Form 8453-TE

Tax Exempt Entity Declaration and Signature for Electronic Filing

OME	No	1545-0047
CIVID	INO.	1343-0047

2021

For calendar year 2021, or tax year beginning_ and ending

Department of the Treasury For use with Forms 990, 990-EZ, 990-PF, 990-T, 1120-POL, 4720, 8868, 5227, 5330, and 8038-CP

► Go to www.irs.gov/Form8453TE for the latest information. Internal Revenue Service Name of filer EIN or SSN OF OMAHA FOUNDATION 20-2176636 Type of Return and Return Information Part I Check the box for the type of return being filed with Form 8453-TE and enter the applicable amount, if any, from the return. Form 8039-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 of 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-). 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. 1a Form 990 check here ▶ b Total revenue, if any (Form 990, Part VIII, column (A), line 12) Form 990-EZ check here . . . > 2b 3a Form 1120-POL check here 3b 4a Form 990-PF check here . . . ▶ b Taxed based on investment income (Form 990-PF, Part VI, line 5) . . 4b 186,440 Form 8868 check here. . . . > 5b Form 990-T check here . . . > 6b Form 4720 check here. . . . > 8a Form 5227 check here. . . . > b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here. . . . ▶ 9b Form 8039-CP check here . . > b Amount of credit payment requested (Form 8038-CP, Part III, line 22) Part II Declaration of Officer or Person Subject to Tax I authorize the U.S. Treasury and its designated Financial Agent to initiate an Automated Clearing House (ACH) 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. If a copy of this return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I certify that I executed the electronic disclosure consent contained within this return allowing disclosure by the IRS of this Form 990/990-EZ/ 990-PF (as specifically identified in Part I above) to the selected state agency(ies). X I am an officer of the above named entity or Under penalties of perjury, I declare that I am the person subject to tax with respect to , (EIN) and that I have examined a copy of the 2021 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. Sign Here Signature of officer or person subject to tax Declaration of Electronic Return Originator (ERO) and Paid Preparer (see instructions) I declare that I have reviewed the above return and that the entries on Form 8453-TE are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The entity officer or person subject to tax will have signed this form before I submit the return. I will give a copy of all forms and information to be filed with the IRS to the officer or person subject to tax, and have followed all other requirements in Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge. Date ERO's SSN or PTIN ERO's ERO's Check if also Check if self 11/13/22 signature P00395735 paid preparer employed Use ERNST & YOUNG U.S. LLP EIN 34-6565596 Only 111 MONUMENT CIR STE 4000 INDIANAPOLIS IN 46204 Phone no. 317-681-7000 Under penalties of perjury, I declare that I have examined the above return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer is based on all information of which the preparer has any knowledge. Print/Type preparer's name Preparer's signature Check if self Paid employed Preparer Firm's name Firm's EIN **Use Only**

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

Firm's address

Form 8453-TE (2021)

Phone no

Form 990-PF

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

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

		alendar year 2021 or tax year beginning					and en	ding			
1	Name	of foundation							Α	Employer ident	fication number
	MU	TUAL OF OMAHA FOUNDATION								20	-2176636
1		er and street (or P.O. box number if mail is not delivered	d to stree	et addr	ess)		Room/sui	te	В		ber (see instructions)
,		TUAL OF OMAHA PLAZA								(86	56)663-8665
	Sity or	town, state or province, country, and ZIP or foreign po	stal code								
	OMA	AHA, NE 68175							С	If exemption applied pending, check her	
(G Ch	eck all that apply: Initial return			Initial return	of a former p	oublic cha	rity	_		
		Final return		$\overline{}$	Amended re			,	U	 Foreign organiz Foreign organiz 	
		Address change		\Box	Name chang	е				85% test, check	here and attach
ł	1 Ch	eck type of organization: X Section 50	1(c)(3)	exe	mpt private f	foundation					▶⊔
		Section 4947(a)(1) nonexempt charitable trust				ivate founda	tion		Ε		on status was terminated b)(1)(A), check here
ı	Fai	ir market value of all assets at J Ac	countin			ash X Acc			_		s in a 60-month termination
	end	d of year (from Part II, col. (c), line	Other ((spec	cify)						b)(1)(B), check here
				nn (d).	must be on ca	ash basis.)		_			
	Part	Analysis of Revenue and Expenses (Ti total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)	16	exper	venue and nses per ooks	(b) Net inve		(0		djusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 2	Contributions, gifts, grants, etc., received (attach schedule) Check X if the foundation is not required to	-		NONE						
	3	attach Sch. B			1,261.		1,261.				
	4	Dividends and interest from securities			569,995.		9,995.				
	1,50	Gross rents			300,000.	30	2,333.		_		
		Net rental income or (loss)	15-81				1241		TE		
9		Net gain or (loss) from sale of assets not on line 10		12,	796,340.					70-14-1	New York To be to Market
ū	b										
Revenue	7	Capital gain net income (from Part IV, line 2)				13,169	9,632.				
œ	8	Net short-term capital gain				BE TO FEET					
	9	Income modifications	A second second				UIS IN				
	10 a	Gross sales less returns and allowances						-3-2			Harris Market
	b	Less: Cost of goods sold .					271	11.7			
	С	Gross profit or (loss) (attach schedule)									
	11	Other income (attach schedule)			928.	-5:	1,021.				STMT 2
	12	Total. Add lines 1 through 11		13,3	368,524.	13,689	9,867.				
es	13	Compensation of officers, directors, trustees, etc.			NONE						
3 86		Other employee salaries and wages	-	_							
ē	15	Pension plans, employee benefits	-						-		
ŭ	16a	Legal fees (attach schedule)	-								
9	_	ricoddining rees (attach schedule)	-) (276 007	0.5					
a	47	Other professional fees (attach schedule) . * .			276,897.	276	5,897.	_	_		
IIST	10	Interest			101 060				_		
	18 19	Taxes (attach schedule) (see instructions). **.			181,868.			-	_		ENGLISH KARTENIA SANDA
=	20	Depreciation (attach schedule) and depletion. Occupancy									
Ad	21	Travel, conferences, and meetings									
≅	22	Printing and publications									
5		Other expenses (attach schedule) STMT 5			193.						193.
	24	Total operating and administrative expenses									
Der		Add lines 13 through 23		4	158,958.	276	5,897.				193.
5	25	Contributions, gifts, grants paid			61,470.						5,861,470.
	26	Total expenses and disbursements. Add lines 24 and 25			20,428.	276	,897.				5,861,663.
	27	Subtract line 26 from line 12:						7-12			
	а	Excess of revenue over expenses and disbursements		7,0	48,096.						
		Net investment income (if negative, enter -0-)				13,412	,970.				
-1	С	Adjusted net income (if negative, enter -0-) .			THE YEAR						

120,899,798. Form 990-PF (2021)

6

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

Par		and Losses for Tax on Inv	estment Income	20-21/0030		rage C
	(a) List and des	scribe the kind(s) of property sold (for rick warehouse; or common stock, 200	example, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a	SEE PART IV SCHED	DULE				
b						
С						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other plus expense	- Same Same	(h) Gain or (los ((e) plus (f) minu	
а						
b						
С						
d						
е						
	Complete only for assets s	howing gain in column (h) and owne	d by the foundation on 12	/31/69. (1)	Gains (Col. (h) ga	ain minus
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of cover col. (j), if	ol. (i) col.	(k), but not less the Losses (from col	nan -0-) or
а						
b						
С						
d						
е						
3	If gain, also enter in P	or (net capital loss)	structions. If (loss), e	, line 7 } 2 nter -0- in }	13,	169,632.
Par		sed on Investment Income (instructions)	
		ons described in section 4940(d)(2), of				
ıa		letter: (attack			1	186,440.
b	All other domestic found	lations enter 1.39% (0.0139) of le 12, col. (b)	line 27b. Exempt foreig	n organizations,		
2		omestic section 4947(a)(1) trusts an			2	
3					3	186,440.
4		omestic section 4947(a)(1) trusts ar			4	NONE
5		ncome. Subtract line 4 from line 3. If		800	5	186,440.
6	Credits/Payments:					TARREST TO
а	A CONTRACT OF THE PROPERTY OF	nts and 2020 overpayment credited t	o 2021 6a	215,499.		
b		ns - tax withheld at source		NONE		
c		or extension of time to file (Form 8868		NONE		
d		ously withheld				
7		. Add lines 6a through 6d			7	215,499.
8		payment of estimated tax. Check here		The second secon	8	734.
9		5 5 and 8 is more than line 7, enter am		-	9	
10		ore than the total of lines 5 and 8, en			10	28,325.
11		to be: Credited to 2022 estimated t			11	
					Form	990-PF (2021)

Pa	rt VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials		Taranti I	
	published or distributed by the foundation in connection with the activities.		30.7	
C	Did the foundation file Form 1120-POL for this year?	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ NONE (2) On foundation managers. ► \$ NONE			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$NONE	-		
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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	If "Yes," attach the statement required by General Instruction T.			
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	1		BUT-
	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 XIV	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	4		
	(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			1
	4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See the instructions for Part XIII. If "Yes,"			
	complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			l
4.4	names and addresses	10	•	Х
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			v
12	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		_X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	40		v
13	person had advisory privileges? If "Yes," attach statement. See instructions	12	х	<u>X</u>
13	Website address WWW.MUTUALOFOMAHAFOUNDATION.ORG	13		
14	The books are in care of ► CORPORATE TAX Telephone no. ► 402-351	-894	4	
• •	Located at MUTUAL OF OMAHA PLAZA OMAHA, NE ZIP+4 68175	0,7-1	1	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	At the state of	_	\Box
30A)	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			A A E
	the foreign country ▶		1	

