

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493314010790

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
FATHER FLANAGAN'S BOYS' HOME
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
14100 CRAWFORD STREET
City or town, state or province, country, and ZIP or foreign postal code
BOYS TOWN, NE 68010
F Name and address of principal officer:
Rev Steven E Boes
14100 Crawford Street
Boys Town, NE 68010

D Employer identification number
47-0376606
E Telephone number
(531) 355-3127
G Gross receipts \$ 897,358,499

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527
J Website: ► <http://www.boystown.org>

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ►

L Year of formation: 1917 M State of legal domicile: NE

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Changing the way America cares for children and families.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 17

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 16

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 3,934

6 Total number of volunteers (estimate if necessary) 6 107

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a -186,149

7b Net unrelated business taxable income from Form 990-T, line 39 7b

Revenue

8 Contributions and grants (Part VIII, line 1h) 146,010,246 157,574,772

9 Program service revenue (Part VIII, line 2g) 178,555,103 196,197,616

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 23,235,404 13,034,826

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 3,797,225 3,525,869

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 351,597,978 370,333,083

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 23,229,153 23,801,697

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 177,587,191 197,670,626

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

b Total fundraising expenses (Part IX, column (D), line 25) ►46,327,242

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 114,045,108 121,924,823

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 314,861,452 343,397,146

19 Revenue less expenses. Subtract line 18 from line 12 36,736,526 26,935,937

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 1,437,805,500 1,567,759,772

21 Total liabilities (Part X, line 26) 127,810,359 128,017,033

22 Net assets or fund balances. Subtract line 21 from line 20 1,309,995,141 1,439,742,739

Part II Signature Block

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

Sign Here

Signature of officer
Date 2020-11-03

Judy F Rasmussen CPA Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name
Firm's name ► KPMG LLP
Firm's address ► 1212 No 96 Street Ste 300
Omaha, NE 68114

Preparer's signature
Date
Check ☐ if self-employed
Firm's EIN ►
Phone no. (402) 348-1450

PTIN

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions. Cat. No. 11282Y Form 990 (2019)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

Changing the way America cares for children and families.

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

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$	161,831,389	including grants of \$	172,217) (Revenue \$	157,537,171)
See Additional Data					










4b	(Code:) (Expenses \$	56,922,348	including grants of \$	2,436,889) (Revenue \$	28,109,875)
See Additional Data					

4c	(Code:) (Expenses \$	21,148,378	including grants of \$	21,051,921) (Revenue \$)
See Additional Data					

4d	Other program services (Describe in Schedule O.)				
	(Expenses \$	30,861,242	including grants of \$	140,670) (Revenue \$	10,550,570)

4e	Total program service expenses ▶	270,763,357
-----------	---	-------------

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II 	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 	13 Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22 Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a	No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 760	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

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

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 3,934			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes	
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b	Yes	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b If "Yes," enter the name of the foreign country: ►EI See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	Yes	
d If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	10a			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	11a			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c Enter the amount of reserves on hand	13c			
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	17	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	16	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	Yes	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	Yes	
b	Each committee with authority to act on behalf of the governing body?	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		No

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed▶

AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶Judy F Rasmussen CPA 14100 Crawford Street Boys Town, NE 68010 (531) 355-3131

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

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

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

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

See instructions for the order in which to list the persons above.

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

[illegible]

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								6,702,235		1,679,035

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 274

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Innovative Urology Services 7710 Mercy Road Ste 406 Omaha, NE 68124	Fluoroscopy and Lithotripsy	1,281,949
UNMC 987137 Nebraska Medical Center Omaha, NE 68198	Pathology	1,043,377
Ahead LLC 401 N Michigan Ave Suite 3400 Chicago, IL 60611	Service Now Implementation	961,803
Kahn Consulting 157 Leonard Wood North Highland Park, IL 60035	Record and Information Consulting	532,148
CHI Health 12809 W Dodge Road Floor 1 Omaha, NE 68154	Food Services RTC and IP hospital	468,546

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 53

Form 990 (2019)		Page 9				
Part VIII		Statement of Revenue				
Check if Schedule O contains a response or note to any line in this Part VIII						
		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	626,104			
	d Related organizations	1d	46,197,000			
	e Government grants (contributions)	1e	10,151,293			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	100,600,375			
	g Noncash contributions included in lines 1a - 1f:\$	1g	3,547,459			
	h Total. Add lines 1a-1f		157,574,772			
Program Service Revenue	Business Code					
	2a Boys Town National Research Hospital	900099	157,537,171	157,537,171		
	b Nebraska/Iowa Services	623990	28,109,875	28,109,875		
	c Home Town Educational	611600	6,844,999	6,844,999		
	d National Hotline and Public Services	624100	3,705,571	3,705,571		
	e					
	f All other program service revenue.					
g Total. Add lines 2a-2f		196,197,616				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,905,027		6,905,027	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		163,441		163,441	
	6a Gross rents	(i) Real	(ii) Personal			
		6a	125,568			
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c	125,568		
	d Net rental income or (loss)		125,568		125,568	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		7a	532,340,395	3,000		
		b Less: cost or other basis and sales expenses	7b	525,616,419	597,177	
		c Gain or (loss)	7c	6,723,976	-594,177	
	d Net gain or (loss)		6,129,799		6,129,799	
	8a Gross income from fundraising events (not including \$ 626,104 of contributions reported on line 1c). See Part IV, line 18	8a	261,188			
		b Less: direct expenses	8b	466,432		
		c Net income or (loss) from fundraising events		-205,244		-205,244
	9a Gross income from gaming activities. See Part IV, line 19	9a				
		b Less: direct expenses	9b			
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances	10a	159,239			
b Less: cost of goods sold		10b	345,388			
c Net income or (loss) from sales of inventory		-186,149		-186,149		
Miscellaneous Revenue		Business Code				
11a Commemorative Coins		900099	994,475	994,475		
b Refund/Rebates		900099	866,771	866,771		
c Support Services to Nebraska Families Collaborative		900099	657,154	657,154		
d All other revenue			1,109,853	1,109,853		
e Total. Add lines 11a-11d		3,628,253				
12 Total revenue. See instructions		370,333,083	199,825,869	-186,149	13,118,591	

Form 990 (2019)

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	21,051,921	21,051,921		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	2,749,776	2,749,776		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	3,087,865	1,012,147	2,075,718	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	149,516,641	134,832,821	10,811,681	3,872,139
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,210,843	6,275,148	734,579	201,116
9 Other employee benefits	27,701,451	23,804,797	3,064,568	832,086
10 Payroll taxes	10,153,826	9,047,230	805,054	301,542
11 Fees for services (non-employees):				
a Management	0			
b Legal	634,740	14,042	620,693	5
c Accounting	192,876		192,876	
d Lobbying	277,074	105,715	171,359	
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	320,346		320,346	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	17,840,189	14,868,993	1,640,443	1,330,753
12 Advertising and promotion	3,230,042	2,769,217	411,037	49,788
13 Office expenses	64,054,258	23,725,151	1,692,013	38,637,094
14 Information technology	6,590,676	5,106,423	1,233,302	250,951
15 Royalties	0			
16 Occupancy	8,833,684	8,267,875	512,916	52,893
17 Travel	2,723,538	2,407,879	218,117	97,542
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	293,757	248,845	34,464	10,448
20 Interest	1,397,095	867,260	27,711	502,124
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	10,646,831	9,992,867	542,771	111,193
23 Insurance	1,352,676	1,296,369	47,652	8,655
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Equipment rental and maintenance	1,820,855	1,733,220	42,519	45,116
b Corporate dues/memberships	241,936	175,103	59,871	6,962
c				
d				
e All other expenses	1,474,250	410,558	1,046,857	16,835
25 Total functional expenses. Add lines 1 through 24e	343,397,146	270,763,357	26,306,547	46,327,242
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	41,851,817	1,092,357	500,016	40,259,444

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		12,874,108	1	10,296,109	
	2	Savings and temporary cash investments		60,920,384	2	50,960,723	
	3	Pledges and grants receivable, net		3,493,446	3	1,856,162	
	4	Accounts receivable, net		29,768,071	4	31,259,704	
	5	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			5		
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)			6		
	7	Notes and loans receivable, net		28,692	7	44	
	8	Inventories for sale or use		2,193,706	8	1,986,926	
	9	Prepaid expenses and deferred charges		5,484,422	9	5,596,480	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	348,427,864			
	b	Less: accumulated depreciation	10b	198,369,921	131,651,330	10c	150,057,943
	11	Investments—publicly traded securities		74,675,517	11	87,146,824	
	12	Investments—other securities. See Part IV, line 11		147,256,885	12	179,048,344	
	13	Investments—program-related. See Part IV, line 11			13		
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11		969,458,939	15	1,049,550,513	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,437,805,500	16	1,567,759,772		
Liabilities	17	Accounts payable and accrued expenses		49,833,418	17	49,694,764	
	18	Grants payable			18		
	19	Deferred revenue		19,248	19	11,214	
	20	Tax-exempt bond liabilities		47,423,997	20	46,794,446	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21		
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons			22		
	23	Secured mortgages and notes payable to unrelated third parties			23		
	24	Unsecured notes and loans payable to unrelated third parties			24		
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		30,533,696	25	31,516,609	
26	Total liabilities. Add lines 17 through 25		127,810,359	26	128,017,033		
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		1,183,897,670	27	1,304,031,776	
	28	Net assets with donor restrictions		126,097,471	28	135,710,963	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
32	Total net assets or fund balances		1,309,995,141	32	1,439,742,739		
33	Total liabilities and net assets/fund balances		1,437,805,500	33	1,567,759,772		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	370,333,083
2	Total expenses (must equal Part IX, column (A), line 25)	2	343,397,146
3	Revenue less expenses. Subtract line 2 from line 1	3	26,935,937
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,309,995,141
5	Net unrealized gains (losses) on investments	5	24,728,879
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	78,082,782
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,439,742,739

