Part II

Form	990	Ď	Return of Organization Exempt From Income		OMB No 1545-0047 2018								
	_	-	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private found by Do not enter social security numbers on this form as it may be made										
Depart Interna	ment o I Rever	f the Treasur nue Service	► Go to www.irs.gov/Form990 for instructions and the latest informat	. 101110	Open to Public Inspection								
A F	or the	2018 cale	dar year, or tax year beginning ${ m JULY} 01$, 2018, and endin	gJUNE 30	, 20 19								
B Che	eck ıfa	pplicable	C Name of organization CASA OF SOUTH CENTRAL NEBRASK	D Employer id	lentification number								
Add	iress c	hange	Doing business as	20-5	<u> </u>								
Nar	ne cha	nge	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone	number								
Initi	al retu	rn	335 S BURLINGTON SUITE 106	(402	2) 463-1 030								
Fina	al retur	n/	City or town, state or province, country, and ZIP or foreign postal code	G Gross									
terr	nınate	đ	HASTINGS NE 68901	receipts \$	828,964								
Am	ended	return	F Name and address of principal officer H(a) Is this a	group return for su	bordinates? Yes X No								
App	licatio	n pending		bordinates include	d? Yes No								
I Tax	-exe	mpt status	X 501(c)(3) 501(c)() ◀(insert no) 4947(a)(1) or 527♥೨ If "No	," attach a list (see	instructions)								
J We	bsite	:► WWW	.CASAOFSOUTHCENTRALNE.ORG , H(c) Group ex	xemption number	<u> </u>								
K For	m of o	rganization	Corporation Trust Association Other ▶ L Year of formation	2006 M s	ate of legal domicile NE								
Par	t 1	Summ	ary ,		<u>-</u>								
	1	Briefly des	cribe the organization's mission or most significant activities		,								
a	ADV	OCACY	SERVICES FOR STATE WARD CHILDREN										
Ĕ					-								
Ĕ													
Activities & Governance	2	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets											
Ğ	3	Number of voting members of the governing body (Part VI, line 1a)											
S	4	Number of											
ij	5	Total num!	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	21									
Ęţ	6												
⋖	7a	Total unrel	ated business revenue from Part VIII, column (C), line 12	7a									
	b	Net unrela	ed business taxable income from Form 990-T, line 38	7b	0								
			JAN Pr	rior Vear	Current Year								
a	8	Contributio	ns and grants (Part VIII, line 1h)	685,343	794,306								
Revenue	9	Program s	ns and grants (Part VIII, line 1h) . ervice revenue (Part VIII, line 2g) . uncome (Part VIII, column (A), lines 3, 4, and 7d)	21,857	19,574								
ě	10	Investmen	income (Part VIII, column (A), lines 3, 4, and 7d)	54,123	15,084								
α.	-11	Other reve	nue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)										
	12	Total rever	ue add lines 8 through 11 (must equal Part VIII, column (A), line 12)	761,323	828,964								
	13		similar amounts paid (Part IX, column (A), lines 1-3)	78,328									
	14		id to or for members (Part IX, column (A), line 4)		·								
s	15	•	her compensation, employee benefits (Part IX, column (A), lines 5-10)	429,944	507,153								
ses			al fundraising fees (Part IX, column (A), line 11e)										
Expense	b			9.53.53.53.53.59	BOOK ET LE STORT LE								
Ä	17		nses (Part IX, column (A), lines 11a-11d, 11f-24e)	245,578									
	18		nses. Add lines 13–17 (must equal Part IX, column (A), line 25)	753,850									
	19		7,473										
<u> </u>			ss expenses. Subtract line 18 from line 12	ng of Current Year	End of Year								
Net Assets or Fund Balances	20	Total asset	s (Part X, line 16)	752,809									
As Fu	21		ies (Part X, line 26)	1,823									
<u>Balate</u>	22		or fund balances Subtract line 21 from line 20	750,986									
		101 400010	or land balances Capitact line 21 norm line 20	, 50, 500	1 100,010								

