

HAYES & ASSOCIATES, LLC
13120 PIERCE ST SUITE 201
OMAHA, NE 68144

NONPROFIT ASSOCIATION OF THE MIDLANDS
1111 N 13TH STREET, 213
OMAHA, NE 68102

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CLIENT ' S COPY

HAYES & ASSOCIATES, LLC
13120 PIERCE ST SUITE 201
OMAHA, NE 68144
(402) 390-2480

OCTOBER 20, 2025

NONPROFIT ASSOCIATION OF THE MIDLANDS
1111 N 13TH STREET 213
OMAHA, NE 68102

NONPROFIT ASSOCIATION OF THE MIDLANDS:

ENCLOSED IS THE ORGANIZATION'S 2024 EXEMPT ORGANIZATION RETURN.

SPECIFIC FILING INSTRUCTIONS ARE AS FOLLOWS.

FORM 990 RETURN:

THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-TE TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS. RETURN FORM 8879-TE TO US BY NOVEMBER 17, 2025.

A COPY OF THE RETURN IS ENCLOSED FOR YOUR FILES. WE SUGGEST THAT YOU RETAIN THIS COPY INDEFINITELY.

SINCERELY,

HAYES & ASSOCIATES, LLC

IRS E-file Signature Authorization for a Tax Exempt Entity

Form 8879-TE

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

2024

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer NONPROFIT ASSOCIATION OF THE MIDLANDS EIN or SSN 47-0778684

Name and title of officer or person subject to tax ANNE HINDERY CHIEF EXECUTIVE OFFICER

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

Table with 4 columns: Line number, Form type, checkbox, and Amount. Includes rows for Form 990, Form 990-EZ, Form 1120-POL, Form 990-PF, Form 8868, Form 990-T, Form 4720, Form 5227, Form 5330, and Form 8038-CP.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

[X] I authorize HAYES & ASSOCIATES, LLC to enter my PIN 12011. ERO firm name. Enter five numbers, but do not enter all zeros.

as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2024 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax ***** THIS IS NOT A FILEABLE COPY ***** Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

47360812888 Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2024 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature HAYES & ASSOCIATES, LLC Date 10/20/25

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8879-TE (2024)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. NONPROFIT ASSOCIATION OF THE MIDLANDS	Taxpayer identification number (TIN) 47-0778684
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1111 N 13TH STREET, 213	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OMAHA, NE 68102	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **ANNE HINDERY**
1111 N 13TH STREET STE 213 - OMAHA, NE 68144

Telephone No. **402-557-5801** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 **24** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

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

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2024 calendar year, or tax year beginning and ending																										
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization NONPROFIT ASSOCIATION OF THE MIDLANDS</td> <td>D Employer identification number 47-0778684</td> </tr> <tr> <td colspan="2">Doing business as</td> <td rowspan="3">E Telephone number 402-557-5800</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td>1111 N 13TH STREET</td> <td>213</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code OMAHA, NE 68102</td> <td>G Gross receipts \$ 1,339,603.</td> </tr> <tr> <td colspan="2">F Name and address of principal officer: ANNE HINDERY SAME AS C ABOVE</td> <td>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions</td> </tr> <tr> <td colspan="2">I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td>H(c) Group exemption number</td> </tr> <tr> <td colspan="2">J Website: WWW.NONPROFITAM.ORG</td> <td>L Year of formation: 2002 M State of legal domicile: NE</td> </tr> <tr> <td colspan="2">K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other</td> <td></td> </tr> </table>	C Name of organization NONPROFIT ASSOCIATION OF THE MIDLANDS		D Employer identification number 47-0778684	Doing business as		E Telephone number 402-557-5800	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	1111 N 13TH STREET	213	City or town, state or province, country, and ZIP or foreign postal code OMAHA, NE 68102		G Gross receipts \$ 1,339,603.	F Name and address of principal officer: ANNE HINDERY SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions	I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number	J Website: WWW.NONPROFITAM.ORG		L Year of formation: 2002 M State of legal domicile: NE	K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		
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Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE STRENGTHEN THE COLLECTIVE VOICE, LEADERSHIP, AND CAPACITY OF NONPROFIT ORGANIZATIONS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	19
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	19
	5 Total number of individuals employed in calendar year 2024 (Part V, line 2a)	5	10
	6 Total number of volunteers (estimate if necessary)	6	20
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,072,668.	Current Year 891,903.
	9 Program service revenue (Part VIII, line 2g)	409,713.	378,103.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	16,998.	45,677.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,414.	500.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,509,793.	1,316,183.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	869,200.	924,538.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25)	107,622.	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	767,202.	777,542.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,636,402.	1,702,080.	
19 Revenue less expenses. Subtract line 18 from line 12	-126,609.	-385,897.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 2,472,834.	End of Year 1,882,951.
	21 Total liabilities (Part X, line 26)	588,668.	384,682.
	22 Net assets or fund balances. Subtract line 21 from line 20	1,884,166.	1,498,269.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ANNE HINDERY, CHIEF EXECUTIVE OFFICER		Date	
	Type or print name and title			
Paid Preparer Use Only	Preparer's name GREGORY A. JOHNSON	Preparer's signature GREGORY A. JOHNSON	Date 10/20/25	Check if self-employed <input type="checkbox"/> PTIN P00139615
	Firm's name HAYES & ASSOCIATES, LLC	Firm's EIN 47-0716239		
	Firm's address 13120 PIERCE ST SUITE 201 OMAHA, NE 68144		Phone no. 402-390-2480	

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: WE STRENGTHEN THE COLLECTIVE VOICE, LEADERSHIP, AND CAPACITY OF NONPROFIT ORGANIZATIONS TO ENRICH THE QUALITY OF COMMUNITY LIFE THROUGHOUT NEBRASKA AND WESTERN IOWA.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

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 \$ 822,078. including grants of \$ 0.) (Revenue \$ 182,302.) WE WORK TO BUILD LEADERSHIP, CAPACITY, AND INFRASTRUCTURE FOR NONPROFIT ORGANIZATIONS AND SERVE AS THE COLLECTIVE VOICE FOR NONPROFITS OF ALL SIZES AND MISSIONS.

4b (Code:) (Expenses \$ 311,686. including grants of \$) (Revenue \$ 195,801.) NAM FINANCIAL SERVICES - SUSTAINABLE NONPROFITS PRACTICE SOUND FINANCIAL PRINCIPLES. THE CHALLENGE COMES IN ESTABLISHING SYSTEMS AND, FOR SOME NONPROFITS, MANAGING THEM. NAM'S FINANCIAL SERVICES PROGRAM PROVIDES NAM MEMBERS WITH QUALITY, AFFORDABLE, FEE-FOR-SERVICE FINANCIAL WORK AND ACCOUNTING.