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 47-0376606
Name: FATHER FLANAGAN'S BOYS' HOME

Form 990 (2019)

Form 990, Part III, Line 4a:
BOYS TOWN NATIONAL RESEARCH HOSPITAL - See Schedule O for complete description

Form 990, Part III, Line 4b:

NEBRASKA/IOWA - See Schedule O for complete description

Form 990, Part III, Line 4c:

PROGRAMS ACROSS AMERICA - See Schedule O for complete description

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kelli Jo Shidler MD Physician	40.00					X		1,045,519	0	36,007
Philip J Ruden Executive Vice President, Investments Chief Investment Officer	5.00 35.00			X				391,908	0	389,378
Richard M Tempero MD PhD Physician	40.00					X		664,364	0	31,887
Robert R Pick Executive Vice President, Director of Youth Care	40.00			X				263,245	0	374,952
Michael J Eglseder Vice President, Investments and Assistant Treasurer	5.00 35.00			X				245,408	0	382,850
Jane M Emanuel MD Physician	40.00					X		577,793	0	33,900
Shahab T Abdessalam MD Physician	40.00					X		550,988	0	26,235
Mara P Paradis MD Physician	40.00					X		547,087	0	20,004
Edward M Kolb MD Executive Vice President Health Care	40.00			X				526,607	0	29,537
Judy F Rasmussen CPA Executive Vice President Finance Administration, Treasurer and CFO	35.00 5.00			X				364,590	0	23,269

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Rodney J Kempkes Chief Operating Officer	35.00 5.00			X				320,665	0	33,275
Father Steven E Boes President and National Executive Director	35.00 5.00	X		X				119,202	0	213,786
Dana E Washington Senior Vice President, General Counsel	35.00 5.00			X				300,008	0	22,994
John K Arch VP BTNRH Strategic Initiatives Former Officer	30.00						X	254,409	0	20,488
Barbara J Vollmer Senior Vice President, Governance Strategy, Corporate Advancement, Secretary	35.00 5.00			X				218,755	0	14,633
Monty J Horine Senior Vice President Corporate Secretary starting April 2019	35.00 5.00			X				174,442	0	9,470
James L Beckmann JD Assistant Corporate Secretary	35.00 5.00			X				137,245	0	16,370
Kevin P Mohan JD Chairman of the Board through April 2019 Director through 2019	3.00	X		X				0	0	0
Kate Dodge Chairman Elect through April 2019 Chair starting April 2019	3.00	X		X				0	0	0
Robert A Batt Director	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Mogens C Bay Director through April 2019	2.00	X						0	0	0
LD Britt MD Director through April 2019	2.00	X						0	0	0
William M Bryant Director	2.00	X						0	0	0
Sharon Carleton Director through April 2019	2.00	X						0	0	0
Judith E Favell PhD Director	2.00	X						0	0	0
Laurine M Garrity Director	2.00	X						0	0	0
William Gerber CPA Director	2.00	X						0	0	0
Robert R Matejek Director	2.00	X						0	0	0
Kathy Nieland CPA Chair Elect after April 2019 Director	3.00	X		X				0	0	0
John Passarelli Director	2.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
D Bradley Welling MD PhD FACS Director	2.00	X						0	0	0
Susan M Nemer-Haddix Director through February 2019	2.00	X						0	0	0
Jodi L Probst Director	2.00	X						0	0	0
Keith D Allen PHD BCBA-D Director starting April 2019	2.00	X						0	0	0
Richard A Chole MD PhD Director starting April 2019	2.00	X						0	0	0
Kathleen F Driscoll Director starting April 2019	2.00	X						0	0	0
Linda A LeBlanc PhD Director starting April 2019	2.00	X						0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FATHER FLANAGAN'S BOYS' HOME

Employer identification number
47-0376606

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	121,785,578	130,881,300	136,643,681	146,010,246	157,574,772	692,895,577
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3	121,785,578	130,881,300	136,643,681	146,010,246	157,574,772	692,895,577
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						210,265,295
6	Public support. Subtract line 5 from line 4.						482,630,282

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4. . .	121,785,578	130,881,300	136,643,681	146,010,246	157,574,772	692,895,577
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,939,813	4,765,087	5,606,564	7,302,613	7,194,036	28,808,113
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .	4,972,736	2,013,941	1,985,707	3,330,913	3,628,253	15,931,550
11	Total support. Add lines 7 through 10						737,635,240
12	Gross receipts from related activities, etc. (see instructions)					12	861,225,909

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	65.430 %
15	Public support percentage for 2018 Schedule A, Part II, line 14	15	62.730 %

16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	0 %
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7		<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)	

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 47-0376606
Name: FATHER FLANAGAN'S BOYS' HOME

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

Facts And Circumstances Test
Part II Section B Line 10 Other income is 994,475 received from proceeds on the commemorative coin, 866,771 are refunds or rebates, 657,154 is support services provided to Nebraska Families Collaborative, and the remaining 1,109,853 is other items.

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

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

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

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

Name of the organization FATHER FLANAGAN'S BOYS' HOME	Employer identification number 47-0376606
--	--

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$
3	Volunteer hours for political campaign activities (see instructions)	

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


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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1				
2				
3				
4				
5				
6				

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)	277,074	317,274												
c Total lobbying expenditures (add lines 1a and 1b)	277,074	317,274												
d Other exempt purpose expenditures	343,120,072	501,730,692												
e Total exempt purpose expenditures (add lines 1c and 1d)	343,397,146	502,047,966												
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000												
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%; text-align: left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%; text-align: left;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.													
Over \$17,000,000	\$1,000,000.													
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000												
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No													

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

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	337,824	347,191	334,089	317,274	1,336,378
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities?			
j	Total. Add lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

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

Return Reference	Explanation
II-A A	Father Flanagans Boys Home, 14100 Crawford Street, Boys Town, NE 68010, 47-0376606, 343,397,146, 277,074 Father Flanagans Fund for Needy Children, 14100 Crawford Street, Boys Town, NE 68010, 36-3680258, 47,558,010, 0 Boys Town California, Inc., 14100 Crawford Street, Boys Town, NE 68010, 76-0720675, 93,589, 0 Boys Town Central Florida, Inc., 975 Oklahoma Street, Oviedo, FL 32765, 20-0654235, 6,689,249, 0 Boys Town Louisiana, Inc., 300 North Broad Street, Ste. 106, New Orleans, LA 70119, 41-2220807, 8,453,098, 0 Boys Town Nevada, Inc. 821 N Mojave Road., Las Vegas, NV 89101, 20-0654472, 4,434,447, 0 Boys Town New England, Inc., Barzarsky Campus 58 Flanagan Road., Portsmouth, RI 02871, 20-0655240, 8,690,440, 0 Boys Town New York, Inc., 14100 Crawford Street, Boys Town, NE 68010, 20-5960877, 161,870, 0 Boys Town North Florida, Inc., 3555 Commonwealth Blvd., Tallahassee, FL 32303, 20-0655144, 6,507,698, 0 Boys Town Washington D.C. Inc., 4801 Sargent Rd N.E., Washington, DC 20017, 41-2220810, 6,371,895, 0 Boys Town South Florida, Inc., 1655 Palm Beach Lakes Blvd., West Palm Beach, FL 33401, 26-3965524, 8,193,394, 0 Lied Learning and Technology Center for Childhood Deafness and Vision Disorders, 14100 Crawford Street, Boys Town, NE 68010, 47-0841263, 969,072, 0 Nebraska Families Collaborative, 14100 Crawford Street, Boys Town, NE 68010, 26-4436716, 60,528,058, 40,200.