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

			in preparer has any known	euge				
	Maurea noto	me_			107/2020			
Sign Here	Signature of officer	Date						
	MAUREEN MOHLMAN							
	Type or print name and title							
	Print/Type preparer's name	Preparer's signature	Date	Check If PT	'IN			
Paid	MAUREEN MOHLMAN	Mousan Molling	01/07/2020		0582261			
Preparer	Firm's name ► H AND R B	LOCK	Firn	n's EIN ▶ 47082	25616			
Use Only	Firm's address ▶ 1011 W 2	ND ST	Pho	one no				
	HASTINGS NE 68901	02)462-528	32					
May the IRS	discuss this return with the preparer sho	wn above? (see instructions)			X Yes No			
For Paperwork Reduction Act Notice, see the separate instructions.								

2049306012908

n

Signature Block

Form	990 (2018) CASA OF SOUTH CENTRAL NEBR 20-5319902	Page 2
Par	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	П
1		
	ABVOCACT BERVICES FOR STATE WARD CHIEBREN	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	⊠ No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	⊠ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$\frac{709,618}{19}\$ including grants of \$\frac{19}{19}\$ SEE ATTACHMENT #1 1	,574)
4b	(Code) (Expenses \$including grants of \$) (Revenue \$)
		·
4C	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	Other program convece (Percente in Schodule O.)	
40	Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 709, 618	

20-5319902 AD BD

Fell	Checklist of Required Schedules			
٠,	le the expandation described in section E01/oV2) or 4047/oV1) (other than a group foundation)? If "Yee."		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
•	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Λ.	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			v
	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 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			
	"Yes," complete Schedule D, Part I	6		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Χ	
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 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			<u> </u>
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25° If "Yes," complete Schedule D, Part X	11e		X
	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
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
124	Schedule D, Parts XI and XII	12a		Х
h		128		
D	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	105		,
12	· · · · · · · · · · · · · · · · · · ·	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		X
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			۱.,
4-	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
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 :		Х
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? N/A	20b		Ĩ
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			<u> </u>
	domestic government on Part IX, column (A), line 12 If "Yes," complete Schedule I, Parts I and II	94		v

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 22 Χ 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 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 Χ 24a 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 yearN./A 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\dots N/A$ 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 Х 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? If "Yes," complete Schedule L, Part I . . . 25b Χ 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 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III Х 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Х Schedule L. Part IV . . . 28b 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 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Χ 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," 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I X 33 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 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 36 Χ 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 37 Χ Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O 38 Χ Part V Statements Regarding Other IRS Filings and Tax Compliance No Yes Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 2 1a b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable ... 0 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

Part	V Statements Regarding Other IRS Filings and Tax Compliance (continued)											
,												
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		Yes	No								
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 21		منت									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?											
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)											
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X								
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>L</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	+	. "									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	<u> </u>		<u></u>								
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		X								
C	If "Yes" to line 5a or 5b, did the organization file Form 8886–T? N/A	5c		-								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		.,								
_	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X								
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A	6.										
7	gifts were not tax deductible?	6b	-	- ;								
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	ļ.	٠.، ; ايز	l,								
a	and services provided to the payor?	7a		X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? N/A	7b		1								
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	<u> </u>		 								
•	required to file Form 8282?	7c		Х								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		٦,	0 =								
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		Х								
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098–C?	7h	-	Х								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the											
	sponsoring organization have excess business holdings at any time during the year?	8		X								
9	Sponsoring organizations maintaining donor advised funds.											
а	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		5	5 1								
а	Initiation fees and capital contributions included on Part VIII, line 12 · · · · · · · · · · · · · · · · · ·	<i>'</i>	-	 `, ,								
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		٠									
11	Section 501(c)(12) organizations. Enter	**,	ļ•									
a	Gross income from members or shareholders		7	1								
Ь	Gross income from other sources (Do not net amounts due or paid to other sources	1	,									
120	against amounts due or received from them.)	100										
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes." enter the amount of tax-exempt interest received or accrued during the year.	12a		X								
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . [12b] Section 501(c)(29) qualified nonprofit health insurance issuers.	-	7									
a	Is the organization licensed to issue qualified health plans in more than one state?	13a	ļ <i>'</i>	Х								
u	Note. See the instructions for additional information the organization must report on Schedule O.	134	<u> </u>	<u> </u>								
ь	Enter the amount of reserves the organization is required to maintain by the states in which		,	,								
-	the organization is licensed to issue qualified health plans		٠.,									
С	Enter the amount of reserves on hand	1.	· :	٠. ١								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<u> </u>	X								
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N / A	14b										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or		 									
	excess parachute payment(s) during the year?	15		Х								
	If "Yes," see instructions and file Form 4720, Schedule N	<u> </u>	٠									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X								
	If "Yes," complete Form 4720, Schedule O.			T -								