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required			
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a During the year, did the foundation (either directly or indirectly):			
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		Х
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified	5, 11	654	
person?	1a(2)		Х
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			Х
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		Х
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or		1	
use of a disqualified person)?	1a(5)		Х
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation		L	
agreed to make a grant to or to employ the official for a period after termination of government service, if			19-71
terminating within 90 days.)	1a(6)		Х
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
c Organizations relying on a current notice regarding disaster assistance, check here			
d 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 2021?	1d		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)):			
a At the end of tax year 2021, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for			
tax year(s) beginning before 2021?	2a		Х
If "Yes," list the years ▶,,,			
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			Mind
(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	-3-1		
all years listed, answer "No" and attach statement - see instructions.)	2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
)			Sec. 7
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
during the year?	3a		X
b If "Yes," did it have excess business holdings in 2021 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		32	
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 2021.)	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	140	-	
charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021?	4b) DE	X

11 (1)	Statements Regarding Activities	IOI WINCH FOITH	47 ZU Way be Key	uirea (continuea)			
5a	During the year, did the foundation pay or incur any am	ount to:				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ	ence legislation (section	on 4945(e))?		5a(1)		Х
	(2) Influence the outcome of any specific public						813.5
	indirectly, any voter registration drive?				5a(2)		Х
	(3) Provide a grant to an individual for travel, study, or o				5a(3)		х
	(4) Provide a grant to an organization other than						2. 11
	(4)(A)? See instructions				5a(4)		х
	(5) Provide for any purpose other than religious,	charitable scientific	c literary or educat	ional nurnoses or for	04(1)	an-5	
					5a(5)		х
b	the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described						71
	in Regulations section 53.4945 or in a current notice re-				5b		
c	Organizations relying on a current notice regarding disa						
d	If the answer is "Yes" to question 5a(4), does			[16] : 50 12 12 12 12 12 12 12 12 12 12 12 12 12			
_	maintained expenditure responsibility for the grant?				5d		
	If "Yes," attach the statement required by Regulations s		********		34		
6a	Did the foundation, during the year, receive any		indirectly to now pro	miums on a nercenal			
vu					6-		х
b	benefit contract? Did the foundation, during the year, pay premiums, dire	ectly or indirectly on	nerconal banefit contra		6a 6b		X
-	If "Yes" to 6b, file Form 8870.	ectly of indirectly, on a	a personal benefit contra	iotr	ab	-2-1	
7a	At any time during the tax year, was the foundation a p	arty to a prohibited to	v shelter transaction?		70		v
b	If "Yes," did the foundation receive any proceeds or ha				7a		X
8	Is the foundation subject to the section 4960 tax				7b		III
•	excess parachute payment(s) during the year?				8		х
Par	Information About Officers, Director	s. Trustees. Fou	ndation Managers	Highly Paid Employ			Λ
	and Contractors			22 A - 110	,		
1	List all officers, directors, trustees, and foundat	ion managers and	thair commonation				
				(d) Contributions to			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense other allo	e accou	ınt,
		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense other allo	e accou owance	ınt, s
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	owance	s
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens other allo	owance	s
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	owance	s
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	owance	s
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	owance	s
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo	owance	s
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens	owance	s
SEE 2	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	` other alk	owance	NONE
SEE 2	(a) Name and address STATEMENT 13 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation NONE 1 - see instructions (d) Contributions to	s). If no	one, e	NONE
SEE 2	(a) Name and address STATEMENT 13 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation NONE 1 - see instructions (d) Contributions to employee benefit plans and deferred	` other alk	one, e	NONE
SEE 2	(a) Name and address STATEMENT 13 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those)	(c) Compensation (if not paid, enter-0-) NONE	(d) Contributions to employee benefit plans and deferred compensation NONE 1 - see instructions (d) Contributions to employee benefit	s). If no	one, e	NONE
2 (a)	(a) Name and address STATEMENT 13 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) NONE	(d) Contributions to employee benefit plans and deferred compensation NONE 1 - see instructions (d) Contributions to employee benefit plans and deferred	s). If no	one, e	NONE
2 (a)	(a) Name and address STATEMENT 13 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) NONE	(d) Contributions to employee benefit plans and deferred compensation NONE 1 - see instructions (d) Contributions to employee benefit plans and deferred	s). If no	one, e	NONE
2 (a)	(a) Name and address STATEMENT 13 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) NONE	(d) Contributions to employee benefit plans and deferred compensation NONE 1 - see instructions (d) Contributions to employee benefit plans and deferred	s). If no	one, e	NONE
2 (a)	(a) Name and address STATEMENT 13 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) NONE	(d) Contributions to employee benefit plans and deferred compensation NONE 1 - see instructions (d) Contributions to employee benefit plans and deferred	s). If no	one, e	NONE
2 (a)	(a) Name and address STATEMENT 13 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) NONE	(d) Contributions to employee benefit plans and deferred compensation NONE 1 - see instructions (d) Contributions to employee benefit plans and deferred	s). If no	one, e	NONE
2 (a)	(a) Name and address STATEMENT 13 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) NONE	(d) Contributions to employee benefit plans and deferred compensation NONE 1 - see instructions (d) Contributions to employee benefit plans and deferred	s). If no	one, e	NONE
2 (a)	(a) Name and address STATEMENT 13 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) NONE	(d) Contributions to employee benefit plans and deferred compensation NONE 1 - see instructions (d) Contributions to employee benefit plans and deferred	s). If no	one, e	NONE
2 (a)	(a) Name and address STATEMENT 13 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) NONE	(d) Contributions to employee benefit plans and deferred compensation NONE 1 - see instructions (d) Contributions to employee benefit plans and deferred	s). If no	one, e	NONE
2 (a)	(a) Name and address STATEMENT 13 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those b) Title, and average hours per week	(c) Compensation (if not paid, enter-0-) NONE	(d) Contributions to employee benefit plans and deferred compensation NONE 1 - see instructions (d) Contributions to employee benefit plans and deferred	s). If no	one, e	NONE
2 (a)	(a) Name and address STATEMENT 13 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those than those hours per week devoted to position	(c) Compensation (if not paid, enter-0-) NONE	(d) Contributions to employee benefit plans and deferred compensation NONE 1 - see instructions (d) Contributions to employee benefit plans and deferred	s). If no	one, e	nonE

Part VII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five	highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
SEE STAT	CEMENT 17	276,897
Total numb	er of others receiving over \$50,000 for professional services	NONE
List the fou	A Summary of Direct Charitable Activities Indation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of as and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
2		
3		
4		
Part VIII-E		Amount
1 NONE	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
2		
All other pro	ogram-related investments. See instructions.	
JIVONE		
Total Add I	ines 1 through 3	

Pai	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	eign f	oundations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
	Average monthly fair market value of securities		113,849,122.
b	Average of monthly cash balances	1b	2,195,890.
C	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	116,045,012.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	116,045,012.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	1,740,675.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	114,304,337.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	5,715,217.
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.)	g four	dations
1	Minimum investment return from Part IX, line 6	1	5 715 015
		·	5,715,217.
Za h	Tax on investment income for 2021 from Part V, line 5 2a 186,440.		
	Income tax for 2021. (This does not include the tax from Part V.) 2b	.	106 440
3	Add lines 2a and 2b.	2c	186,440.
4	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,528,777.
5	Recoveries of amounts treated as qualifying distributions	5	525.
6	Add lines 3 and 4	6	5,529,302.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII,	-	
•	line 1	7	E E20 302
			5,529,302.
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	5,861,663.
	Program-related investments - total from Part VIII-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	5,861,663.

Pa	art XII Undistributed Income (see instru	uctions)			
		(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1	Distributable amount for 2021 from Part X, line 7				5,529,302.
2	Undistributed income, if any, as of the end of 2021:				RIESERIME
	a Enter amount for 2020 only			NONE	
1	o Total for prior years: 20 19 ,20 18 ,20 17				
3	Excess distributions carryover, if any, to 2021:				
á	From 2016 59,631.				
ı	From 2017				
	From 2018				
	From 2019 31,960.				
•	From 2020				
	Total of lines 3a through e	91,591.			
4	Qualifying distributions for 2021 from Part XI,			8	
	line 4: ▶ \$5,861,663.				
a	Applied to 2020, but not more than line 2a			NONE	
Ł	Applied to undistributed income of prior years (Election required - see instructions)				
c	Treated as distributions out of corpus (Election required - see instructions)				
c	Applied to 2021 distributable amount				5,529,302.
_ e	Remaining amount distributed out of corpus	332,361.			
5	Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	423,952.			
	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed	· 表征-[[[67]][[67]]			
d	Subtract line 6c from line 6b. Taxable				
	amount - see instructions				
е	Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount - see instructions			NONE	
f	Undistributed income for 2021. Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2022				NONE
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2016 not	100.000			
	applied on line 5 or line 7 (see instructions)	59,631.			
9	Excess distributions carryover to 2022.				
12020	Subtract lines 7 and 8 from line 6a	364,321.			TA TABLET IN
	Analysis of line 9:				
	Excess from 2017				
	Excess from 2018 Bxcess from 2019 31,960.				
	Excess from 2019 31,960				
	STATE OF STA				
	Excess from 2021 332,361.				

