
Fo	r Pa	perw	ork Redu	ction Act Notice, see the separate instructions.		Form <b>990</b> (2017)
FD.	Ą	17	9901	BWF 990 Form Software Copyright 1996 – 2018 HRB Tax Group, Inc	ns · 20	, ,

orm	990 (2017)	CASA OF S	OUTH CENTRAI	NEBR	20-5319902		Page :
	Staten	nent of Program	Service Accomplia response or note to ar	shments			П
1		he organization's miss		ly line in this re			
•	-	_	OR STATE WAR	טר כטוור	DEN		
	ADVOCACI	SERVICES F	OR STATE WAR	O CUITO	KEN		-
	5.1						
2	prior Form 990 o	r 990-EZ? .		s during the yea	ar which were not listed on t 	The Yes	<b>⊠</b> 1
3		e these new services of	on Schedule O , or make significant cha	ngge in how it i	conducte any program		
•	services?					Yes	X i
	If "Yes," describe	e these changes on Se	chedule O			_	_
4	expenses Section	on 501(c)(3) and 501(c		quired to report	hree largest program service t the amount of grants and a		
4a	(Code	) (Expenses\$	676,162 includ	ding grants of \$	) (R	evenue\$	21,857)
	SEE ATTA	CHMENT #1					
					·		
				····-			····
							_ <del>-</del>
4D	(Code	) (Expenses\$	ınclud	ding grants of \$	) (R	evenue \$	
	-						
							_
		· <u>-</u>					
10	(Code	) (Expenses \$		ding grants of \$		evenue \$	
					/ ("	evenue \$	
						·	
			<u> </u>		<del></del>		
		<del></del>	·				
		· · · · · · · · · · · · · · · · · · ·					·
						<del></del>	<u>.</u>
	Other program s	ervices (Describe in S	chedule O )				_
	(Expenses \$	c. noco (Dodonbe iii o	including grants of \$		) (Revenue \$	١	
 4е	Total program se	ervice expenses ►	676,1	62	, (		



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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Χ	
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)	١.		.,
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
_	assessments, or similar amounts as defined in Revenue Procedure 98–19? If "Yes," complete Schedule C, Part III N/A	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? If	6		Х
7	"Yes," complete Schedule D, Part I  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,"	<u> </u>		Λ
0	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<del>ا</del>		Λ
•	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	Ť		
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
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		Х
b	Did the organization report an amount for investments other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VIII .	11c		Χ
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		Χ
е	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		Χ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Χ
D	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	146		l .
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	14b		X
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		У
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	"		X
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	٠.,		Λ
••	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	<del>                                     </del>		
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<u> </u> -		
	If "Yes," complete Schedule G, Part III	19		Х
	47 0000			

Part JV Checklist of Required Schedules (continued) Yes No 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . . b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? X 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? If "Yes," complete Schedule I, Parts I and II ..... Χ 21 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 Χ 22 23 Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? if "Yes," complete Schedule J ..... ...... 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a Χ ..N/A 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year N/A to defease any tax-exempt bonds? . . . . 24c N/A 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 Χ 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? 25b Χ If "Yes." complete Schedule L. Part I. 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 Χ 26 disqualified persons? If "Yes," complete Schedule L, Part II 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 Χ entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 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) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Schedule L. Part IV Χ c 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? If "Yes," complete Schedule L, Part IV 28c Χ Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Χ Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Χ 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, .... . . . . 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Χ Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R. Part I 33 Χ 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 .. .. .. ... . Χ 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Χ **b** If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 Χ 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? If "Yes," complete Schedule R, Part VI Χ 37

38

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and

38

17) CASA OF SOUTH CENTRAL NEBR 20-5319902

Statements Regarding Other IRS Filings and Tax Compliance

•	Check if Schedule O contains a response or note to any line in this Part V			ᆂ			
	5	1.1	Yes	No i / i			
1a	Enter the Hamber reported in Box of Committee and Committe	4° '	,3,1.	, 2 <sup>2</sup>			
b	The the number of offis w-2d included in the Ta Lines -0- in not applicable.	سنند.	كسخ	-14			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			,,			
	reportable gaming (gambling) winnings to prize winners?	1c		X			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	L		1			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19		<del></del> -				
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	-			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			لمبيب			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		<u>X</u>			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O $N/A$	3b	-	<u> </u>			
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		X			
b	If "Yes," enter the name of the foreign country		p.	٥			
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 transaction?	5b		Х			
C	If "Yes" to line 5a or 5b, did the organization file Form 8886–T?	5c		ļ			
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 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	-		لبا			
	and services provided to the payor?	7a		X			
b	<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? $\dots$ N/A						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			l			
	required to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year		٠				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X			
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h	ļ.,	X			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		سنست	:-1			
	sponsoring organization have excess business holdings at any time during the year?	8		X			
9	Sponsoring organizations maintaining donor advised funds.			لبيبا			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X			
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		X			
10	Section 501(c)(7) organizations. Enter	`					
а	Initiation fees and capital contributions included on Part VIII, line 12	1		-{			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1	,	;			
11	Section 501(c)(12) organizations. Enter						
а	Gross income from members or shareholders	-					
þ	Gross income from other sources (Do not net amounts due or paid to other sources	.	7	٠ - ا			
	against amounts due or received from them.)	<u> </u>					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		X			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 0	1 _		, ,			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>  "</u>	٠.				
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		X			
_	Note. See the instructions for additional information the organization must report on Schedule O.			٤			
b	Enter the amount of reserves the organization is required to maintain by the states in which		٠.				
	the organization is licensed to issue qualified health plans	1					
Ç	Enter the amount of reserves on hand	<u> </u>		<u> </u>			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
_ <u>b</u> _	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O $N/A$	14b					