Part	VI	8) CASA OF SOUTH CENTRAL NEBR 20-5319902 Governance, Management, and Disclosure For each "Yes" response to lir	nes 2 through 7b below ar	nd for	a "No"	
		response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change	=			
٠, ,		Check if Schedule O contains a response or note to any line in this Part VI			-	П
Secti	on A.	Governing Body and Management				
		as-to-to-to-to-to-to-to-to-to-to-to-to-to-			Yes	No
1a	Enter	the number of voting members of the governing body at the end of the tax year	1a 10		,	- "
	If ther	e are material differences in voting rights among members of the governing body, or		1 .	:	+ *
		governing body delegated broad authority to an executive committee or similar littee, explain in Schedule O			:	,
b		the number of voting members included in line 1a, above, who are independent	1b 10	 ' ,	1	
2	Did ai	ny officer, director, trustee, or key employee have a family relationship or a business relation	iship with	.";	1.5	
	any o	her officer, director, trustee, or key employee?		2		X
3	Did th	e organization delegate control over management duties customarily performed by or unde	er the direct			
	super	vision of officers, directors, or trustees, or key employees to a management company or oth	ner person?	3		X
4	Did th	e organization make any significant changes to its governing documents since the pnor Foi	rm 990 was filed?	4		Х
5	Did th	e organization become aware during the year of a significant diversion of the organization's	assets?	5		X
6	Did th	e organization have members or stockholders?	•	6		Х
7a	Did th	e organization have members, stockholders, or other persons who had the power to elect of	or appoint			
	one o	r more members of the governing body?		7a		Х
b	Are a	ny governance decisions of the organization reserved to (or subject to approval by) membe	ers,			
	stocki	nolders, or persons other than the governing body?		7b		Х
8	Did th	e organization contemporaneously document the meetings held or written actions undertak	en during		-	9-1
	the ye	ar by the following			=	
а	The g	overning body?		8a	X	<u> </u>
b	Each	committee with authority to act on behalf of the governing body?		8b	X	
9	Is the	re any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be	reached at			
		ganization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	on B.	Policies (This Section B requests information about policies not required by the Internal	Revenue Code)			
					Yes	No
10a		e organization have local chapters, branches, or affiliates?		10a		X
b		s," did the organization have written policies and procedures governing the activities of suc				
44-		es, and branches to ensure their operations are consistent with the organization's exempt p	•	10b	-	 , ,
11a		e organization provided a complete copy of this Form 990 to all members of its governing body before filing	the form?	11a	-	X 3 4
b 40-		the in Schedule O the process, if any, used by the organization to review this Form 990		40-		
12a		e organization have a written conflict of interest policy? If "No," go to line 13	at aculal anna	12a	X	├
b		officers, directors, or trustees, and key employees required to disclose annually interests the	at could give	406	,,	
•		conflicts? e organization regularly and consistently monitor and enforce compliance with the policy? I		12b	X	├
С			i tes,	400		,
13		be in Schedule O how this was done		12c	V	X
14		e organization have a written document retention and destruction policy?	• •	13	X	├
15		e process for determining compensation of the following persons include a review and app	roval by		├^-	**
		endent persons, comparability data, and contemporaneous substantiation of the deliberation	•	, 1		
а		rganization's CEO, Executive Director, or top management official	in and decision.	15a	X	
b		officers or key employees of the organization		15b	X	
_		s" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a		e organization invest in, contribute assets to, or participate in a joint venture or similar arrar	ngement		1	. 1
		taxable entity during the year?		16a		X
b		s," did the organization follow a written policy or procedure requiring the organization to evi	aluate its		7. 9	, h '.
		pation in joint venture arrangements under applicable federal tax law, and take steps to sa		,	p , 4	, ,
			N./A	16b		
Secti		Disclosure	IN/ FA	1.00		1
17		e states with which a copy of this Form 990 is required to be filed NONE	·			
18		in 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 99	0, and 990-T (Section 501	(c)		
		nly) available for public inspection. Indicate how you made these available. Check all that a		7		
	_	vn website Another's website 🛛 Upon request 🗍 Other (explain in Scho				
19	Descr	be in Schedule O whether (and if so, how) the organization made its governing documents		and		