		AL OF OMAHA FOUR			-2176636	Page 10
		erating Foundations				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 2021, e	nter the date of the ruling		▶	
b	Check box to indicate v	whether the foundation	is a private operating	foundation described in	section 49	942(j)(3) or 4942(j)(5)
	Enter the lesser of the ad-	Tax year		Prior 3 years		MANAGES AND DESCRIPTION
	justed net income from Part	(a) 2021	(b) 2020	(c) 2019	(d) 2018	(e) Total
	I or the minimum investment			•	(-)	
	return from Part IX for each year listed		1			
b	85% (0.85) of line 2a					
						_
·	Qualifying distributions from Part XI, line 4, for each year listed .	1				
d	Amounts included in line 2c not used directly for active conduct					
_	of exempt activities					
٠	Qualifying distributions made directly for active conduct of					
	exempt activities. Subtract line					1
3	2d from line 2c Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test - enter:					
	(1) Value of all assets (2) Value of assets qualifying					
	under section					
h	4942(j)(3)(B)(i)					
D	enter 2/3 of minimum invest-					
	ment return shown in Part IX,					
	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	3				
	exempt organizations as provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization					
Pai		tary Information (C	omplete this part	only if the foundat	ion had \$5 000	0 or more in assets at
	any time du	iring the year - see i	nstructions.)	only if the loundar	ion nau \$5,000	or more in assets at
1	Information Regarding	Foundation Managers	3:			
а	before the close of any	he foundation who ha tax year (but only if the	ave contributed more by have contributed m	than 2% of the total ore than \$5,000). (See	contributions red section 507(d)(2	ceived by the foundation
	NONE			700 - MI		
b	List any managers of t	he foundation who o	wn 10% or more of	the stock of a corpo	ration (or an equ	ally large portion of the
	ownership of a partners	nip or other entity) of	which the foundation I	nas a 10% or greater i	nterest.	Marine State of the State of th
	N/A					
2	Information Regarding	Contribution Grant	Gift, Loan, Scholarchie	etc Programe:	¥	
				The state of the s	able sameainstics	
	unsolicited requests for	funds. If the foundate	tion makes nifts aran	o preselected charita	or organizations	s and does not accept under other conditions,
	complete items 2a, b, c,	and d. See instruction	S.	io, oto., to marviadale	or organizations	under other conditions,
	The name, address, and			person to whom appli	cations should be a	addressed:
	The form in which applic					
~	тоги и мног аррис	adona anodiu be subi	inted and mormation	and materials they si	iouia incluae:	
C	Any submission deadline	es:				
	, January acadimic					
d .	Any restrictions or lim	itations on awards	such as by geograp	hical areas charitah	le fields kinds	of institutions, or other
	factors:	on analas,	Lo by goograp	our urous, crianitab	io neius, kilius (zi montununo, ui unel

Part XIV Supplementary Information (continued)

Recipient Name and address (home or business)	ring the Year or App	roved for	Future Payment	
Recipient	show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	contribution	
a Paid during the year				
SEE STATEMENT 18				
SEE STATEMENT 10	1			5,861,470.
			1	
				1
			2	
			,	
	-			
Total				
b Approved for future payment			▶ 3a	5,861,470.
2 Approved to ratare payment		l l		
SEE STATEMENT 96				250,000.
The state of the s				250,000.
		1		
Total			▶ 3b	250,000.

Part XV-	A Analysis of Income-Produ					
Enter gross	amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
1 Program	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
-						
f						
g Fees	and contracts from government agencies					
2 Members	ship dues and assessments					
3 Interest o	on savings and temporary cash investments -			14	1,261.	
	ds and interest from securities			14	569,995.	
5 Net renta	al income or (loss) from real estate:					
a Debt-	-financed property					
b Not d	debt-financed property					
6 Net renta	l income or (loss) from personal property			-		
7 Other in	vestment income					
8 Gain or (I	oss) from sales of assets other than inventory			18	12,796,340.	
9 Net inco	me or (loss) from special events					
	rofit or (loss) from sales of inventory			-		
	venue: a			-		
	EE STATEMENT 97					
				-		
е				No.	10.000.001	
	. Add columns (b), (d), and (e)				13,368,524.	
	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc				13	13,368,524.
Part XV-E			complishment of Ex	remnt Durn	0000	
Line No. ▼	Explain below how each activity for of the foundation's exempt purpose					y to the accomplishmen
-						
			NOT APPLICABLE	,		
			NOT APPLICABLE	5		
	-					

			r OMANA FC				20-2176	0636		Pa	ge 13
Par	t XVI	Information Re Organizations	garding Tra	nsfers to and Tra	ansaction	s and	Relationshi	ps With Noncha	ritable	Exe	empt
1	Did th	e organization direct	lly or indirectly	engage in any of th	e following	a with	any other oras	nization described	18 - 18	V	100
	in sec	ction 501(c) (other	than section	1 501(c)(3) organiza	ations) or	in co	ction 527 re	lating to political		Yes	No
	organi	zations?	000.01	r our(c)(o) organiza	ations) or	111 36	Clion 327, 16	nating to political		- 12	
			a foundation (o a noncharitable exe			J.E.				
•	(1) Ca	ch	ig louridation t	o a noncharitable exe	empt organ	ization	OT:				
	(1) Ca	bor opporte							1a(1)		_X_
	Other	transactions:					* * * * * * * *		1a(2)		X
	CONTRACTOR OF										
	(1) Sa	les of assets to a no	ncharitable ex	empt organization			* * * * * * * *	* * * * * * * * * * *	1b(1)		_X_
	(2) Pu	rchases of assets fro	om a nonchari	table exempt organiza	tion	• • • •			1b(2)		X
	(3) Re	ntal of facilities, equi	pment, or othe	rassets					1b(3)		X
	(4) Re	imbursement arrang	ements						1b(4)		X
	(5) Lo	ans or loan guarantee	es						1b(5)		X
	(6) Pe	rformance of service	s or members	ship or fundraising soli	icitations .				1b(6)		X
С	Sharin	g of facilities, equipm	ent, mailing lis	sts, other assets, or p	aid employe	ees			1c		Х
d	If the	answer to any of th	e above is "Y	es," complete the fo	llowing sc	hedule.	. Column (b) s	should always show	the f	air m	arket
	value (of the goods, other	assets, or serv	vices given by the re	porting for	ındatio	n. If the found	ation received less	than f	air m	arket
	value i	n any transaction or	sharing arrar	ngement, show in col	lumn (d) th	e valu	e of the goods	s, other assets, or s	ervices	rece	ived.
(a) Lir	ne no.	(b) Amount involved	(c) Name of	noncharitable exempt orga	nization	(d) D	escription of trans	fers, transactions, and shar	ing arrai	ngemen	its
								100			
											-
										_	- 1
										-	
	-+										
1000 1		2 2 2 2 20									
2a	s the 1	foundation directly o	or indirectly at	filiated with, or relat	ed to, one	or mo	ore tax-exempt	organizations			
(describ	ed in section 501(c)	(other than se	ction 501(c)(3)) or in	section 52	7?			Ye	s X	No
ЬΙ	f "Yes,	" complete the follow	ving schedule.								
		(a) Name of organization		(b) Type of org	ganization		(c) Description of relationsh	nip		
		14.490									
											_
	Under	penalties of perjury, I declar	e that I have exam	ned this return, including acc	companying sch	edules and	d statements, and to	the best of my knowledge	and be	ief, it is	true,
Sian	correct	and complete Declaration of	preparer (other than t	axpayer) is based on all informa	ation of which pr	eparer has	any knowledge.				
Sign	I ▶`	Xallk. V	101	1 111120	22	PRES	S/SEC/DIR	May the IRS			
lere	Sign	ature of officer or trustee		Date		Title	J/ BEC/ BIR	with the prep See instructions.			low?
		1 / / /		170,77027		out to the		Coo mandenons		LX	No
2 2 5	-	Print/Type preparers nan	ne	Preparer's signature			Date	Charle J. D	ΠN		-
Paid		/ 1		Preparer's signature	hideric	R	11/13/22	Oneck			
repa	arer	Vice and the second	ERICK		The second secon			self-employed P	0039	winds -	
Jse (SAME THE THE SAME OF THE SAME	IST & YOUN	The second secon				Firm's EIN ► 34 - 65	6559	16	
J36 (Jilly			CIR STE 4000							
		INI	DIANAPOLIS	, IN	4620) 4		Phone no. 317-681	-700	0	

