Form **8453-EO** 

# Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2020, or tax year beginning

Department of the Treasury

endar year 2020, or tax year beginning \_\_\_\_\_\_\_, 2020, and ending \_\_\_\_\_\_\_, 20
For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, and 8868

So to www.lrs.gov/Form8453EO for the latest information.

OMB No. 1545-0047

Internal Revenue Se Name of exempt or	rvice   ganization or person subject		WFOIM0453EO for the latest		Taxpayer identification number
	F OMAHA FOUN				20-2176636
		eturn Information (\	Whole Dollars Only)	·····	
Check the box check the box oblank, then leav	for the type of return on line 1a, 2a, 3a, 4a e line 1b, 2b, 3b, 4b	n being filed with For a, 5a, 6a, or 7a belo b, 5b, 6b, or 7b, whic	m 8453-EO and enter the w, and the amount on that	t line of the return do not enter -0-). I	, if any, from the return. If you being filed with this form was f you entered -0- on the return,
3a Form 1120 4a Form 990-1 5a Form 8868 6a Form 990-7 7a Form 4720 Part II Dec	EZ check here ► -POL check here ► B check here ► T check here ► I check here ► Claration of Officer  Drize the U.S. Treasury  EL control of the control of the check here  Drize the U.S. Treasury  EL control of the control of the check here  EL control of the check here ►	b Total revenue, b Total tax (Forr X b Tax based on b Balance due (Forr b Total tax (Forr or Person Subject y and its designated Fort to the financial institu	if any (Form 990-EZ, line 9 n 1120-POL, line 22) investment income (Form Form 8868, line 3c)	990-PF, Part VI, line	s 5) · 4b 57,798 · · 5b · · 6b ng House (ACH) electronic funds ftware for payment of the federal
U.S. To authorize necessary If a conecessary	reasury Financial Agen ze the financial institu ary to answer inquiries a py of this return is bei ad the electronic discl	nt at 1-888-353-4537 tions involved in the p nd resolve issues related ng filed with a state as losure consent contains	no later than 2 business or processing of the electronic to the payment. gency(ies) regulating charities	days prior to the p payment of taxes to as part of the IRS	e a payment, I must contact the ayment (settlement) date. I also be receive confidential information Fed/State program, I certify that I IRS of this Form 990/990-EZ/
Under penalties o	of perjury, I declare that	l am an officer of t	he above named organization o	or I am the pers	on subject to tax with
knowledge and to the electronic to the IRS and delay in processir	e examined a copy of peller, they are true, co return. I consent to a to receive from the IR	orrect, and complete. I tallow my intermediate s	further declare that the amou ervice provider, transmitter, o nent of receipt or reason for	unt in Part I above in a community of the transfer in the transfer in Part I above in the transfer in Part I above in the transfer in Part I above in Part I a	_, (EIN), ements, and, to the best of my s the amount shown on the copy riginator (ERO) to send the return nsmission, (b) the reason for any
Here Sig	nature of officer of pers	son subject to tax	Date	PRES/SEG	le
I declare that I I If I am only a control organization information to be e-File (MeF) Infodeclare that I h	have reviewed the abo ollector, I am not resp officer or person sub e filed with the IRS to ormation for Authorized ave examined the abo	ve return and that the onsible for reviewing the operation of the operatio	e return and only declare the signed this form before I su subject to tax, and have follo or Business Returns. If I am	e complete and corr at this form accurate brait the return. I w owed all other requir also the Paid Prep nents, and, to the b	ect to the best of my knowledge.  ly reflects the data on the return.  vill give a copy of all forms and ements in Pub. 4163, Modernized arer, under penalties of perjury lest of my knowledge and belief,
Only yours	s name (or if self-employed), ss, and ZIP code ERM		STE 4000 INDIANAPOI	aid X self- employed	ERO's SSN or PTIN P00395735 EIN 34-6565596 Phone no. 317-681-7000
Under penalties o and belief, they a	of perjury, I declare that I re true, correct, and com	have examined the above plete. Declaration of prepared	e return and accompanying sc parer is based on all information	hedules and statement n of which the prepare	ts, and, to the best of my knowledge er has any knowledge.
Paid Preparer	Print/Type preparer's nam	6	Preparer's signature	Date	Check PTIN self-employed
Use Only	Firm's name		,,,		Firm's EIN ▶
	Firm's address		· .		Phone no.
For Privacy Act	and Paperwork Reduct	lon Act Notice, see back	of form.		Form <b>8453-EO</b> (2020)

JSA

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## Form **990-PF**

## **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PF for instructions and the latest information.

**Open to Public Inspection** 

F	or ca	lendar year 2020 or tax year beginning				, 2020,	and endi	ng		, 20
Na	ame of	foundation							A Employer identif	ication number
	MUT	UAL OF OMAHA FOUNDATION							20-217663	6
Νι	ımber	and street (or P.O. box number if mail is not delivered to	street	address)			Room/suite		B Telephone numb	er (see instructions)
	MUT	UAL OF OMAHA PLAZA							(866) 66	3-8665
Cit	ty or to	own, state or province, country, and ZIP or foreign posta	I code							
									C If exemption application pending, check here	
_		HA, NE 68175								
G	Che	ck all that apply: Initial return				of a former p	ublic char	ity	D 1. Foreign organiza	tions, check here
		Final return		Amended					<ol><li>Foreign organiza 85% test, check h</li></ol>	
_		Address change		Name cha					computation	
H	$\neg$	ck type of organization: $X$ Section 501(							E If private foundatio	n status was terminated
L		ection 4947(a)(1) nonexempt charitable trust			<del></del>	ivate foundat			under section 507(b	o)(1)(A), check here
ı				g method:	] C	ash X Acc	rual			in a 60-month termination
		*	,	specify)					under section 507(b	)(1)(B), check here
		7 7	colum	n (d), must be o	on ca	ash basis.)				(d) Disbursements
Li	elit	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)		) Revenue and		(b) Net inve	estment	(c	) Adjusted net	for charitable
		may not necessarily equal the amounts in	,	expenses per books		incom		•	income	purposes (cash basis only)
$\neg$		column (a) (see instructions).)		10,000,00	0.0					(Gasii Dasis Ulliy)
	1 2	Contributions, gifts, grants, etc., received (attach schedule)  Check if the foundation is not required to								
		attach Sch. B.		2,23	39.		2,239.			
	3	Interest on savings and temporary cash investments		399,15			4,567.			
	4	Dividends and interest from securities		,			,			
	5a b	Gross rents								
Ð		Net gain or (loss) from sale of assets not on line 10		3,073,35	57.					
길	b	Gross sales price for all 57,779,686.								
Revenue	7	capital gain net income (from Part IV, line 2)				3,94	8,032.			
~	8	Net short-term capital gain								
	9	Income modifications								
	10 a	Gross sales less returns and allowances								
	b	Less: Cost of goods sold								
	С	Gross profit or (loss) (attach schedule)								
	11	Other income (attach schedule) ATCH 1		302,85			4,475.			
$\exists$	12	Total. Add lines 1 through 11		13,777,60		4,48	0,363.			
S	13	Compensation of officers, directors, trustees, etc.			0.					
	14	Other employee salaries and wages								
ĕ	15	Pension plans, employee benefits								
껇	16a	Legal fees (attach schedule)								
ē	b	Accounting fees (attach schedule)		322,21	7	3.0	2,217.			
슱	C	Other professional fees (attach schedule) [2]		244,41	. / •	34	<u> </u>			
and Administrative Expense	17	Interest		47,92	9.		+			
<u>ĕ</u>	18	Taxes (attach schedule) (see instructions)[3].		1,,,2						
兵	19	Depreciation (attach schedule) and depletion.								
ĕ	20	Occupancy								
힐	21 22	Travel, conferences, and meetings Printing and publications								
D G	23	Other expenses (attach schedule) ATCH 4		4	10.					
턫	23 24 25	Total operating and administrative expenses.								
era		Add lines 13 through 23		370,18	6.	32	2,217.			
ð	25	Contributions, gifts, grants paid		4,208,38						4,208,388.
	26	Total expenses and disbursements. Add lines 24 and 25		4,578,57	4.	32	2,217.			4,208,388
$\neg$	27	Subtract line 26 from line 12:								
	а	Excess of revenue over expenses and disbursements		9,199,03	2.					
	b	Net investment income (if negative, enter -0-)				4,15	8,146.			
	С	Adjusted net income (if negative, enter -0-)								