TY 2019 Affiliated Group Schedule

Name:

FATHER FLANAGAN'S BOYS' HOME

EIN:

47-0376606

Software ID:

19009610

Software Version:

19.2.1.0

Affiliated Group Business Name:	Father Flanagans Boys Home
Address. Either US or Foreign Type:	14100 Crawford Street Boys Town, NE 68010
EIN:	47-0376606
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	277,074
Total Lobbying Expenditures:	277,074
Other Exempt Purpose Expenditures:	343,120,072
Total Exempt Purpose Expenditures:	343,397,146
Lobbying Nontaxable Amount:	683,993
Grassroots Nontaxable Amount:	170,998
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0
Affiliated Group Business Name:	Father Flanagans Fund for Needy Children
Address. Either US or Foreign Type:	14100 Crawford Street Boys Town, NE 68010
EIN:	36-3680258
Electing Organization Checkbox:	<input type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	0
Total Lobbying Expenditures:	0
Other Exempt Purpose Expenditures:	47,558,010
Total Exempt Purpose Expenditures:	47,558,010
Lobbying Nontaxable Amount:	94,728
Grassroots Nontaxable Amount:	23,682
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

Affiliated Group Business Name:	Boys Town California Inc		
Address. Either US or Foreign Type:	14100 Crawford Street Boys Town, NE 68010		
EIN:	76-0720675		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		93,589	
Total Exempt Purpose Expenditures:		93,589	
Lobbying Nontaxable Amount:		186	
Grassroots Nontaxable Amount:		47	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	
Affiliated Group Business Name: Boys Town Central Florida Inc			
Address. Either US or Foreign Type: 975 Oklahoma Street Oviedo, FL 32765			
EIN: 20-0654235			
Electing Organization Checkbox: <input type="checkbox"/>			
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		6,689,249	
Total Exempt Purpose Expenditures:		6,689,249	
Lobbying Nontaxable Amount:		13,324	
Grassroots Nontaxable Amount:		3,331	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	

Affiliated Group Business Name:	Boys Town Louisiana Inc		
Address. Either US or Foreign Type:	300 North Broad Street Ste 106 New Orleans, LA 70119		
EIN:	41-2220807		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		8,453,098	
Total Exempt Purpose Expenditures:		8,453,098	
Lobbying Nontaxable Amount:		16,837	
Grassroots Nontaxable Amount:		4,209	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	
Affiliated Group Business Name: Boys Town Nevada Inc			
Address. Either US or Foreign Type: 821 N Mojave Road Las Vegas, NV 89101			
EIN: 20-0654472			
Electing Organization Checkbox: <input type="checkbox"/>			
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		4,434,447	
Total Exempt Purpose Expenditures:		4,434,447	
Lobbying Nontaxable Amount:		8,833	
Grassroots Nontaxable Amount:		2,208	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	

Affiliated Group Business Name:	Boys Town New England Inc		
Address. Either US or Foreign Type:	Barzarsky Campus 58 Flanagan Road Portsmouth, RI 02871		
EIN:	20-0655240		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		8,690,440	
Total Exempt Purpose Expenditures:		8,690,440	
Lobbying Nontaxable Amount:		17,310	
Grassroots Nontaxable Amount:		4,328	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	
Affiliated Group Business Name: Boys Town New York Inc			
Address. Either US or Foreign Type: 14100 Crawford Street Boys Town, NE 68010			
EIN: 20-5960877			
Electing Organization Checkbox: <input type="checkbox"/>			
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		161,870	
Total Exempt Purpose Expenditures:		161,870	
Lobbying Nontaxable Amount:		322	
Grassroots Nontaxable Amount:		81	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	

Affiliated Group Business Name:	Boys Town North Florida		
Address. Either US or Foreign Type:	3555 Commonwealth Blvd Tallahassee, FL 32303		
EIN:	20-0655144		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		6,507,698	
Total Exempt Purpose Expenditures:		6,507,698	
Lobbying Nontaxable Amount:		12,962	
Grassroots Nontaxable Amount:		3,241	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	
Affiliated Group Business Name: Boys Town Washington DC Inc			
Address. Either US or Foreign Type: 4801 Sargent Rd NE Washington, DC 20017			
EIN: 41-2220810			
Electing Organization Checkbox: <input type="checkbox"/>			
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		6,371,895	
Total Exempt Purpose Expenditures:		6,371,895	
Lobbying Nontaxable Amount:		12,692	
Grassroots Nontaxable Amount:		3,173	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	

Affiliated Group Business Name:	Boys Town South Florida Inc		
Address. Either US or Foreign Type:	1655 Palm Beach Lakes Blvd West Palm Beach, FL 33401		
EIN:	26-3965524		
Electing Organization Checkbox:	<input type="checkbox"/>		
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		8,193,394	
Total Exempt Purpose Expenditures:		8,193,394	
Lobbying Nontaxable Amount:		16,320	
Grassroots Nontaxable Amount:		4,080	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	
Affiliated Group Business Name: LLTC			
Address. Either US or Foreign Type: 14100 Crawford Street Boys Town, NE 68010			
EIN: 47-0841263			
Electing Organization Checkbox: <input type="checkbox"/>			
Total Grassroots Lobbying:			0
Total Direct Lobbying:			0
Total Lobbying Expenditures:			0
Other Exempt Purpose Expenditures:		969,072	
Total Exempt Purpose Expenditures:		969,072	
Lobbying Nontaxable Amount:		1,930	
Grassroots Nontaxable Amount:		483	
Tot Lobbying Grassroot Minus Non Tx:		0	
Tot Lobby Expend Mns Lobbying Non Tx:		0	
Share Of Excess Lobbying:		0	

Affiliated Group Business Name:	Nebraska Families Collaborative
Address. Either US or Foreign Type:	2110 Papillion Parkway Omaha, NE 68164
EIN:	26-4436716
Electing Organization Checkbox:	<input checked="" type="checkbox"/>
Total Grassroots Lobbying:	0
Total Direct Lobbying:	40,200
Total Lobbying Expenditures:	40,200
Other Exempt Purpose Expenditures:	60,487,858
Total Exempt Purpose Expenditures:	60,528,058
Lobbying Nontaxable Amount:	120,562
Grassroots Nontaxable Amount:	30,141
Tot Lobbying Grassroot Minus Non Tx:	0
Tot Lobby Expend Mns Lobbying Non Tx:	0
Share Of Excess Lobbying:	0

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93493314010790

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FATHER FLANAGAN'S BOYS' HOME

Employer identification number
47-0376606

Part I

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II

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

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

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

☐ Yes ☐ No

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

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

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

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D Schedule D (Form 990) 2019

Part III

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

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐

Yes

☐

No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐

Yes

☐

No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

Amount

1c

1d

1e

1f

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐

Yes

☒

No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds.

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

1a

Beginning of year balance

b

Contributions

c

Net investment earnings, gains, and losses

d

Grants or scholarships

e

Other expenditures for facilities and programs

f

Administrative expenses

g

End of year balance

(a)

Current year

(b)

Prior year

(c)

Two years back

(d)

Three years back

(e)

Four years back

921,410,888

944,680,028

869,349,310

877,086,921

926,793,229

4,158,479

39,063,938

2,035,595

1,102,181

188,465

126,171,019

-14,901,708

119,609,323

37,597,541

-3,772,036

46,197,000

44,976,000

44,658,000

44,782,000

44,405,000

2,354,193

1,018,035

289,336

310,624

454,730

820,551

1,437,335

1,366,864

1,344,709

1,263,007

1,002,368,642

921,410,888

944,680,028

869,349,310

877,086,921

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a

Board designated or quasi-endowment ▶ 98.000 %

b

Permanent endowment ▶ 1.000 %

c

Temporarily restricted endowment ▶ 1.000 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i)

unrelated organizations

(ii)

related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

Yes

No

3a(i)

Yes

3a(ii)

Yes

3b

Yes

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

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

Description of property

(a)

Cost or other basis (investment)

(b)

Cost or other basis (other)

(c)

Accumulated depreciation

(d)

Book value

1a

Land

b

Buildings

c

Leasehold improvements

d

Equipment

e

Other

565,094

2,723,470

3,288,564

221,943,669

107,914,078

114,029,591

123,195,631

90,455,843

32,739,788

Total.

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

150,057,943

Part VII

Investments—Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests	179,048,344	F
(3) Other _____		
(A) Financial derivatives and other financial products		
(B) Closely-held equity interests	179,048,344	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	179,048,344	

Part VIII

Investments—Program Related.

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

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

Part IX

Other Assets.

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

(a) Description	(b) Book value
(1) Beneficial interest in assets held in trust	80,901,512
(2) Accrued investment income	118,315
(3) Other assets	2,351,420
(4) Interest in Father Flanagans Fund For Need Children	935,517,683
(5) Interest in Subordinate Affiliated and Controlled Organizations	27,417,934
(6) Interest in Lied Learning and Technology Center	3,243,649
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	1,049,550,513

Part X

Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	31,516,609

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

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

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

1	Total revenue, gains, and other support per audited financial statements	1	525,196,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	24,728,879
b	Donated services and use of facilities	2b	33,818,999
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	100,305,401
e	Add lines 2a through 2d	2e	158,853,279
3	Subtract line 2e from line 1	3	366,342,721
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	320,346
b	Other (Describe in Part XIII.)	4b	3,670,016
c	Add lines 4a and 4b	4c	3,990,362
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	370,333,083

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

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

1	Total expenses and losses per audited financial statements	1	462,357,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	33,818,999
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	112,965,505
e	Add lines 2a through 2d	2e	146,784,504
3	Subtract line 2e from line 1	3	315,572,496
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	320,346
b	Other (Describe in Part XIII.)	4b	27,504,304
c	Add lines 4a and 4b	4c	27,824,650
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	343,397,146

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 47-0376606
Name: FATHER FLANAGAN'S BOYS' HOME

Supplemental Information

Return Reference	Explanation
V 4	The intended uses of the organizations endowment funds are to support the activities of Father Flanagans Boys Home in fulfilling its mission in compliance with donor intent.