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

	APITAL GA	INS AND LO	SSES FUR	R IAX ON	INVEST	M	ENT INCOM	ŅΕ
Kind of	Property		Descr	ription		9 0	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
119043024.		MARKETABLE I PROPERTY TYP 106246684.				P	VAR 12796340.	VAR
277,650.		PASS-THRU: F		NOLOGY PART	NERS I	P	VAR 277,650.	VAR
95,392.		PASS-THRU: I PROPERTY TYP		OPPORTUNIT	CIES FU	P	VAR 95,392.	VAR
250.		PASS-THRU: E		II,LP		P	VAR 250.	VAR
TOTAL GAIN(L	oss)						13169632. =======	

FORM 990PF - GENERAL EXPLANATION ATTACHMENT

PART XIV 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.) INDICATES HOW AND WHEN ANY GRANT REPORTS REGARDING THE USE OF THE GRANT FUNDS SHOULD BE PROVIDED; AND IV.) 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 AND INVEST IN CIVIC 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
- . YOUTH DEVELOPMENT: MENTORING, OUT-OF-SCHOOL PROGRAMS, TEEN PARENTING, COLLEGE AND CAREER PREP, ABUSE AND NEGLECT
- . DISASTER RELIEF
- . CIVIC INITIATIVES

20-2176636

FORM	99	0 P	F,		P.	A.	RT	1	Ι		-		0	T	HE	R	1000	Ι	N	C	0	M	E
====	===	==	==	=	=	=:	==	=	=	=	=	=	=	=:	==	=	_	=	=	=	=	=	=

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME
INCOME FROM PARTNERSHIPS MISCELLANEOUS INCOME REFUND OF PRIOR YEAR GRANTS PAID	403. 525.	-51,424. 403.
TOTALS	928.	-51,021.

20-2176636

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

DESCRIPTION	REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
CAMBRIDGE INVESTMENT ADVISORS	216,974.	216,974.		
US BANK	29,923.	29,923.		
CITIBANK - HS MANAGEMENT	20,513.	20,513.		
CITIZENS BANK - BRECKINRIDGE	7,675.	7,675.		
MARATHON ASSET MANAGEMENT	1,812.	1,812.		
TOTALS	276,897.	276,897.		
	==========	==========		

FORM 990PF, PART I - TAXES

> REVENUE AND

DESCRIPTION

EXPENSES PER BOOKS

------FEDERAL EXCISE TAX

_____ 181,868.

TOTALS

------181,868.

==========

DESCRIPTION

20-2176636

FORM 990PF, PART I - OTHER EXPENSES

> REVENUE AND EXPENSES PER BOOKS

-----BANK FEES 193.

TOTALS 193. ----- CHARITABLE PURPOSES ------193.

193.

20-2176636

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS ----------

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
UNTED STATES TREASURY ISSUES	11,453,352.	11,453,352.
US OBLIGATIONS TOTAL	11,453,352.	11,453,352.

20-2176636

FORM 990PF, PART II - CORPORATE STOCK

	ENDING	ENDING
DESCRIPTION	BOOK VALUE	FMV
		222
ACTIVISION BLIZZARD INC.	219,549.	219,549.
ALPHABET INC.	214,126.	214,126.
APPLE INC.	57,710.	57,710.
BEST BUY CO INC.	223,520.	223,520.
COCA COLA COMPANY	183,551.	183,551.
CONSTELLATION BRANDS INC A	240,931.	240,931.
DICKS SPORTING GOODS INC.	45,996.	45,996.
DOMINOS PIZZA INC.	81,828.	81,828.
META PLATFORMS INC.	233,763.	233,763.
KELLOGG CO	214,197.	214,197.
MCDONALDS CORP	113,930.	113,930.
MICROSOFT CORP	121,075.	121,075.
PEPSICO INC	260,565.	260,565.
PROCTER & GAMBLE CO.	179,938.	179,938.
QUALCOMM INC	283,449.	283,449.
RALPH LAUREN CORP.	291,207.	291,207.
SONOS INC	81,950.	81,950.
STARBUCKS CORP	64,334.	64,334.
TARGET CORP	195,567.	
UNITED PARCEL SERVICE INC	289,359.	289,359.
VISA INC COM. CL A	228,629.	228,629.
WALMART INC	285,763.	285,763.
WILLIAMS SONOMA, INC.	200,419.	
DIAGEO PLC SPONSORED ADR	93,560.	
NESTLE SA SPONSORED ADR	164,935.	164,935.
TOTALS	4,569,851.	4,569,851.

20-2176636

FORM 990PF, PART II - OTHER INVESTMENTS

DESCRIPTION	ENDING	ENDING
DESCRIPTION	BOOK VALUE	FMV
		/
THE A PLUS FUND LTD	2,780,395.	2,780,395.
ARROWST ACWI EX US ALPHA EXT U	5,079,182.	5,079,182.
DOVER STREET X, LP	298,845.	298,845.
MANULIFE PVT EQT PARTNERS LP	769,107.	769,107.
TRUEBRIDGE CAP PTR FUND VI LP	765,705.	765,705.
LFP GLOBAL EQUITY LP	4,030,925.	4,030,925.
JUNIPERUS INSURANCE OPP FD	879,374.	879,374.
FULL IN PARTNRS FUND I	389,545.	389,545.
PIMCO STOCKSPLUS LP B	8,364,990.	8,364,990.
RUBICON TECH PARTNERS III L.P	403,757.	403,757.
ASPEX GLOBAL FUND	2,235,490.	2,235,490.
KLINE HILL PRTNRS OPP. OFF III	232,747.	232,747.
KLINE HILL PRTNRS OFF FUND III	772,515.	772,515.
KPS SPECIAL FND V (A), LP	167,915.	167,915.
PARAMETRIC GLBL DEF EQ FND LLC	2,767,886.	2,767,886.
ATALAN OFFSHORE FUND, LTD.	1,610,500.	1,610,500.
JUNIPERUS INSURANCE OPP FUND	264,424.	264,424.
SAMLYN OFFSHORE, LTD.	1,727,114.	1,727,114.
MC PRIVATE EQUITY PARTNERS I-A	407,804.	407,804.
MIC CAP PTRIII PA CAY LP	192,384.	192,384.
C-BRIDGE HLTHCARE FUND V, L.P	98,481.	98,481.
PEAK ROCK CAPITAL FUND III LP	104,087.	104,087.
DAVIDSON KEMPNER INDST PTRS LP	2,412,912.	2,412,912.
PRESERVER LP	1,700,000.	1,700,000.
JUNIPERUS INSURANCE OPP L P	483,834.	483,834.
CORE INDST PTRS FD II LP	133,372.	133,372.
RECOGNIZE PARTNERS I-A, L.P.	60,223.	60,223.
TRUEBRIDGE CAPL PARTNER FD VII	146,633.	146,633.
ARROWST EMERGING MKT TRUST FD	4,187,030.	4,187,030.

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FORM 990PF, PART II - OTHER INVESTMENTS _____

VVP ALL CAP FUND, LLC 3,715,046. 3,715,046. 3,715,04 LEVEL EQTY GROWTH PTRS V LP 42,211. 42,21 LEVEL EQUITY OPP FD 2021 LP 717. 77 HEARD HIGH CONV LNG ONLY FD 1,750,000. 1,750,00 LEVEL EQUITY OPP FD 2018 LP 275,480. 275,48 CORE INDUSTRIAL PARTNERS FD I 1,424,374. 1,424,37 GREENSPRING GLB PTRS IV LP 900,193. 900,19 KHP STRATEGIC 9 LP 448,255. 448,25	ENDING ENDING BOOK VALUE FMV	BOOK VALUE	DESCRIPTION
RIVERSIDE FUND VI-B L.P ORBIS INST GLOBAL EQUITY LP WHALE ROCK FLAGSHIP FUND RWC HORIZON EQUITY FD LTD KLINE HILL PARTNERS BAXTER STREET OFFSHORE FUND STONE CASTLE HBK MULTI-STRATEGY OFFSHORE TWO SIGMA ACTIVE EXTENSION ENR PARTNERS II CITY OF LONDON INTL EQUITY PEAK ROCK CAPITAL FUND II CASTLELAKE AVN III STBL YIELD RUBICON TECH PARTNERS II LP 316,995. 316,995. 316,995. 316,995. 316,995. 3,657,264. 3,102,620. 3,10	3,715,046. 3,715, 42,211. 42, 717. 1,750,000. 1,750, 275,480. 275, 1,424,374. 1,424, 900,193. 900, 448,255. 448, 298,813. 298, 316,995. 316, 3,657,264. 3,657, 1,081,150. 1,081, 3,102,620. 3,102, 934,748. 934, 4,242,258. 4,242, 4,196. 4, 2,726,631. 2,726, 5,368,915. 5,368, 267,495. 267, 4,200,897. 4,200, 148,218. 392,467. 646,560. 646,6	3,715,0 42,2 1,750,0 275,4 1,424,3 900,1 448,2 298,8 316,9 3,657,2 1,081,1 3,102,6 934,7 4,242,2 4,3 2,726,6 5,368,9 267,4 4,200,8 148,2 392,4 646,5	LEVEL EQTY GROWTH PTRS V LP LEVEL EQUITY OPP FD 2021 LP HEARD HIGH CONV LNG ONLY FD LEVEL EQUITY OPP FD 2018 LP CORE INDUSTRIAL PARTNERS FD I GREENSPRING GLB PTRS IV LP KHP STRATEGIC 9 LP SIRIS PARTNERS IV, L.P RIVERSIDE FUND VI-B L.P ORBIS INST GLOBAL EQUITY LP WHALE ROCK FLAGSHIP FUND RWC HORIZON EQUITY FD LTD KLINE HILL PARTNERS BAXTER STREET OFFSHORE FUND STONE CASTLE HBK MULTI-STRATEGY OFFSHORE TWO SIGMA ACTIVE EXTENSION ENR PARTNERS II CITY OF LONDON INTL EQUITY PEAK ROCK CAPITAL FUND II CASTLELAKE AVN III STBL YIELD RUBICON TECH PARTNERS II LP
RWC HORIZON EQUITY FUND 911,956. 911,956 TRUEBRIDGE CAPITAL PTRS FUND V 1,466,297. 1,466,297 FVP OVERSEAS LTD 32,419. 32,419 PEAK ROCK CPTL CREDIT FD II LP 24,944. 24,944 CENTER ROCK CAPITAL PARTNERS I 829,073. 829,073 US RESEARCH EQTY EXT. FUND LP 7,362,552. 7,362,55	1,466,297. 1,466, 32,419. 32, 24,944. 24, 829,073. 829,	1,466,2 32,4 24,5 829,0	TRUEBRIDGE CAPITAL PTRS FUND V FVP OVERSEAS LTD PEAK ROCK CPTL CREDIT FD II LP CENTER ROCK CAPITAL PARTNERS I