<sub>A</sub> Part		<del>-</del>			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	es in Schedule O See ins	truction	s.	
	*Check if Schedule O contains a response or note to any line in this Part VI				Ш
<u>Section</u>	on A. Governing Body and Management				
			<u> </u>	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	1a 1	이 🌣 🔭		\$ . T
	if the governing body delegated broad authority to an executive committee or similar				- 4
	committee, explain in Schedule O	1	1	4	
b	Enter the number of voting members included in line 1a, above, who are independent	1b 1	의	ا ًاد	, ,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relatio	nship with		٠.٠٠٠	1
	any other officer, director, trustee, or key employee?		2	<u> </u>	X
3	Did the organization delegate control over management duties customarily performed by or under	er the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or ot	·	3	L	X_
4	Did the organization make any significant changes to its governing documents since the prior Fo		4	<u> </u>	X
5	Did the organization become aware during the year of a significant diversion of the organization's	s assets?	5	<u> </u>	Х
6	Did the organization have members or stockholders?		6	<u> </u>	Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect	or appoint			
	one or more members of the governing body?		7a	<u> </u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	ers,			١
	stockholders, or persons other than the governing body?		7b	<u> </u>	X
8	Did the organization contemporaneously document the meetings held or written actions undertain	ken during		f.	_ `
	the year by the following				-:-
<b>a</b>	The governing body?		8a	X	ļ <u> </u>
b	Each committee with authority to act on behalf of the governing body?		8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	e reached at			
Cooti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	I Barragua Carda \	9	<u></u> .	<u> X</u>
Secu	on B. Policies (This Section B requests information about policies not required by the Interna	Hevenue Code )		Yes	No
10a	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 suc	ch chanters	104	<del>                                     </del>	<u>'`</u>
_	affiliates, and branches to ensure their operations are consistent with the organization's exempt p		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing		11a	<b>†</b>	Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	,	1	-, -	1
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the	nat could give		<u> </u>	
	rise to conflicts?	J	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"		<u> </u>	
	describe in Schedule O how this was done	•	12c		X
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	Х	
15	Did the process for determining compensation of the following persons include a review and app	proval by		<b>一,</b>	1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation	on and decision?	l		
а	The organization's CEO, Executive Director, or top management official		15a	X	
b	Other officers or key employees of the organization		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			20	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arra	ngement			
	with a taxable entity during the year?		16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to ev	aluate its	,	*	, ,
	participation in joint venture arrangements under applicable federal tax law, and take steps to sa	afeguard the	1		ال.مبدأ
	organization's exempt status with respect to such arrangements?	N/A	16b		
	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed NONE				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 9	90-T (Section 501(c)(3)s	only)		
	available for public inspection. Indicate how you made these available. Check all that apply				
	Own website Another's website Upon request Other (explain in Sch	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of interest polic	y, 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			
	SEE ATTACHMENT #2				

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

(A)	(B)	B) (C)						(D)	(E)	(F)	
Name and Title			Reportable compensation from	Reportable compensation	Estimated amount of						
	(list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
RUANN ROOT	40.00	X						65,440	0	0	
DIRECTOR DONNA MOSS PRESIDENT	0.00			x				o	0	0	
WILL VRASPIR SECRETARY	0.00			x				o	0	0	
MAUREEN MOHLMAN TREASURER	0.00			x				0	0	0	
JENNIFER ANDERSEN VICE PRESIDENT	0.00		:	x				0	o	0	

Form **990** (2017)

