TAX RETURN FILING INSTRUCTIONS

** FORM 990 PUBLIC DISCLOSURE COPY **

FOR THE YEAR ENDING

December 31, 2022

Prepared for	The Omaha Home For Boys 4343 North 52nd Street Omaha, NE 68104
Prepared by	Frankel Zacharia, LLC 11404 West Dodge Rd, Suite 700 Omaha, NE 68154-2576
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

A	For the	2022 calendar year, or tax year beginning and e	ending	_			
В	Check if applicable	C Name of organization		D Employer identifi	cation number		
	Addres	THE OMAHA HOME FOR BOYS					
	Name change			47-03765	29		
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address) R 4343 NORTH 52ND STREET	Room/suite	E Telephone number 402-457-7000			
	termin ated			G Gross receipts \$	20,099,202.		
	Ameno	OMAHA, NE 68104		H(a) Is this a group re	eturn		
	Applic tion	F Name and address of principal officer: JEFF DEWISPELARE		for subordinates	? Yes X No		
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No		
<u></u>	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. See instructions		
	Websit			H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year o	of formation: 1920 N	N State of legal domicile: NE		
Р	art I	Summary		- amp = 11amii =			
Activities & Governance		Briefly describe the organization's mission or most significant activities: SUPPO	ORT AN	D STRENGTHE	N YOUTH AND		
ern		Check this box if the organization discontinued its operations or dispose					
Š		Number of voting members of the governing body (Part VI, line 1a)			11		
<u>ھ</u>		Number of independent voting members of the governing body (Part VI, line 1b) $$			11		
ies		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			116		
ΪŽ		Total number of volunteers (estimate if necessary)			50		
Aci		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	0 . Current Year		
		One believe have and asserted (Doub VIIII) line 4 to V		4,847,056.	3,492,959.		
ıne		Contributions and grants (Part VIII, line 1h)		1,336,021.	1,209,745.		
Revenue		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,299,286.	1,954,200.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		348,277.	248,708.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,830,640.	6,905,612.		
_		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		73,010.	32,166.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,555,478.	5,073,409.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
Kpe	b	Total fundraising expenses (Part IX, column (D), line 25) 1,266,63	9.				
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,087,224.			
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,715,712.	8,980,727.		
_	19	Revenue less expenses. Subtract line 18 from line 12		1,114,928.	-2,075,115.		
Net Assets or	3			ginning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)		92,620,011.	84,254,790.		
et A	21	Total liabilities (Part X, line 26)		2,124,235.	1,830,172.		
	22	Net assets or fund balances. Subtract line 21 from line 20		90,495,776.	82,424,618.		
_	art II	Signature Block	and atatam	anta and to the heat of m	v knowledge and balief it is		
	-	lties of perjury, I declare that I have examined this return, including accompanying schedules a t, and complete. Declaration of preparer (other than officer) is based on all information of whic			y knowledge and bellet, it is		
uu	5, 601166	t, and complete. Declaration of preparet (other than officer) is based on an information of which	cii piepaiei	las any knowledge.			
Siç	ın.	Signature of officer		I Date			
He		JEFF DEWISPELARE, PRESIDENT					
110		Type or print name and title					
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN		
Pai	d	KURT MEISINGER		if self-employ	P00847894		
	parer	Firm's name FRANKEL ZACHARIA, LLC	ı		7-0574775		
	Only	Firm's address 11404 WEST DODGE RD, SUITE 700					
		OMAHA, NE 68154-2576		Phone no.	402-496-9100		
Ма	y the IF	S discuss this return with the preparer shown above? See instructions		······································	X Yes No		
					F 000 (2222)		

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

e Total program service expenses 6,327,167.