20-2176636

FORM 990PF, PART II - OTHER INVESTMENTS ----------

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
KLINE HILL PTRS OFFSHORE FD II	1,134,481.	1,134,481.
C-BRIDGE HEALTHCARE FUND IV	634,401.	634,401.
TR IN COURSE OF SETTLEMENT	250,002.	250,002.
VANGUARD DEVELOPED ETF	1,362,179.	1,362,179.
VANGUARD TTL WORLD STK IN ETF	636,523.	636,523.
VANGUARD EMERGING MARKETS ETF	2,534,133.	2,534,133.
VANGUARD S&P 500	2,549,132.	2,549,132.
VANGUARD SHORT-TERM INFLATION	2,967,962.	2,967,962.
TOTALS	102,108,733.	102,108,733.

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FORM 990PF, PART II - OTHER ASSETS

DESCRIPTION	ENDING BOOK VALUE	ENDING FMV
	PORTAGO POR A SANTONIA DE LA CONTRACTOR	
EXCISE TAX RECOVERABLE	43,804.	43,804.
TOTALS	43,804.	43,804.
	===========	==========

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

DESCRIPTION

AMOUNT

UNREALIZED GAINS

5,631,655.

TOTAL

5,631,655.

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

OFFICER NAME: GAIL A GRAEVE

ADDRESS:

MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

TITLE:

PRESIDENT/SECRETARY/DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 20.00

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

EXPENSE ACCOUNT AND OTHER ALLOWANCES NONE

OFFICER NAME:

MICHAEL A. LECHTENBERGER

ADDRESS:

MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

TITLE:

VICE-PRESIDENT/DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.50

CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS NONE

STATEMENT 13

MUTUAL OF OMAHA FOUNDATION	20-2176636
FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTE	
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE
OFFICER NAME: ELIZABETH A. MAZZOTTA	
ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	
TITLE: TREASURER/DIRECTOR	
AVERAGE HOURS PER WEEK DEVOTED TO POSITION:	0.50
COMPENSATION	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE
OFFICER NAME: BRAD BUECHLER	
ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	
TITLE: DIRECTOR	

STATEMENT 14

0.50

AVERAGE HOURS PER WEEK DEVOTED TO POSITION:

COMPENSATION

NONE

MUTUAL OF OMAHA FOUNDATION	20-2176636
FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTE	
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE
EXPENSE ACCOUNT AND OTHER ALLOWANCES	NONE
OFFICER NAME: RICHARD R. HRABCHAK	
ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175	
TITLE: DIRECTOR	
AVERAGE HOURS PER WEEK DEVOTED TO POSITION:	0.50
COMPENSATION	NONE
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	NONE

OFFICER NAME:

SHONNA DORSEY (EFF 1/1/2021)

ADDRESS:

MUTUAL OF OMAHA PLAZA OMAHA, NE 68175

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION:

0.50

EXPENSE ACCOUNT AND OTHER ALLOWANCES

NONE

NONE

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STATEMENT 16

EXPENSE ACCOUNT AND OTHER ALLOWANCES:

V21-7.6F 3288RZ 1546

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

NAME:

CAMBRIDGE ASSOCIATES

ADDRESS:

125 HIGH STREET BOSTON, MA 02110-2112

TYPE OF SERVICE: INVESTMENT MGMT

TOTAL COMPENSATION: 276,897.

=========

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

100 BLACK MEN OF OMAHA

ADDRESS:

2221 NORTH 24TH STREET

OMAHA, NE 68110 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ACLU OF NEBRASKA FOUNDATION

ADDRESS:

134 S 13TH ST, #1010

LINCOLN, NE 68508 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

AIM INSTITUTE

ADDRESS:

1905 HARNEY STREET, SUITE 1A

OMAHA, NE 68102 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

AMERICAN NATIONAL RED CROSS

ADDRESS:

2912 S 80TH AVE

OMAHA, NE 68124 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

AMERICAN NATIONAL RED CROSS

ADDRESS:

2913 S 80TH AVE

OMAHA, NE 68124

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

AMERICAN NATIONAL RED CROSS

ADDRESS:

2914 S 80TH AVE

OMAHA, NE 68124

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

MUTUAL OF OMAHA FOUNDATION 20-2176636 FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: AMERICAN NATIONAL RED CROSS ADDRESS: 2915 S 80TH AVE OMAHA, NE 68124 RELATIONSHIP: N/A PURPOSE OF GRANT: PROGRAM SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 10,000. RECIPIENT NAME: ANGELS AMONG US ADDRESS: 3858 JONES STREET, SUITE A OMAHA, NE 68105 RELATIONSHIP: N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

MUTUAL OF OMAHA FOUNDATION 20-2176636 FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: AT EASE USA ADDRESS: 10605 BURT CIRCLE OMAHA, NE 68114 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 10,000. RECIPIENT NAME: AUTISM ACTION PARTNERSHIP ADDRESS: 10110 NICHOLAS STREET #202 OMAHA, NE 68114 RELATIONSHIP: N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: BANISTER'S LEADERSHIP ACADEMY ADDRESS: 4913 DODGE STREET OMAHA, NE 68132 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 7,500. RECIPIENT NAME: BIG BROTHERS BIG SISTERS OF THE MIDLANDS ADDRESS: 2901 HARNEY ST, SUITE 110 OMAHA, NE 68102 RELATIONSHIP: N/APURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 35,000.

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: BLACK POLICE OFFICERS ASSOCIATION OF OMAHA ADDRESS: P.O. BOX 34357 OMAHA, NE 68134 RELATIONSHIP: N/APURPOSE OF GRANT: PROGRAM SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 2,500. RECIPIENT NAME: BOY SCOUTS OF AMERICA, MID-AMERICA COUNCIL ADDRESS: 12401 W MAPLE RD OMAHA, NE 68164 RELATIONSHIP: N/A PURPOSE OF GRANT: PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 20,000.

RECIPIENT NAME:

BOYS & GIRLS CLUBS OF THE MIDLANDS

ADDRESS:

2610 HAMILTON ST

OMAHA, NE 68131

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

CAROLES HOUSE OF HOPE INC

ADDRESS:

7815 HARNEY ST

OMAHA, NE 68114 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

3288RZ 1546 V21-7.6F 44

RECIPIENT NAME:

CASA FOR DOUGLAS COUNTY

ADDRESS:

2412 ST. MARY'S AVENUE

OMAHA, NE 68105 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

CATHOLIC CHARITIES

ADDRESS:

PO BOX 4520

OMAHA, NE 68104 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

CATHOLIC COUNCIL FOR SOCIAL CONCERN, INC.

ADDRESS:

601 GRAND AVE

DES MOINES, IA 50309 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

CHARLES DREW HEALTH CENTER INC

ADDRESS:

2915 GRANT ST

OMAHA, NE 68111 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

CHI HEALTH FOUNDATION

ADDRESS:

12809 WEST DODGE ROAD

OMAHA, NE 68154

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

CHILD SAVING INSTITUTE INC

ADDRESS:

4545 DODGE STREET

OMAHA, NE 68132 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

MUTUAL OF OMAHA FOUNDATION 20-2176636 FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID -----RECIPIENT NAME: CHILDREN'S HOSPITAL & MEDICAL CENTER FOUNDATION ADDRESS: 8404 INDIAN HILLS, DRIVE, STE 650 OMAHA, NE 68114 RELATIONSHIP: N/A PURPOSE OF GRANT: PROGRAM SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 25,000. RECIPIENT NAME: CHRISTIAN HOME ASSOCIATION CHILDRENS SQUARE U S A ADDRESS: PO BOX 8C COUNCIL BLUFFS, IA 51502 RELATIONSHIP: N/A PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 15,000.