20

financial statements available to the public during the tax year

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

Form 990 (2018)

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, Ke	y Employees	, and Highest	Compensated Em	ployees
------------	----------------------	--------------	-------------	---------------	----------------	---------

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

Check this box if neither the or		any re	ated o			compens	ated				
(A)	(B)			(C	;) :tion			(D)	(E)	(F)	
Name and Title	Average (do not check more than one hours per box, unless person is both an officer and a director/trustee)							Reportable compensation	Reportable compensation	Estimated amount of	
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from 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						72,920	0	0	
DIRECTOR											
DONNA MOSS	0.00			X				0	0	0	
PRESIDENT					1		İ				
WILL VRASPIR	0.00			×				0	0	0	
SECRETARY	ŀ										
MAUREEN MOHLMAN	0.00		T	X				0	0	0	
TREASURER											
JENNIFER ANDERSEN	0.00		i .	X				0	0	0	
VICE PRESIDENT			l		İ						
		-									
										5 000 (00.00)	

Form **990** (2018)

Part	VI Section A. Officers	, Director	s, Trust	ees, K	Cey En	nploye	ees, and	High	est Compensated E	mployees (continue	d)
٠.	(A)	(B)		(do no		tion	han one		(D)	(E)	(F) Estimated
	Name and title	Average hours per week (list any hours for related organizations below	Individual trustee or director	officer Institutional trus	Officer	rson is director Key employee	both an employee both annual employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related
		dotted line)	i ii	tee			nsatec		,		organizations
	· · ·			1							
				<u> </u>	,						
-				1							
									<u> </u>		
				 	 	<u> </u>	<u> </u>				
				ļ	ļ		<u> </u>				
	· · · · · · · · · · · · · · · · · · ·			ļ		ļ	ļ				
									70.000		
1b c	Sub-total Total from continuation sh		art VII. S	Sectio	nΔ			>	72,920		
d	Total (add lines 1b and 1c)		, .					▶	72,920		
2	Total number of individuals (to tho	se liste	ed above) who	received more than	\$100,000 of	
	reportable compensation fro	m the orga	nization	<u> </u>							
3	Did the organization list any	former of	ficer, dir	ector,	or trus	tee, k	ey emplo	yee, c	or highest compensat	ed	Yes No
_	employee on line 1a? If "Yes									• • • • • • • • • • • • • • • • • • • •	3 X
4	For any individual listed on li			· ·					•		
5	organization and related org Did any person listed on line										4 X
Ŭ	for services rendered to the				•		-		•		5 X
Section	n B. Independent Contracto				<u> </u>					· · · · · · · · · · · · · · · · · · ·	
1	Complete this table for your	five highes	st comp	ensate	d inde	pende	ent contra	ctors	that received more th	nan \$100,000 of	
	compensation from the orga	nization. R	eport co	ompen	sation	for the	e calend	ar yea	r ending with or withi	n the organization's	tax year.
	Name and	(A) I business	address	3					(B) Description of se	ervices	(C) Compensation
2	Total number of independent received more than \$100,000							e liste	d above) who		• • •