Form **990** (2022)

) (Revenue \$

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	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4		Х
_	during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		- 25
5	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
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		х
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		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '-		
Ū	Schedule D, Part III	8		Х
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		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	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		Х
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	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	Х	
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		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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	441.		x
45	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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		x
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		Х
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	_		X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\Gamma \nabla$

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Form 990 (2022) THE OMAHA HOME FOR 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		162	NO
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
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			1
	Schedule J	23	Х	1
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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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		Х
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		X
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		X
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		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If			v
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33		33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		x
35 a	D. H	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	554		 -
~	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		х
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		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	<u></u>
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

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

					Yes	No
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	116			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?		2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?		4a		Х
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the					37
	any contributions that were not tax deductible as charitable contributions?			6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut					
_	were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).			_	v	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Λ	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was to file Form 2000			70		Х
ч	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d		7c		21
d e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c			7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute organization.			7 f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		.000 0 .	7.1.		
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а	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:					
а	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:					
а	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				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	ı		12a		
	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.			120		
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		Х
	If "Yes," see the instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?		16		Х
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.			_	000	(0000)

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

	Check if Schedule O contains a response or note to any line in this Part VI				X
Sec	tion 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	1a	11		
	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 on Schedule O.				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	11		
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?		2		Х
3	Did the organization delegate control over management duties customarily performed by or under the		····· -		
•	of officers, directors, trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9				X
5	Did the organization become aware during the year of a significant diversion of the organization's ass		·····		X
6	Did the organization have members or stockholders?				X
	Did the organization have members, stockholders, or other persons who had the power to elect or ap		├-•		+
<i>1</i> a			7.		x
L	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, st		7a	+	1
D			71.		x
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the yea		7b		122
8				x	
	The governing body?		8a	77	
b	Each committee with authority to act on behalf of the governing body?		8b		-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read				٠,
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue Code.)		_	
			_	Yes	
	Did the organization have local chapters, branches, or affiliates?		10	3	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes? \dots		101		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	before filing the forr	n? 11 :	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12:		
b	$Were \ of ficers, \ directors, \ or \ trustees, \ and \ key \ employees \ required \ to \ disclose \ annually \ interests \ that \ could \ give \ rise$	to conflicts?	121	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	es," describe			
	on Schedule O how this was done		120		
13	Did the organization have a written whistleblower policy?		13		
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review and approva	l by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15	X	
	Other officers or key employees of the organization)	Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen	nent with a			
	taxable entity during the year?		16	3	Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ				
	exempt status with respect to such arrangements?		161	, l	
Sec	tion C. Disclosure			•	•
17	List the states with which a copy of this Form 990 is required to be filed MN, FL, PA, WA, No.	J,SC,GA,NY,	TN,V	A,CI	',IL
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar				
	for public inspection. Indicate how you made these available. Check all that apply.	(5558611001	(-/(-/5	,, <u></u>	
		on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, co		v and fin	ancial	
.5	statements available to the public during the tax year.	milet of interest polic	y, and ill	unolai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	oke and records			
20	MELANIE MCCAIN - 402-457-7000	no and records			
	4343 N. 52ND STREET, OMAHA, NE 68104				
	SEE SCHEDILE O FOR FILL LIST OF STATES		Го	m QQN	(2022)