Supplemental Information

Return Reference	Explanation
X 2	<p>Boys Town and its affiliates have been recognized as a tax-exempt organization by the Internal Revenue Service IRS as described in Section 501c3 of the Code, and, therefore is exempt from income taxes on related income under Section 501a of the Code. Boys Town accounts for uncertainties in accounting for income tax assets and liabilities by recognizing the effect of income tax positions only if those positions are more likely than not of being sustained. At December 31, 2019, Boys Town had no uncertain tax positions accrued.</p>

Supplemental Information

Return Reference	Explanation
XI 2d	Change in value of beneficial interest in external trusts 7,376,604 and pension income of 1,645,462, was included in the consolidated financial statements was reclassified to other changes in net assets for Form 990. Affiliate revenue of 91,283,335 was included in the audited financial statements but eliminated for the Form 990.

Supplemental Information

Return Reference	Explanation
XI 4b	<p>Revenue of 4,904,725 from business between the Central organization and affiliates or related organizations was eliminated for audited consolidated financial statements but was reinstated for Form 990. Loss of 597,177 on sale of fixed assets and cost of good sold of 345,388 was included as expenses for the audited consolidated financial statements but was a reduction to revenue for the Form 990. Net reduction of 291,601 is related to special events. For audited financial statements, only the cash proceeds of donated auction items were recorded. For purposes of the Form 990, the donated assets valued at 174,830 were recognized as a contribution on line 1f and 1g of Part VIII. The cost or basis was included in line 8b part VIII. 466,432 174,831 donated auction items plus 291,601 recorded on financial statements is expenditures that were included with expenses for the audited financial statements but are a reduction to revenue for the Form 990. Rounding to thousands for the audited consolidated financial statements 543.</p>

Supplemental Information

Return Reference	Explanation
XII 2d	Affiliate and related organizations expenses in the amount of 111,965,514 included in the audited financial statements but eliminated for the Form 990. Special events expenses of 291,601 and loss on sale of assets of 597,177 and cost of goods sold of 345,388 were included in total expenses for the consolidated audited statements but offset revenue for the Form 990. Rounding to thousands for the audited consolidated statements of 90.

Supplemental Information

Return Reference	Explanation
XII 4b	Support to affiliates of 21,051,921 and 6,452,383 of expenses paid to related parties was eliminated for audited consolidated financial statements but was reinstated and included in expenses for the Form 990.

SCHEDULE E
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Schools

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.
► Attach to Form 990 or Form 990-EZ.
► Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FATHER FLANAGAN'S BOYS' HOME

Employer identification number
47-0376606

Part I

	YES	NO
1 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	1 Yes	
2 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	2 Yes	
3 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space use Part II.	3	No
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	4a Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	4b Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	4c Yes	
d Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. If you need more space, use Part II.	4d Yes	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	5a	No
b Admissions policies?	5b	No
c Employment of faculty or administrative staff?	5c	No
d Scholarships or other financial assistance?	5d	No
e Educational policies?	5e	No
f Use of facilities?	5f	No
g Athletic programs?	5g	No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h	No
6a Does the organization receive any financial aid or assistance from a governmental agency?	6a Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.	6b	No
7 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II.	7 Yes	

Part II **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Return Reference	Explanation
6a	Father Flanagans Boys Home received financial aid or assistance and program fees from the following agencies US Department of Health and Human Services, US Department of Agriculture, US Department of Education, National Science Foundation, and the State of Nebraska.

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

		(a) Event #1 <u>Booster Banquet</u> (event type)	(b) Event #2 <u>Blue Water Bash</u> (event type)	(c) Other events <u>3</u> (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	525,571	128,448	233,273	887,292
	2 Less: Contributions	393,580	65,924	166,600	626,104
	3 Gross income (line 1 minus line 2)	131,991	62,524	66,673	261,188
Direct Expenses	4 Cash prizes			5,056	5,056
	5 Noncash prizes				
	6 Rent/facility costs			730	730
	7 Food and beverages	72,704	24,659	19,100	116,463
	8 Entertainment	35,000	2,979	475	38,454
	9 Other direct expenses	91,639	92,204	121,886	305,729
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				466,432
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-205,244

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

11	Does the organization conduct gaming activities with nonmembers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address of the third party:

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation
------------------	-------------

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2019

Open to Public Inspection

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

Department of the Treasury

Name of the organization
FATHER FLANAGAN'S BOYS' HOME

Employer identification number
47-0376606

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes
b	If "Yes," was it a written policy?	1b	Yes
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.	3a	Yes
		3b	Yes
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c	
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes
b	If "Yes," did the organization make it available to the public?	6b	No
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.			

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			180,191		180,191	0.050 %
b Medicaid (from Worksheet 3, column a)			39,603,152	24,812,123	14,791,029	4.310 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			1,166,732	775,454	391,278	0.110 %
d Total Financial Assistance and Means-Tested Government Programs			40,950,075	25,587,577	15,362,498	4.470 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			10,526		10,526	
f Health professions education (from Worksheet 5)			17,461		17,461	0.010 %
g Subsidized health services (from Worksheet 6)			9,323,140	5,791,611	3,531,529	1.030 %
h Research (from Worksheet 7)			6,601,849	1,816,305	4,785,544	1.390 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			70,191		70,191	0.020 %
j Total. Other Benefits			16,023,167	7,607,916	8,415,251	2.450 %
k Total. Add lines 7d and 7j			56,973,242	33,195,493	23,777,749	6.920 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			95,863		95,863	0.030 %
4 Environmental improvements						
5 Leadership development and training for community members			15,198		15,198	
6 Coalition building			21,278		21,278	0.010 %
7 Community health improvement advocacy			19,781		19,781	0.010 %
8 Workforce development						
9 Other						
10 Total			152,120		152,120	0.050 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		No
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2		
	3,217,837		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
	1,287,135		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	3,052,777
6 Enter Medicare allowable costs of care relating to payments on line 5	6	3,637,879
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-585,102
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures

(a) Name of entity (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?

2

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Other (describe)	ER-other	ER-24 hours	Research facility	Critical access hospital	Teaching hospital	Children's hospital	General medical & surgical	Licensed hospital
See Additional Data Table									

Part V Facility Information (continued)**Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.boystownhospital.org/about/community-assessment</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>https://www.boystownhospital.org/about/community-assessment</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V

Facility Information (continued)

Financial Assistance Policy (FAP)

A

Name of hospital facility or letter of facility reporting group

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 0000000200.000000000000 % and FPG family income limit for eligibility for discounted care of 0000000400.000000000000 %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input checked="" type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance discount		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	14 Yes	
15 Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input type="checkbox"/> Other (describe in Section C)		
16 Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): https://www.boystownhospital.org/patients/billing		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): https://www.boystownhospital.org/patients/billing		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): https://www.boystownhospital.org/patients/billing		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h <input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

A

Name of hospital facility or letter of facility reporting group _____

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C) b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C) d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C) e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

A

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

[illegible]

Part V Facility Information (continued)**Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**
(list in order of size, from largest to smallest)How many non-hospital health care facilities did the organization operate during the tax year? **10**

Name and address	Type of Facility (describe)
1 Intensive Residential Treatment Center - West 14092 Boys Town Hospital Road Boys Town, NE 68010	Child/Adolescent Residential Treatment Center
2 Pacific Street Medical Office Building - West 14080 Boys Town Hospital Road Boys Town, NE 68010	Outpatient Physician Clinic
3 Pacific Street Medical Office Building - East 14040 Boys Town Hospital Road Boys Town, NE 68010	Outpatient Physician Clinic
4 Boys Town Clinic 72nd & Center 7205 West Center Road Omaha, NE 68124	Outpatient Physician Clinic
5 Boys Town National Research Hospital Clinics 555 N 30th Street Omaha, NE 68131	Outpatient Physician Clinic Hearing Diagnostic Clinic
6 Harrison Street Clinic 6715 South 180th Street Omaha, NE 68135	Outpatient Physician Clinic
7 Lakeside Pediatrics 16929 Frances Street Suite 102 Omaha, NE 68130	Outpatient Physician Clinic
8 Boys Town Psychiatry Clinic 14092 Boys Town Hospital Road Boys Town, NE 68010	Outpatient Physician Clinic
9 Council Bluffs ENT 320 McKenzie Avenue Suite 202 Council Bluffs, IA 51503	Outpatient Physician Clinic Hearing Diagnostic Clinic
10 Lied Learning & Technology Center 425 N 30th Street Omaha, NE 68131	Outpatient Hearing Diagnostic Clinic

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I Line 3c	Boys Town National Research Hospital uses Federal Poverty Guidelines in determining free or discounted care. The patients income is the primary factor used in determining free or discounted care. However, the patients assets and/or liabilities are also reviewed on an individual basis and taken into consideration under special circumstances.
Part I Line 6a	N/A