T all	occuon A. Onicers	, 5	,ust	, 1	Cy LII	· Pioye	cs, and		est Compensated L	inproject (continue	<u> </u>			
,	'(A) Name and title	(B) Average		box, un		more th	nan one both an (trustee)		( <b>D)</b> Reportable	(E) Reportable	( <b>F</b> ) Estimated amount of			
	•	hours per week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations			
						1								
1b	Sub-total	4- 4- D-			- •			<b>•</b>	65,440					
c d	Total from continuation sh Total (add lines 1b and 1c)		irt VII, S	ection	1 A ·				65,440					
2	Total number of individuals (	including l			to thos	se liste	d above	) who	·	<u> </u>	. Yes No			
3	Did the organization list any employee on line 1a? If "Yes							yee, d	or highest compensat	ed	Yes No			
4	For any individual listed on li			•					•					
5	organization and related org Did any person listed on line for services rendered to the	1a receive	e or accr	ue cor	mpens	ation f	from any	unrel	ated organization or		5 X			
Section	n B. Independent Contracto				· ·						1-11			
1	Complete this table for your													
	compensation from the orga		eport co	mpen	sation	for the	calenda	ar yea		n the organization's i				
	Name and	(A) business	address	·					(B)  Description of se	ervices	(C) Compensation			
									<del></del>					
									<del>-</del>					
2	Total number of independent received more than \$100,000							e liste	d above) who		# 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			

Part	VIII	Statement of Reversible Check if Schedule O co		Donse or	note to any line in th	s Part VIII		_	П
•	•	; concedence of			u · ·	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D)  Revenue excluded from tax under sections 512-514
nts nts	1a	Federated campaigns		1a					
Gra	b	Membership dues		1b					_
Am Am	С	Fundraising events	•	1c	49,198				
Contributions, Gifts, Grants and Other Similar Amounts	d	Related organizations		1d					
ξĒ	е	Government grants (contri	butions)	1e	88,417				
igh	f	All other contributions, gifts	s, grants, &		5.5.50				
- 된 등		similar amounts not include	ed above	1f	547,728				
털	g	Noncash contributions include	d in lines 1a–11	\$	7,750				
ة ت	h	Total. Add lines 1a-1f		_		685,343			
					Business Code		5 701		
9		ADMINISTRATIO				5,791	5,791		
ا ه 🗹	b					8,225	8,225		
رة ق	C	PROJECT HOMEL		NNE		7,300 541	7,300 541		
Program Service Revenue	d	REIMBURSEMENT				541	541		
5.E	e	<del></del>							
<b>~</b>	t ~	All other program service r				21,857			
	g	Total. Add lines 2a-2f			. •	21,037			
	3	Investment income (includ	ing aiviaend	is, intere	·	54,123	54,123		
		other similar amounts)			,	34,123	34,123		
	4	Income from investment of	tax-exemp	t bona p	roceeds				
	5	Royalties	() 5	-1	(v) Dama and				
	•	0	(ı) Re	eai	(II) Personal				•
		Gross rents							
ł		Less rental expenses							•
ł		Rental income or (loss)			•				
	a	Net rental income or (loss)			(II) Other				
	7a	Gross amount from sales of assets other than inventory	(ı) Secu	nues	(ii) Other				
	b	Less cost or other basis and sales expenses							
	С	Gain or (loss)		-					
	d	Net gain or (loss)			<b>•</b>				
	8a	Gross income from fundra	ising events				-		
ايو		(not including \$	49,	198					
Za		of contributions reported of	n line 1c)						
Š		See Part IV, line 18 .		а					
¥.	b	Less direct expenses .		b					<u> </u>
Other Revenue	С	Net income or (loss) from	fundraising (	events	<b>•</b>				
ا ت	9a	Gross income from gaming	g activities						
		See Part IV, line 19		а					1
	b	Less direct expenses		b					
	С	Net income or (loss) from	gaming activ	/ities	. >				
	10a	Gross sales of inventory, le	ess						
		returns and allowances		а			j		-
	b	Less cost of goods sold		b			·		
	С	Net income or (loss) from	sales of inve	ntory	>				
		Miscellaneous Re	venue		Business Code				
	11a								
	b								
	C								
	ď	All other revenue							