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 1,133,764.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Description, Yes, No. Rows 22-38 covering various organizational requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question ID, Description, Yes, No. Rows 1a-1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and various organizational requirements.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 19; 1b Enter the number of voting members included on line 1a... 19; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders? X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a The governing body? X; 8b Each committee with authority to act on behalf of the governing body? X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O. X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official X; 15b Other officers or key employees of the organization X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records ANNE HINDERY - 402-557-5801 1111 N 13TH STREET STE 213, OMAHA, NE 68144

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

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

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

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) VICTORIA GRASSO PRESIDENT	5.00	X		X				0.	0.	0.
(2) KRISTINE HULL TREASURER	3.00	X		X				0.	0.	0.
(3) ROB TREBILCOCK SECRETARY	3.00	X		X				0.	0.	0.
(4) MARYSZ RAMES PRESIDENT-ELECT	3.00	X						0.	0.	0.
(5) JAYMES SIME PAST-PRESIDENT	3.00	X						0.	0.	0.
(6) NATE CACY DIRECTOR	3.00	X						0.	0.	0.
(7) LIZ CODINA DIRECTOR	3.00	X						0.	0.	0.
(8) SHAUN ILAHI DIRECTOR	3.00	X						0.	0.	0.
(9) RENEE FRY DIRECTOR	3.00	X						0.	0.	0.
(10) TYLER IRVINE DIRECTOR	3.00	X						0.	0.	0.
(11) BRYAN SCHNEIDER DIRECTOR	3.00	X						0.	0.	0.
(12) KEELE TAYLOR DIRECTOR	3.00	X						0.	0.	0.
(13) ROSE GODINEZ DIRECTOR	3.00	X						0.	0.	0.
(14) JASMINE HARRIS DIRECTOR	3.00	X						0.	0.	0.
(15) LUCIA PEDROZA DIRECTOR	3.00	X						0.	0.	0.
(16) KARINA PEREZ DIRECTOR	3.00	X						0.	0.	0.
(17) OUSMAN ISSAKA DIRECTOR	3.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GIBRIL MANSARAY DIRECTOR	3.00	X					0.	0.	0.	
(19) SARA WILCOX DIRECTOR	3.00	X					0.	0.	0.	
(20) ANNE HINDERY CEO	55.00			X			151,346.	0.	15,679.	
1b Subtotal							151,346.	0.	15,679.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							151,346.	0.	15,679.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 0

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	Membership dues	1b	313,386.				
	c	Fundraising events	1c	81,480.				
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	497,037.				
	g	Noncash contributions included in lines 1a-1f	1g	\$				
	h	Total. Add lines 1a-1f			891,903.			
Program Service Revenue	2 a	PROGRAM SERVICE FEES	Business Code					
			541900	378,103.	378,103.			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f			378,103.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		45,677.			45,677.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	6a	(i) Real				
				(ii) Personal				
	b	Less: rental expenses ...	6b					
	c	Rental income or (loss)	6c					
	d	Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	7a	(i) Securities				
				(ii) Other				
	b	Less: cost or other basis and sales expenses	7b					
	c	Gain or (loss)	7c					
	d	Net gain or (loss)						
8 a	Gross income from fundraising events (not including \$ <u>81,480.</u> of contributions reported on line 1c). See Part IV, line 18	8a		23,420.				
			8b	23,420.				
c	Net income or (loss) from fundraising events			0.				
9 a	Gross income from gaming activities. See Part IV, line 19	9a						
			9b					
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	10a						
			10b					
c	Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a	OTHER REVENUE	Business Code					
			90099	500.			500.	
	b							
	c							
	d	All other revenue						
e	Total. Add lines 11a-11d			500.				
12	Total revenue. See instructions			1,316,183.	378,103.	0.	46,177.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	167,025.	101,920.	51,597.	13,508.
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	623,200.	379,146.	193,238.	50,816.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	62,069.	37,862.	19,241.	4,966.
9 Other employee benefits	72,244.	45,602.	21,352.	5,290.
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal	35,499.	30,557.	4,942.	
c Accounting	32,842.		32,842.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	5,081.	4,331.	750.	
13 Office expenses	50,017.	31,873.	14,823.	3,321.
14 Information technology				
15 Royalties				
16 Occupancy	95,162.	58,049.	29,500.	7,613.
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	66,074.	40,305.	20,483.	5,286.
23 Insurance	15,861.	9,675.	4,917.	1,269.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a TRAINING AND STAFF DEVE	415,101.	368,578.	32,595.	13,928.
b WEB DEVELOPMENT	41,934.	12,492.	27,817.	1,625.
c OTHER EXPENSE	19,971.	13,374.	6,597.	
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	1,702,080.	1,133,764.	460,694.	107,622.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	207,207.	205,857.	0.	1,350.

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,430,181.	1	1,090,358.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	321,122.	3	161,122.
	4 Accounts receivable, net	25,855.	4	43,331.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	19,808.	9	25,253.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 797,555.		
	b Less: accumulated depreciation	10b 326,187.	537,442.	10c 471,368.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	138,426.	15	91,519.
16 Total assets. Add lines 1 through 15 (must equal line 33)	2,472,834.	16	1,882,951.	
Liabilities	17 Accounts payable and accrued expenses	101,279.	17	29,558.
	18 Grants payable		18	
	19 Deferred revenue	187,641.	19	180,970.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	299,748.	25	174,154.
	26 Total liabilities. Add lines 17 through 25	588,668.	26	384,682.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	1,524,859.	27	1,018,662.
	28 Net assets with donor restrictions	359,307.	28	479,607.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	1,884,166.	32	1,498,269.
33 Total liabilities and net assets/fund balances	2,472,834.	33	1,882,951.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,316,183.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,702,080.
3	Revenue less expenses. Subtract line 2 from line 1	3	-385,897.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,884,166.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	1,498,269.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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? _____ If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		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 on Schedule O and describe any steps taken to undergo such audits _____		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
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 Total. Add lines 1 through 3						
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.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
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 VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2023 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2024. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2023. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2024. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
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		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1214356.	1428117.	924,457.	1082893.	891,903.	5541726.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	247,507.	231,513.	334,479.	409,713.	378,103.	1601315.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	1461863.	1659630.	1258936.	1492606.	1270006.	7143041.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons	668,500.	978,500.	469,000.	634,750.	349,500.	3100250.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
c Add lines 7a and 7b	668,500.	978,500.	469,000.	634,750.	349,500.	3100250.
8 Public support. (Subtract line 7c from line 6.)						4042791.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2020	(b) 2021	(c) 2022	(d) 2023	(e) 2024	(f) Total
9 Amounts from line 6	1461863.	1659630.	1258936.	1492606.	1270006.	7143041.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,136.	6.	253.	16,998.	45,677.	64,070.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,136.	6.	253.	16,998.	45,677.	64,070.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,065.		56.	189.	500.	3,810.
13 Total support. (Add lines 9, 10c, 11, and 12.)	1466064.	1659636.	1259245.	1509793.	1316183.	7210921.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f))	15	56.06 %
16 Public support percentage from 2023 Schedule A, Part III, line 15	16	55.84 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f))	17	.89 %
18 Investment income percentage from 2023 Schedule A, Part III, line 17	18	.28 %