RECIPIENT NAME:

CITY SPROUTS INC

ADDRESS:

PO BOX 31593

OMAHA, NE 68131 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME: COLLEGE POSSIBLE

ADDRESS:

900 SOUTH 74TH PLAZA, SUITE 200

OMAHA, NE 68114 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

COMMUNITY ALLIANCE

ADDRESS:

4001 LEAVENWORTH ST.

OMAHA, NE 68105 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME: COMPLETELY KIDS ADDRESS:

2566 ST MARYS AVE

OMAHA, NE 68105 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

CONFERENCE FOR INCLUSIVE COMMUNITIES

ADDRESS:

6400 UNIVERSITY DR S

OMAHA, NE 68182 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

COUNCIL BLUFFS SCHOOLS FOUNDATION

ADDRESS:

300 W BROADWAY, SUITE 212

COUNCIL BLUFFS, IA 51503

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

COUNCIL BLUFFS SCHOOLS FOUNDATION

ADDRESS:

300 W BROADWAY, SUITE 212

COUNCIL BLUFFS, IA 51503

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 5,000.

RECIPIENT NAME:

CREIGHTON UNIVERSITY

ADDRESS:

2500 CALIFORNIA PLZ

OMAHA, NE 68154 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 40,000.

RECIPIENT NAME:

CREIGHTON UNIVERSITY

ADDRESS:

2500 CALIFORNIA PLZ

OMAHA, NE 68154

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

CAPITAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

DANIEL J GROSS HIGH SCHOOL

ADDRESS:

7700 S 43RD STREET

BELLEVUE, NE 68147

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ECONOMIC EMPOWERMENT CENTER

ADDRESS:

4706 S 24TH ST

OMAHA, NE 68107 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

EMPLOYEE FINANCIAL ASSISTANCE FUND

ADDRESS:

MUTUAL OF OMAHA PLAZA

OMAHA, NE 68175 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

EMPLOYEE FINANCIAL ASSISTANCE FUND

ADDRESS:

MUTUAL OF OMAHA PLAZA

OMAHA, NE 68175

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

EMPLOYEE FINANCIAL ASSISTANCE FUND

ADDRESS:

MUTUAL OF OMAHA PLAZA

OMAHA, NE 68175 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

EMPLOYEE FINANCIAL ASSISTANCE FUND

ADDRESS:

MUTUAL OF OMAHA PLAZA

OMAHA, NE 68175 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

EMPLOYEE FINANCIAL ASSISTANCE FUND

ADDRESS:

MUTUAL OF OMAHA PLAZA

OMAHA, NE 68175 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

STATEMENT 37

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID ------RECIPIENT NAME: EMPLOYEE FINANCIAL ASSISTANCE FUND ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 RELATIONSHIP: N/A PURPOSE OF GRANT: MATCHING GIFT PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 7,036. RECIPIENT NAME: EMPLOYEE FINANCIAL ASSISTANCE FUND ADDRESS: MUTUAL OF OMAHA PLAZA OMAHA, NE 68175 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 6,790.

RECIPIENT NAME:

EMPLOYEE FINANCIAL ASSISTANCE FUND

ADDRESS:

MUTUAL OF OMAHA PLAZA

OMAHA, NE 68175 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

EMPLOYEE FINANCIAL ASSISTANCE FUND

ADDRESS:

MUTUAL OF OMAHA PLAZA

OMAHA, NE 68175 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

EMPLOYEE FINANCIAL ASSISTANCE FUND

ADDRESS:

MUTUAL OF OMAHA PLAZA

OMAHA, NE 68175

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

EMPLOYEE FINANCIAL ASSISTANCE FUND

ADDRESS:

MUTUAL OF OMAHA PLAZA

OMAHA, NE 68175 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

FAMILY HOUSING ADVISORY SERVICES

ADDRESS:

2401 LAKE ST

OMAHA, NE 68111 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

FAMILY HOUSING ADVISORY SERVICES

ADDRESS:

2401 LAKE ST

OMAHA, NE 68111 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

MUTUAL OF OMAHA FOUNDATION 20-2176636 FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: FATHER FLANAGAN'S BOYS' HOME, AKA BOYS TOWN ADDRESS: 14100 CRAWFORD ST - MOD 1 BOYS TOWN, NE 68010 RELATIONSHIP: N/A PURPOSE OF GRANT: MATCHING GIFT PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 1,000. RECIPIENT NAME: FATHER FLANAGAN'S BOYS' HOME, AKA BOYS TOWN ADDRESS: 14100 CRAWFORD ST - MOD 1 BOYS TOWN, NE 68010 RELATIONSHIP: N/APURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000. FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

FOOD BANK FOR THE HEARTLAND

ADDRESS:

10525 J STREET

OMAHA, NE 68127 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

GIRL SCOUTS SPIRIT OF NEBRASKA

ADDRESS:

2121 S. 44TH STREET

OMAHA, NE 68105 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

GIRLS INCORPORATED IN OMAHA

ADDRESS:

2811 N 45TH ST

OMAHA, NE 68104 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

GOODWILL INDUSTRIES, INC.

ADDRESS:

4805 NORTH 72ND STREET

OMAHA, NE 68134 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

GREAT PLAINS THEATRE COMMONS

ADDRESS:

2707 N. 48TH STREET

OMAHA, NE 68104 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 1,000.

RECIPIENT NAME: GRIEF'S JOURNEY ADDRESS:

7811 FARNAM DRIVE

OMAHA, NE 68114 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 25,000.

RECIPIENT NAME:

HABITAT FOR HUMANITY OF COUNCIL BLUFFS

ADDRESS:

1228 SOUTH MAIN ST.

COUNCIL BLUFFS, IA 51503

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HABITAT FOR HUMANITY OF OMAHA

ADDRESS:

1701 N 24TH ST

OMAHA, NE 68110

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HEART MINISTRY CENTER

ADDRESS:

2222 BINNEY ST.

OMAHA, NE 68110 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HEART MINISTRY CENTER

ADDRESS:

2222 BINNEY ST.

OMAHA, NE 68110 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HEARTLAND EQUINE THERAPEUTIC RIDING ACADEMY INC

ADDRESS:

10130 S 222ND STREET

GRETNA, NE 68028 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HEARTLAND FAMILY SERVICE

ADDRESS:

2101 S 42ND ST.

OMAHA, NE 68105-2909 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HEARTLAND HOPE MISSION

ADDRESS:

2021 U STREET

OMAHA, NE 68107

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HEARTLAND HOPE MISSION

ADDRESS:

2021 U STREET

OMAHA, NE 68107

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

CAPITAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HEARTLAND WORKERS CENTER

ADDRESS:

4923 S 24TH STREET STE. 101

OMAHA, NE 68107-2763

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HO-CHUNK DEVELOPMENT CORP

ADDRESS:

509 HOCHUNK PLAZA N

WINNEBAGO, NE 51104

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HOLY NAME HOUSING CORPORATION

ADDRESS:

4324 FORT ST

OMAHA, NE 68111

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

HOPE CENTER FOR KIDS, INC.

ADDRESS:

2200 NORTH 20TH STREET

OMAHA, NE 68110 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

MUTUAL OF OMAHA FOUNDATION 20-2176636 FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: INCOMMON COMMUNITY DEVELOPMENT ADDRESS: 1340 PARK AVE. OMAHA, NE 68105 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 10,000. RECIPIENT NAME: INCOMMON COMMUNITY DEVELOPMENT ADDRESS: 1340 PARK AVE. OMAHA, NE 68105 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

CAPITAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 50,000.

RECIPIENT NAME:

INTERCULTURAL SENIOR CENTER

ADDRESS:

5545 CENTER STREET

OMAHA, NE 68106 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

INTERNATIONAL COUNCIL FOR REFUGEES AND IMMIGRANTS,

ADDRESS:

6901 DODGE ST STE 104

OMAHA, NE 68132 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

MUTUAL OF OMAHA FOUNDATION 20-2176636 FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID __________ RECIPIENT NAME: IOWA JAG INC ADDRESS: 1111 9TH ST DES MOINES, IA 50314-2527 RELATIONSHIP: N/A PURPOSE OF GRANT: PROGRAM SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 10,000. RECIPIENT NAME: IOWA LEGAL AID ADDRESS: 1111 9TH STREET, SUITE 230 DES MOINES, IA 50314 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 20,000.

RECIPIENT NAME:

JENNIE EDMUNDSON HOSPITAL FOUNDATION

ADDRESS:

933 EAST PIERCE STREET

COUNCIL BLUFFS, IA 51503

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

15,000. AMOUNT OF GRANT PAID.....

RECIPIENT NAME:

JOSLYN ART MUSEUM

ADDRESS:

2200 DODGE ST

OMAHA, NE 68102 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

CAPITAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

250,000. AMOUNT OF GRANT PAID.....

RECIPIENT NAME:

IMMIGRANT LEGAL CENTER

ADDRESS:

4223 CENTER ST

OMAHA, NE 68105 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

KIDS CAN COMMUNITY CENTER

ADDRESS:

4860 Q ST

OMAHA, NE 68117 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

KNIGHTS OF AK-SAR-BEN FOUNDATION

ADDRESS:

7101 MERCY RD STE 320

OMAHA, NE 68106 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 25,000.

RECIPIENT NAME:

LATINO CENTER OF THE MIDLANDS

ADDRESS:

4821 S 24TH STREET

OMAHA, NE 68107 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 30,000.