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

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

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

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

Check this box if neither the organizat	(B)			((C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos heck	ition more) than	one	Reportable	Reportable	Estimated
	hours per week				erson is both ar director/trustee)			compensation from	compensation from related	amount of other
	(list any	.to:						the	organizations	compensation
	hours for	r director				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	rustee			oen sa 1		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tru	ional t		ploye	t com		1099-NEC)		and related organizations
	line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer			Organizations
(1) JEFFREY DEWISPELARE	50.00	_	_		_		_			
PRESIDENT & CEO				Х				186,571.	0.	40,427.
(2) BRANDY GUSTOFF	50.00									
CHIEF PROGRAM OFFICER						Х		118,861.	0.	19,538.
(3) MELANIE MCCAIN	50.00	1						400 404		
CHIEF FINANCIAL OFFICER	2 00			Х				100,404.	0.	25,682
(4) ALLEN STRAUB	3.00	١,,		,,				0	_	
CHAIRPERSON	2 00	Х		Х				0.	0.	0 .
(5) REBECCA ATKINS	3.00	x		х				0.	0.	0.
VICE CHAIRPERSON (6) JAMES E. KELLEY	3.00	^		^				0.	0.	0 .
TREASURER	3.00	X		х				0.	0.	0.
(7) VICTOR BAEZ	3.00	125		25			\vdash	0.	· ·	0.
SECRETARY	3777	x		x				0.	0.	0.
(8) AILEEN WARREN	3.00	 								
DIRECTOR THRU JANUARY 2022		Х						0.	0.	0.
(9) RANDY BEHOUNEK	3.00									
DIRECTOR		Х						0.	0.	0 .
(10) FREDDIE CLOPTON	1.00									
DIRECTOR		Х						0.	0.	0.
(11) JEFFREY COLEMAN	1.00	l								
DIRECTOR THRU JANUARY 2022	1 00	Х						0.	0.	0 .
(12) MICAH EVANS	1.00	Į.,						0	_	_
DIRECTOR COORDINATION TO COORDINATION TO	1.00	Х						0.	0.	0 .
(13) TIMOTHY F. GOODNIGHT II DIRECTOR THRU JANUARY 2022	1.00	x						0.	0.	0.
(14) JASON GUSTAFSON	1.00	^						0.	0.	0 .
DIRECTOR	1.00	X						0.	0.	0.
(15) PATRICIA LAMBERTY	1.00	+					\vdash		•	
DIRECTOR THRU JANUARY 2022		x						0.	0.	0.
(16) SERENNA RUSSELL	1.00									
DIRECTOR		Х						0.	0.	0.
(17) MARK SEIP	1.00									
DIRECTOR		Х		L	L	L	L	0.	0.	0.

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Name and title	Average hours per week	box	not c	Positheck iss period a di	ition more rson	than	h an	Reportable compensation from	Reportable compensation from related	า	an	timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fr org and	pensa om th anizat d relat anizati	e tion ted
(18) GARY S. UNGER	1.00	,,											0
DIRECTOR THRU JANUARY 2022 (19) JANIS YERGAN	1.00	Х				╁		0.		0.			0.
DIRECTOR	1.00	Х						0.		0.			0.
(20) REGINALD YOUNG	1.00					t							
DIRECTOR THRU JANUARY 2022		Х						0.		0.			0.
1h Suhtatal								405,836.		0.	8	5.6	47.
1b Subtotal c Total from continuation sheets to Part V								0.		0.		- , ,	0.
d Total (add lines 1b and 1c)								405,836.		0.	8	5,6	47.
2 Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	ed al	bove	e) wl	no r	eceived more than \$100	0,000 of reportable	Э			3
3 Did the organization list any former officer,	director, trust	ee, I	кеу е	empl	loye	e, o	r hig	ghest compensated emp	oloyee on			Yes	No
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su								her compensation from			3		Х
and related organizations greater than \$15Did any person listed on line 1a receive or a											4	X	
rendered to the organization? If "Yes," com Section B. Independent Contractors					-						5		Х
Complete this table for your five highest co the organization. Report compensation for	•	•							•	pens	ation 1	rom	
(A)	•							(B)			(0		
Name and business	address	NO	INC	<u> </u>				Description of s	services	C	ompe	nsatio	n
2 Total number of independent contractors (i	•	ot li	mite	d to		se li:	stec	d above) who received m	nore than				
\$100,000 of compensation from the organi	zation										Form	990 (2022)