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I Line 7	Cost to charge ratio was used to calculate the amounts in this section. The methodology used to calculate the cost to charge ratio is the same step down method used in the Medicare Cost report further refined to define costs for the Subsidized health services and Research portions of this section.
Part II	The hospital works closely with numerous organizations in the community to promote healthy lifestyles, including the Latino and African American community groups. The hospital conducts an annual health fair as well as participates in corporate and school health fairs, parenting classes, hearing screenings, infant car seat checks and seminars and workshops for hard of hearing and visually impaired children and their families.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III Line 2	Used cost to charge ratio. Only patient liability after all discounts or contractual adjustments are written off to bad debt expense. Any payments or recoveries after the write off are offset against bad debt.
Part III Line 3	Used cost to charge ratio. To determine amount of bad debt that would have actually qualified as charity care but didnt due to lack of information, this organization used information obtained from their outside collection agency to estimate the amount.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III Line 4	In 2018, Boys Town adopted ASU No. 2014-09 Topic 606. The adoption of ASU No. 2014-09 results in no footnote disclosures related to bad debt.
Part III Line 8	Used cost to charge ratio. This organizations Medicare shortfall should not be considered a Community Benefit.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III Line 9b	<p>If it is known that a patient qualifies for financial assistance the hospital would write off from 50 - 100 of their patient balance depending on their income and family size. For patients who only have a partial write-off, the hospital would follow the same collections policies on their remaining balance that are used for all other types of patients. This policy is communicated to all outside collection agencies utilized by Boys Town National Research Hospital for adherence to the policy content and financial assistance guidelines.</p>
Part VI Line 2	<p>In part, Boys Town National Research Hospital assesses the health care needs of the community by conducting a Child and Adolescent Community Health Needs Assessment, with Childrens Hospital and Medical Center, to help determine the health status, behaviors and needs of children in the Omaha metropolitan area. Assessment is also obtained through requests from community organizations and community residents and evaluation of the current medical landscape of services in the area. The Hospital participates in events such as corporate health fairs, minority health fairs, hearing screenings, developmental resources fairs and support groups. The hospital also offers community and corporate lunch and learns, parenting classes, infant care seat checks and seminars and workshops for educators, professionals and parents working with children who are deaf and hard of hearing, have speech-language concerns or other related communication disorders.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 3	Patients are notified through signage, brochures, and notes on health care statements as to how to obtain information about financial assistance. If applicable, prior to being considered for financial assistance, the patient/family must cooperate with the provider to furnish information and documentation to apply for other existing financial resources that may be available to pay for the patients health care.
Part VI Line 4	Boys Town National Research Hospital serves an eight-county Greater Omaha Metropolitan area with an estimated population of 933,523 in 2017, and an additional 1.3 million who live within a 50-mile radius of Omaha US Census 2017 and World Population Review 2018. The two highest populated counties in the Greater Omaha area are Douglas County, population 566,880 and Sarpy County, population 184,459 US Census, 2018. The geographic design of both counties is mainly Suburban areas with few designated urban areas. In Douglas County, the median household income is 58,640, and the percentage of residents in poverty is 11.4, trending with the national average household income 57,652 and 12.3 poverty level US Census 2017. Then percent of residents, under the age of 65, do not have health insurance US Census 2017. The number of hospitals serving the Douglas County community is 14. North and South Omaha are federally designated medically underserved areas. Currently, there are two federally qualified health care centers in these communities HRSA. In Sarpy County, the median household income is 75,752 US Census, 2018. The percentage of residents in poverty is 5.1 and 6.5 of residents under 65 years do not hold health insurance US Census, 2016. Two area hospitals serve the Sarpy County community is two. Currently, there are no records of a federally qualified health care centers in the Sarpy County community HRSA.gov.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 5	<p>The hospital hosts continuing education conferences and courses for physicians, nurse practitioners, nurses, researchers, audiologists and speech-language pathologists, to disseminate best practices and research findings to other professionals in otolaryngology, vestibular, hearing healthcare, speech-language therapy and behavioral health. The hospital provides free or subsidized services locally and nationally to hard-of-hearing children and their families through the following community building programs or activities</p> <p>Family Support Services - Counseling and wellness services, communication methods, educational options advisement, sign language instruction, social, emotional and educational development seminars, technology and parent-child social opportunities. Educational Programs - Home based early intervention, day care consultation services, preschool education, speech and language therapy, school counseling services, classroom listening technology training and consultation. Outreach - auditory consulting school district advisement, parent and professional seminars, parent and professional web-based education. The hospital is governed by the board of directors of Father Flanagans Boys Home.</p>
Part VI Line 6	NA

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 47-0376606
Name: FATHER FLANAGAN'S BOYS' HOME

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 2		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Boys Town National Research Hospital West 14080 Boys Town Hospital Road Boys Town, NE 68010 www.boystownhospital.org H000107	X	X	X			X				A
2	Boys Town National Research Hospital - East 555 N 30th Street Omaha, NE 68131 www.boystownhospital.org 260004	X	X	X			X				A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group Boys Town National Research Hospital West Line Part V, Section B, Line 5	To solicit input from key informants, those individuals who have a broad interest in the health of children and adolescents in the community, an Online Key Informant Survey was implemented as part of this process. A list of recommended participants was provided by the sponsors of the study this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of community leaders. Potential participants were chosen because of their ability to identify primary concerns among the families and children/adolescents with whom they work with, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online reminder emails were sent as needed to increase participation.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Group Boys Town National Research Hospital West Line Part V, Section B, Line 6a	Childrens Hospital Medical Center - Omaha, Nebraska

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group Boys Town National Research Hospital West Line Part V, Section B, Line 11	The Child and Adolescent Community Health Needs Assessment CHNA implementation plan was developed using a deliberative and inclusive internal process that included qualitative and quantitative data and was grounded in both operational considerations and the existing unique assets Boys Town National Research Hospitals have already developed to address these priorities. The CHNA identified priority health issues to be addressed. Boys Town National Research Hospital and Clinics has chosen to address seven issues. Injury and violence, sexual health, tobacco, alcohol and other drugs, vision, hearing and speech conditions are all issues that are identified and responded to on the individual patient level. The following Implementation Plan Progress Report describes how the hospital is addressing the significant needs identified in its most recent CHNA. The Implementation Plan was approved in May of 2019 and therefore the progress report addresses actions taken between July 1, 2019 and June 30, 2020. Priority 1 - Access to Healthcare Services. Objective A Increase access to primary care and to a regular source of care. Pediatrics and Same Day Pediatrics offered telehealth appointments during the pandemic to provide opportunities for patients to be seen while staying at home. Patient Access Center was created to included a hotline for patients to call and be transferred to the correct services. A hospital operator service was added in June 2019 to assist patients in getting directed to the correct services. Added a Pediatrician to the Pacific Street site in July 2019. Objective B Explore opportunities to increase availability of select pediatric specialty service to Boys Town pediatric patients and community partners. Opened Epilepsy Monitoring Unit in September 2019. Opened Inpatient Psychiatric Unit in October 2019. Collaboration with Shriners Hospital for children continued to increase access to orthopedics, orthotics and prosthetics, imaging and telehealth. Opened a Down Syndrome Clinic and Autism Clinic in June 2020. Objective C Provide opportunities for the community to learn about available services and make provider connections. Virtual Newborn Expos were held to provide resources during pandemic. Parenting classes were provided via virtual/on-line platforms to allow parents the opportunity to continue to receive resources. Meet the Provider opportunities were offered in person and virtually. Added 4 digital billboards to assist the community in finding services available. Priority 2 - Mental Health Objective A Improve access to mental health services. A Child and Adolescent Inpatient Psychiatric Unit was opened in October 2019 to increase access to more intensive mental health services. Two Child and Adolescent Psychiatrists started providing services in the Child and Adolescent Outpatient Services and Inpatient Psychiatric Unit. Objective B Assist patients in assessing mental health resources. Piloted a Mental Health Nurse Navigator to assist patients

Section C. Supplemental Information for Part V, Section B.Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group Boys Town National Research Hospital West Line Part V, Section B, Line 11	ents accessing mental health resources with community partners. Deemed the pilot successful and determining further implementation. Hired an additional outpatient therapist for the Outpatient Child and Adolescent Psychiatry services. Objective C Provide opportunities for mental health education and resources to employees, patients and the public. A psychiatrist gave a presentation on adolescent behavior at a quarterly meeting, offering Continuing Nursing Credits. The psychiatrist also gave the training at the Pediatrics quarterly meeting. Priority 3 - Neurological, Cognitive and Behavioral conditions. Objective A Improve access to pediatric neurological services. Hired a pediatric Epileptologist and Pediatric Neurosurgeon in August of 2019. Objective B Broaden scope of neurological services provided. Hired two Pediatric Neurologists and four Pediatric Neurology Advanced Practice Registered Nurses. Opened Down Syndrome Clinic and Autism Clinic in February of 2020. Expanded Dietary team to address ketogenic diet for epilepsy and neurology patients. Objective C Use the work of Center for Neurobehavioral Research to improve clinical outcomes. Priority 4 - Nutrition, Diabetes, Physical Activity, and Weight Management. Objective A Promote healthy eating and physical activity for patients and the community. Boys Town hosted a virtual Memorial Day run to increase activity of participants during the pandemic, allowing patients/participants to do the level of participation in their own community. The Charting Your Progress educational handouts distributed at developmental milestones were updated in 2019 and 2020. Objective B Increase services that address nutrition for patients with comorbidities. The dietary team was expanded to four dietitians to meet the increasing dietary needs of patients, including ketogenic diets for neurology patients and dietary consults for the Pediatric Weight Management Clinic. Priority 5 - Oral Health. Objective A Identify strategies to improve the oral health for Boys Town Pediatrics patients. Patients are continuing to be provided fluoride varnish at the nine-month, 18 month, and 24 month appointments to help strengthen enamel and prevent tooth decay. Objective B Collaborate with community partners to promote oral health. Objective C Provide resources regarding oral health. Educational materials are provided to parents of patients at the well-checks. Parent educational articles were added to the knowledge center at Boystownpediatrics.org on pacifier vs. thumb sucking, nutrition for toddlers and nutrition impacts on performance.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Group Boys Town National Research Hospital West Line Part V, Section B, Line 13h	The Hospital requires documentation of denial for Medicaid assistance, if applicable.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group Boys Town National Research Hospital - East Line Part V, Section B, Line 5	To solicit input from key informants, those individuals who have a broad interest in the health of children and adolescents in the community, an Online Key Informant Survey was implemented as part of this process. A list of recommended participants was provided by the sponsors of the study this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of community leaders. Potential participants were chosen because of their ability to identify primary concerns among the families and children/adolescents with whom they work, as well as of the community overall. Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online reminder emails were sent as needed to increase participation.