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2024 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2024	(iii) Distributable Amount for 2024
1	Distributable amount for 2024 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2024		
a	From 2019		
b	From 2020		
c	From 2021		
d	From 2022		
e	From 2023		
f	Total of lines 3a through 3e		
g	Applied to under distributions of prior years		
h	Applied to 2024 distributable amount		
i	Carryover from 2019 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2024 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2024 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2025. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2020		
b	Excess from 2021		
c	Excess from 2022		
d	Excess from 2023		
e	Excess from 2024		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Lined area for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

Employer identification number

NONPROFIT ASSOCIATION OF THE MIDLANDS

47-0778684

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

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

Schedule B (Form 990) (Rev. 12-2024)

Name of organization NONPROFIT ASSOCIATION OF THE MIDLANDS	Employer identification number 47-0778684
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>PETER KIEWIT FOUNDATION</u> <u>1125 S 103RD STREET</u> <u>OMAHA, NE 68124</u>	\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>SHERWOOD FOUNDATION</u> <u>808 CONAGRA DR #200</u> <u>OMAHA, NE 68102</u>	\$ <u>162,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>MUTUAL OF OMAHA FOUNDATION</u> <u>3300 MUTUAL OF OMAHA PLAZA</u> <u>OMAHA, NE 68175</u>	\$ <u>52,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>ANNETTE AND PAUL SMITH CHARITABLE FUND</u> <u>1536 CUMING STREET</u> <u>OMAHA, NE 68102</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>FIRST INTERSTATE BANCSYSTEM FOUNDATION</u> <u>9290 W DODGE RD SUITE #101</u> <u>OMAHA, NE 68114</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>FNIC TRUSTED INSURANCE ADVISORS</u> <u>14010 FNB PKWY #300</u> <u>OMAHA, NE 68154</u>	\$ <u>82,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NONPROFIT ASSOCIATION OF THE MIDLANDS	Employer identification number 47-0778684
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	<u>WILLIAM & RUTH SCOTT FAMILY FOUNDATION</u> <u>5225 S 159TH AVE</u> <u>OMAHA, NE 68135</u>	\$ <u>60,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	<u>MAMMEL FOUNDATION</u> <u>12910 PIERCE ST, STE 320</u> <u>OMAHA, NE 68144</u>	\$ <u>40,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	<u>MILLARD FOUNDATION</u> <u>5231 S 159TH AVE</u> <u>OMAHA, NE 68135</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	<u>NATIONAL COUNCIL OF NONPROFITS</u> <u>1001 G ST NW STE 700E</u> <u>WASHINGTON, DC 20001</u>	\$ <u>31,038.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	<u>THE HAWKS FOUNDATION</u> <u>14302 FNB PKWY</u> <u>OMAHA, NE 68154</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NONPROFIT ASSOCIATION OF THE MIDLANDS	Employer identification number 47-0778684
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____
		\$ _____	_____

Name of organization NONPROFIT ASSOCIATION OF THE MIDLANDS	Employer identification number 47-0778684
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then:

- Section 501(c)(3) organizations: Complete Parts I-A and I-B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and I-C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then:

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions), or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then:

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization NONPROFIT ASSOCIATION OF THE MIDLANDS	Employer identification number (EIN) 47-0778684
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political campaign activity expenditures \$ _____
- 3 Volunteer hours for political campaign activities _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses, and EINs of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

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

Schedule C (Form 990) 2024

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grassroots lobbying)	0.													
b Total lobbying expenditures to influence a legislative body (direct lobbying)	0.													
c Total lobbying expenditures (add lines 1a and 1b)	0.													
d Other exempt purpose expenditures	1,702,080.													
e Total exempt purpose expenditures (add lines 1c and 1d)	1,702,080.													
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	235,104.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">IF the amount on line 1e, column (a) or (b), is:</th> <th>THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:	not over \$500,000	20% of the amount on line 1e.	over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	over \$17,000,000	\$1,000,000.		
IF the amount on line 1e, column (a) or (b), is:	THEN the lobbying nontaxable amount is:													
not over \$500,000	20% of the amount on line 1e.													
over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	58,776.													
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under Section 501(h)
 (Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
 See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2021	(b) 2022	(c) 2023	(d) 2024	(e) Total
2a Lobbying nontaxable amount	184,808.	221,758.	231,820.	235,104.	873,490.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,310,235.
c Total lobbying expenditures	200.	200.	200.		600.
d Grassroots nontaxable amount	46,202.	55,440.	57,955.	58,776.	218,373.
e Grassroots ceiling amount (150% of line 2d, column (e))					327,560.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

Table with 3 columns: (a) Yes, (a) No, (b) Amount. Rows include: 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation...; 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)?; 2b If "Yes," enter the amount of any tax incurred under section 4912; 2c If "Yes," enter the amount of any tax incurred by organization managers under section 4912; 2d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

Table with 2 columns: Yes, No. Rows include: 1 Were substantially all (90% or more) dues received nondeductible by members?; 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?; 3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

Table with 2 columns: 1, 2. Rows include: 1 Dues, assessments, and similar amounts from members; 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid); 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues; 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditures next year?; 5 Taxable amount of lobbying and political expenditures. See instructions.