Fo	m 990	-PF (2020)				Page <b>2</b>
P	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	
_			amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bear	ing	2,958,362.	2,078,694.	2,078,694.
	2	Savings and temporary	cash investments			
	3	Accounts receivable ▶				
		Less: allowance for dou	btful accounts ▶			
	4	Pledges receivable ▶_				
		Less: allowance for dou	btful accounts ▶			
	5	Grants receivable				
	6		officers, directors, trustees, and other			
			tach schedule) (see instructions)			
	7	Other notes and loans r	receivable (attach schedule)			
		Less: allowance for dou	btful accounts >			
ssets	8	Inventories for sale or us	se			
SS	9	Prepaid expenses and d	leferred charges			
A			te government obligations (attach schedule)			
			e stock (attach schedule)			
	с 11	Investments - corporate	e bonds (attach schedule)			
	••	Investments - land, buildings and equipment: basis				
		Less: accumulated deprecia (attach schedule)	ation			
	12	Investments - mortgage	loans	00.005.640	106 005 006	106 005 006
	13 14	Investments - other (atta Land, buildings, and	ach schedule) ATCH 5	87,875,642.	106,095,006.	106,095,006.
	14	equipment: basis	ation .			
		Less: accumulated deprecia (attach schedule)			46 245	46.245
	15	Other assets (describe			46,347.	46,347.
	16		completed by all filers - see the	00 024 004	100 000 047	100 000 047
_		instructions. Also, see p	page 1, item I)	90,834,004.	108,220,047.	108,220,047.
	17		accrued expenses			
•	18					
Liabilities	19	Deferred revenue				
Ħ	20		ors, trustees, and other disqualified persons			
ial	21		otes payable (attach schedule)	37,970.		
_	22	Other liabilities (describe	e ▶) _	31,910.		
	23	Total liabilities (add line	es 17 through 22)	37,970.	0.	
-			w FASB ASC 958, check here	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
ces		and complete lines 24,				
	24	-	or restrictions	90,796,034.	108,220,047.	
or Fund Balan	25		estrictions			
p	23		ollow FASB ASC 958, check here			
iun		and complete lines 26 thre	•			
řΓ	26	Capital stock, trust princ	cipal, or current funds			
SC			r land, bldg., and equipment fund			
set	28		ulated income, endowment, or other funds			
As	27 28 29	<del>-</del>	d balances (see instructions)	90,796,034.	108,220,047.	
Net )	30		net assets/fund balances (see			
Z		instructions)		90,834,004.	108,220,047.	
P	art II		nges in Net Assets or Fund Balar	nces		
			palances at beginning of year - Part II		nust agree with	
			ed on prior year's return)		_	90,796,034.
2			, line 27a			9,199,032.
3	Oth	er increases not includ	ded in line 2 (itemize) ► ATCH 8		3	8,224,981.
4					4	108,220,047.
5		reases not included ir			5	
6	Tota	al net assets or fund b	palances at end of year (line 4 minus	line 5) - Part II, column (b	), line 29 6	108,220,047.

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Pa	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			
		scribe the kind(s) of property sold (for e	•	(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold
_	•	rick warehouse; or common stock, 200 s	sns. MLC Co.)	D - Donation	(mo., day, yr.)	(mo., day, yr.)
	SEE PART IV SCHE	DOPE				
b						
<u>C</u>						
d						
<u>e</u>		(O) Danca sisting allowed	(g) Cost or other basis		(h) O-i (l	>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (los ((e) plus (f) minu	
a						
b						
<u>c</u>						
d						
е						
	Complete only for assets s	howing gain in column (h) and owned	by the foundation on 12/31/69.		Gains (Col. (h) ga	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col.	(k), but not less the Losses (from collaboration)	
а						
b						
С						
d						
е						
2	Capital gain net income	or (net capital loss)  { If (lo	ain, also enter in Part I, line 7 sss), enter -0- in Part I, line 7	2	3,	948,032.
3		ain or (loss) as defined in sections				
	<u> </u>	art I, line 8, column (c). See inst				0
				3		0.
Pa		Jnder Section 4940(e) for Rec				
_		SECTION 4940(e) REPEALED ON I	DECEMBER 20, 2019 - DO NOT CO	OMPLETE	<b>.</b>	
1_	Reserved	T				
	(a) Reserved	<b>(b)</b> Reserved	<b>(c)</b> Reserved		(d) Reserved	
	Reserved					
	Reserved					
	Reserved					
	Reserved					
	Reserved					
2	Reserved			2		
3	Reserved			3		
4	Reserved			4		
5	Reserved			5		
6	Reserved			6		
7				7		
8				8		

Form **990-PF** (2020)