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII ... (C) (B) (D) Related or exempt function Unrelated Revenue excluded from tax under sections 512-514 Total revenue business revenue revenue Gifts, Grants ilar Amounts 1a Federated campaigns 1a **b** Membership dues 1b 18,325 c Fundraising events 1c d Related organizations 1d 93,900 e Government grants (contributions) -1e f All other contributions, gifts, grants, & 682,081 similar amounts not included above g Noncash contributions included in lines 1a-1f \$ 794,306 h Total. Add lines 1a-1f **Business Code** 9,309 9,309 2a ADMINISTRATION FEE Program Service Revenue 6,028 6,028 b DIVERSION / TEEN COURT 4,237 4,237 c PROJECT HOMELESS CONNE All other program service revenue Total. Add lines 2a-2f 19,574 Investment income (including dividends, interest, and 15,084 15,084 other similar amounts) . Income from investment of tax-exempt bond proceeds Royalties 5 (ı) Real (II) Personal 6a Gross rents **b** Less rental expenses c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) ... d Net gain or (loss) . . . 8a Gross income from fundraising events 18,325 (not including \$ Other Revenue of contributions reported on line 1c). See Part IV, line 18 . **b** Less direct expenses c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities. See Part IV, line 19 **b** Less direct expenses b c Net income or (loss) from gaming activities ... 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory . Miscellaneous Revenue **Business Code** 11a b d All other revenue Total. Add lines 11a-11d . 828,964 Total revenue. See instructions 34,658

Part IX Statement of Functional Expenses

 -	Check if Schedule O contains a response or note to				
	ot include amounts reported on lines 6b, bb, 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				
	and domestic governments. See Part IV, line 21 · · · · ·				
!	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22	101,539	101,539		
}	Grants and other assistance to foreign organizations,				
	foreign governments, and foreign individuals.				
	See Part IV, lines 15 and 16 · · · · · · · · · · · · · · · · · ·				
1	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	50,852	50,852		
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	345,134	345,134		
В	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	7,958	7,958		
9	Other employee benefits	66,412	66,412		
)	Payroll taxes	36,797	36,797		
l	Fees for services (non-employees)				
а	Management	9,309		9,309	
b	Legal				
C	Accounting	2,500		2,500	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	2,107		2,107	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	43,466	43,466		
2	Advertising and promotion	9,066	9,066	· · · · · · · · · · · · · · · · · · ·	
3	Office expenses	21,642		21,642	
1	Information technology				
5	Royalties				
5	Occupancy	48,870	48,870		
7	Travel	10,830			
, B	Payments of travel or entertainment expenses				
,	for any federal, state, or local public officials				
•	Conferences, conventions, and meetings	18,279	18,279		
	Image				
) 		4,009	4,009	-	
	Payments to affiliates		1,000		
?	Depreciation, depletion, and amortization	16,765		16,765	
3	Insurance	10,765		10,703	
ļ	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	4 063	4 061		_
a	VOLUNTEER APPRECIATION	4,061			
b	PROGRAM REIM	1,110	<u> </u>		
C	TEEN COURT FOOD	810			
d	MISC	1,015	· · · · · · · · · · · · · · · · · · ·		
е	All other expenses	8,626			
<u> </u>	Total functional expenses. Add lines 1 through 24e	811,157	758,709	52,448	
5	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here ▶ If following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 390,507 340,167 Cash -- non-interest-bearing . . 1 252,328 180,495 2 Pledges and grants receivable, net 3 3 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958 (f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 Inventories for sale or use 8 Prepaid expenses and deferred charges . . 9 10 a Land, buildings, and equipment cost or 181,807 other basis Complete Part VI of Schedule D . . . | 10a 181,807 181,807 **b** Less accumulated depreciation 10b 10c Investments -- publicly traded securities ... 11 11 12 12 13 13 Investments -- program-related See Part IV, line 11 1 14 Intangible assets . 14 15 Other assets. See Part IV, line 11 15 752,809 774,303 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 4,928 17 1,823 17 18 Grants payable 18 19 Deferred revenue . 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D . 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . 22 23 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 1,823 4,928 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ 💢 and Balances complete lines 27 through 29, and lines 33 and 34. 581,818 596,585 27 Unrestricted net assets 27 28 or Fund 169,168 29 172,790 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ | and complete lines 30 through 34. 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Š 32 Retained earnings, endowment, accumulated income, or other funds 32 750,986 769,375 33 Total net assets or fund balances 33