Part VIII	Statement of	Revenue
	Chapte if Cahadula	Ocentaine

			Check if Schedule O	cont	ains	a respoi	nse	or note to any lin	e in this Part VIII			
			Officer if Goricadic O	COITE	airis	атсэры	1130	or riote to arry iii	(A)	(B)	(C)	(D)
									Total revenue	Related or exempt	Unrelated	Revenuè excluded
										function revenue	business revenue	from tax under sections 512 - 514
(O (O						1. 1		1.51 000				360110113 3 12 - 3 14
Contributions, Gifts, Grants and Other Similar Amounts			Federated campaigns					161,800.				
يق			Membership dues									
ts,		С	Fundraising events			1c		111,658.				
Gif		d	Related organizations			1d						
S, imi		е	Government grants (conti	ribut	tions)) 1e		35,937.				
Ş		f	All other contributions, gifts,	gran	ıts, ar	nd						
t pg			similar amounts not included	abo	ve	1f		3,183,564.				
d Off		g	Noncash contributions included in	lines	1a-1f	1g \$		30,697.				
a C		h	Total. Add lines 1a-1f						3,492,959.			
								Business Code				
o l	2	a	RESIDENTIAL GROUP H	OME			1	900099	937,260.	937,260.		
, ki	_		CLINICAL SERVICES				_	900099	265,663.	265,663.		
Ser		_	SELF SUFFICIENCY SE	RVT	CES		_	900099	6,822.	6,822.		
E §		<u>س</u>	DEED BOTT TOTELLOT BE		СПР		_	300033	0,022.	0,022.		
gra		d					_					
Program Service Revenue		e	All II				_					
_			All other program service						1 000 545			
-		g	Total. Add lines 2a-2f						1,209,745.			
	3		Investment income (include						4 600 004			4.500004
									1,698,901.			1698901.
	4		Income from investment of			-						
	5		Royalties									
						(i) Real	_	(ii) Personal				
	6	а	Gross rents	6a		265,7	69.					
		b	Less: rental expenses	6b			0.					
		С	Rental income or (loss)	6с	:	265,7	69.					
		d	Net rental income or (loss) <u></u>					265,769.			265,769.
	7	а	Gross amount from sales of		(i)	Securiti	es	(ii) Other				
			assets other than inventory	7a	13	,278,1	44.	5,100.				
		b	Less: cost or other basis									
e			and sales expenses	7b	13	,027,9	45.	0.				
/en		С	Gain or (loss)	-		250,1		5,100.				
Revenue			Net gain or (loss)					·	255,299.			255,299.
her			Gross income from fundraisi									·
ㅎ				-		B. of						
			contributions reported on									
			Part IV, line 18				8a	136,082.				
		h	Less: direct expenses				8b	165,645.				
			Net income or (loss) from				-		-29,563.			-29,563.
			Gross income from gamin						, .			
		_	Part IV, line 19				9a					
		h	Less: direct expenses				9b					
			Net income or (loss) from				-					
			Gross sales of inventory,				ĺΪ					
		u	and allowances				10a					
		h	Less: cost of goods sold				10b					
			Net income or (loss) from									
-			Net income of (loss) from	Saic	3 01	iiiveiitoi	y	Business Code				
sno	44	_	MISCELLANEOUS					900099	12,502.	12,502.		
ne							_	,,,,,	12,502.	12,502.		
Miscellaneous Revenue		b					_					
Re		۲ C	All other revenue				_					
Σ			All other revenue						12,502.			
		e	Total. Add lines 11a-11d Total revenue. See instruction						6,905,612.	1,222,247.	0.	2190406.
	12		TOTAL IEVELLAGE SEE HIST UCLIC	פווע					0,900,012.	1,444,441.	<u> </u>	2130400.

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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).

