

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0687

2018

For calendar year 2018 or other tax year beginning and ending

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

A Check box if address changed

Name of organization (Check box if name changed and see instructions.)

D Employer identification number (Employees trust, see instructions)

91-1829974

B Exempt under section 501(c)(3) 408(e) 408A 529(a)

Print or Type

NEBRASKA CHILDREN & FAMILIES FOUNDATION

Number, street, and room or suite no. If a P.O. box, see instructions.

215 CENTENNIAL MALL, NO. 200

City or town, state or province, country, and ZIP or foreign postal code

LINCOLN, NE 68508-1813

E Unrelated business activity code (See instructions)

900099

C Book value of all assets at end of year 42,034,256.

F Group exemption number (See instructions.)

G Check organization type 501(c) corporation 501(c) trust 401(a) trust Other trust

H Enter the number of the organization's unrelated trades or businesses. 1 Describe the only (or first) unrelated trade or business here QUALIFIED TAXABLE FRINGE BENEFIT

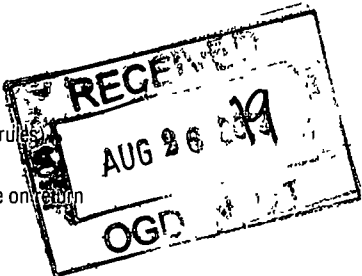
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? Yes No

J The books are in care of KEVIN CLOONAN Telephone number (402) 476-9401

SCANNED OCT 10 2019

Table with 4 columns: Part I Unrelated Trade or Business Income, (A) Income, (B) Expenses, (C) Net. Rows 1-13.

Table with 2 columns: Part II Deductions Not Taken Elsewhere, (C) Net. Rows 14-32.



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Part III Total Unrelated Business Taxable Income	
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) 33 0.
34	Amounts paid for disallowed fringes 34 1,425.
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) 35
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34 36 1,425.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) 37 1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36 38 425.

Part IV Tax Computation	
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21) 39 89.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 38 from <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) 40
41	Proxy tax. See instructions 41
42	Alternative minimum tax (trusts only) 42
43	Tax on Noncompliant Facility Income. See instructions 43
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies 44 89.

Part V Tax and Payments	
45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a
b	Other credits (see instructions) 45b
c	General business credit. Attach Form 3800 45c
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 45d
e	Total credits. Add lines 45a through 45d 45e
46	Subtract line 45e from line 44 46 89.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) 47
48	Total tax. Add lines 46 and 47 (see instructions) 48 89.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 49 0.
50a	Payments: A 2017 overpayment credited to 2018 50a
b	2018 estimated tax payments 50b
c	Tax deposited with Form 8868 50c
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d
e	Backup withholding (see instructions) 50e
f	Credit for small employer health insurance premiums (attach Form 8941) 50f
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other 50g
51	Total payments. Add lines 50a through 50g 51
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> 52
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed 53 89.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid 54
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/> 55

Part VI Statements Regarding Certain Activities and Other Information (see instructions)		
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here <input type="checkbox"/>	Yes No
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. <input type="checkbox"/>	Yes No
58	Enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> \$	Yes No

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 taxpayer) is based on all information of which preparer has any knowledge

Sign Here Mary L Siebrandt 18/13/19 **PRESIDENT**
 Signature of officer Date Title

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

Paid Preparer Use Only	Print/Type preparer's name KRYSTAL L SIEBRANDT, CPA, CFE, CGMA	Preparer's signature KRYSTAL L SIEBRANDT, CPA, CF	Date 08/03/19	Check <input type="checkbox"/> if self-employed	PTIN P00543870
	Firm's name <input checked="" type="checkbox"/> HBE LLP	Firm's EIN <input checked="" type="checkbox"/> 47-0677245			
	Firm's address <input checked="" type="checkbox"/> 7140 STEPHANIE LANE, P.O. BOX 23110 LINCOLN, NE 68542-3110			Phone no. (402) 423-4343	