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Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructi	ons)		
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter: (attach copy of letter if necessary - see instructions)			
b	Reserved		57,7	798.
С	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of			
	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			
3	Add lines 1 and 2		57,7	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		57,7	/98.
6	Credits/Payments:			
а	2020 estimated tax payments and 2019 overpayment credited to 2020 6a 46,000.			
b	Exempt foreign organizations - tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868)			
d	Backup withholding erroneously withheld		46,0	200
7	Total credits and payments. Add lines 6a through 6d		40,0	0.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached		11,7	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		тт,	790.
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Par	Enter the amount of line 10 to be: Credited to 2021 estimated tax ► Refunded ► 11  t VII-A Statements Regarding Activities			
			V	N
та	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	Yes	No X
	participate or intervene in any political campaign?			
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	1b		Х
	instructions for the definition			
	published or distributed by the foundation in connection with the activities.			
•		1c		Х
	Did the foundation file Form 1120-POL for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	10		
u	(1) On the foundation. ► \$ 0			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
C	on foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		Х
-	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	Х	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	Х	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by <i>General Instruction T</i> .			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	NE,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G?If "No," attach explanation	8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes,"			
	complete Part XIV	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X

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Par	t VII-A Statements Regarding Activities (continued)		V	NI-
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12				3.7
	person had advisory privileges? If "Yes," attach statement. See instructions.	12	v	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address WWW.MUTUALOFOMAHAFOUNDATION.ORG	991/	1	
14	The books are in care of ► CORPORATE TAX  Telephone no. ► 402-351-	024	<u> </u>	
	Located at ►MUTUAL OF OMAHA PLAZA OMAHA, NE ZIP+4 ► 68175			П
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority	l	163	X
	over a bank, securities, or other financial account in a foreign country?	16		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
Par	the foreign country ►  ** VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
ıaı	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	Nο
10	During the year, did the foundation (either directly or indirectly):			
ıa	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
h	If any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in			
b	Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance; check here			
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
·	were not corrected before the first day of the tax year beginning in 2020?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines			
u	6d and 6e) for tax year(s) beginning before 2020?			
	If "Yes," list the years ▶,,,,			
h	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2)			
-	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section $4942(a)(2)$ to			
	all years listed, answer "No" and attach statement - see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
_	►			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2020.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b		Х

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Гаі	t VII-B Statements Regarding Activities	for Which Form	4720 May Be Req	uired (con	tinued)			
5a	During the year, did the foundation pay or incur any amo	ount to:		,	,		Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	Yes	X No			
	(2) Influence the outcome of any specific public ele	ection (see section 4	1955); or to carry or	- <u></u> 1,				
	directly or indirectly, any voter registration drive?				X No			
	(3) Provide a grant to an individual for travel, study, or o				X No			
	(4) Provide a grant to an organization other than a							
	section 4945(d)(4)(A)? See instructions	-			X No			
	(5) Provide for any purpose other than religious, ch							
	purposes, or for the prevention of cruelty to children				X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the				scribed in			
	Regulations section 53.4945 or in a current notice regar					5b		
	Organizations relying on a current notice regarding disas	ster assistance, check	here		▶			
С	If the answer is "Yes" to question 5a(4), does the							
	because it maintained expenditure responsibility for the	grant?	·	Yes	No			
	If "Yes," attach the statement required by Regulations se	ection 53.4945-5(d).						
6a	Did the foundation, during the year, receive any fur	ids, directly or indir	ectly, to pay premiur	ns				
	on a personal benefit contract?			. Yes	X No			
b	Did the foundation, during the year, pay premiums, dire					6b		X
	If "Yes" to 6b, file Form 8870.							
7a	At any time during the tax year, was the foundation a pa	arty to a prohibited ta	shelter transaction?	. Yes	X No			
b	If "Yes," did the foundation receive any proceeds or have	ve any net income attr	ibutable to the transacti	on?		7b		
8	Is the foundation subject to the section 4960 tax on pay	ment(s) of more that	n \$1,000,000 in					
	remuneration or excess parachute payment(s) during the	year?		Yes	X No			
Pai	t VIII Information About Officers, Director and Contractors	rs, Trustees, Fou	ındation Manager	s, Highly P	aid Employ	ees,		
1	List all officers, directors, trustees, and foundati	ion managers and	their compensation	See instru	ctions.			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contribu	ofit plane	) Expens		
		devoted to position	`enter -0-) ´	and deferred co	mpensation	other all	owance	S
ATCI	1 0		0.					0
AICI			U.					0.
					0.			
					0.			
					0.			
					0.			
					0.			
					0.			
2	Compensation of five highest-paid employees	(other than thos		9 1 - see		. If no	one, (	enter
2	Compensation of five highest-paid employees "NONE."	(other than thos			instructions)	. If no	one, (	enter
	"NONE."	(b) Title, and average	se included on line	(d) Contribu	instructions)	) Expens	se accou	ınt,
				(d) Contribution employee plans and d	instructions) utions to benefit deferred (e		se accou	ınt,
	"NONE."	(b) Title, and average hours per week	se included on line	(d) Contribu	instructions) utions to benefit deferred (e	) Expens	se accou	ınt,
(a)	"NONE."	(b) Title, and average hours per week	se included on line	(d) Contribution employee plans and d	instructions) utions to benefit deferred (e	) Expens	se accou	ınt,
(a)	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	se included on line	(d) Contribution employee plans and d	instructions) utions to benefit deferred (e	) Expens	se accou	ınt,
(a)	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	se included on line	(d) Contribution employee plans and d	instructions) utions to benefit deferred (e	) Expens	se accou	ınt,
(a)	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	se included on line	(d) Contribution employee plans and d	instructions) utions to benefit deferred (e	) Expens	se accou	ınt,
(a)	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	se included on line	(d) Contribution employee plans and d	instructions) utions to benefit deferred (e	) Expens	se accou	ınt,
(a)	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	se included on line	(d) Contribution employee plans and d	instructions) utions to benefit deferred (e	) Expens	se accou	ınt,
(a)	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	se included on line	(d) Contribution employee plans and d	instructions) utions to benefit deferred (e	) Expens	se accou	ınt,
(a)	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	se included on line	(d) Contribution employee plans and d	instructions) utions to benefit deferred (e	) Expens	se accou	ınt,
(a)	"NONE."  Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	se included on line	(d) Contribution employee plans and d	instructions) utions to benefit deferred (e	) Expens	se accou	ınt,

Form 990-PF (2020) Page **7** 

# Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE." (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation ATCH 10 264,040. **Summary of Direct Charitable Activities** Part IX-A List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc. N/ASummary of Program-Related Investments (see instructions) Amount Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2. 1 NONE All other program-related investments. See instructions. NONE

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Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign foundation	S,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	86,325,454.
	Average of monthly cash balances	1b	2,321,161.
	Fair market value of all other assets (see instructions).	1c	
d		1d	88,646,615.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	88,646,615.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	1,329,699.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	87,316,916.
6	Minimum investment return. Enter 5% of line 5	6	4,365,846.
Par	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations, check here ▶ and do not complete this part.)	foundations	
_		1	4,365,846.
1	Minimum investment return from Part X, line 6	•	4,303,040.
	Tax on investment income for 2020 from Fart VI, line 3		
b	Income tax for 2020. (This does not include the tax from Part VI.) 2b	20	57,798.
	Add lines 2a and 2b.	2c 3	4,308,048.
3	Distributable amount before adjustments. Subtract line 2c from line 1	4	1,300,010.
4	Recoveries of amounts treated as qualifying distributions	5	4,308,048.
5	Add lines 3 and 4	6	1,300,010.
6	Deduction from distributable amount (see instructions)	8	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	7	4,308,048.
	line 1	1	1,300,010.
Par	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	4,208,388.
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	4,208,388.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	4,208,388.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculating wheth	ner the foundation

Form **990-PF** (2020)

qualifies for the section 4940(e) reduction of tax in those years.