Dο	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic	32,166.	22 166		
_	individuals. See Part IV, line 22	34,100.	32,166.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	286,976.		193,690.	93,286
•	trustees, and key employees	200,970.		193,090.	93,200
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	3,733,497.	3,144,224.	255,821.	333,452
7	Other salaries and wages	3,133,431.	J,144,444.	433,041.	333,434
8	Pension plan accruals and contributions (include	103,223.	62,819.	22,355.	18,049
_	section 401(k) and 403(b) employer contributions)	661,385.	513,607.	77,578.	70,200
9	Other employee benefits	288,328.	227,930.	31,895.	28,503
10	Payroll taxes	200,320.	221,930.	31,093.	20,303
11	Fees for services (nonemployees):				
a		183.		183.	
b	Legal				
С	•	38,054.		38,054.	
d	Lobbying				
е	,	102 070		102 070	
f	Investment management fees	183,970.		183,970.	
g	,	140 206	00 444	24 447	7 215
	column (A), amount, list line 11g expenses on Sch 0.)	140,206. 469,802.	98,444.	34,447.	7,315
12	Advertising and promotion		36,158.	5,093.	428,551
13	Office expenses	247,267.	32,806.	3,201.	211,260
14	Information technology				
15	Royalties	460 014	207 201	70 000	1 004
16	Occupancy	468,014.	387,301.	78,809.	1,904
17	Travel	29,492.	17,532.	10,215.	1,745
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1 064 630	772 026	27/ 750	16 044
22	Depreciation, depletion, and amortization	1,064,639.	772,936.	274,759.	16,944
23	Insurance	200,529.	176,466.	10,026.	14,037
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) EQUIPMENT AND MAINTENAN	515 066	126 010	62 005	16 062
a	YOUTH DIRECT CARE	515,966. 332,595.	436,018. 332,595.	62,985.	16,963 0
b	MISCELLANEOUS	164,668.	42,687.	98,586.	23,395
C	PROFESSIONAL DEVELOPMEN	19,767.	13,478.	5,254.	1,035
d	<u></u> -	13,101.	13,4/0.	3,434.	1,035
e or		8,980,727.	6,327,167.	1,386,921.	1,266,639
25	Total functional expenses. Add lines 1 through 24e	0,300,141.	U,JZI,101.	1,300,341.	1,400,039
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 if following SOP 98-2 (ASC 958-720)				Earm 990 (2022

Pa	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	844,812.	1	633,512.
	2	Savings and temporary cash investments	1,006,707.	2	1,008,253.
	3	Pledges and grants receivable, net	111,165.	3	224,515.
	4	Accounts receivable, net	305,503.	4	276,442.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ğ	9	Prepaid expenses and deferred charges	176,171.	9	143,229.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 42,309,424.			
	b	Less: accumulated depreciation 10b 24,557,714.	18,622,178.		17,751,710.
	11	Investments - publicly traded securities	64,492,417.	11	55,951,326.
	12	Investments - other securities. See Part IV, line 11	3,629,251.	12	3,646,413.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	3,431,807.	15	4,619,390.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	92,620,011.	16	84,254,790.
	17	Accounts payable and accrued expenses	639,398.	17	431,701.
	18	Grants payable		18	
	19	Deferred revenue	759,980.	19	749,300.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons		22	
=	23	Secured mortgages and notes payable to unrelated third parties	24,410.	23	0.
	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	700,447.	25	649,171.
	26	Total liabilities. Add lines 17 through 25 Organizations that follow FASB ASC 958, check here	2,124,235.	26	1,830,172.
		Organizations that follow FASB ASC 958, check here			
ĕ		and complete lines 27, 28, 32, and 33.			
<u>la</u>	27	Net assets without donor restrictions	83,617,329.	27	74,571,066.
Ba	28	Net assets with donor restrictions	6,878,447.	28	7,853,552.
Pur		Organizations that do not follow FASB ASC 958, check here			
Ē		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other funds		31	
Ne.	32	Total net assets or fund balances	90,495,776.	32	82,424,618.
	33	Total liabilities and net assets/fund balances	92,620,011.	33	84,254,790.

Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,90		
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,98		
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,07		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	90,49		
5	Net unrealized gains (losses) on investments	5	-7,44	7 <u>,</u> 2	12.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	2,27		
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-82	4,4	68.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	82,42	4,6	18.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	∌ O.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				X
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				990	(2022)

THE OMAHA HOME FOR BOYS

SCHEDULE A

(Form 990)

Total

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.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE OMAHA HOME FOR BOYS

Employer identification number 47-0376529

Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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