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Blank lines for providing supplemental information as required by the instructions.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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

NONPROFIT ASSOCIATION OF THE MIDLANDS

Employer identification number

47-0778684

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
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 advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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 conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 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 FASB 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 FASB 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 FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

Schedule D (Form 990) (Rev. 12-2024)

LHA 432051 01-02-25

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange program
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment _____%
 - b** Permanent endowment _____%
 - c** Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|---------------|----|
| (i) Unrelated organizations? | 3a(i) | |
| (ii) Related organizations? | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		587,782.	169,503.	418,279.
d Equipment		209,773.	156,684.	53,089.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) 471,368.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

Part IX Other Assets

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

Part X Other Liabilities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYROLL LIABILITIES	79,933.
(3) OPERATING LEASE	94,221.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	174,154.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	1,316,183.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
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	0.
3	Subtract line 2e from line 1		3	1,316,183.
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	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	1,316,183.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	1,702,080.
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.)	2d		
e	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,702,080.
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		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	1,702,080.

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:
FOR THE YEAR ENDED DECEMBER 31, 2024, THE ORGANIZATION HAD NO TAX LIABILITY ON UNRELATED BUSINESS ACTIVITY. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		SUMMIT EVENT (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	104,900.		104,900.
	2	Less: Contributions	81,480.		81,480.
	3	Gross income (line 1 minus line 2)	23,420.		23,420.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	23,420.		23,420.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			23,420.
	11	Net income summary. Subtract line 10 from line 3, column (d)			0.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			
	8	Net gaming income summary. Subtract line 7 from line 1, column (d)			

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
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

NONPROFIT ASSOCIATION OF THE MIDLANDS

Employer identification number

47-0778684

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	
3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	<input checked="" type="checkbox"/>
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	<input checked="" type="checkbox"/>
c Participate in or receive payment from an equity-based compensation arrangement?	4c	<input checked="" type="checkbox"/>
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	<input checked="" type="checkbox"/>
b Any related organization?	5b	<input checked="" type="checkbox"/>
If "Yes" on line 5a or 5b, describe in Part III.		
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	<input checked="" type="checkbox"/>
b Any related organization?	6b	<input checked="" type="checkbox"/>
If "Yes" on line 6a or 6b, describe in Part III.		
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	<input checked="" type="checkbox"/>
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	<input checked="" type="checkbox"/>
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) (Rev. 12-2024)

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

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 Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization

NONPROFIT ASSOCIATION OF THE MIDLANDS

Employer identification number

47-0778684

FORM 990, PART VI, SECTION A, LINE 6:

THE NONPROFIT ASSOCIATION OF THE MIDLANDS HAS ONE CATERGORY OF MEMBERSHIP.
THE PRINCIPAL MEMBERS ARE ORGANIZATIONS WHICH ARE OPERATED ON A
NOT-FOR-PROFIT BASIS AND WHICH ARE ORGANIZED TO PROVIDE SERVICES AS
AUTHORIZED UNDER THE APPROPRIATE INTERNAL REVENUE SERVICE CODE.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BOARD OF DIRECTORS ARE ELECTED AT THE ANNUAL MEMBERS' MEETING AND EACH
MEMBER SHALL BE ENTITLED TO ONE VOTE ON EACH MATTER VOTED ON BY THE MEMBERS
AT A MEETING OF THE MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

A COPY OF THE FORM 990 IS REVIEWED BY THE BOARD BEFORE FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

NONPROFIT ASSOCIATION OF THE MIDLANDS MAINTAINED AN UPDATED CONFLICT OF
INTEREST POLICY THAT ALL BOARD MEMBERS REVIEW AND SIGN INDICATING THEIR
UNDERSTANDING OF THE POLICY. BOARD MEMBERS CAN DISCLOSE ANY CONFLICTS
RELATED TO ANY MATTER ON THE MEETING AGENDA. CONFLICTS ARE NOTED ON BOARD
SHEET WHICH TRACKS ATTENDANCE, COMMITTEES AND DONATIONS. ANY CONFLICTS
NOTED SHALL IMPOSE A RESTRICTION ON THE INDIVIDUAL AND PROHIBIT THEM FROM
PARTICIPATING IN THE GOVERNING BODY'S DELIBERATIONS AND DECISIONS IN THE
TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15A:

DURING THE ANNUAL REVIEW PROCESS, MEMBERS OF THE BOARD OF DIRECTORS REVIEW
THE PERFORMANCE AND COMPENSATION FOR THE EXEC. DIRECTOR. IN ADDITION, WE
COMPARE TO OTHER STATE ASSOCIATION 990S AND CONDUCT AN ANNUAL SALARY AND
BENEFITS SURVEY ACROSS THE REGION AND THIS INFORMATION IS AVAILABLE NOT
ONLY FOR OUR ORGANIZATION BUT FOR ALL NONPROFIT ORGANIZATIONS.

FORM 990, PART VI, SECTION C, LINE 19:

DOCUMENTS ARE AVAILABLE WHEN REQUESTED AND ON THE ORGANIZATION'S WEBSITE.

Nebraska Corporation Estimated Income Tax Worksheet

1 Estimated federal taxable income	1	
2 Estimated Nebraska taxable income	2	
3 Tax on line 2 (line 2 multiplied by 5.20%)	3	
4 Estimated credits	4	
5 Nebraska corporation estimated income tax (line 3 minus line 4)	5	
6 Computation of Installments. If the original payment is due to be filed on: <ul style="list-style-type: none"> • 15th day of the fourth month - Enter 1/4 of the amount from line 5 here and on line 2 of the payment vouchers. • 15th day of the sixth month - Enter 1/3 of the amount from line 5 here and on line 2 of the remaining payment vouchers. • 15th day of the ninth month - Enter 1/2 the amount from line 5 here and on line 2 of the remaining payment voucher. • 15th day of the twelfth month - Enter the amount from line 5 here and on line 2 of the appropriate payment voucher. 	6	

Amended Computation Schedule

• Use if the corporation's estimated income tax changes during the year.

1 Amended estimated income tax (enter here and on line 1 of the payment voucher)	1	
2 Amount of the 2024 overpayment previously applied as a credit to 2025 estimated income tax installments	2	
3 Total amount previously paid for 2025 estimated income tax installments	3	
4 Line 2 plus line 3	4	
5 Unpaid balance (line 1 minus line 4)	5	
6 Amount to be paid (line 5 divided by number of remaining payments). Enter here and on line 2 of the payment voucher	6	

Record of Estimated Income Tax Payments

Payment Number	Installment Date	(A) Date Filed	(B) Amount Paid (Line 4 of Payment Voucher)	(C) 2024 Overpayment (Line 3 of Payment Voucher)	(D) Total Amount Paid and Credited (Col. (B) plus Col. (C))
1	4th Month				
2	6th Month				
3	9th Month				
4	12th Month				
Claim this amount on your 2025 Nebraska Corporation Income Tax Return, Form 1120N, or 2025 Nebraska S Corporation Income Tax Return, Form 1120-SN.					TOTAL

Note: If a corporation is not required to make an estimated income tax payment on the first installment date, it may still be required to make payments at a later date. See instruction entitled, "Changes in Estimated Income Tax."