e Total. Add lines 11a-11d

761,323

75,980

## Part IX Statement of Functional Expenses

1 Grar and 2 Grar Indiv 3 Grar forei See	b, and 10b of Part VIII.  ants and other assistance to domestic organizations d domestic governments. See Part IV, line 21	Total expenses	Program service expenses	Management and	Fundraising
and Grar Indiv Grar forei See	<u> </u>		СХРОПОСО	general expenses	expenses
2 Gran Indiv 3 Gran forei See	domestic governments. See Part IV, line 21			•	
indiv Gran forei See				<del>                                     </del>	
Gran forei See	ants and other assistance to domestic	78,328	78,328		:
forei See	ividuals See Part IV, line 22	70,320	70,320	<del> </del>	-
See	ants and other assistance to foreign organizations,			-	
	eign governments, and foreign individuals			1	١.
D^-	e Part IV, lines 15 and 16				
-	nefits paid to or for members				
	mpensation of current officers, directors,	40 035	40 025		
	stees, and key employees	48,925	48,925	_	
	mpensation not included above, to disqualified				
pers	sons (as defined under section 4958(f)(1)) and				
pers	sons described in section 4958(c)(3)(B)	000 070	200 070		
	ner salaries and wages	288,878	288,878		
	nsion plan accruals and contributions (include				
	tion 401(k) and 403(b) employer contributions)	7,173	l		
Othe	ner employee benefits	52,846			
Payr	roll taxes	32,122	32,122		
Fees	es for services (non-employees)			ļ Ī	
a Man	nagement	17,761		17,761	
<b>b</b> Lega	gal .				
c Acc	counting	1,000		1,000	
<b>d</b> Lobi	obying · · · · · · ·				
e Prof	fessional fundraising services. See Part IV, line 17		•	J.	
f Inve	estment management fees	14,724		14,724	
g Othe	ner. (If line 11g amount exceeds 10% of line 25, column				
(A) a	amount, list line 11g expenses on Schedule O)	61,333	61,333		
. Adv	vertising and promotion	9,558	9,558		
Offic	ice expenses	22,254		22,254	
Info	ormation technology				
Roy	yaltıes				
G Occ	cupancy	51,500	51,500		
' Trav	ivel	12,333	12,333		
B Payr	yments of travel or entertainment expenses				
-	any federal, state, or local public officials				
Con	nferences, conventions, and meetings	20,147	20,147		
	erest				
	yments to affiliates	1,341	1,341	· ·	-
	preciation, depletion, and amortization				
	urance	13,861		13,861	
	ner expenses. Itemize expenses not covered				
	ove (List miscellaneous expenses in line 24e If				•
	24e amount exceeds 10% of line 25, column	•			
	amount, list line 24e expenses on Schedule O.)	_	٠.	, .	,
	DOPTION DAY EXP	1,105	1,105		<del></del>
	ACKGROUND CHECKS	1,482			
	ANK FEES	87		87	
	AR EXP	1,499	İ		
		15,593		<u> </u>	<del></del>
_	other expenses	753,850		l i .	<del></del>
	tal functional expenses. Add lines 1 through 24e	, , , , , , , , , , , , , , , , , , , ,	0/0,102	,,,000	
	int costs. Complete this line only if the organization		1		
•	orted in column (B) joint costs from a combined				
	ucational campaign and fundraising solicitation eck here				

`	•	Check if Schedule O contains a response or note	e to any line in th	his Part X			. []
7		•	-		(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash non-interest-bearing			235,461	1	390,507
	2	Savings and temporary cash investments			325,394	2	180,495
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		, [		4	
	5	Loans and other receivables from current and form	ner officers, direc	ctors,	,		
		trustees, key employees, and highest compensated	d employees.			المشعد	e
		Complete Part II of Schedule L				5	
	6	Loans and other receivables from other disqualified persons	s (as defined under	section	T.		3
		4958 (f)(1)), persons described in section 4958(c)(3)(B), and co	*		ļ		
		sponsoring organizations of section 501(c)(9) voluntary emplo	oyees' beneficiary		\$ .		
ets		organizations (see instructions). Complete Part II of Schedule	eL			6	
Assets	7	Notes and loans receivable, net				7	
•	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			1,486	9	
	10 a	Land, buildings, and equipment cost or					
		other basis. Complete Part VI of Schedule D	10a	181,807	· .		
	b	Less accumulated depreciation	10b		181,807	10c	181,807
	11	Investments publicly traded securities	•	ļ		11	
	12	Investments other securities See Part IV, line 11			12		
	13	Investments program-related See Part IV, line 1		13			
	14	Intangible assets .		14			
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equal li	ine 34)		744,148	16	752,809
	17	Accounts payable and accrued expenses			17	1,823	
	18	Grants payable			18		
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			-	20	
	21	Escrow or custodial account liability. Complete Part				21	
Liabilities	22	Loans and other payables to current and former of					_
ilid		trustees, key employees, highest compensated em					
Lia		disqualified persons Complete Part II of Schedule				22	
	23	Secured mortgages and notes payable to unrelated Unsecured notes and loans payable to unrelated the		. ,		23	
	24 25	Other liabilities (including federal income tax, payab	•	aura!	<u></u>	24	
	23	parties, and other liabilities not included on lines 17					
		of Schedule D	7-24) Complete	: Tail A		25	
	26	Total liabilities. Add lines 17 through 25 · · ·			0	26	1,823
		Organizations that follow SFAS 117 (ASC 958), (	check here ▶	X and	-		1
S		complete lines 27 through 29, and lines 33 and		E	•		
ĕ	27	Unrestricted net assets	•		608,291	27	581,818
3ale	28	Temporarily restricted net assets	• •	l	,	28	·
ᅙ	29	Permanently restricted net assets			135,857	29	169,168
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC	C 958), check h	ere ▶ ∏ and			. 4
ō		complete lines 30 through 34.	,,		, , -		]
ēts	30	Capital stock or trust principal, or current funds			######################################	30	PMA
Ass	31	Paid-in or capital surplus, or land, building, or equi	ipment fund			31	
<u>e</u>	32	Retained earnings, endowment, accumulated incor	•	ds	. <u>-</u>	32	
Z	33	Total net assets or fund balances .			744,148	33	750,986
	34	Total liabilities and net assets/fund balances	744,148	34	752,809		