774,303

752,809

34

Page	2
rauc	•

Form **990** (2018)

CASA OF SOUTH CENTRAL NEBR 20-5319902

Form 990 (2018)

FDA

BWF 990

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 828,964 Total revenue (must equal Part VIII, column (A), line 12) 811,157 2 Total expenses (must equal Part IX, column (A), line 25) 2 17,807 Revenue less expenses Subtract line 2 from line 1 3 3 750,986 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 5 Net unrealized gains (losses) on investments . 5 Donated services and use of facilities 6 7 7 Investment expenses Prior period adjustments 8 582 Other changes in net assets or fund balances (explain in Schedule O) 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 769,375 Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No Accounting method used to prepare the Form 990 X Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both Consolidated basis Both consolidated and separate basis **b** Were the organization's financial statements audited by an independent accountant? . 2h If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both | Separate basis Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? N/A. If the organization changed either its oversight process or selection process during the tax year, explain in 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? За X 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

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SCHEDULE A

(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

2018

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2018

Employer identification number Name of the organization 20-5319902 CASA OF SOUTH CENTRAL NEBRASKA Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 M An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or An organization that normally receives (1) more than $33\frac{1}{3}\%$ of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions--subject to certain exceptions, and (2) no more than $33\frac{1}{3}\%$ of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2), (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. b | Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d | Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (vi) Amount of other (i) Name of supported (ii) EIN (iii) Type of organization (iv) Is the organization (V) Amount of monetary listed in your governing document? organization support (see instructions) support (see instructions) above (see instructions)) Yes (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2018 CASA OF SOUTH CENTRAL NEBR 20-5319902 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total Gifts, grants, contributions, and membership fees received. (Do not 695,453 625,417 632,229 685,343 794,306 3,432,748 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 695,453 625,417 632,229 685,343 794,306 3,432,748 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) 3,432,748 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2014 (b) 2015 (c) 2016 (d) 2017 (e) 2018 (f) Total 695,453 632,229 685,343 794,306 3,432,748 625,41 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 6.707 13,461 20,108 54,123 15.084 109,483 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets 63,246 35,942 51,645 21,857 19,574 192,264 (Explain in Part IV) 3,734,495 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12