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Part XIII	Undistributed Income (see instr	(a)	(b)	(c)	(d)
1 Distrib	outable amount for 2020 from Part XI,	Corpus	Years prior to 2019	2019	2020
					4,308,048.
	ibuted income, if any, as of the end of 2020:				
a Enter	amount for 2019 only.				
	or prior years: 20 <u>18</u> ,20 <u>17</u> ,20 <u>16</u>				
3 Excess	distributions carryover, if any, to 2020:				
a From 2	2015 670,523.				
<b>b</b> From 2	2016 59,631.				
c From	2017				
<b>d</b> From 2	2018				
e From	2019 31,960.				
f Total	of lines 3a through e	762,114.			
	ying distributions for 2020 from Part XII,				
line 4:	<b>▶</b> \$ 4,208,388.				
<b>a</b> Applie	d to 2019, but not more than line 2a				
	d to undistributed income of prior years				
(Electi	on required - see instructions)				
	d as distributions out of corpus (Election ed - see instructions)				
•	d to 2020 distributable amount				4,208,388
	ining amount distributed out of corpus				
5 Excess	distributions carryover applied to 2020				
	amount appears in column (d), the same not must be shown in column (a).)	99,660.			99,660.
6 Enter	the net total of each column as				
	s. Add lines 3f, 4c, and 4e. Subtract line 5	662,454.			
-		·			
	years' undistributed income. Subtract of from line 2b.				
	the amount of prior years' undistributed				
incom	e for which a notice of deficiency has				
	issued, or on which the section 4942(a) s been previously assessed				
	act line 6c from line 6b. Taxable				
	nt - see instructions				
	tributed income for 2019. Subtract line				
	om line 2a. Taxable amount - see ctions				
	tributed income for 2020. Subtract lines and 5 from line 1. This amount must be				
	uted in 2021				
	nts treated as distributions out of corpus				
	tisfy requirements imposed by section				
	(1)(F) or 4942(g)(3) (Election may be				
, ,	ed - see instructions)				
	distributions carryover from 2015 not				
	d on line 5 or line 7 (see instructions)	570,863.			
9 Exces	ss distributions carryover to 2021.				
Subtra	act lines 7 and 8 from line 6a	91,591.			
<b>0</b> Analys	sis of line 9:				
a Exces	s from 2016 59,631.				
<b>b</b> Excess	s from 2017				
c Exces	s from 2018				
d Exces	s from 2019 31,960.				
e Exces	s from 2020				

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Pa	rt XIV Private Ope	erating Foundations	s (see instructions ar	nd Part VII-A, questi	on 9) 1	NOT APPLICABLE
1 a	If the foundation has	received a ruling or d	etermination letter that	it is a private opera	ating	
	foundation, and the ruling	g is effective for 2020, e	nter the date of the ruling		▶	
b	Check box to indicate v	whether the foundation	is a private operating f	foundation described in	section 4942(j	)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(a) Tatal
	justed net income from Part	(a) 2020	<b>(b)</b> 2019	<b>(c)</b> 2018	(d) 2017	e) Total
	I or the minimum investment					
	return from Part X for each year listed					
b	85% of line 2a					
	Qualifying distributions from Part					
٠	XII, line 4, for each year listed					
d	Amounts included in line 2c not					
	used directly for active conduct					
6	of exempt activities  Qualifying distributions made					
Ū	directly for active conduct of					
	exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon: • •					
а	"Assets" alternative test - enter:					
	<ul><li>(1) Value of all assets</li><li>(2) Value of assets qualifying</li></ul>					
	under section					
h	4942(j)(3)(B)(i) "Endowment" alternative test-					
b	enter 2/3 of minimum invest-					
	ment return shown in Part $X$ ,					
	line 6, for each year listed					
С	"Support" alternative test - enter:  (1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)),					
	or royalties) (2) Support from general					
	public and 5 or more					
	exempt organizations as provided in section 4942					
	(j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization					
Do	(4) Gross investment income .  rt XV Supplemer	tory Information //	Complete this part	anly if the founds	tion had \$5 000 a	r more in assets at
Га		uring the year - see		only if the founda	ation nad \$5,000 0	i iliole ili assets at
1	Information Regarding		•			
а	List any managers of					ed by the foundation
	before the close of any	tax year (but only if th	ey have contributed n	nore than \$5,000). (Se	ee section 507(d)(2).)	
	NONE					
b	List any managers of	the foundation who	own 10% or more of	the stock of a corp	oration (or an equally	y large portion of the
	ownership of a partner	ship or other entity) of	which the foundation	has a 10% or greater	interest.	
	N/A					
2	Information Regarding	g Contribution, Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:		
						and does not accept
	unsolicited requests for			ints, etc., to individua	ls or organizations ur	nder other conditions,
	complete items 2a, b, o					
а	The name, address, a	nd telephone number	or email address of th	e person to whom app	olications should be add	dressed:
	ATCH 11					
b	The form in which appl	lications should be sub	omitted and information	on and materials they	snould include:	
	Any cubmission decilli	200				
C	Any submission deadli	1100.				
d	Any restrictions or li	mitations on awards	. such as by geogra	aphical areas, charita	able fields, kinds of	institutions, or other
u	factors:	a	, 220 20 by googic	aroao, onante		

JSA 0E1490 1.000 3288RZ 1546 11/4/2021 Form **990-PF** (2020) PAGE 15

Page **11** Form 990-PF (2020) Part XV Supplementary Information (continued) **Grants and Contributions Paid During the Year or Approved for Future Payment** If recipient is an individual, show any relationship to any foundation manager or substantial contributor Foundation status of Recipient Purpose of grant or contribution Amount Name and address (home or business) recipient a Paid during the year SEE ATTACHED N/A PC GENERAL SUPPORT 4,208,388. MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 4,208,388. **b** Approved for future payment SEE ATTACHED N/A PC GENERAL SUPPORT 748,000. MUTUAL OF OMAHA FOUNDATION OMAHA, NE 68175

Form **990-PF** (2020)

▶ 3b

748,000.