RETAIN A COPY FOR YOUR RECORDS - DO NOT FILE.

**Nebraska Corporation Estimated Income Tax
 Payment Voucher**

- 1 Estimated income tax for the 2025 tax year (line 5 of estimated income tax worksheet)
- 2 Amount of this installment (line 6 of estimated income tax worksheet)
- 3 Amount of overpayment from last year (all or part) applied to this installment
- 4 Amount of this payment (line 2 minus line 3). Enter here and in your Record of Estimated Income Tax Payments

1		
2		
3		
4		

Check One: C corporation S corporation

Payment Type:
 Estimated Payment Payment by Distributor of Cash Device
 Payment by Operator of Cash Device

Name Doing Business As (dba) _____ Nebraska ID Number _____ Federal ID Number _____ Taxable Year Ending _____

Legal Name _____

Street or Other Mailing Address _____

City _____ State _____ ZIP Code _____

1 This installment of estimate income tax is due on or before the **15th day of the 4th month of the taxable year**. For distributors or operators of cash devices only, this quarterly payment is due April 1st.

Use our safe and secure Nebraska e-pay system to make and manage your Nebraska business tax payments. Please visit revenue.nebraska.gov for additional information about e-pay. Do not mail if you are paying electronically. If you are paying by check or money order, mail this voucher and payment to:
Nebraska Department of Revenue, PO Box 94818, Lincoln, NE 68509-4818.

**Nebraska Corporation Estimated Income Tax
 Payment Voucher**

1	Estimated income tax (or amended estimated income tax). Complete if this is an original or amended computation		
2	Amount of this installment (line 6 of estimated income tax worksheet or line 6 of Amended Computation Schedule)		
3	Amount of overpayment from last year applied to this installment (and not applied to the previous installment)		
4	Amount of this payment (line 2 minus line 3). Enter here and in your Record of Estimated Income Tax Payments		

Check One: C corporation S corporation

Payment Type:
 Estimated Payment Payment by Distributor of Cash Device
 Payment by Operator of Cash Device

Name Doing Business As (dba) _____ Nebraska ID Number _____ Federal ID Number _____ Taxable Year Ending _____

Legal Name _____

Street or Other Mailing Address _____

City _____ State _____ ZIP Code _____

2 This installment of estimate income tax is due on or before the **15th day of the 6th month of the taxable year**. For distributors or operators of cash devices only, this quarterly payment is due June 1st.

Use our safe and secure Nebraska e-pay system to make and manage your Nebraska business tax payments. Please visit revenue.nebraska.gov for additional information about e-pay. Do not mail if you are paying electronically. If you are paying by check or money order, mail this voucher and payment to:
Nebraska Department of Revenue, PO Box 94818, Lincoln, NE 68509-4818.

Nebraska Corporation Estimated Income Tax

Payment Voucher

2025

1 Estimated income tax (or amended estimated income tax). Complete if this is an original or amended computation	1		
2 Amount of this installment (line 6 of estimated income tax worksheet or line 6 of Amended Computation Schedule)	2		
3 Amount of overpayment from last year applied to this installment (and not applied to the previous installment)	3		
4 Amount of this payment (line 2 minus line 3). Enter here and in your Record of Estimated Income Tax Payments	4		

Check One: C corporation S corporation

Payment Type:
 Estimated Payment Payment by Distributor of Cash Device
 Payment by Operator of Cash Device

Name Doing Business As (dba)	Nebraska ID Number	Federal ID Number	Taxable Year Ending
------------------------------	--------------------	-------------------	---------------------

Legal Name

Street or Other Mailing Address

City State ZIP Code

3

This installment of estimate income tax is due on or before the **15th day of the 9th month of the taxable year**. For distributors or operators of cash devices only, this quarterly payment is due October 1st.

Use our safe and secure Nebraska e-pay system to make and manage your Nebraska business tax payments. Please visit revenue.nebraska.gov for additional information about e-pay. Do not mail if you are paying electronically. If you are paying by check or money order, mail this voucher and payment to:
Nebraska Department of Revenue, PO Box 94818, Lincoln, NE 68509-4818.

Nebraska Corporation Estimated Income Tax
Payment Voucher

- 1 Estimated income tax (or amended estimated income tax).
 Complete if this is an original or amended computation
- 2 Amount of this installment (line 6 of estimated income tax
 worksheet or line 6 of Amended Computation Schedule)
- 3 Amount of overpayment from last year applied to this
 installment (and not applied to the previous installment)
- 4 Amount of this payment (line 2 minus line 3). Enter here
 and in your Record of Estimated Income Tax Payments

1		
2		
3		
4		

Check One: C corporation S corporation

Payment Type:
 Estimated Payment Payment by Distributor of Cash Device
 Payment by Operator of Cash Device

Name Doing Business As (dba)	Nebraska ID Number	Federal ID Number	Taxable Year Ending
------------------------------	--------------------	-------------------	---------------------

Legal Name

Street or Other Mailing Address

City State ZIP Code

4 This installment of estimate income tax is due on or before the **15th day of the 12th month of the taxable year**. For distributors or operators of cash devices only, this quarterly payment is due January 1st.

Use our safe and secure Nebraska e-pay system to make and manage your Nebraska business tax payments. Please visit revenue.nebraska.gov for additional information about e-pay. Do not mail if you are paying electronically. If you are paying by check or money order, mail this voucher and payment to:
Nebraska Department of Revenue, PO Box 94818, Lincoln, NE 68509-4818.

Please Type or Print	Name Doing Business As (dba)			PLEASE DO NOT WRITE IN THIS SPACE	
	Legal Name				
	Street or Other Mailing Address				
	City	State	ZIP Code		
Business Classification Code	Date Business Began in Nebraska	Principal Business Activity in Nebraska	Federal ID Number	Nebraska ID Number	

Check if:

<input type="checkbox"/> Initial Return	<input type="checkbox"/> Address Change	<input type="checkbox"/> Exempt Organization	<input type="checkbox"/> 7004 Attached
<input type="checkbox"/> Final Return (e.g., dissolved. See instr.)	<input type="checkbox"/> Name Change	<input type="checkbox"/> Cooperative Meeting IRC § 6072(d)	<input type="checkbox"/> 3800N, 775N, 312N, or 1107N Attached

Corporation Filing Status (Answer questions A through D, as applicable.)