13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section	on 501(c)	(3)	_	_
	organization, check this box and stop here			▶	1
Sec	tion C. Computation of Public Support Percentage		• • • • • • • • • • • • • • • • • • • •		•
14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	91.9	2 %	-
15	Public support percentage from 2017 Schedule A, Part II, line 14	15		%	_
16a	331/3% support test 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or it box and stop here. The organization qualifies as a publicly supported organization	nore, ch	eck this	▶ 🛚]
b	33 ¹ /3% support test 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 ¹ /3 this box and stop here. The organization qualifies as a publicly supported organization	% or mor	e, check	▶ []
17a	10%-facts-and-circumstances test 2018. If the organization did not check a box on line 13, 16a, or 16t 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop her Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a public	e. Expla	ın ın	> []
b	10%-facts-and-circumstances test 2017. If the organization did not check a box on line 13, 16a, 16b, or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explorganization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported or	ain in Par	t VI how the	• []
18	Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box	and see	instructions .	▶ [1
FDA	18 990A2 BWF 990 Form Software Copyright 1996 - 2019 HRB Tax Group, Inc. Sched	le A (Fo	orm 990 or 990-EZ)	2018	_

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SCHEDULE D

(Form 990)

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

CASA OF SOUTH CENTRAL NEBRASKA

Employer identification number

20-5319902 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . . . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements . . . 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) No In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X .. . 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Par	t III Organizations Ma	intaining Collect	tions of Art, Hist	orical Treasur	es, c	or Other Similar	Assets	(conti	nued)
3 .	Using the organization's acquis	ition, accession, and o	ther records, check a	ny of the following t	that ar	e a significant use of	its		
	collection items (check all that a	apply)	_						
а	Public exhibition		d [] :	Loan or exchange _l Other	progra	ıms			
b	Scholarly research		e 🗍 :	Other				_	
С	Preservation for future gener	rations							
4	Provide a description of the org	anization's collections	and explain how they	further the organiz	ation's	s exempt purpose in F	Part Part		
	XIII								
5	During the year, did the organiz	zation solicit or receive	donations of art, histo	rical treasures, or o	other s	imilar	_		_
	assets to be sold to raise funds	rather than to be mair	ntained as part of the	organization's colle	ction?		📙 Үе	s	No
Par	t IV Escrow and Cust	odial Arrangeme	ents.						
	Complete if the organiz	ation answered "Yes"	on Form 990, Part IV,	line 9, or reported	an am	ount on Form 990, Pa	art X, line	21	
1a	Is the organization an agent, tru	ustee, custodian or oth							_
	included on Form 990, Part X?						. ∐ Ye	S	∐No
b	If "Yes," explain the arrangeme	nt in Part XIII and com	plete the following tab	le					
						Am	ount		
C	Beginning balance .				1c				
d	Additions during the year				1d				
е	Distributions during the year				1e				
f	Ending balance .				1f				
2a	Did the organization include an						∐ Ye	s	∐No
b	If "Yes," explain the arrangeme	nt in Part XIII. Check h	ere if the explanation l	nas been provided	on Pa	rt XIII			Щ
Par	t V Endowment Fund	ds.							
	Complete if the organiz	ation answered "Yes"	on Form 990, Part IV,	line 10	,				
		(a) Current year	(b) Prior year	(c) Two years ba		d) Three years back			
1a	Beginning of year balance	169,168	135,857	124,5	593	119,549		119	,449
b	Contributions								
C	Net investment earnings,								
	gains, and losses	3,622	11,264	11,2	264	5,044			100
d	Grants or scholarships								
e	Other expenditures for								
	facilities and programs .								
f	Administrative expenses .								
g	End of year balance	172,790	<u> </u>	<u> </u>		124,593		119	,549
2	Provide the estimated percenta	ge of the current year	end balance (line 1g,	column (a)) held as	3				
а	Board designated or quasi-end	dowment 🕨	%						
b	Permanent endowment	%							
С	Temporarily restricted endowm	ent >	_ %						
	The percentages on lines 2a, 2	b, and 2c should equa	d 100%.						
3a	Are there endowment funds no	t in the possession of	the organization that a	re held and admin	sterec	I for the			
	organization by							Yes	No
	(i) unrelated organizations .	•					3a(i)	$oxed{oxed}$	X
	(ii) related organizations			•			3a(ii)	$oxed{oxed}$	X
b	If "Yes" on line 3a(ii), are the re	lated organizations list	ed as required on Sch	edule R?			3b		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$
4	Describe in Part XIII the intende	ed uses of the organiza	ation's endowment fur	ds					
Pa		, and Equipment							
		nization answered "Ye	s" on Form 990, Part I	V, line 11a See Fo	rm 990), Part X, line 10.			
	Description of property	1, ,) Cost or other	(c) Accumulated	(d) Bool	k value	Э
	<u> </u>	(ır	nvestment)	basis (other)		depreciation			
1a					<u> </u>	1			
b	Buildings				$oxed{oxed}$				
С	Leasehold improvements				1				
d	• •				<u> </u>				
<u>e</u>	Other								
Total	I. Add lines 1a through 1e (Colu	mn (d) must equal For	m 990, Part X, column	(B), line 10c.)		▶			