Total

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Enter gross		ucing Act	IVILICO			
5	amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e) Related or exempt
		(a) Business code	<b>(b)</b> Amount	(c)	<b>(d)</b> Amount	function income
1 Program	service revenue:	business code	Amount	Exclusion code	Amount	(See instructions.)
	_					
_						
e f						
	and contracts from government agencies					
•	ship dues and assessments					
	on savings and temporary cash investments			14	2,239.	
	ds and interest from securities			14	399,157.	
5 Net rent	al income or (loss) from real estate:					
a Debt	-financed property					
<b>b</b> Not o	debt-financed property					
6 Net renta	Il income or (loss) from personal property			1 /	200 052	
7 Other in	vestment income			14	302,853.	
,	oss) from sales of assets other than inventory			18	3,073,357.	
	me or (loss) from special events					
•	rofit or (loss) from sales of inventory					
_	venue: <b>a</b>					
е						
12 Subtotal	. Add columns (b), (d), and (e)				3,777,606.	
13 Total. Ad	dd line 12, columns (b), (d), and (e)				13	3,777,606.
	neet in line 13 instructions to verify calcu					
Part XVI-			acamplichment of [	Evampt Dur	nnses	
1 im - 81	B Relationship of Activities	s to the A	ccomplishment of t	-xempt Full	poses	
Line No.	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼		y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	
▼	Explain below how each activity	y for whicl	h income is reported	in column (e	e) of Part XVI-A contribu	

	XVII		egarding Trar	sfers to and Tra	insactions and	Relationship	s With Nonch	aritable l	Exempt
	in se organ	he organization direct ection 501(c) (other nizations?	than section	501(c)(3) organiza	tions) or in sec	tion 527, rela			BS No
	(1) C	sfers from the reporting				<i></i>			X
	Other	ther assetsr transactions:							
	(2) P	ales of assets to a no urchases of assets fro	om a noncharita	ıble exempt organizat	ion			. 1b(2)	X
	(4) R	ental of facilities, equi eimbursement arrang	jements		.,			- 1b(4)	Х
	(6) P	oans or loan guaranted erformance of service	es or membersh	nip or fundraising soli	citations			. 1b(6)	X
	If the	ing of facilities, equipmes answer to any of the of the goods, other on any transaction o	he above is "Ye assets, or servi	es," complete the fo ices given by the re	llowing schedule. porting foundatior	Column (b) s	hould always sho ation received les	ow the fairs than fairs	r marke
(a) Li	ne no.	(b) Amount involved		noncharitable exempt orga			ers, transactions, and si		
\ <del>-, -</del>		N/A	(2)		N/A		,		
•									
		ļ	*						
			+	**************************************					
				<u></u>			•		
			1	or.					
				****					
							•		
	desc	e foundation directly ribed in section 501(c	) (other than se					. Yes	X No
	*1 *	(a) Name of organization	on	(b) Type of o	ganization	(	(c) Description of relation	onship	
				-					
				ined this return, including a taxpayer) is based on all inform			o the best of my knowl	edge and beli	ef, it is true
Sign		Servill.	\ue	11/2/2	PRE	s/sec/dir		IRS discuss prepare <u>r sh</u> o	
Her	e   s	ignature of officer or trustee	,	Date	Title		See instruc	tions.	fes X N
		hard 1	<u> </u>	Bana and stores		D-4:		DTIN:	
Paid	t	Print/Type prepaler's n	,	Preparer's signature	Chirlerick	Date 11/09/21	Check if	PTIN P00395	5735
	- pare		DDERICK RNST & YOUN			1.700,21	self-employed Firm's EIN > 34-	6565596	
-	-	Firm's name ► 🕒					THE PERSON PROPERTY.		

46204

Form **990-PF** (2020)

317-681-7000

Phone no.

Use Only Firm's address ▶ 111 MONUMENT CIR STE 4000

INDIANAPOLIS, IN

FORM 990-PF - PART IV

Kind of P	roperty		Desc	ription		P or	Date	Date sold
Gross sale price less	Depreciation allowed/	Cost or other	FMV as of	Adj. basis as of	Excess of FMV over	D	acquired Gain or	
xpenses of sale	allowable	basis	12/31/69	12/31/69	adj basis	+	(loss)	
56,905,011		MARKETABLE : 53,831,65				P	VAR 3,073,357.	V
2,482		SIRIS PARTNI	ERSHIP IV,	LP K-1		P	VAR 2,482.	VI
10,151		AVIVA INVES	IORS MUTLI-	STRATEGY TAI	RGET RE	P	VAR 10,151.	V
100,595		ARROWSTREET	ACWI EX US	ALPHA EXTE	NTION T	P	VAR 100,595.	V
87,552		CORE INDUST	RIAL PARTNE	RS FUND I, 1	LP, K-1	P	VAR 87,552.	V
415,288		GREENSPRING	GLOBAL PAR	TNERS IV-B,	LP, K-	P	VAR 415,288.	V
86,574		INDEPENDENT	FRANCHISE	PARTNERS GLO	OBAL EQ	P	VAR 86,574.	V
279,117		KHP STRATEG	IC 9,LP, K-	1		P	VAR 279,117.	V.
73,436		MANULIFE PR	IVATE EQUIT	Y PARTNERS,	LP, K-	P	VAR 73,436.	V
-184,888		ORBIS INSTI	rutional GL	OBAL EQUITY	, LP, K	P	VAR -184,888.	V
506		PEAK ROCK CA	APITAL CRED	IT FUND II,	LP	P	VAR 506.	V
3,570		TRUEBRIDGE (	CAPITAL PAR	TNERS FUND V	J, LP,	P	VAR 3,570.	V.

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

Kind of F	Property		Desc	ription		P or	Date acquired	Date sold
Gross sale	Depreciation	Cost or	FMV	Adj. basis	Excess of	D	acquired Gain	
price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis		or (loss)	
expenses of sale	anowabic							
292		TRUEBRIDGE (	CAPITAL PART	TNERS FUND V	I, LP	Р	VAR 292.	VAF
292							292.	
FOTAL GAIN(L	2GG )						2 049 022	
IOIAL GAIN(L	055)			• • • • • • • • • • • • •			3,948,032.	

### Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury

Department of the Treasury
Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

**2020** 

Employer identification number

MUTUAL OF OMAHA FO	UNDATION	20-2176636
Organization type (check of	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a	private foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a priva	ate foundation
	501(c)(3) taxable private foundation	
or more (in mone contributor's tota	ion filing Form 990, 990-EZ, or 990-PF that received, during the yea ey or property) from any one contributor. Complete Parts I and II. See Il contributions.	e instructions for determining a
regulations unde 13, 16a, or 16b,	r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (and that received from any one contributor, during the year, total co of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-E	(Form 990 or 990-EZ), Part II, line ontributions of the greater of <b>(1)</b>
contributor, durir literary, or educa	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990 ag the year, total contributions of more than \$1,000 <i>exclusively</i> for retional purposes, or for the prevention of cruelty to children or anima (b) instead of the contributor name and address), II, and III.	eligious, charitable, scientific,
contributor, durin contributions tota during the year fo <b>General Rule</b> app	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990 or 990 the year, contributions <i>exclusively</i> for religious, charitable, etc., puralled more than \$1,000. If this box is checked, enter here the total coor an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete a blies to this organization because it received <i>nonexclusively</i> religious, or more during the year	urposes, but no such ontributions that were received any of the parts unless the charitable, etc., contributions
=	nat isn't covered by the General Rule and/or the Special Rules does nust answer "No" on Part IV, line 2, of its Form 990; or check the bo	·

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization MUTUAL OF OMAHA FOUNDATION

Employer identification number 20-2176636

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
1	MUTUAL OF OMAHA INSURANCE COMPANY  3300 MUTUAL OF OMAHA PLAZA  OMAHA, NE 68175	\$\$	Person X Payroll X Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization MUTUAL OF OMAHA FOUNDATION

**Employer identification number** 20-2176636

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
1	922907629 VANGUARD MID CAP INDEX ETF 30,792 SHARES			
		\$_	6,338,203.	12/29/2020
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
2	922908637 VANGUARD LARGE CAP INDEX ETF 20,933 SHARES			
		\$_	3,661,797.	12/29/2020
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$_		
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions.)	(d) Date received
_		\$_		

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) Name of organization MUTUAL OF OMAHA FOUNDATION Employer identification number 20-2176636 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 following line entry. For organizat contributions of \$1,000 or less for th Use duplicate copies of Part III if addit	ions completing Part e year. (Enter this info	II, enter the total ormation once. S	of exclusively religious, charitable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use o	gift	(d) Description of how gift is held
		(e) Transfel	of gift	
	Transferee's name, address, a	nd ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfei nd ZIP + 4		nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfei	•	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use o	gift	(d) Description of how gift is held
	Touristance	(e) Transfer	_	
	Transferee's name, address, at	na ZIP + 4	Relation	nship of transferor to transferee

#### FORM 990PF - GENERAL EXPLANATION ATTACHMENT

#### PART XV LINE 2D

THE FOUNDATION REQUIRES A GRANT AGREEMENT WHICH I.) SPECIFIES THE RESPECTIVE RESPONSIBILITIES OF THE FOUNDATION AND THE RECIPIENT; II.) OBLIGATES THE RECIPIENT TO USE THE GRANT FUNDS ONLY FOR THE PURPOSES FOR WHICH THE GRANT WAS MADE; III.) PROVIDES FOR PERIODIC WRITTEN REPORTS CONCERNING THE USE OF THE GRANT FUNDS; IV.) REQUIRES A FINAL WRITTEN REPORT AND ACCOUNTING OF HOW GRANT FUNDS WERE USED; AND V.) ACKNOWLEDGES THE AUTHORITY OF MUTUAL OF OMAHA FOUNDATION TO WITHHOLD AND/OR RECOVER GRANT FUNDS IN CASE SUCH FUNDS ARE, OR APPEAR TO BE, MISUSED.

THE FOUNDATION PROVIDES GRANTS TO ORGANIZATIONS WHICH ARE EXEMPT FROM TAXATION UNDER SECTION 501(C)(3) AND MAY ALSO USE ITS FUNDS TO ENGAGE DIRECTLY IN SECTION 501(C)(3) EXEMPT ACTIVITIES. THE FOUNDATION'S MISSION IS TO BREAK THE CYCLE OF POVERTY FOR FAMILIES IN THE OMAHA METROPOLITAN AREA THROUGH THE FUNDING OF MAJOR CAPITAL PROJECTS THAT STRENGTHEN THE COMMUNITY. THE FOUNDATION'S FOCUS IS IN THE FOLLOWING AREAS:

- . BASIC NEEDS: HOMELESS PREVENTION, AFFORDABLE HOUSING, COMMUNITY HEALTH, FOOD AND EMERGENCY SHELTER
- . ADULT SELF-SUFFICIENCY: WORKFORCE DEVELOPMENT, FINANCIAL EDUCATION, LITERACY AND LANGUAGE, DOMESTIC VIOLENCE, PARENTING CLASSES
- . AT-RISK YOUTH: MENTORING, OUT-OF-SCHOOL PROGRAMS, TEEN PARENTING, COLLEGE AND CAREER PREP, ABUSE AND NEGLECT

## FORM 990PF, PART I - OTHER INCOME

DESCRIPTION

MISCELLANEOUS INCOME

REVENUE

AND

NET

EXPENSES

INVESTMENT

PER BOOKS

INCOME

302,853.

-214,475.

TOTALS

302,853.

-214,475.

## FORM 990PF, PART I - OTHER PROFESSIONAL FEES

	REVENUE	
	AND	NET
	EXPENSES	INVESTMENT
DESCRIPTION	PER BOOKS	INCOME
INVESTMENT MANAGEMNT FEES	322,217.	322,217.
TOTALS	322,217.	322,217.

FORM 990PF, PART I - TAXES

REVENUE

AND

EXPENSES

PER BOOKS

FEDERAL EXCISE TAX

DESCRIPTION

47,929.

TOTALS

47,929.

## FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND EXPENSES

DESCRIPTION STATE FEES AND EXPENSES

PER BOOKS 40.

TOTALS

40.

## FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING <u>FMV</u>
CAMBRIDGE INVESTMENT FUNDS DOMESTIC COMMON STOCKS FOREIGN STOCKS US GOVERNMENT ISSUES MUTUAL FUNDS-EQUITY MUTUAL FUNDS-FIXED INCOME INVESTMENT PARTNERSHIPS & JV OTHER	87,875,642.	2,686,694. 290,134. 6,722,975. 22,451,590. 4,868,180. 69,074,736. 697.	2,686,694. 290,134. 6,722,975. 22,451,590. 4,868,180. 69,074,736. 697.
TOTALS	87,875,642.	106,095,006.	106,095,006.

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## FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE	ENDING <u>FMV</u>
EXCISE TAX RECOVERABLE	46,347.	46,347.
TOTALS	46,347.	46,347.

ATTACIIIIINT /	ATTACHMENT 7
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## FORM 990PF, PART II - OTHER LIABILITIES

DESCRIPTION BOOK VALUE BOOK VALUE BOOK VALUE

ACCRUED EXCISE TAX 37,970.

TOTALS 37,970.

## FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT

UNREALIZED GAINS 8,224,981.

TOTAL 8,224,981.

#### 2020 FORM 990-PF

### FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
GAIL A GRAEVE MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	PRESIDENT/SECRETARY/DIRECTOR 20.00	0.	0.	0.
MICHAEL A. LECHTENBERGER MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	VICE-PRESIDENT/DIRECTOR .50	0.	0.	0.
ELIZABETH A. MAZZOTTA MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	TREASURER/DIRECTOR .50	0.	0.	0.
BRAD BUECHLER MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	DIRECTOR .50	0.	0.	0.
RICHARD R. HRABCHAK MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	DIRECTOR .50	0.	0.	0.
ALEX HAYES MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	DIRECTOR .50	0.	0.	0.
	GRAND TOTALS	0.	0.	0.