- A.** Does this corporation own at least 50% of another corporation; or is it owned at least 50% by another corporation?
 (1) YES (2) NO
 If Yes, attach Federal Form 851 or a schedule of affiliated corporations and federal IDs. Answer questions B, C, and D.
- B.** Is one single Nebraska return being filed for the entire group?
 (1) YES (2) NO
- C.** Are you filing as a unitary group in any other state?
 (1) YES (2) NO
- D.** Check the method used to determine Nebraska income (check only one):
 (1) Combined report of a controlled group of corporations
 (2) Separate report by a member of a controlled group of corporations (attach supporting documentation)
 (3) Alternate method (attach Nebraska Department of Revenue approval)

1 Federal gross sales or receipts, less returns and allowances	1	0	
2 Federal taxable income (FTI) (see instructions)	2	0	
3 Adjustments increasing FTI (line 10, from attached Nebraska Schedule A)	3		
4 Adjustments decreasing FTI (line 21, from attached Nebraska Schedule A)	4		
5 Adjusted FTI (enter line 2 plus line 3 minus line 4)	5	0	
6 Nebraska taxable income before Nebraska carryovers (see instructions)	6	0	
7 Nebraska capital loss carryover (see instructions - attach worksheet)	7		
8 Nebraska taxable income after Nebraska capital loss carryover (line 6 minus line 7)	8	0	
9 Nebraska net operating loss carryover (see instructions - attach worksheet)	9		
10 Net Nebraska taxable income (line 8 minus line 9)	10	0	
11 Nebraska tax <input type="checkbox"/> Check this box if you are an insurance company	11	0	
12 Premium tax credit (see instructions - attach schedule)	12		
13 Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)	13		
14 School Readiness Tax Credit for providers	14		
15 Community Development Assistance Act credit (attach Form CDN)	15		
16 Form 3800N nonrefundable credit (attach Form 3800N)	16		
17 NE employer tax credit for employing convicted felons. Enter certificate number from Form ETC-A	17		
18 Opportunity Scholarships Credit for contributors	18		
19 Child Care Tax Credit for contributors. Enter certificate number from Form CCTC-A	19		
20 Creating High Impact Economic Futures (CHIEF) credit	20		
21 Total nonrefundable credits (total of lines 12 through 20)	21		
22 Nebraska tax after nonrefundable credits. Subtract line 21 from line 11 (if line 21 is more than line 11, enter -0-)	22	0	

Complete Page 2

23 Form 3800N refundable credit (attach Form 3800N)	23		
24 Tax deposited with Form 7004N	24		
25 2024 estimated income tax payments (minus any Form 4466N adjustment)	25		
26 Beginning Farmer credit	26		
27 Nebraska income tax withheld (see instructions)	27		
28 Credit for community college property taxes (attach Form PTC)	28		
29 PTET credit (attach Schedules K-1N) a Name: _____ b NE ID Number: _____ c 2018 - 2022 amount: \$ _____ d 2024 amount: \$ _____ Enter the total of line 29c and 29d on line 29. (Attach a schedule if the credit was received from more than one partnership.)	29		
30 Total refundable credits and payments (total of lines 23 through 29)	30		
31 Tax Due (line 22 minus line 30)	31		
32 Penalty for underpayment of estimated income tax (see instructions)	32		
33 Amount Due (when line 30 is less than the total of lines 22 and 32) If paying electronically, check here <input type="checkbox"/>	33		
34 Overpayment (when line 30 is greater than the total of lines 22 and 32)	34		
35 Amount on line 34 to be credited to 2025 estimated income tax	35		
36 Overpayment to be refunded (line 34 minus line 35). Direct deposit: Complete lines 37a, 37b, and 37c	36		

37a Routing No. _____ **37b** Type of Account Checking Savings

37c Account No. _____

37d Check this box if this refund will go to a bank account outside the United States.

Under penalties of perjury, I declare that as taxpayer or preparer, I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is correct and complete.

sign here _____
Signature of Officer _____ Date _____ Email Address _____

_____ _____
Title Daytime Phone Number

paid preparer's use only _____
Preparer's Signature _____ Date _____ Preparer's PTIN _____

Print Firm's Name (or yours if self-employed), Address and ZIP Code EIN _____ Daytime Phone _____

Paper filers must attach a copy of the federal return and supporting schedules, as filed with the IRS, to this return.

All filers are encouraged to e-file their return.

Mail this return and remit payment (electronically, if required) to:
Nebraska Department of Revenue, PO Box 94818, Lincoln, NE 68509-4818.
revenue.nebraska.gov, 800-742-7474 (NE and IA), 402-471-5729

8-270-2024

Nebraska Schedule A - Adjustments to FTI
Nebraska Schedule I - Apportionment for Multistate Business

Nebraska ID Number

Nebraska Schedule A

• You must use Schedule A if you make an adjustment on lines 3 or 4 of Form 1120N.

Adjustments Increasing FTI

1	State and local government interest and dividend income (see instructions)				1
2	Federal net operating loss deduction				2
3	Federal capital loss carryover				3
4	Allocable, nonapportionable loss	4			
5	Related expenses		5		
6	Interest expense disallowance		6		
7	Total allocable, nonapportionable loss (add lines 4-6) (attach affidavit - see instructions)				7
8	Nebraska and local income, sales, and use taxes deducted on federal Form 1065 under section 164 of the IRC. (from Schedules K-1N)				8
9	Other increasing adjustments a List type: _____ b Amount: \$ _____ Total other increasing adjustments. Enter total of lines 8b				9
10	Total adjustments increasing FTI (total of lines 1, 2, 3, 7, 8, and 9). Enter here and on line 3, Form 1120N				10