Sec	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	3206755.	1203290.	4309916.	4847056.	3492959.	17059976.	
2	Tax revenues levied for the organ-							
	ization'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	3206755.	1203290.	4309916.	4847056.	3492959.	17059976.	
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)						1178877.	
6	Public support. Subtract line 5 from line 4.						15881099.	
Sec	ction B. Total Support							
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total	
	Amounts from line 4	3206755.	1203290.	4309916.	4847056.	3492959.	17059976.	
	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	2233945.	425,483.	2199066.	2365948.	1964670.	9189112.	
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.)	48,055.	16,289.	46,435.	76,528.	148,584.	335,891.	
11							26584979.	
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 5	,357,881.	
13	First 5 years. If the Form 990 is for the					501(c)(3)		
	organization, check this box and stor							
Sec	ction C. Computation of Publ							
14	Public support percentage for 2022 (line 6, column (f), c	livided by line 11,	column (f))		14	59.74 %	
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	59.26 %	
16a	33 1/3% support test - 2022. If the					nore, check this bo	ox and	
	stop here. The organization qualifies	as a publicly supp	orted organization				X	
b	33 1/3% support test - 2021. If the							
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation				
17a	10% -facts-and-circumstances tes							
	and if the organization meets the fact	s-and-circumstand	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	zation	
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization			
b	10% -facts-and-circumstances tes	•	•					
	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							
			,	. , , ,			(Form 990) 2022	

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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 per- formed, 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 bus- iness under section 513						
4 Tax revenues levied for the organ-						
ization'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						l
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6	(4) 2010	(6) 2010	(0) 2020	(4) 2021	(6) 2022	(i) rotal
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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14 First 5 years. If the Form 990 is for t	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
check this box and stop here						
Section C. Computation of Pub						
15 Public support percentage for 2022	(line 8, column (f), o	divided by line 13,	column (f))			%
16 Public support percentage from 202					16	%
Section D. Computation of Inve	stment Incom	e Percentage				
17 Investment income percentage for 2	022 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box a						
b 33 1/3% support tests - 2021. If the line 18 is not more than 33 1/3%, ch	e organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
20 Private foundation. If the organization						

232023 12-09-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? 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.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **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)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.
- 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)? 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.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- **c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "Yes," *provide detail in* **Part VI.**
- 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)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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? 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.	2		
	tion 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)? 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).	1		
	tion 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?	1		
	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? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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? 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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	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? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

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Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	ion 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					
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
С	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrat	ed Type III supporting org	anization (see			
	instructions)	, 5	7. 11 3-3	•			

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Sect	ection D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1				
2	Amounts paid to perform activity that directly furthers exemp							
	organizations, in excess of income from activity		2					
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	3				
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5				
6	Other distributions (describe in Part VI). See instructions.			6				
_7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which the	he organization is responsive	е					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2022 from Section C, line 6			9				
10	Line 8 amount divided by line 9 amount			10				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022			
1	Distributable amount for 2022 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2022 (reason-							
	able cause required - explain in Part VI). See instructions.							
3	Excess distributions carryover, if any, to 2022							
a	From 2017							
b	From 2018							
c	From 2019							
d	From 2020							
e	From 2021							
f	Total of lines 3a through 3e							
g	Applied to underdistributions of prior years							
h	Applied to 2022 distributable amount							
i_	Carryover from 2017 not applied (see instructions)							
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.							
4	Distributions for 2022 from Section D,							
	line 7: \$							
a	Applied to underdistributions of prior years							
	Applied to 2022 distributable amount							
	Remainder. Subtract lines 4a and 4b from line 4.							
5	Remaining underdistributions for years prior to 2022, if							
	any. Subtract lines 3g and 4a from line 2. For result greater							
	than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2022. Subtract lines 3h							
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2023. Add lines 3j							
	and 4c.							
8	Breakdown of line 7:							
	Excess from 2018							
	Excess from 2019							
	Excess from 2020							
٨	Excess from 2021							

Schedule A (Form 990) 2022

e Excess from 2022

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.)

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Schedule B (Form 990) (2022)

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE OMAHA HOME FOR BOYS

Employer identification number

47-0376529

Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
• •	s covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.						
General Rule							
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.						
Special Rules							
sections 509(a)(1) contributor, during	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.							
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$							
Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).							