Pag	e 1	2

Form	nod.	(2017)
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CASA OF SOUTH CENTRAL NEBR 20-5319902

Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					Ш
<u>`</u> 1	Total revenue (must equal Part VIII, column (A), line 12)	1	<u></u>			323
2	Toţal expenses (must equal Part IX, column (A), line 25)	2		7		850
3	Revenue less expenses Subtract line 2 from line 1	3				473
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		7	744,	148
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9			-	635
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		7	750,	986
Par	t 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			)*. · ],	, 13	4
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1. 2.		
	Schedule O.				ا رت <b>به</b> المستحد	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1\$ ^ L	7 - 7
	reviewed on a separate basis, consolidated basis, or both			· '   '		۸. ا
	Separate basis Consolidated basis Both consolidated and separate basis			1445- 	ا	لينا
b	Were the organization's financial statements audited by an independent accountant?			2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a			7.	₹,	`"
	separate basis, consolidated basis, or both			<b>3</b> .	`",	٠. ا
	Separate basis Consolidated basis Both consolidated and separate basis			1	-	10.00
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				İ	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		N/A	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			د، ر	-35	: [
	Schedule O				٦,	ائ
За	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?			3a		Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		N/A	3b		
FDA	17 99012 BWF 990 Form Software Copyright 1998 – 2018 HRB Tax Group, Inc			Form 9	90 (2	2017)

#### SCHEDULE À

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service **Public Charity Status and Public Support** 

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
CASA OF SOUTH CENTRAL NEBRASKA

Employer identification number 20-5319902

Par	t I	Reason	for Public Charit	y Status (All organizations	s must comp	lete this par	t) See instructions.	
The o	rgar	nization is not a	private foundation bed	ause it is (For lines 1 throug	h 12, check	only one bo	x)	
1	П	A church, conve	ention of churches, or a	association of churches desc	ribed in <b>sect</b>	tion 170(b)(1	I)(A)(i).	1
2	П	A school descri	bed in section 170(b)	(1)(A)(ii). (Attach Schedule E	(Form 990 d	or 990-EZ).)		$\bigcap$
3	П	A hospital or a d	cooperative hospital se	rvice organization described	in section	170(b)(1)(A)	(iii).	
4	Н.	•	•	ited in conjunction with a hos			•	ter the hospital's name.
-	_	city, and state			- p			
5		· · · · · · · · · · · · · · · · · · ·	onerated for the hene	fit of a college or university o	wned or one	erated by a o	invernmental unit descr	ihed in
3	_	-	1)(A)(iv). (Complete Pa		who or ope	nated by a g	jovernimental unit descr	1500 111
6	_		., .,	r governmental unit describe	dun coetion	170/6\/1\/	1/4/	
	—		•	a substantial part of its supp			• • •	al public
7			ction 170(b)(1)(A)(vi).		on nom a go	overmilema	unit or norm the genera	ii public
			, , , , , ,	, ,	o Dort II \			
8	Н.			on 170(b)(1)(A)(vi). (Complet				
9	_	_	_	lescribed in section 170(b)(1				
		•	a non-land-grant colle	ge of agriculture (see instruc	tions) Enter	the name, c	ity, and state of the col	ege or
	_	university	·			<del></del>		
10	_			(1) more than $33^{1/3}\%$ of its				
				empt functionssubject to c				
	5	support from gr	oss investment income	and unrelated business taxa	able income	(less section	511 tax) from business	ses
	_ ;	acquired by the	organization after June	e 30, 1975. See section 509	<b>(a)(2).</b> (Com	plete Part III	)	
11	∐ ⁄	An organization	organized and operate	ed exclusively to test for publ	lic safety Se	e <b>section 5</b> 0	09(a)(4).	
12	∐ ⁄	An organization	organized and operate	ed exclusively for the benefit	of, to perfori	m the function	ons of, or to carry out th	e purposes
	(	of one or more	publicly supported orga	anizations described in sect	tion 509(a)(1	I) or <b>sectior</b>	509(a)(2). See section	n 509(a)(3).
	_	Check the box i	in lines 12a through 12	d that describes the type of s	supporting o	rganization a	and complete lines 12e,	12f, and 12g
а	L	Type I. A sup	porting organization of	perated, supervised, or contr	olled by its s	supported or	ganization(s), typically l	by giving
		the supported	d organization(s) the po	wer to regularly appoint or e	lect a majori	ty of the dire	ctors or trustees of the	
		supporting or	ganization You must o	complete Part IV, Sections	A and B.			
b	Е	Type II. A su	pporting organization s	upervised or controlled in co	nnection wit	h its support	ed organization(s), by	having
	_	control or mag	nagement of the suppo	orting organization vested in t	the same pe	rsons that co	ontrol or manage the su	pported
		organization(s	s). You must complete	Part IV, Sections A and C			_	
С	Γ	Type III func	tionally integrated. A	supporting organization ope	rated in coni	nection with.	and functionally integra	ated with.
	_	-		structions). You must comp				,
, d	Γ	7		ed. A supporting organization				anization(s)
	_			e organization generally mus				
			· -	must complete Part IV, Sec	=		•	
е	Γ	7		ceived a written determinatio				II
•	_			n-functionally integrated sur			, , , , , , , , , , , , , , , , , ,	••
f	F	-	r of supported organiz	, , ,		21 11 Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z		
g				the supported organization(				L
				(iii) Type of organization	(iv) Is the d	raanization	(1/1)	(vi) Amount of other
(1)		me of supported rganization	(II) EIN	(described on lines 1–10	listed	ın your	(V) Amount of monetary support (see instructions)	support (see instructions)
		<u>.</u>		above (see instructions))		document?		
<del></del>				<del></del>	Yes	No		
(A)								
(B)								
(C)								
(D)				•				
<u>(E)</u>								
Total			·		١.		1	