Adjustments Decreasing FTI

11	Qualified U.S. government interest deduction. (attach supporting schedule)				11
12	Total foreign dividends (line 7, Nebraska Schedule II)				12
13	Special foreign tax credit adjustment (line 12, Nebraska Schedule II)				13
14	Allocable, nonapportionable income	14			
15	Related expenses		15		
16	Interest expense disallowance		16		
17	Net allocable, nonapportionable income (line 14 minus lines 15 and 16) (attach affidavit - see instructions)				17
18	Nebraska College Savings Program (see instructions)				18
19	Contributions made to the Medical Debt Relief Fund				19
20	Other decreasing adjustments a List type: _____ b Amount: \$ _____ Total other decreasing adjustments. Enter total of lines 19b				20
21	TOTAL adjustments decreasing FTI (total of lines 11, 12, 13, 17, 18, 19, and 20). Enter here and on line 4, Form 1120N				21

**Nebraska Schedule I -
 Apportionment for Multistate Business**

1	Adjusted FTI (line 5, Form 1120N)				1
2	Nebraska apportionment factor (from line 15 below)	2		%	
3	Taxable income apportioned to Nebraska (line 1 multiplied by line 2). Enter here and on line 6, Form 1120N				3

Nebraska Apportionment Factor - Sales or Gross Receipts

		Total	Nebraska
4	Sales or gross receipts minus returns and allowances	4	
5	Sales delivered or shipped to purchasers in Nebraska: shipped from outside Nebraska		5
6	Sales delivered or shipped to purchasers in Nebraska: shipped from within Nebraska		6
7	Sales shipped from Nebraska to the U.S. government		7
8	Interest on sales of tangible personal property	8	8
9	Interest, dividends, and royalties from intangible property	9	9
10	Gross rents	10	10
11	Net gain on sales of intangible property	11	11
12	Gross receipts from sales of tangible personal and real property not included above	12	12
13	Other income a List type: _____ b Total Amount: \$ _____ c Nebraska Amount: \$ _____ Enter total of lines 13b in first column. Enter total of lines 13c in second column	13	13
14	Total sales or gross receipts	14	14
15	Nebraska apportionment factor. (Divide line 14, Nebraska column, by line 14, Total column, and round to six decimal places). Enter as a percent here and on Schedule I, line 2 above		15

Underpayment of Estimated Tax for Corporations, S Corporations, and Partnerships

• Read instructions

Check the appropriate boxes:

Adjusted Seasonal Installment Method
 Annualized Income Installment Method
 Large Corporation

Name on Tax Return _____ Nebraska ID Number _____

Type of Nebraska Tax Return this Form is being Filed with

1120N
 1120-SN
 1065N

Part I - Calculate the Underpayment

1 Nebraska corporate or pass-through entity tax after nonrefundable credits	1	0
2 Enter the total refundable credits and the 2023 school district tax credit	2	
3 Nebraska tax after refundable credits (line 1 minus line 2). If the result is less than \$400, do not complete the rest of the form. No penalty is owed	3	
4 Enter 2023 corporate or pass-through entity income tax (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	
5 Required annual payment. Enter the lesser of line 3 or line 4	5	
6 Enter in Columns (A) through (D) the installment due date (the 15th day of the 4th, 6th, 9th, and 12th months of your tax year)	6	
7 Enter 25% of line 5 in Columns (A) - (D)	7	

• Complete lines 8 through 15 for one column before completing the next column.

		(A)	(B)	(C)	(D)
8 Amount paid or credited for each period	8				
9 Enter amount, if any, from line 15 of previous column	9				
10 Add lines 8 and 9	10				
11 Add amounts on lines 13 and 14 of the previous column and enter result	11				
12 Line 10 minus line 11. If less than zero, enter -0- (In Column (A) only, enter amount from line 8)	12				
13 Remaining underpayment from previous period. If the amount on line 12 is zero, subtract line 10 from line 11 and enter the result; otherwise, enter -0-	13				
14 Underpayment. If line 12 is less than or equal to line 7, subtract line 12 from line 7 and enter the result. Then go to the next column; otherwise, go to line 15 ...	14				
15 Overpayment. If line 7 is less than line 12, subtract line 7 from line 12 and enter the result. Then go to the next column ...	15				

Part II - Calculate the Penalty

16 Amount of underpayment (line 13 plus line 14)	16	
17 Date of payment or next due date (from line 6), whichever is earlier ...	17	
18 Number of days from due date of installment to date shown on line 17	18	
19 Underpayment penalty (see instructions for applicable interest rates) ...	19	
20 Total of amounts on line 19. Enter this amount on line 32, Form 1120N or line 29, Form 1120-SN or 1065N	20	

Please Type or Print	Name of Estate or Trust		PLEASE DO NOT WRITE IN THIS SPACE
	Name and Title of Fiduciary		
	Street or Other Mailing Address of Fiduciary		
	City	State	
Nebraska ID Number	Federal ID Number	Type of Trust (If Grantor Type, See Instructions) <input type="checkbox"/> Testamentary <input type="checkbox"/> Inter Vivos <input type="checkbox"/> Grantor Type	

Status of Estate or Trust (1) <input type="checkbox"/> Resident (2) <input type="checkbox"/> Nonresident	Type of Return <input type="checkbox"/> Estate <input type="checkbox"/> Simple Trust <input type="checkbox"/> Complex Trust <input type="checkbox"/> ESBT <input type="checkbox"/> Bankruptcy Estate <input type="checkbox"/> Amended Return
---	---

Check applicable boxes:
 (1) Initial Nebraska Return (2) Final Return (3) Change in Address (4) 7004 Attached (5) Distributed Form 3800N Credit

Does the estate or trust have nonresident individual beneficiaries? <input type="checkbox"/> YES (Complete Schedule II) <input type="checkbox"/> NO	Is the trust a pooled income fund? <input type="checkbox"/> YES <input type="checkbox"/> NO
--	--

1 Total federal income	1		
2 Federal taxable income	2		
3 Undistributed income from U.S. government bonds or other U.S. obligations	3		
4 Undistributed income from non-Nebraska state and local bond interest and other Nebraska adjustments increasing federal taxable income includes NE state and local income, sales and use taxes deducted under section 164 of the IRC a List type: _____ b Amount: _____ Enter total adjustments in line 4b and enter total of amount on line 4	4		
5 Special Capital Gains/Extraordinary Dividend Deduction	5		
6 Nebraska adjustments decreasing federal taxable income (attach a schedule) (see instructions) a List type: _____ b Amount: _____ Enter total adjustments line 6b and enter total of amount on line 6	6		
7 Nebraska taxable income (line 2 plus line 4) minus (lines 3, 5, and 6)	7		

Nonresident estates and trusts must complete Nebraska Schedule I to determine line 11. Do not make entries in lines 8 through 10.