Part VII	Investments — Other Securities. Complete if the organization answered "Yes"		ne 11h See Form 990 Part X line 12	
(a)	Description of security or category (including name of security)	(b) Book value	(c) Method of value 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)				
	(b) must equal Form 990, Part X, col. (B) line 12.)			•
Part VIII	Investments — Program Related			
	Complete if the organization answered "Yes"	T:	1	
(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year ma	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	(b) must equal Form 990, Part X, co1 (B) line 13)			
Part IX	Other Assets.			
	Complete if the organization answered "Yes"		ne 11d See Form 990, Part X, line 15.	T
	(a) De	scription		(b) Book value
(1)				
(2)				
(3)				
(4)		- .		
(5)				
(6)				
<u>(7)</u>				
(8)				
	n (b) must equal Form 990, Part X, col (B) line	4E \		
Part X	Other Liabilities.	15.)	· · · · · · · · · · · · · •	
Pail	Complete if the organization answered "Yes"	on Form 990 Part IV Iu	ne 11e or 11f See Form 990 Part X line	25
1.	(a) Description of liability	(b) Book value	T	
	ncome taxes	(b) Book value	-	
(2)	TICOTHE TAXES		┥ .	, •
(3)	· · · · · · · · · · · · · · · · · · ·		┥ '	
(4)			- 	
(5)			┥ .	
(6)			-	
(7)	-		-{	-
(8)		 	-	
(9)		 	4	, '
	(h)	 	-{	
	(b) must equal Form 990, Part X, col (B) line 25)	and ad the desertion		<u> </u>
	uncertain tax positions. In Part XIII, provide the t			
Signification S	liability for uncertain tax positions under FIN 48	(MOC 740) Check nere	in the text of the foothole has been prov	riueo in Part XIII

Complete if the organization answered "Yes" on Form 990, Part IV, line		e per Heturn.
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		
a Net unrealized gains (losses) on investments	2a	
b December on the order of facilities	2b	
- Parameter of annual process	2c 2c	-{
d Ohea (Danasha sa Bart VIII)		-{
A 141	2d	 -
O broad as On front as A		2e
Subtract line 2e from line 1	i	3
Amounts included on Form 990, Part VIII, line 12, but not on line 1	4-	
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b	•	4c
Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
art XII Reconciliation of Expenses per Audited Financial Sta	•	es per Heturn.
Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
Total expenses and losses per audited financial statements	•	1
Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1	
a Donated services and use of facilities	2a	4 1
b Prior year adjustments	2b	_
c Other losses	2c	_
d Other (Describe in Part XIII.)	2d	<u> </u>
e Add lines 2a through 2d	• • • • • •	2e
Subtract line 2e from line 1		3
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]
b Other (Describe in Part XIII)	4b	<u> </u>
c Add lines 4a and 4b		4c
Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	··· · · · · · · · · · · · · · · · · ·	5
art XIII Supplemental Information.		
art XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional information.	

SCHEDULE O

(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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

CASA OF SOUTH CENTRAL NEBRASKA

PART XI LINE 9 - 582 ADJUSTMENT

Employer identification number

20-5319902