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

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

THE OMAHA HOME FOR BOYS

47-0376529

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 276,652.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 356,800.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$301,541.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$ <u>150,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$534,614.	Person X Payroll

Schedule B (Form 990) (2022)

Name of organization Employer identification number

47-0376529

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022) Page **3**

Name of organization

Employer identification number

THE OMAHA HOME FOR BOYS

47-0376529

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
23453 11-15	5-22		Schedule B (Form 990) (2022

Schedule B (Form 990) (2022) Name of organization **Employer identification number** 47-0376529 THE OMAHA HOME FOR BOYS Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

223454 11-15-22

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 Inspection

Name of the organization

THE OMAHA HOME FOR BOYS

Employer identification number 47-0376529

Par	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lir	(a) Donor advised funds (b) Funds and other account				
1	Total number at end of year	(4) 2 51161 4411054 141145	(2) - 2.120 2.12 2.110 2.20			
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	L	sed funds			
•	are the organization's property, subject to the organization's	_				
6	Did the organization inform all grantees, donors, and donor a					
•	for charitable purposes and not for the benefit of the donor of					
Par						
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).				
	Preservation of land for public use (for example, recrea	ation or education) Preservation of	f a historically important land area			
	Protection of natural habitat	Preservation of	a certified historic structure			
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form				
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
b	Total acreage restricted by conservation easements		2b			
С	Number of conservation easements on a certified historic str	ructure included in (a)	2c			
d	Number of conservation easements included in (c) acquired					
	historic structure listed in the National Register					
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by the	e organization during the tax			
	year					
4	Number of states where property subject to conservation ea					
5	Does the organization have a written policy regarding the pe					
_	violations, and enforcement of the conservation easements in					
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing con-	servation easements during the year			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing concerve	ation agreements during the year			
′	Amount of expenses incurred in monitoring, inspecting, hand	diling of violations, and emorcing conserva	ation easements during the year			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(b)(4)(B)(i)			
Ū	and section 170(h)(4)(B)(ii)?	•				
9	In Part XIII, describe how the organization reports conservat					
•	balance sheet, and include, if applicable, the text of the foot					
	organization's accounting for conservation easements.					
Par	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or O	Other Similar Assets.			
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement a	and balance sheet works			
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in fu	urtherance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public	e exhibition, education, or research in furth	herance of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1		\$ <u></u>			
			•			
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financia	al gain, provide			
	the following amounts required to be reported under FASB A	ASC 958 relating to these items:				
а	Revenue included on Form 990, Part VIII, line 1		\$			
	Assets included in Form 990, Part X		\$			
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2022			