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Group Boys Town National Research Hospital - East Line Part V, Section B, Line 6a	Childrens Hospital Medical Center - Omaha, Nebraska

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group Boys Town National Research Hospital - East Line Part V, Section B, Line 11	<p>The Child and Adolescent Community Health Needs Assessment CHNA implementation plan was developed using a deliberative and inclusive internal process that included qualitative and quantitative data and was grounded in both operational considerations and the existing unique assets Boys Town National Research Hospitals have already developed to address these priorities. The CHNA identified priority health issues to be addressed. Boys Town National Research Hospital and Clinics has chosen to address seven issues. Injury and violence, sexual health, tobacco, alcohol and other drugs, vision, hearing and speech conditions are all issues that are identified and responded to on the individual patient level. The following Implementation Plan Progress Report describes how the hospital is addressing the significant needs identified in its most recent CHNA. The Implementation Plan was approved in May of 2019 and therefore the progress report addresses actions taken between July 1, 2019 and June 30, 2020. Priority 1 - Access to Healthcare Services. Objective A Increase access to primary care and to a regular source of care. Same Day Pediatrics added hours on Sunday's at the East location. Pediatrics and Same Day Pediatrics offered telehealth appointments during the pandemic to provide opportunities for patients to be seen while staying at home. Patient Access Center was created which included a hotline for patients to call and be transferred to the correct services. A hospital operator service was added in June 2019 to assist patients in getting directed to the correct services. Objective B Explore opportunities to increase availability of select pediatric specialty service to Boys Town pediatric patients. Opened a Pediatric Weight Management Clinic in November 2019. A Psychiatric APRN was relocated to the East location to provide psychiatric services to patients utilizing that location. Objective C Provide opportunities for the community to learn about available services and make provider connections. Virtual Newborn Expos were held to provide resources during the pandemic. Parenting classes were provided via virtual/on-line platforms to allow parents the opportunity to continue to receive resources. Meet the Provider opportunities were offered in person and virtually. Priority 2 - Mental Health Objective A Improve access to mental health services. A Psychiatric APRN was relocated to the East location to provide psychiatric services to patients utilizing that location. Objective B Provide opportunities for mental health education and resources to employees, patients/parents of patients and the public. A psychiatrist gave a presentation on adolescent behavior at a quarterly meeting, offering CNEs. Priority 3 - Nutrition, Diabetes, Physical Activity and Weight Management. Objective A Promote healthy eating and physical activity for patients and the community. Boys Town hosted a virtual Memorial Day run to increase activity of participants during the pandemic, a</p>

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
Group Boys Town National Research Hospital - East Line Part V, Section B, Line 11	<p>allowing patients/participants to do the level of participation in their own community. Objective B Increase services that address nutrition for patients with comorbidities. The Charting Your Progress educational handouts distributed at developmental milestones were updated in 2019 and 2020. The dietary team was expanded to four dietitians to meet the increasing dietary needs of patients, including ketogenic diets for neurology patients and dietary consults for the Pediatric Weight Management Clinic. Priority 4 - Oral Health. Objective A Identify strategies to improve the oral health for Boys Town pediatric patients. Patients are continuing to be provided fluoride varnish at the nine-month, 18 month, and 24 month appointments to help strengthen enamel and prevent tooth decay. Objective B Collaborate with community partners to promote oral health. Objective C Provide resources regarding oral health. Educational materials are provided to parents of patients at the well-checks. Parent educational articles were added to the knowledge center at Boystownpediatrics.org on pacifier vs thumb sucking, nutrition for toddlers and nutrition impacts on performance. Priority 5 - Vision, Hearing, and Speech Conditions. Objective A Identify possible solutions to gaps in vision care and eye health for children. Vision screeners were added to clinics to allow for regular vision screening of patients. Patients failing vision screening are referred for vision care. Objective B Improve identification and management of patients with hearing loss. Providers complete hearing checks at developmental milestones at the kindergarten physical. Children not passing hearing checks are offered access to the Pediatric Hearing Clinic to provide families with newly diagnosed hearing loss additional resources. Center for Childhood Deafness and Language Center offers loaner hearing aids for children while working to obtain hearing aids for the patient. Objective C Increase research efforts and diagnostic related to Developmental Language Disorders DLD and other speech conditions. The Pediatric Speech - Language Therapy clinic was opened in August 2019. The DLD team offered free hearing, speech and language screening for children ages 4-7.</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.	
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.	
Form and Line Reference	Explanation
Group Boys Town National Research Hospital - East Line Part V, Section B, Line 13h	The Hospital requires documentation of denial for Medicaid assistance, if applicable.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States
Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

FATHER FLANAGAN'S BOYS' HOME

Employer identification number

47-0376606

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 9
- 3 Enter total number of other organizations listed in the line 1 table ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) Direct care of youth in various programs	15500		2,749,776	Book	Food, Clothing, ,Medical, Education
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
Part I Line 2	<p>Father Flanagans Boys Home is the sole member of nine affiliate organizations and has a controlling interest in another organization. All these affiliates received financial assistance in 2019. All affiliates are under an affiliation agreement with Father Flanagans Boys Home that controls the activities of the affiliated organizations. Under the affiliation agreement, the subordinate organizations are required to comply with all operating and financial policies, procedures, and program service standards. Financial information is monitored on a continuous basis through a central accounting and reporting system maintained by Father Flanagans Boys Home. Each month actual and budget financial results are reviewed by management on a consolidated and individual organizational level basis. Any significant variances or fluctuations must be investigated and explained.</p>

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 47-0376606
Name: FATHER FLANAGAN'S BOYS' HOME

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys Town California Inc 14100 Crawford Street Boys Town, NE 68010	76-0720675	501c3	88,255				Program Support
Boys Town Central Florida Inc 975 Oklahoma Street Oviedo, FL 32765	20-0654235	501c3	3,232,624				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys Town Louisiana Inc 300 North Broad Street Suite 106 New Orleans, LA 70119	41-2220807	501c3	3,005,213				Program Support
Boys Town Nevada Inc 821 North Majave Road Las Vegas, NV 89101	20-0654472	501c3	2,034,923				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys Town New England Inc Bazarsky Campus 58 Flanagan Road Porsmouth, RI 02871	20-0655240	501c3	2,847,366				Program Support
Boys Town New York Inc 14100 Crawford Street Boys Town, NE 68010	20-5960877	501c3	911,176				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys Town North Florida Inc 3555 Commonwealth Blvd Tallahassee, FL 32303	20-0655144	501c3	2,772,844				Program Support
Boys Town South Florida Inc 1655 Palm Beach Lakes Blvd West Palm Beach, FL 33401	26-3965524	501c3	3,504,898				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Boys Town Washington DC Inc 4801 Sargent Road NE Washington, DC 20017	41-2220810	501c3	2,654,622				Program Support

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		
▶ Attach to Form 990.		
▶ Go to www.irs.gov/Form990 for instructions and the latest information.		
Department of the Treasury Internal Revenue Service	Name of the organization FATHER FLANAGAN'S BOYS' HOME	Employer identification number 47-0376606

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
Part I Line 1a	Discretionary spending account and housing allowance or residence for personal use Provided to Fr. Steven Boes, the CEO/Executive Director. As the CEO for the Father Flanagans Boys Home, Fr. Boes is required to be available 24 hours a day for any situation that may arise regarding any and all facets of providing a comprehensive continuum of care for children and families. Due to the responsibilities required for his position and considering the base salary that Fr. Boes receives, the Board of Directors granted him a discretionary spending account which is included in his taxable compensation. As a condition of employment, Fr. Boes is required to live on the residential campus and is provided a personal residence in the Village of Boys Town which is not included in taxable compensation.
Part I Line 4b	Supplemental nonqualified retirement plan Officer Philip J. Ruden participated in a supplemental nonqualified retirement plan in the amount of 14,082. This participation is not included in taxable compensation.