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

Schedule A (Form 990 or 990-EZ) 2017

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

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

Sec	tion A. Public Support	-					
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d)</b> 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") · · ·	533,735	695,453	625,417	632,229	685,343	3,172,177
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-					
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	533,735	695,453	625,417	632,229	685,343	3,172,177
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)		,			_	
6	Public support. Subtract line 5 from line 4.				·		3,172,177
Sec	tion B. Total Support						
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	( <b>d</b> ) 2016	(e) 2017	(f) Total
7	Amounts from line 4	533,735	695,453	625,417	632,229	685,343	3,172,177
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	6,423	6,707	13,461	20,108	54,123	100,822
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	61,761	63,246	35,942	51,645	21,857	234,451
11	Total support. Add lines 7 through 10		•	1.0	Also s	٤	3,507,450
12	Gross receipts from related activities, etc. (se	•				12	
13	First five years. If the Form 990 is for the organization	-		urth, or fifth tax y	ear as a section	501(c)(3)	. 🗖
	organization, check this box and stop here						<u> </u>
	tion C. Computation of Public Sur	· · · · · · · · · · · · · · · · · · ·		(0)			00 44 %
14	Public support percentage for 2017 (line 6, co Public support percentage from 2016 Schedu		-	nn (1))	•	14	90.44%
15 16a	331/3% support test 2017. If the organiza	tion did not chec	k the box on line		ıs 33 <sup>1</sup> /3% or mo		
b	box and <b>stop here</b> . The organization qualified 33 <sup>1</sup> /3% <b>support test 2016</b> . If the organization	ation did not ched	k a box on line	13 or 16a, and lir	ne 15 is 33 <sup>1</sup> /3%	or more, check	<b>▶</b> [ ]
	this box and stop here. The organization qu				•		▶ []
17a	10% -facts-and-circumstances test 201 10% or more, and if the organization meets the Part VI how the organization meets the "facts"	ne "facts-and-cir	cumstances" tes	t, check this box	and stop here	. Explain in	nization ►
b	10%-facts-and-circumstances test 201 more, and if the organization meets the "facts-organization meets the "facts-and-circumsta	s-and-circumstar	nces" test, check	this box and st	<b>op here.</b> Explain	in Part VI how th	
18	Private foundation. If the organization did n		-		•		s TH
FDA		ppyright 1996 – 2018			_	A (Form 990 or	

#### SCHEDULE D

· (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

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

► Attach to Form 990.