ATTACHMENT 9

## 990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS

NAME AND ADDRESS

TYPE OF SERVICE

COMPENSATION

CAMBRIDGE ASSOCIATES
125 HIGH STREET
BOSTON, MA 02110-2112

TOTAL COMPENSATION

ATTACHMENT 10

COMPENSATION

264,040.

#### FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

GAIL GRAEVE, MUTUAL OF OMAHA FOUNDA MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 866 663-8655

FORM IN WHICH APPLICATION SHOULD BE SUBMITTED AND INFORMATION THEY SHOULD INCLUDE:

THE FOUNDATION PROVIDES GRANTS TO ORGANIZATIONS WHICH ARE EXEMPT FROM TAXATION UNDER SECTION 501(C)(3). AN ORGANIZATION SEEKING A GRANT FROM THE FOUNDATION IS REQUIRED TO SUBMIT AN ONLINE APPLICATION AND PROVIDE THE FOLLOWING INFORMATION:

- . NAME, ADDRESS, PHONE NUMBER AND CONTACT PERSON OF THE ORGANIZATION
- . MISSION OF THE ORGANIZATION
- . DESCRIPTION OF THE PROJECT FOR WHICH GRANT FUNDS ARE BEING REQUESTED
- . NAMES OF THE ORGANIZATION'S BOARD OF DIRECTORS
- . VERIFICATION OF THE ORGANIZATION'S TAX-EXEMPT STATUS
- . A CURRENT FINANCIAL STATEMENT
- . COST OF THE PROPOSED PROJECT AND THE AMOUNT BEING SOUGHT FROM THE FOUNDATION
- . BUDGET FOR THE PROPOSED PROJECT
- . ORGANIZATION'S BUDGET

#### FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

FORM IN WHICH APPLICATION SHOULD BE SUBMITTED AND INFORMATION THEY SHOULD INCLUDE:

- . A LIST OF OTHER SOURCES OF SUPPORT AND THE AMOUNTS AND TYPES OF THEIR DONATIONS
- . AN EXPLANATION OF WHETHER THIS IS AN ONGOING ACTIVITY OR A ONE-TIME PROJECT

#### SUBMISSION DEADLINES:

GRANTS ARE REVIEWED AND APPROVED TWICE A YEAR. SEE WEBSITE FOR SUBMISSION DEADLINES.

#### RESTRICTIONS OR LIMITATIONS ON AWARDS:

PLEASE SEE GENERAL EXPLANATION ATTACHMENT

**Mutual of Omaha Foundation** 

EIN: 20-2176636 Calendar Year: 2020

Form 990-PF: Part XV - Grants and Contributions Paid - Detail

	Recipient	Date	Grant Amount
100 Black Men of Omaha	PC	10/19/2020	\$15,000.00
African Culture Connection aka ACC	PC	11/6/2020	\$1,000.00
Ballet Nebraska	PC	11/11/2020	\$5,000.00
Amplify Arts	PC	11/11/2020	\$1,000.00
Angels Among Us	PC	4/3/2020	\$6,000.00
Applied Information Management Institute	PC	10/19/2020	\$2,500.00
Autism Action Partnership	PC	4/3/2020	\$5,000.00
Banister's Leadership Academy	PC	4/3/2020	\$2,500.00
Bemis Center for Contemporary Arts	PC	11/11/2020	\$5,000.00
Big Brothers Big Sisters Of The Midlands	PC	4/3/2020	\$35,000.00
Bike Union Mentoring Project	PC	10/19/2020	\$10,000.00
Bluebarn Theatre	PC	11/11/2020	\$3,000.00
Boy Scouts Of America, Mid-America Council	PC	4/3/2020	\$20,000.00
Boys & Girls Clubs of the Midlands	PC	4/3/2020	\$50,000.00
Caroles House Of Hope Inc	PC	11/6/2020	\$20,000.00
CASA for Douglas County	PC	10/19/2020	\$50,000.00
Catholic Charities	PC	10/19/2020	· ·
Catholic Council for Social Concern Inc	PC	10/19/2020	· ·
Celebrating Nebraska Statehood	PC	4/3/2020	
Charles Drew Health Center Inc	PC	4/3/2020	· ·
CHI Health Foundation/Alegent Health Foundation	PC	10/19/2020	· ·
Child Saving Institute Inc	PC	4/3/2020	
Children's Hospital & Medical Center Foundation	PC	6/12/2020	
Christian Home Association Childrens Square U S A	PC	10/19/2020	
Collective For Youth	PC	7/15/2020	
College Possible	PC	10/19/2020	
Community Alliance	PC	4/3/2020	
Completely KIDS	PC	4/3/2020	· ·
Conference for Inclusive Communities	PC	10/19/2020	· ·
Council Bluffs Schools Foundation	PC	4/3/2020	
Creighton University	PC	11/13/2020	
Creighton University	PC	10/19/2020	
Economic Empowerment Center	PC	10/19/2020	\$20,000.00
El Museo Latino	PC	11/16/2020	\$2,000.00
Mutual of Omaha Employee Financial Assistance Fund	PC	11/16/2020	\$75,000.00
Mutual of Omaha Employee Financial Assistance Fund	PC	5/27/2020	
Mutual of Omaha Employee Financial Assistance Fund	PC	4/6/2020	\$16,807.77
Mutual of Omaha Employee Financial Assistance Fund	PC	12/22/2020	\$9,328.50
Mutual of Omaha Employee Financial Assistance Fund	PC	10/26/2020	
Mutual of Omaha Employee Financial Assistance Fund	PC	10/1/2020	\$5,913.00
Mutual of Omaha Employee Financial Assistance Fund	PC	8/26/2020	
Mutual of Omaha Employee Financial Assistance Fund	PC	7/28/2020	
Mutual of Omaha Employee Financial Assistance Fund	PC	6/25/2020	
Mutual of Omaha Employee Financial Assistance Fund	PC	5/27/2020	
Mutual of Omaha Employee Financial Assistance Fund	PC	4/24/2020	
Father Flanagan's Boys' Home, aka Boys Town	PC	4/3/2020	
Film Streams	PC	11/6/2020	
Fontenelle Forest	PC	11/6/2020	
Food Bank for the Heartland	PC	4/3/2020	
Girl Scouts Spirit of Nebraska	PC	4/3/2020	·