Additional Data

Software ID: 19009610

Software Version: 19.2.1.0

EIN: 47-0376606

Name: FATHER FLANAGAN'S BOYS' HOME

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1Father Steven E Boes President and National Executive Director	(i)	115,310		3,892	202,093	11,693	332,988	
	(ii)							
1Philip J Ruden Executive Vice President, Investments Chief Investment Officer	(i)	387,322		4,586	375,296	14,082	781,286	
	(ii)							
2John K Arch VP BTNRH Strategic Initiatives Former Officer	(i)	253,680		729	15,321	5,167	274,897	
	(ii)							
3Judy F Rasmussen CPA Executive Vice President Finance Administration, Treasurer and CFO	(i)	361,142		3,448	16,800	6,469	387,859	
	(ii)							
4Robert R Pick Executive Vice President, Director of Youth Care	(i)	255,783		7,462	364,606	10,346	638,197	
	(ii)							
5Michael J Eglseder Vice President, Investments and Assistant Treasurer	(i)	242,140		3,268	368,846	14,004	628,258	
	(ii)							
6Dana E Washington Senior Vice President, General Counsel	(i)	298,111		1,897	16,800	6,194	323,002	
	(ii)							
7Barbara J Vollmer Senior Vice President, Governance Strategy, Corporate Advancement, Secretary	(i)	215,936		2,819	13,073	1,560	233,388	
	(ii)							
8Rodney J Kempkes Chief Operating Officer	(i)	318,710		1,955	18,831	14,444	353,940	
	(ii)							
9Edward M Kolb MD Executive Vice President Health Care	(i)	522,027		4,580	14,063	15,474	556,144	
	(ii)							
10James L Beckmann JD Assistant Corporate Secretary	(i)	136,601		644	8,440	7,930	153,615	
	(ii)							
11Kelli Jo Shidler MD Physician	(i)	1,044,633		886	16,809	19,198	1,081,526	
	(ii)							
12Richard M Tempero MD PhD Physician	(i)	663,268		1,096	17,304	14,583	696,251	
	(ii)							
13Jane M Emanuel MD Physician	(i)	574,555		3,238	17,126	16,774	611,693	
	(ii)							
14Mara P Paradis MD Physician	(i)	545,999		1,088	17,407	2,597	567,091	
	(ii)							
15Shahab T Abdessalam MD Physician	(i)	550,089		899	14,775	11,460	577,223	
	(ii)							
16Monty J Horine Senior Vice President Corporate Secretary starting Apri 2019	(i)	173,232		1,210	8,525	945	183,912	
	(ii)							

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FATHER FLANAGAN'S BOYS' HOME

Employer identification number
47-0376606

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A Nebraska Elementary & Secondary School Fin	47-0821671	639918BZ3	11-12-2010	10,170,183	See Part VI		X		X		X
B Village of Boys Town Nebraska	47-0615594	000000000	09-01-2015	7,939,000	See Part VI		X		X		X
C Village of Boys Town Nebraska	47-0615594	103627AA3	11-01-2017	31,104,033	See Part VI		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired			2,262,007					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	10,171,334		7,939,000		31,104,033			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	147,820		119,000		296,119			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds	10,023,514							
11	Other spent proceeds			7,820,000		30,807,914			
12	Other unspent proceeds								
13	Year of substantial completion	2013		2006		2011			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X	X			X		
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X		X	X			
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use (Continued)		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶								
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶					0.200 %			
6	Total of lines 4 and 5					0.200 %			
7	Does the bond issue meet the private security or payment test? . . .		X		X		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X		X		X		

Part IV Arbitrage		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?		X	X		X			
c	No rebate due?	X			X		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?		X		X		X		

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. (See instructions).

Return Reference	Explanation
Part I Line A	Column f Construct electrical distribution system and purchase of emergency alarm

Return Reference	Explanation
Part I Line B	Column f Refund Hospital Authority No. 2 of Douglas County Series 2005, Issued 9/1/2005

Return Reference	Explanation
Part I Line C	Column f Refund Hospital Authority No. 2 of Douglas County and Nebraska Elementary and Secondary School Finance Authority Series 2008 Bonds, Issued 9/15/2008

Return Reference	Explanation
Part I Line 3	Bond Issue A total proceeds do not agree to the issue in Part 1, Column e due to investment earnings.

Return Reference	Explanation
Part IV Line 2c	Rebate computation for Issue A was performed on 6/10/2014.

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
►Attach to Form 990.
►Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
FATHER FLANAGAN'S BOYS' HOME

Employer identification number
47-0376606

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		187,655	Comparable Cost
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	25	247,155	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	9	2,809,590	Trustee Market Value
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X		79,041	Resale Value
19 Food inventory	X	11	49,187	Comparable Cost
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (<u>Donated Auction Items</u>)	X	594	174,831	FMV
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

29

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a

During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

Yes

No

30a

No

b

If "Yes," describe the arrangement in Part II.

31

Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

31

Yes

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

32a

Yes

b

If "Yes," describe in Part II.

33

If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

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

Cat. No. 51227J

Schedule M (Form 990) (2019)

Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation
Part I Line 9,11, and 19	The number of contributions is reported in column b for Securities - Publicly traded, Securities - Partnership, LLC, or trust interests, and Food Inventory.
Part I Line 25	The number of items contributed is reported in column b for donated auction items.
Part I Line 32b	Father Flanagans Boys Home utilizes the expertise of a third party to handle the contents of the philamatic center.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

FATHER FLANAGAN'S BOYS' HOME

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Employer identification number

47-0376606

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	Program Service Expenses 30,861,242, Grants and allocations 140,670, Revenue 10,550,570 AL L OTHER PROGRAMS - See Schedule O for complete description