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

Employer identification number

OMB No. 1545-0047

2017

Open to Public Inspection

20-5319902 CASA OF SOUTH CENTRAL NEBRASKA

Pai	t I Organizations Maintaining Donor	Advised Funds or Other	Similar Fund	ls or Accou	unts.	
	Complete if the organization answered "Yes"	on Form 990, Part IV, line 6	····			_
		(a) Donor advised funds	S	(b) Funds and	d other account	s
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor adv			d	П	
	funds are the organization's property, subject to the o				∐ Yes	∐ No
6	Did the organization inform all grantees, donors, and					
	only for charitable purposes and not for the benefit of	the donor or donor advisor, or for	r any other purpo	se	П.,	П.,
	conferring impermissible private benefit?		•• •• •		Yes	No.
Par	<del></del>					
	Complete if the organization answered "Yes"					
1	Purpose(s) of conservation easements held by the or	•	П			
	Preservation of land for public use (e.g., recreation	or education)	$\mathbf{H}$	-	y important land	
	Protection of natural habitat		Preservation	of a certified h	istoric structure	
_	Preservation of open space	tt. t			_	
2	Complete lines 2a through 2d if the organization held	a qualified conservation contribut	ion in the form of	/ 11 11 1	the End of the	T-:: V
	easement on the last day of the tax year			<del>                                     </del>	the End of the	Tax Year
	Total number of conservation easements	•• • ••		2a		
	Total acreage restricted by conservation easements			2b		
	Number of conservation easements on a certified hist			2c	<del></del>	
a	Number of conservation easements included in (c) ac	equired after 7/25/06, and not on a		04		
2	historic structure listed in the National Register Number of conservation easements modified, transfe	erod rologood optinguished or tor	······································	2d	ring the	
3	tax year	rred, released, extinguished, or ter	minated by the o	rgariizalion dui	ing the	
4	Number of states where property subject to conserva	tion agrament is located.				
4 5	Does the organization have a written policy regarding	<del></del>	n, handling of			
3	violations, and enforcement of the conservation ease	- ·	n, nanding of		∏yes	Пио
6	Staff and volunteer hours devoted to monitoring, insp		enforcing conse	rvation easem		
·	The state of the state of	coming, manaming or violations, and	chlorong consc	i valion casem	ens damig are	yeu
7	Amount of expenses incurred in monitoring, inspecting	a handling of violations and enfo	rcina conservatio	n easements o	during the year	
•	<b>▶</b> \$	ig, narraming of violations, and office	Toming Control Value	ousernound	samig me year	
8	Does each conservation easement reported on line 2	(d) above satisfy the requirements	of section 170(h)	(4)(B)(ı)		
	and section 170(h)(4)(B)(II)?	(-,		X - /X - /X - /	Yes	∏No
9	In Part XIII, describe how the organization reports con	nservation easements in its revenu	e and expense s	tatement, and	<u>ا</u> ، • •	
	balance sheet, and include, if applicable, the text of the		•	•	es the	
	organization's accounting for conservation easements	<del>-</del>				
Par			easures, or C	ther Simila	ar Assets.	
	Complete if the organization answered "Yes"	•				
1a	If the organization elected, as permitted under SFAS		revenue stateme	nt and balance	sheet	
	works of art, historical treasures, or other similar asse				of	
	public service, provide, in Part XIII, the text of the foo	tnote to its financial statements tha	at describes these	items.		
b	If the organization elected, as permitted under SFAS					
	works of art, historical treasures, or other similar asse public service, provide the following amounts relating		ation, or research	in furtherance	oī	
	(i) Revenue included on Form 990, Part VIII, line 1	to mose norms		<b>▶</b> \$		
	(ii) Assets included in Form 990, Part X			• \$		
2	If the organization received or held works of art, histo	rical treasures, or other similar ass		•		
	following amounts required to be reported under SFA			,,		
а	Revenue included on Form 990, Part VIII, line 1	, ,		<b>▶</b> \$		
	Assets included in Form 990, Part X			<b>▶</b> \$		

Par	tell Organizations Ma	aintaining Collec	tions of Art, His	torical Treasur	es, c	r Other Similar	Asse	ts (co	ntinue	ed)
3 ·	Using the organization's acquis	sition, accession, and	other records, check a	ny of the following t	hat are	e a significant use of	ıts			
•	collection items (check all that	apply)	_							
а	Public exhibition		d 📙	Loan or exchange	orogra	ms				
b	Scholarly research		e ∐	Other						
С	Preservation for future gene	erations								
4	Provide a description of the org	ganization's collections	and explain how they	further the organiz	ation's	exempt purpose in F	Part -			
	XIII									
5	During the year, did the organi	zation solicit or receive	donations of art, histo	orical treasures, or o	ther s	ımılar			_	
	assets to be sold to raise funds	s rather than to be ma	intained as part of the	organization's colle	ction?			Yes		No
Par	t IV Escrow and Cus	todial Arrangem	ents.							
	Complete if the organi						art X, li	ne 21		
1a	Is the organization an agent, tr		ner intermediary for co	ntributions or other	assets	not			_	
	included on Form 990, Part X?				• •			Yes	L	No
b	If "Yes," explain the arrangeme	ent in Part XIII and con	nplete the following tat	ole		·				
					L	Am	ount			
С	Beginning balance				1c					
d	Additions during the year			•	1d					
е	Distributions during the year				1e					
f	Ending balance				1f					
2a	Did the organization include ar							Yes	Н	No
b	If "Yes," explain the arrangeme		nere if the explanation	has been provided	on Pa	rt XIII .			$oldsymbol{\perp}$	
Par										
	Complete if the organi				1.	<del></del>				
		(a) Current year	(b) Prior year	(c) Two years ba	<del></del>	d) Three years back		our yea		
1a	Beginning of year balance	135,857	124,59	3 119,	049	119,449			9,4	49
b	Contributions									
С	Net investment earnings,		11.05							
	gains, and losses	33,311	11,26	5,0	) 4 4	100				
d	Grants or scholarships			1						
е	Other expenditures for									
	facilities and programs									
f	Administrative expenses	1.60.7.6	105.05	1	- 0 0	110 510			<u> </u>	4.0
g	End of year balance .	169,168				119,549		TT	9,4	49
2	Provide the estimated percentage		end balance (line 1g,	column (a)) held as	3					
а	Board designated or quasi-en	<del></del>	%							
b	Permanent endowment	%								
C	Temporarily restricted endown	nent •	<u></u> %							
	The percentages on lines 2a, 2	•								
За	Are there endowment funds no	ot in the possession of	the organization that	are held and admin	stered	for the		_		
	organization by						_	Ye	_+	No
	(i) unrelated organizations	• •		•• • •		• • • •	<u> </u>	a(i)		X
	(ii) related organizations	••	•					a(II)		X
b	If "Yes" on line 3a(ii), are the re						ئے …	3b		
4	Describe in Part XIII the intende	<del>-</del>		nds						
Pa		s, and Equipmen								
			es" on Form 990, Part		†					
	Description of property	1, ,		b) Cost or other	(c	) Accumulated	( <b>d</b> ) E	Book va	lue	
	<del></del>	(	nvestment)	basis (other)	ļ	depreciation				
1a	Land .	·								
b	Buildings	· <b></b>								
С	Leasehold improvements	·			1					
d	Equipment	· ·			ļ		_			
<u>е</u>	Other			<u> </u>						
Total	I. Add lines 1a through 1e. (Colu	ımn (d) must equal Fo	rm 990, Part X, colum	n (B), line 10c )		•				