RECIPIENT NAME:

LEGAL AID OF NEBRASKA

ADDRESS:

209 SOUTH 19TH ST., STE. 200

OMAHA, NE 68102

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 40,000.

RECIPIENT NAME:

LUTHERAN FAMILY SERVICES OF NEBRASKA, INC.

ADDRESS:

124 S 24TH ST, STE 230

OMAHA, NE 68102 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 50,000.

RECIPIENT NAME:

LUTHERAN FAMILY SERVICES OF NEBRASKA, INC.

ADDRESS:

124 S 24TH ST, STE 230

OMAHA, NE 68102 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

MAGDALENE OMAHA INC

ADDRESS:

4383 NICHOLAS STREET, SUITE 303

OMAHA, NE 68131 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

MERCY HOUSING MIDWEST

ADDRESS:

1600 BROADWAY, SUITE 2000

DENVER, CO 80202

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

METRO AREA CONTINUUM OF CARE FOR THE HOMELESS

ADDRESS:

6002 DODGE STREET, SUITE 117D, COMMUNITY ENGAGEMEN

OMAHA, NE 68182 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

METRO AREA CONTINUUM OF CARE FOR THE HOMELESS ADDRESS:

6001 DODGE STREET, SUITE 117D, COMMUNITY ENGAGEMEN

OMAHA, NE 68182 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

METROPOLITAN COMMUNITY COLLEGE FOUNDATION

ADDRESS:

PO BOX 3777

OMAHA, NE 68103 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

MICAH HOUSE CORPORATION

ADDRESS:

1415 AVENUE J

COUNCIL BLUFFS, IA 51501

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

NE URBAN INDIAN HEALTH COALITION, INC.

ADDRESS:

2240 LANDON CT

OMAHA, NE 68102

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

NEBRASKA 4-H FOUNDATION

ADDRESS:

PO BOX 4500

HASTINGS, NE 68504

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 7,500.

RECIPIENT NAME:

NEBRASKA AIDS PROJECT

ADDRESS:

250 S 77TH ST # A

OMAHA, NE 68114 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

MUTUAL OF OMAHA FOUNDATION 20-2176636 FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: NEBRASKA APPLESEED ADDRESS: PO BOX 83613 LINCOLN, NE 68501-3613 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 35,000. RECIPIENT NAME: NEBRASKA CENTER FOR WORKFORCE DEVELOPMENT AND EDUC ADDRESS: 6001 GROVER ST STE 2 OMAHA, NE 68106 RELATIONSHIP: N/A PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

RECIPIENT NAME:

NEBRASKA CHILDREN & FAMILIES FOUNDATION

ADDRESS:

215 CENTENNIAL MALL S STE 200

LINCOLN, NE 68508 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

NEBRASKA CHILDRENS HOME SOCIETY

ADDRESS:

4939 S. 118TH ST

OMAHA, NE 68137 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME:

NEBRASKA COALITION TO END SEXUAL AND DOMESTIC VIOL

ADDRESS:

245 S 84TH ST STE 200

LINCOLN, NE 68510 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

RECIPIENT NAME:

NEBRASKA METHODIST HOSPITAL FOUNDATION

ADDRESS:

8701 WEST DODGE ROAD, SUITE 450

OMAHA, NE 68114 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 50,000.

RECIPIENT NAME:

NEBRASKA YOUTH JUSTICE INITIATIVE

ADDRESS:

808 CONAGRA DR STE 200

OMAHA, NE 68102 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

CAPITAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

NELSON MANDELA ELEMENTARY SCHOOL

ADDRESS:

6316 N 30TH ST

OMAHA, NE 68111 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

STATEMENT 67

3288RZ 1546 V21-7.6F 86

RECIPIENT NAME:

NEOLA BETTERMENT CORPORATION

ADDRESS:

PO BOX 143

NEOLA, IA 51559

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

NETWORK FOR GOOD

ADDRESS:

1140 CONNECTICUT AVE NW, STE 700

WASHINGTON, DC 20036

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

NETWORK FOR GOOD

ADDRESS:

1140 CONNECTICUT AVE NW, STE 700

WASHINGTON, DC 20036 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

NETWORK FOR GOOD

ADDRESS:

1140 CONNECTICUT AVE NW, STE 700

WASHINGTON, DC 20036 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

NEW CASSEL FOUNDATION OMAHA NEBRASKA

ADDRESS:

900 N 90TH STREET

OMAHA, NE 68114 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

NEW VISIONS HOMELESS SERVICES

ADDRESS:

1435 N. 15TH STREET

COUNCIL BLUFFS, IA 51501

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

NO MORE EMPTY POTS

ADDRESS:

8511 NORTH 30TH ST

OMAHA, NE 68112 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

NORTHSTAR FOUNDATION

ADDRESS:

4242 N 49TH AVE

OMAHA, NE 68104 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

MUTUAL OF OMAHA FOUNDATION 20-2176636 FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: OMAHA HEALTHY KIDS ALLIANCE ADDRESS: 1425 SOUTH 13TH STREET OMAHA, NE 68108 RELATIONSHIP: N/APURPOSE OF GRANT: MATCHING GIFT PROGRAM FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 1,000. RECIPIENT NAME:

OMAHA HEALTHY KIDS ALLIANCE

ADDRESS:

1425 SOUTH 13TH STREET

OMAHA, NE 68108 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 10,000.

RECIPIENT NAME:

OMAHA HOME FOR BOYS

ADDRESS:

4343 N 52ND STREET

OMAHA, NE 68104 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

OMAHA MUNICIPAL LAND BANK

ADDRESS:

1141 N 11TH ST FL 1

OMAHA, NE 68102 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

OMAHA ZOO FOUNDATION

ADDRESS:

3701 S 10TH ST

OMAHA, NE 68107 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ONEWORLD COMMUNITY HEALTH CENTERS, INC.

ADDRESS:

4920 SOUTH 30TH STREET, SUITE 103

OMAHA, NE 68107 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

OUTLOOK ENRICHMENT

ADDRESS:

4125 S 72ND ST

OMAHA, NE 68127-1802 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

PAPILLION LA VISTA SCHOOL DISTRICT

ADDRESS:

242 W GRANT ST

PAPILLION, NE 68046 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

PARTNERSHIP 4 KIDS

ADDRESS:

1004 FARNAM STREET, SUITE 200

OMAHA, NE 68102 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

PROJECT HARMONY, CHILD PROTECTION CENTER

ADDRESS:

11949 Q STREET

OMAHA, NE 68137 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

PROJECT HOUSEWORKS

ADDRESS:

2316 SOUTH 24TH STREET

OMAHA, NE 68108

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

REFUGEE EMPOWERMENT CENTER

ADDRESS:

3610 DODGE ST STE 100

OMAHA, NE 68131 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

MUTUAL OF OMAHA FOUNDATION 20-2176636 FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: RISE (FORMERLY DEFY NEBRASKA) ADDRESS: 3555 FARNAM STREET, SUITE 209 OMAHA, NE 68131 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 15,000. RECIPIENT NAME:

RONALD MCDONALD HOUSE CHARITIES IN OMAHA, INC.

ADDRESS:

620 S 38TH AVE

OMAHA, NE 68105 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 25,000. MUTUAL OF OMAHA FOUNDATION 20-2176636 FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: SANTA MONICA, INC. ADDRESS: 401 S 39TH ST OMAHA, NE 68131 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC 15,000. AMOUNT OF GRANT PAID..... RECIPIENT NAME: SAVING GRACE PERISHABLE FOOD RESCUE, INC. ADDRESS: 4611 S 96TH ST STE 112 OMAHA, NE 68127 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

30,000. AMOUNT OF GRANT PAID.....

RECIPIENT NAME:

SEVENTY-FIVE NORTH REVITALIZATION CORPORATION

ADDRESS:

2112 N 30TH ST STE 200

OMAHA, NE 68111 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

SHARE OMAHA

ADDRESS:

6825 PINE STREET, M/S B3

OMAHA, NE 68106 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

SIENA FRANCIS HOUSE

ADDRESS:

1401 N. 18TH STREET

OMAHA, NE 68102 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

SOUTHSIDE REDEVELOPMENT CORPORATION

ADDRESS:

2411 O ST

OMAHA, NE 68107 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

SOUTHSIDE REDEVELOPMENT CORPORATION

ADDRESS:

2411 O ST

OMAHA, NE 68107

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ST. AUGUSTINE INDIAN MISSION SCHOOL

ADDRESS:

705 SOUTH MISSION DRIVE, PO BOX 766

WINNEBAGO, NE 68071

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

ST. AUGUSTINE INDIAN MISSION SCHOOL

ADDRESS:

705 SOUTH MISSION DRIVE, PO BOX 766

WINNEBAGO, NE 68071

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

CAPITAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

STEPHEN CENTER, INC.

ADDRESS:

2723 Q STREET

OMAHA, NE 68107

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

MUTUAL OF OMAHA FOUNDATION 20-2176636 FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID RECIPIENT NAME: SURVIVORS RISING ADDRESS: 608 N. SADDLE CREEK RD, UNIT # 31721 OMAHA, NE 68131 RELATIONSHIP: N/A PURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 2,500. RECIPIENT NAME: TEAMMATES MENTORING PROGRAM ADDRESS: 11615 CENTENNIAL ROAD LAVISTA, NE 68128 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT OF GRANT PAID..... 25,000.