Organization Name	Foundation Status of		Grant Amount
<u> </u>	Recipient	Date	
Girls Incorporated in Omaha	PC	10/19/2020	
Goodwill Industries, Inc.	PC	10/19/2020	
Great Plains Black History Museum	PC	11/6/2020	
Grief's Journey	PC	11/6/2020	
Habitat for Humanity of Council Bluffs	PC	11/6/2020	\$15,000.00
Habitat For Humanity of Omaha, Inc.	PC	11/6/2020	
Heart Ministry Center	PC	4/3/2020	\$50,000.00
Heartland Family Service	PC	4/3/2020	\$75,000.00
Heartland Hope Mission	PC	4/3/2020	\$70,000.00
Ho-Chunk Community Development Corp	PC	6/8/2020	\$25,000.00
Holy Name Housing Corporation	PC	11/6/2020	\$15,000.00
Hope Center for Kids, Inc.	PC	10/19/2020	\$30,000.00
inCOMMON Community Development	PC	11/6/2020	\$5,000.00
Intercultural Senior Center	PC	11/6/2020	
Iowa Jag Inc	PC	4/3/2020	
Iowa Legal Aid	PC	4/3/2020	
Jennie Edmundson Hospital Foundation	PC	4/3/2020	
Joslyn Art Museum	PC	11/16/2020	
Justice For Our Neighbors	PC	11/6/2020	
Kids Can Community Center	PC	11/13/2020	
Kids Can Community Center	PC	4/3/2020	
Knights of AK-SAR-BEN Foundation	PC	10/19/2020	
Latino Center of the Midlands	PC	6/12/2020	
Learning Community Foundation of Douglas & Sarpy Counties	PC	5/11/2020	
Legal Aid Of Nebraska	PC	4/3/2020	
Lutheran Family Services of Nebraska	PC	4/21/2020	
Magdalene Omaha Inc	PC	4/3/2020	
Mercy Housing Midwest	PC	11/6/2020	
Metropolitan Community College Foundation	PC	10/19/2020	
MICAH House Corporation	PC	4/3/2020	
Nebraska Urban Indian Health Coalition, Inc.	PC	11/6/2020	
Nebraska Aids Project Inc	PC	4/3/2020	
Nebraska Appleseed	PC	11/6/2020	
Nebraska Children and Families Foundation	PC	10/19/2020	
Nebraska Childrens Home Society	PC	11/6/2020	
Nebraska Methodist Hospital Foundation	PC	10/19/2020	
Nebraska Shakespeare Festival, Inc.	PC	11/6/2020	
· · · · · · · · · · · · · · · · · · ·	PC		
Neola Betterment Corporation		11/6/2020	
Network for Good	PC PC	12/22/2020	
Network for Good	PC	11/13/2020	· · · · · · · · · · · · · · · · · · ·
Network for Good	PC	10/1/2020	
Network for Good	PC	10/1/2020	
Network for Good	PC	7/23/2020	
Network for Good	PC	6/25/2020	
Network for Good	PC	5/27/2020	
Network for Good	PC	4/6/2020	
Network for Good	PC	4/6/2020	
New Visions Homeless Services	PC	4/3/2020	
No More Empty Pots	PC	6/5/2020	
NorthStar Foundation	PC	10/19/2020	
Omaha Children's Museum	PC	6/12/2020	
Omaha Community Foundation	PC	3/19/2020	
Omaha Community Playhouse	PC	11/6/2020	
Omaha Conservatory of Music	PC	11/6/2020	
Omaha Healthy Kids Alliance	PC	4/3/2020	\$10,000.00
Omaha Home For Boys	PC	4/3/2020	
Omaha Symphony Association	PC	11/16/2020	\$10,000.00
Omaha Theater Company	PC	11/16/2020	\$5,000.00
Omaha Zoo Foundation	SO II	11/16/2020	

Organization Name	Foundation Status of		Grant Amount
	Recipient	Date	
OneWorld Community Health Centers, Inc.	PC	4/3/2020	4 ,
Opera Omaha, Inc	PC	11/16/2020	. ,
Outlook Nebraska, Inc.	PC	4/3/2020	+ -,
Partnership 4 Kids	SO I	10/19/2020	+ -,
Pottawattamie County Community Foundation	PC	5/11/2020	+-,
Project Harmony, Child Protection Center	PC	10/19/2020	
Project Houseworks	PC	4/3/2020	+ -,
Rise (formerly Defy Nebraska)	PC	4/3/2020	\$15,000.00
Ronald McDonald House Charities In Omaha Inc	PC	11/6/2020	\$25,000.00
Santa Monica, Inc.	PC	4/3/2020	\$15,000.00
Saving Grace Perishable Food Rescue, Inc.	PC	11/6/2020	\$31,000.00
Seventy-Five North Revitalization Corporation	PC	11/6/2020	\$20,000.00
Siena Francis House	PC	4/3/2020	\$150,000.00
St. Augustine Indian Mission School	PC	4/3/2020	\$30,000.00
Stephen Center, Inc.	PC	4/3/2020	\$50,000.00
Strategic Air Command & Aerospace Museum	PC	11/6/2020	\$5,000.00
TeamMates Mentoring Program	PC	4/3/2020	\$25,000.00
The Durham Museum	PC	11/16/2020	\$5,000.00
The Salvation Army Western Division	PC	5/18/2020	\$25,000.00
The Union for Contemporary Art	PC	11/6/2020	\$3,000.00
The Wellbeing Partners	PC	4/3/2020	\$10,000.00
Together, Inc of Metropolitan Omaha	PC	4/3/2020	\$75,000.00
United Methodist Ministries	PC	11/6/2020	\$10,000.00
Urban League of Nebraska	PC	4/3/2020	\$30,000.00
Visiting Nurse Health Services	SO I	4/3/2020	\$75,000.00
Women's Center for Advancement	PC	4/3/2020	\$75,000.00
Omaha Performing Arts	PC	11/16/2020	
YMCA Of Greater Omaha	PC	4/3/2020	
Youth Care & Beyond Inc	PC	4/3/2020	
Youth Emergency Services, Inc.	PC	4/3/2020	
YouTurn	PC	4/3/2020	

**Mutual of Omaha Foundation** 

EIN: 20-2176636 Calendar Year: 2020

Form 990-PF: Part XV - Grants and Contributions Approved for Future Payment - Detail

Organization Name	Foundation Status of Recipient	Grant Amount
Black Police Officers Association of Omaha	PC	\$2,500.00
Family Housing Advisory Services, Inc.	PC	\$40,000.00
Great Plains Theatre Commons	PC	\$1,000.00
Heart Ministry Center	PC	\$20,000.00
Heartland Equine Therapeutic Riding Academy Inc	PC	\$5,000.00
Omaha Academy Of Ballet	PC	\$2,000.00
Southside Redevelopment Corporation	PC	\$25,000.00
YouTurn	PC	\$2,500.00
Metro Area Continum of Care for the Homeless (MACCH)	PC	\$150,000.00
University of Nebraska	PC	\$500,000.00

Total Donations \$748,000.00