8 Nebraska income tax (use the tax rate schedule on page 9 of instructions)	8		
9 Nebraska other tax (Federal Form 4972) (see instructions)	9		
10 Electing Small Business Trust (ESBT) Nebraska Tax (complete ESBT Worksheet)	10		
11 Total Nebraska tax (total of lines 8, 9, and 10)	11		
12 Credit for tax paid by resident estate or trust to other states (Schedule III)	12		
13 Community Development Assistance Act credit and Financial Institution Tax credit	13		
14 Form 3800N nonrefundable credit (attach Form 3800N)	14		
15 Employer's credit for expenses incurred for TANF (ADC) recipients (see instr.)	15		
16 NE employer tax credit for employing convicted felons. Enter certificate number from Form ETC-A	16		
17 School Readiness Tax Credit for providers	17		
18 Child Care Tax Credit for contributors Enter certificate number from Form CCTC-A	18		
19 Opportunity Scholarships Act credit for contributors	19		
20 Creating High Impact Economic Futures (CHIEF) credit	20		
21 Total nonrefundable credits (total of lines 12 through 20)	21		
22 Nebr. income tax after nonrefundable credits. Subtract line 21 from line 11 (if line 21 is greater than line 11, enter zero -0-)	22		

23	Nebraska income tax withholding for nonresident individual beneficiaries (total of column (G), Schedule II)	23		
24	Total Nebraska income tax liability (line 22 plus 23)	24		
25	Form 3800N refundable credit (attach Form 3800N)	25		
26	Tax deposited with Form 7004N and 2024 estimated income tax payments	26		
27	Beginning Farmer credit (attach certificate)	27		
28	Credit for community college property taxes (attach Form PTC)	28		
29	PTET credit (attach Schedules K-1N) a Name: _____ b NE ID Number: _____ c Amount claimed by fiduciary (Enter on line 29 and line 2, Schedule PTET): \$ _____ d Amount distributed to beneficiaries (Enter on line 3, Schedule PTET): \$ _____	29		
30	Other credits (attach Nebraska copy of Federal Forms W-2, 1099-R, or W-2G)	30		
31	Total payments (total of lines 25 through 30)	31		
32	TAX DUE (if line 24 is greater than line 31, subtract line 31 from line 24)	32		
33	OVERPAYMENT (if line 31 is greater than line 24, subtract line 24 from line 31)	33		
34	Overpayment on line 33 you want credited to 2025 estimated income tax	34		
35	Overpayment to be REFUNDED (line 33 minus line 34). Direct deposit: Complete lines 36a, 36b, 36c to receive your refund electronically. Complete line 36d if appropriate (see instructions)	35		

36a Routing Number _____

36b Type of Account

1 = Checking 2 = Savings

D Direct Deposit

36c Account Number _____

36d Check this box if this refund will go to a bank account outside the United States.

Under penalties of perjury, I declare that as taxpayer or preparer, I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is correct and complete.

sign here ▶

Signature of Fiduciary or Officer Representing Fiduciary _____ Date _____

Email Address _____

paid preparer's use only ▶

Title _____ Phone Number _____

Preparer's Signature _____ Date _____

Preparer's PTIN _____

Firm's Name (or yours if self-employed), Address and ZIP Code _____

EIN _____

Daytime Phone _____

A copy of the federal return and schedules must be attached to this return.

Mail this return and payment to: Nebraska Department of Revenue, PO Box 94818, Lincoln, NE 68509-4818.

Name on Form 1041N

Nebraska ID Number

Nebraska Schedule I - Computation of Nebraska Tax for Nonresident Estate or Trust

1	Nebraska taxable income (line 7, Form 1041N)	1	
2	Nebraska income tax on line 1 amount (see Form 1041N, line 8 instructions)	2	
3	Nebraska other tax (see Form 1041N, line 9 instructions)	3	
4	Total Nebraska tax (line 2 plus line 3)	4	
5	Income derived from Nebraska sources, except capital and ordinary gain (loss) (attach schedule) (see instructions)	5	
6	Nebraska capital and ordinary gain (loss) (attach schedule) (see instructions)	6	
7	Adjustments, if any, applied to Nebraska income (includes Nebraska state and local income, sales and use taxes deducted under section 164 of the IRC) (see instructions) a List type: _____ b Amount: _____ Enter total adjustments in line 7b and enter total of amount on line 7	7	
8	Nebraska adjusted gross income (line 5 plus or minus lines 6 and 7)	8	
9	Nebraska share of line 4. Compute below. Calculate the ratio to five decimal places and round to four _____ Line 8 = _____ x _____ = _____ (Form 1041N lines 1 + 4) - (Form 1041N Lines 3, 5, and 6) (Ratio) (Line 4)	9	
10	Electing Small Business Trust (ESBT) Nebraska Tax. (from line 18 of ESBT worksheet)	10	
11	Total Nebraska tax (add lines 9 and 10 and enter result on line 11, Form 1041N)	11	

Nebraska Schedule II - Nonresident Beneficiary's Share of Nebraska Income, Deductions, and Credits

Note: If simple trust with out-of-state beneficiaries and only portfolio income, do not complete Schedule II. Instead check this box.

Name And Address Of Each Nonresident Beneficiary

Name	Street or Other Mailing Address	City	State	ZIP Code
1				
2				
3				
4				

(A) Social Security Number or Nebraska ID Number of Nonresident Beneficiary	(B) Nebraska Income (see instructions)	(C) Nebraska Deductions	(D) Check if Form 12N Attached	Computation of Nebraska Tax Withheld		
				(E) Nebraska Source Income Subject to Withholding (Column (B) minus Column (C))	(F) Rate	(G) Nebraska Income Tax Withholding (Col. (E) times Col. (F)) (Enter on Nebr. Sch. K-1N)
1					.0584	
2					.0584	
3					.0584	
4					.0584	
5	TOTALS (enter total of column (G) on line 23, Form 1041N)					

Nebraska Schedule III - Credit for Tax Paid to Another State for Resident Estate or Trust Only

A copy of the return filed with another state must be attached. If the other state return is not attached, this credit will not be allowed.

1	Nebraska tax (line 11, Form 1041N)	1	
2	Taxable income from another state	2	
3	Computed tax credit _____ Line 2, Schedule III x Line 1, Schedule III _____ Line 7, Form 1041N	3	
4	Tax due and paid to another state (attachment required) (see instructions)	4	
5	Maximum tax credit (line 1, 3, or 4, whichever is least). Enter amount here and on line 12, Form 1041N	5	