RECIPIENT NAME:

THE BLACKBAUD GIVING FUND

ADDRESS:

65 FAIRCHILD STREET

DANIEL ISLAND, SC 29492 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

THE BLACKBAUD GIVING FUND

ADDRESS:

65 FAIRCHILD STREET

DANIEL ISLAND, SC 29492 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

THE BLACKBAUD GIVING FUND

ADDRESS:

65 FAIRCHILD STREET

DANIEL ISLAND, SC 29492 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

THE BLACKBAUD GIVING FUND

ADDRESS:

65 FAIRCHILD STREET

DANIEL ISLAND, SC 29492

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

THE BLACKBAUD GIVING FUND

ADDRESS:

65 FAIRCHILD STREET

DANIEL ISLAND, SC 29492 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

THE SALVATION ARMY WESTERN DIVISION

ADDRESS:

10755 BURT ST.

OMAHA, NE 68114 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

THE SALVATION ARMY WESTERN DIVISION

ADDRESS:

10755 BURT ST.

OMAHA, NE 68114 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

TOGETHER, INC OF METROPOLITAN OMAHA

ADDRESS:

812 S 24TH STREET

OMAHA, NE 68108 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

UNITED METHODIST MINISTRIES

ADDRESS:

5602 READ ST

OMAHA, NE 68152

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

PROGRAM SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

UNIVERSITY OF NEBRASKA FOUNDATION

ADDRESS:

1010 LINCOLN MALL, SUITE 300

LINCOLN, NE 68508

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

CAPITAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

UNIVERSITY OF NEBRASKA FOUNDATION ADDRESS:

1010 LINCOLN MALL, SUITE 300

LINCOLN, NE 68508 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

CAPITAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

UNIVERSITY OF NEBRASKA FOUNDATION

ADDRESS:

1010 LINCOLN MALL, SUITE 300

LINCOLN, NE 68508 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

CAPITAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

URBAN LEAGUE OF NEBRASKA

ADDRESS:

3040 LAKE STREET

OMAHA, NE 68111

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

V.J. & ANGELA SKUTT CATHOLIC HIGH SCHOOL

ADDRESS:

3131 S 156TH ST

OMAHA, NE 68130 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

3288RZ 1546 V21-7.6F 110

RECIPIENT NAME:

VISITING NURSE HEALTH SERVICES

ADDRESS:

12565 WEST CENTER ROAD, STE 100

OMAHA, NE 68144

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

WOMEN'S CENTER FOR ADVANCEMENT

ADDRESS:

3801 HARNEY ST.

OMAHA, NE 68131

RELATIONSHIP:

N/A

PURPOSE OF GRANT:

MATCHING GIFT PROGRAM

FOUNDATION STATUS OF RECIPIENT:

PC

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

WOMEN'S CENTER FOR ADVANCEMENT

OMAHA, NE 68131 RELATIONSHIP:

3801 HARNEY ST.

N/A

ADDRESS:

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

YMCA OF GREATER OMAHA

ADDRESS:

430 SOUTH 20TH STREET

OMAHA, NE 68102 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

15418 WEIR STREET, #317

FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

YOUTH CARE & BEYOND INC
ADDRESS:

OMAHA, NE 68137

N/A

PURPOSE OF GRANT:

RELATIONSHIP:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

RECIPIENT NAME:

YOUTH EMERGENCY SERVICES ADDRESS:

2679 FARNAM ST., STE. 205

OMAHA, NE 68131 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

MUTUAL OF OMAHA FOUNDATION FORM 990PF, PART XIV, LINE 3A - CONTRIBUTIONS, GIFTS, GRANTS PAID ______ RECIPIENT NAME: YOUTURN ADDRESS: 4344 N 34TH AVE OMAHA, NE 68111 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC AMOUNT OF GRANT PAID..... 2,500. RECIPIENT NAME: YOUTURN ADDRESS: 4344 N 34TH AVE OMAHA, NE 68111 RELATIONSHIP: N/APURPOSE OF GRANT: GENERAL SUPPORT FOUNDATION STATUS OF RECIPIENT: PC

TOTAL GRANTS PAID:

AMOUNT OF GRANT PAID.....

5,861,470. =========

5,000.

114 V21-7.6F 3288RZ 1546

RECIPIENT NAME:
JOSLYN ART MUSEUM

ADDRESS:

2200 DODGE ST

OMAHA, NE 68102 RELATIONSHIP:

N/A

PURPOSE OF GRANT:

GENERAL SUPPORT

FOUNDATION STATUS OF RECIPIENT:

PC

AMOUNT APPROVED FOR FUTURE PAYMENT 250,000.

TOTAL GRANTS APPROVED:

250,000.

STATEMENT 96

3288RZ 1546 V21-7.6F 115

MUTUAL OF OMAHA FOUNDATION

20-2176636

FORM 990-PF, PART XV-A - ANALYSIS OF OTHER REVENUE

DESCRIPTION	BUSINESS	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
25555555555	7.7.7.7				
MISCELLANEOUS INCOME			01	403.	
REFUND OF PRIOR YEAR GRANTS PAID			01	525.	
	8		* 5		
TOTALS				928.	
			8		

2220

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

Attach to the corporation's tax return. ► Go to www.irs.gov/Form2220 for instructions and the latest information. Employer identification number

MUTUAL OF OMAHA FOUNDATION 20-2176636 Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line

38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220. Part I Required Annual Payment 186,440. 1 2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 . . 2a b Look-back interest included on line 1 under section 460(b)(2) for completed long-term 2b contracts or section 167(g) for depreciation under the income forecast method. Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation 186,440. Enter the tax shown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or 57,798. the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter 57,798. Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions. 6 The corporation is using the adjusted seasonal installment method The corporation is using the annualized income installment method. The corporation is a "large corporation" figuring its first required installment based on the prior year's tax. Figuring the Underpayment (a) (b) (c) (d) Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF 06/15/2021 09/15/2021 12/15/2021 05/15/2021 filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in 14,450 78,770 46,610 46,610. Estimated tax paid or credited for each period For column (a) only, enter the amount from 164,499 51,000. line 11 on line 15. See instructions Complete lines 12 through 18 of one column before going to the next column. 24,669. 12 Enter amount, if any, from line 18 of the preceding column . . . 12 164,499 75,669. 13 13 14,450 93,220 14 Add amounts on lines 16 and 17 of the preceding column 75,669. 71,279 15 15 Subtract line 14 from line 13. If zero or less, enter -0- . . 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 16 14,450 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to 14,450 78,770 17 line 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 24,669 12 of the next column

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2021)

Page 2

P	art IV Figuring the Penalty						
			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19					
20	Number of days from due date of installment on line 9 to the date shown on line 19	20					
21	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21					
22	Underpayment on line 17 x $\frac{\text{Number of days on line 21}}{365} \times 3\%$ (0.03)	22	\$	\$	\$	\$	
23	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23					
24	Underpayment on line 17 x $\frac{\text{Number of days on line 23}}{365} \times 3\%$ (0.03)	24		\$ COMPLITA	\$ TION WHITE	\$	DETA T
25	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25		 COMPUTA	TION WHITE	FAFER	———
26	Underpayment on line 17 x Number of days on line 25 \times 3% (0.03)	26	\$	\$	\$	\$	
27	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27					
28	Underpayment on line 17 x $\frac{\text{Number of days on line 27}}{365} \times 3\%$ (0.03)	28	\$	\$	\$	\$	¥
29	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29					- 10
30	Underpayment on line 17 x $\frac{\text{Number of days on line 29}}{365}$ x *%	30	\$	\$	\$	\$	-
31	Number of days on line 20 after 6/30/2022 and before 10/1/2022	31					
32	Underpayment on line 17 x Number of days on line 31 x *% 365	32	\$	\$	\$	\$	
33	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33					
34	Underpayment on line 17 x Number of days on line 33 x *% 365	34	\$	\$	\$	\$	
35	Number of days on line 20 after 12/31/2022 and before 3/16/2023	35					
36	Underpayment on line 17 x Number of days on line 35 \times *%	36	\$	\$	\$	\$	
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$	
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns					\$	734.

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at **www.irs.gov.** You can also call 1-800-829-4933 to get interest rate information.

Form 2220 (2021)

PENALTY COMPUTATION DETAIL - FORM 2220

DATE PD	UNDERPAYMENT	BEG.DATE	END DATE	DAYS	%	PENALTY
QUARTER 1, RAT	re period 1 (09	5/15/2021 -	03/31/2022)			
09/14/2021	14,450.	05/15/2021	09/14/2021	122	3	145.
TOTAL	TO FORM 2220,	LINE 22, CO	LUMN A			145.
QUARTER 2, RAT	re period 1 (06	5/15/2021 -	03/31/2022)			=======
09/14/2021	78,770.	06/15/2021	09/14/2021	91	3	589.
TOTAL	TO FORM 2220,	LINE 22, CO	LUMN B			589.
						=======
						SEASO. EX
TOTAL UNDERPAY	YMENT PENALTY					734.
						========