Part VII	Investments — Other Securities  Complete if the organization answered "\		b See Form 990, Part X, line 12	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of valuat Cost or end-of-year ma	
(1) Financial d	erivatives			-
(2) Closely-he	ld equity interests			
(3) Other				
(A)			·	
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)		<del></del>		
Part VIII	(b) must equal Form 990, Part X, col (B) line 12 ) ► Investments — Program Relat	rod	7,	·
Pait VIII	Complete if the organization answered "\		Ic See Form 990 Part X line 13	
	a) Description of investment	(b) Book value	(c) Method of valuat	tion
`	ay socompacti or investment	(2) 2001. 14.00	Cost or end-of-year ma	
(1)		-		
(2)			· · · · · · · · · · · · · · · · · · ·	
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, col (B) line 13)			$\frac{1}{2\pi}$ $\frac{2}{3}$
Part IX	Other Assets.			
	Complete if the organization answered ")		Id. See Form 990, Part X, line 15	
	(a)	Description		(b) Book value
(1)				
(2)				
(3)				
(4)				<del></del>
(6)				
(7)				
(8)				
(9)	,		** '	
	n (b) must equal Form 990, Part X, col. (B)	line 15 )	<b>&gt;</b>	
Part X	Other Liabilities. Complete if the organization answered "	es" on Form 990, Part IV, line 1	1e or 11f See Form 990, Part X, line	25.
1.	(a) Description of liability	(b) Book value		1 1 1
(1) Federal	ncome taxes		•	
(2)				
(3)			•	•
(4)			- -	
(5)			,	
_(6)			- u-	- 34
(7)			, · · · · · · · · · · · · · · · · · · ·	·
(8)			•	
(9)				-
	(b) must equal Form 990, Part X, col (B) line 25 )		<u> </u>	,
2. Liability for i	uncertain tax positions. In Part XIII, provide t	he text of the footnote to the org	anization's financial statements that	reports the

Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a	
		<del></del>
1 Total revenue, gains, and other support per audited financial statements	• •	. 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 . 1	
a Net unrealized gains (losses) on investments	2a	
<b>b</b> Donated services and use of facilities	2b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d	•	. 2e
3 Subtract line 2e from line 1		3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
<b>b</b> Other (Describe in Part XIII )	4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.	)	5
Part XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form 990, Part IV,		Expenses per Return.
1 Total expenses and losses per audited financial statements	ino iza.	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		'   '
a Donated services and use of facilities	2a	
b Prior year adjustments	2b	
•		
c Other losses	2c	
d Other (Describe in Part XIII )		
e Add lines 2a through 2d	•	· 2e
3 Subtract line 2e from line 1	· · · · · ·	3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1		
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
h ()thor (I)occribo in Dart VIII.)	1 /16 1	
<b>b</b> Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b .	1	4c
c Add lines 4a and 4b.  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18  Part XIII Supplemental Information.	8)	5
c Add lines 4a and 4b.  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Cart XIII Supplemental Information.  Tovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	B) , Part IV, lines 1b and	5 2b, Part V, line 4, Part X, line
c Add lines 4a and 4b.  5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 art XIII Supplemental Information.  ovide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4	B) , Part IV, lines 1b and	5 2b, Part V, line 4, Part X, line
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c Add lines 4a and 4b	B) , Part IV, lines 1b and	5 2b, Part V, line 4, Part X, line
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### SCHEDULE Ò

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CASA OF SOUTH CENTRAL NEBRASKA

PART XI LINE 9 ADJUSTMENT -635 - Employer identification number

20-5319902