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>Boys Town National Research Hospital BTNRH provides medical and surgical services at two hospital locations and five outpatient clinics in the Omaha, Nebraska metropolitan area. BTNRH is recognized internationally as a leader in communication disorder research and as a referral center for children with disorders of the ear, hearing and balance, cleft lip and palate, speech, and voice, as well as related disabilities. BTNRH clinical programs served over 52,000 children and adolescents in 2019 through a total of 237,000 patient visits. Boys Town Pediatrics, BTNRHs group of pediatric physicians, provides primary care and specialty pediatric medical services at four clinic locations in the Omaha area. BTNRH also provides medically directed behavioral health services. These services include an 80 bed Psychiatric Residential Treatment Facility PRTF, which is attached to the BTNRH West Hospital. This PRTF is staffed with multidisciplinary medical and behavioral health staff. In 2019, BTNRH opened a 16-bed Inpatient Psychiatric Unit IPU attached to the BTNRH West Hospital and PRTF Unit. This acute care program treats the highest-risk psychiatric youth patients. The IPU is staffed with physicians, nurses, social workers, a teacher, and psychiatric youth patients. BTNRH supports a world-class research program comprised of 24 independent laboratories that focus broadly on areas of scientific inquiry related to communication and neurobehavioral disorders. The research programs at BTNRH received over 8 million in external research funding in 2019.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b	<p>Nebraska and Iowa Services consists of the Family Home Program, Intervention and Assessment Services, In Home Family Services, Foster Family Services, Community Support Services, including Common Sense Parenting, the Center for Behavioral Health, Care Coordination, and others. Boys Town operates approximately 60 family style Family Homes on the Home Campus, which is in the incorporated Village of Boys Town, Nebraska the Village. These homes have a total capacity of more than 400 youth. Six to eight troubled boys or girls from throughout the United States of America, with ages generally ranging from 12 to 18, live in a home with a specially trained professional married couple called Family Teachers. The couple provides treatment planning, skill development, spiritual guidance, a family style environment, and love and care, with the help of an Assistant Family Teacher. Each home is monitored, evaluated, and advised by a Program Director and other support personnel. The Family Homes are not mixed by gender but are mixed by age, ethnic, and religious backgrounds. The program is also served by four Intervention and Assessment Homes, three of which are located on the Home Campus and the fourth in Grand Island, Nebraska. The Intervention and Assessment Homes provide short term services for youth. In addition to its residential program, Boys Town also operates Foster Family Services program, In Home Family Services, and Community Support Services programs in Nebraska and Iowa. The Nebraska site operates a Center for Behavioral Health, which served over 5,000 youth and families with behavioral problems on an outpatient basis in 2019 and is a training center for doctoral level psychologists.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4c	<p>Programs across America directly served over 15,000 youth in Nebraska/Iowa and over 11,500 at 7 active affiliated sites nationwide in 2019. These affiliated sites are Boys Town Central Florida, Inc., Boys Town Louisiana, Inc., Boys Town Nevada, Inc., Boys Town New England, Inc., Boys Town North Florida, Inc., Boys Town South Florida, Inc., and Boys Town Washington, DC Inc. Programs offered throughout the nation include Intervention and Assessment Services, Family Home Program, Foster Family Services, In Home Family Services, Community Support Services, including Common Sense Parenting, Outpatient Behavioral Health Services, Care Coordination, and others. Boys Town Youth Care programs are certified by the Council on Accreditation across all sites. Boys Town invests and emphasizes quality through staff training, evaluation, and outcomes research by having departments committed to the quality of Boys Towns programs. The Youth Care Training and Evaluation Certification Department provides technical training, evaluation and quality control/quality assurance of Boys Towns nationwide system of services. The Program Quality Department provides program monitoring, consultation, and staff and program development to all Boys Town sites across America. National Community Support Services provides training and resources to parents, childcare providers, and educators throughout the United States and internationally. Services are offered through Education and Common Sense Parenting training packages, and books from the Boys Town Press. In 2019, 7,771 parents, teachers, administrators, and professionals were trained allowing Boys Town to indirectly impact approximately 163,735 children through this training.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	<p>Boys Town National Hotline and Public Services meets the informative and public service needs of youth, parents, teachers, and youth professionals who are involved directly or indirectly with helping youth. The Boys Town National Hotline the Hotline at 1-800-448-3000 helps hundreds of thousands of children and families throughout all 50 states each and every year. The Hotline provides toll free phone, as well as text, e mail, and chat crisis service for troubled children and families. The Hotline received approximately 163,000 contacts in 2019. The Hotline operates 24 hours a day, 7 days a week, with trained, skilled, professional operators. The Hotline is equipped to handle calls from people who speak a variety of languages. In an effort to reach the highest number of youth in need of assistance, through a medium more frequently used by youth, the Hotline has a website called yourlifeyourvoice.org. In 2019, the website had nearly 775,000 visits. In addition to operating the Hotline, Boys Town also operates the Nebraska Family Helpline the Helpline. The Nebraska Family Helpline was conceived when Nebraska lawmakers realized families experiencing crises needed a central, knowledgeable place to go to get help or answers to their behavioral health needs. The Helpline counselors assist families in managing immediate crisis situations, make referrals, help them navigate government systems, and follow up with families to ensure they received the help they needed. The Helpline has been honored in the press and by the legislature for its effective service to Nebraska families. Over 6,000 calls were made to the Helpline in 2019 from families seeking assistance. The Home Campus Educational Program consists of the Boys Town High School and the Wegner Middle School. The Village schools serve residential youth at Boys Town and provide academic and vocational training skills necessary for contemporary society. All Boys Towns schools are fully accredited by the state of Nebraska and North Central Association. A full range of special education services are provided to all youth who require this type of assistance. The Boys Town Day School in the Village of Boys Town and the Duncan Day School in Duncan, Nebraska serve youth who cannot receive educational services in a public or alternative school setting due to behavioral problems and/or academic deficiencies. These schools meet all requirements of Level III schools under Nebraska Department of Education's Rule 51 and currently educate students from multiple school districts in Nebraska and Iowa. These schools have also served parentally placed private youth and court placed youth. Boys Town served 181 students.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part V, Line 7d	Form 8282 was filed March 11, 2020 for assets that were disposed of in 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	Philip J. Ruden and Michael J. Eglseider have a business relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 4	In 2019, the organizations bylaws were changed to incorporate the responsibilities of the Chief Operating Officer.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	The Treasurer reviewed the completed Form 990 and provided an electronic copy to the Finance and Audit Committee of the Board of Directors for their review. The members of the Finance and Audit Committee were requested to submit their comments and questions. Upon satisfactory resolution of questions, an electronic copy of the final Form 990 was provided to all directors before it was filed.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	<p>Father Flanagans Boys Home regularly and consistently monitors and enforces with its conflict of interest policy mainly through official annual affirmations, self reporting, and observation. Trustees are covered by a board of trustee policy and employees are covered by a separate policy. Trustees must complete a conflict of interest disclosure form and report any perceived or actual conflict. Any perceived or actual conflict of interest is reviewed by the Executive Committee, with the assistance of General Counsel. If a conflict does exist, the Committee shall determine an appropriate remedy which may include, without limitation, the Trustee to recuse him/herself from participating in certain deliberations and votes, removing the trustee from a committee or Board. Officers and employees of Boys Town complete a Conflict of Interest Disclosure annually, identifying all actual, apparent, and potential Conflicts of Interest. Staff are also required to report any situation involving a conflict of interest that may arise during the year to their supervisor and submitting a Conflict of Interest Disclosure for review by the compliance department. If a conflict of interest does exist, the Compliance department would work with the employee and supervisor to remedy the conflict of interest. Any perceived conflict of interest can also be reported for review through a confidential organizational ethics line at www.boystownethics.com.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15a 15b	The compensation of the CEO/Executive Director is determined by the Board of Trustees Compensation Committee using comparable data for similarly qualified persons in functionally comparable positions at similarly situated organizations. Documentation of the decisions made regarding the compensation have been maintained with the determination incorporated in an employment contract. The compensation of all other officers are also determined as described above, however, officers do not have employment contracts.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 19	Father Flanagans Boys Home makes its governing documents and conflict of interest policy available to the public upon request. Articles of incorporation and bylaws can also be obtained by the public through the various Secretary of States offices. Financial Statements are available to the public upon request and on its website at www.boystown.org

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Increase in value of beneficial interest in external trust assets 7,376,604, transfer of assets from affiliates 3,694,429. Increase in beneficial interest in Father Flanagans Fund for Needing Children 71,958,855. Decrease in interest in affiliated organizations 1,542,769, pension income 1,645,462, pension related charges 4,967,245, present value changes of 82,554.

efile GRAPHIC print - DO NOT PROCESS		As Filed Data -		DLN: 93493314010790	
SCHEDULE R (Form 990)	Related Organizations and Unrelated Partnerships				OMB No. 1545-0047
					2019
	▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.				Open to Public Inspection
Department of the Treasury Internal Revenue Service					
Name of the organization FATHER FLANAGAN'S BOYS' HOME				Employer identification number 47-0376606	

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.							
See Additional Data Table							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

Yes

1m

No

1n

No

1o

Yes

1p

No

1q

Yes

1r

No

1s

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Schedule R (Form 990) 2019

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID: 19009610
Software Version: 19.2.1.0
EIN: 47-0376606
Name: FATHER FLANAGAN'S BOYS' HOME

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
14100 Crawford Street Boys Town, NE 68010 36-3680258	Support of FFBH	NE	501c3	12 Type 1	Father Flanagan's Bjoys' Home	Yes	
14100 Crawford Street Boys Town, NE 68010 76-0720675	Youth Assistance	CA	501c3	7	Father Flanagan's Bjoys' Home	Yes	
975 Oklahoma Street Oviedo, FL 32765 20-0654235	Youth Assistance	FL	501c3	7	Father Flanagan's Bjoys' Home	Yes	
300 North Broad Street Ste 106 New Orleans, LA 70119 41-2220807	Youth Assistance	LA	501c3	7	Father Flanagan's Bjoys' Home	Yes	
821 N Mojave Road Las Vegas, NV 89101 20-0654472	Youth Assistance	NV	501c3	7	Father Flanagan's Bjoys' Home	Yes	
Bazarsky Campus 58 Flanagan Rd Portsmouth, RI 02871 20-0655240	Youth Assistance	RI	501c3	7	Father Flanagan's Bjoys' Home	Yes	
14100 Crawford Street Boys Town, NE 68010 20-5960877	Youth Assistance	NY	501c3	7	Father Flanagan's Bjoys' Home	Yes	
3555 Commonwealth Blvd Tallahassee, FL 32203 20-0655144	Youth Assistance	FL	501c3	7	Father Flanagan's Bjoys' Home	Yes	
4801 Sargent Rd NE Washington, DC 20017 41-2220810	Youth Assistance	DC	501c3	7	Father Flanagan's Bjoys' Home	Yes	
1655 Palm Beach Lakes Blvd Ste 300 West Palm Beach, FL 33401 26-3965524	Youth Assistance	FL	501c3	7	Father Flanagan's Bjoys' Home	Yes	
14100 Crawford Street Boys Town, NE 68010 47-0841263	Support of FFBH	NE	501c3	12 TYPE 1	Father Flanagan's Bjoys' Home	Yes	
2110 Papillion Parkway Omaha, NE 68164 26-4436716	Service Coordination	NE	501c3	7	Father Flanagan's Bjoys' Home	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
Boys Town California Inc	b	88,255	FMV - Cash
Boys Town Central Florida Inc	b	3,232,624	FMV - Cash
Boys Town Louisiana Inc	b	3,005,213	FMV - Cash
Boys Town Nevada Inc	b	2,034,923	FMV - Cash
Boys Town New England Inc	b	2,847,366	FMV - Cash
Boys Town New York Inc	b	911,176	FMV - Cash
Boys Town North Florida Inc	b	2,772,844	FMV - Cash
Boys Town Washington DC Inc	b	2,654,622	FMV - Cash
Boys Town South Florida Inc	b	3,504,898	FMV - Cash
Father Flanagan's Fund for Needy Children	c	46,197,000	FMV - Cash
Boys Town New England Inc	d	1,312,682	FMV - Cash
Boys Town North Florida Inc	d	521,512	FMV - Cash
Nebraska Families Collaborative	d	1,750,000	FMV - Cash
Lied Learning and Technology Center	k	840,708	FMV - Cash
Lied Learning and Technology Center	l	829,386	FMV - Cash
Nebraska Families Collaborative	l	592,747	FMV - Cash
Father Flanagan's Fund for Needy Children	o	1,138,938	FMV - Cash
Father Flanagan's Fund for Needy Children	q	1,138,938	FMV - Cash
Perpetual Trusts (5)	s	2,146,726	FMV - Cash
Charitable Remainder trust (1)	s	51,212	FMV - Cash
Nevada	s	3,694,429	FMV - Cash
Nebraska Families Collaborative	b	600,000	FMV - Cash
Lied Learning and Technology Center	b	60,125	FMV - Cash