232051 09-01-22

3 Using the organization is acquisition, accession, and other records, check any of the following that make significant use of its collection terms (check all that apply): a Public exhibition b Scholarly research c Preservation for future generations 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 societ 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? Part IV Excrow 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. Is the organization an agent, fusures, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance d Additions during the year c Distributions during the year a Distributions during the year b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. The Agent Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XIII. Days a part V Endowment Funds. Complete if the organization and programs of the current value of the organization and programs of the part XIII. The provides of the part XIII and the program of the part XIII. Days a part V Endowment Funds. Complete if the organization and programs of the program of the part XIII and the part XIII and the program of the part XIII and the program of the part XIII and	Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, c	or Othe	er Simil	ar Ass	ets(conti	nued)	ge
a Public exhibition d	3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following tha	t make s	ignificant	use of it	:s		
b Scholarly research c											
c Preservation for future generations 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? Peart IV Excrow and Custodial Arrangements. Competed it 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, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount 1c d Additions during the year 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 1 Yes No 1 If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Completed if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance (a) Current year (b) Foreignent (c) Forei	а	Public exhibition	d	Loan or exc	hange progra	ım					
4 Provide a description of the organization's solicitors 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 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, 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, 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, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 2 Beginning balance 1	b	Scholarly research	е	Other							
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? 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. Is the organization an appear, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization and the arrangement in Part XIII and complete the following table: Ves	С	Preservation for future generations									
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? 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. Is the organization an appear, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? It is the organization and the arrangement in Part XIII and complete the following table: Ves	4	Provide a description of the organization's co	llections and explain	how they further t	he organizatio	on's exer	mpt purpo	ose in Pa	art XIII.		
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 line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table:	5	During the year, did the organization solicit or	receive donations o	f art, historical trea	sures, or othe	er similar	assets				
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Tall Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pai								/, line 9, o	r	
on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table:		reported an amount on Form 990, Part	X, line 21.	_							
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance It It It It It It It I	1a	Is the organization an agent, trustee, custodia	an or other intermedi	ary for contribution	ns or other as	sets not	included				
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance It It It It It It It I		on Form 990, Part X?						[Yes		No
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Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years years (e) Four years	2a	Did the organization include an amount on Fo	orm 990, Part X, line 2	21, for escrow or cu	ustodial acco	unt liabil	ity?		Yes		No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years years (e) Four years	b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	planation has been	provided on	Part XIII					
18 Beginning of year balance 68,121,668. 62,809,931. 62,173,105. 61,484,529. 63,504,825.	$\overline{}$										
b Contributions			(a) Current year	(b) Prior year	(c) Two year	s back	(d) Three y	ears bac	k (e) Fou	r years	back
Descributions Contributions Contribution	1a	Beginning of year balance	68,121,668.	62,809,931.	62,173	3,105.	61,4	84,529	. 63	,504,	825.
c Net investment earnings, gains, and losses d'Grants or scholarships			234,550.	1,264,005.	1,162	2,286.		73,801		784	579.
d Grants or scholarships e Other expenditures for facilities and programs 2,886,810. 3,224,999. 4,318,268. 1,073,004. 7,871,845. f Administrative expenses g End of year balance 59,597,740. 68,121,668. 62,809,931. 62,173,105. 61,484,529. Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 94.5878 % b Permanent endowment 2.3196 % 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 (iii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value depreciation 1a Land 268,563. 268,563. 50,000,000,000,000,000,000,000,000,000,								839.			
Complete Rependitures for facilities and programs 2,886,810 3,224,999 4,318,268 1,073,004 7,871,845 F. Administrative expenses 185,474 240,572 197,275 4,327 334,869 G. End of year balance 59,597,740 68,121,668 62,809,931 62,173,105 61,484,529 Provide the estimated percentage of the current year end balance (line 1g, column (al)) held as: a Board designated or quasi-endowment 94.5878 % b Permanent endowment 2.3196 % c Term endowment 2.3196 % 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 3a(i) X d 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) basis (other) depreciation 1a Land 268,563 268,563 268,563 b Buildings 40,401,469 23,096,091 17,305,378 c Leasehold improvements 40,076 1,061,455 78,621 d Equipment 499,316 400,168 99,148						-	-				
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End of year balance 59,597,740. 68,121,668. 62,809,931. 62,173,105. 61,484,529.	f								_		
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 94.5878 % b Permanent endowment 2.3196 % 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 line 3a(ii), are the related organizations listed as required on Schedule R? 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) basis (other) depreciation 1a Land Description of property (a) Cost or other basis (investment) basis (other) Description of property (b) Cost or other depreciation 1a Land Description of property (a) Cost or other basis (investment) basis (other) Description of property (b) Cost or other basis (other) Description of property (c) Accumulated depreciation (d) Book value depreciation 1a Land Description of property 1a Land Description of property 1b Buildings 40,401,469,23,096,091,17,305,378. Description of property 1c Accumulated depreciation 1							62,1				
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b Permanent endowment 3 . 0 9 2 6 % c Term endowment 2 . 3 1 9 6 % 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 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b		•			.,, a.c.						
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Ves No Sa(i) Unrelated organizations Sa(i) X	3a		· ·	tion that are held a	nd administe	red for th	he				
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b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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) 1a Land 268,563. 268,563. b Buildings 40,401,469. 23,096,091. 17,305,378. c Leasehold improvements d Equipment 20ther 1,140,076. 1,061,455. 78,621. 29,148.											Х
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Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation				. Part IV. line 11a. S	See Form 990	. Part X	line 10.				
basis (investment) basis (other) depreciation 1a Land 268,563. 268,563. b Buildings 40,401,469. 23,096,091. 17,305,378. c Leasehold improvements 1,140,076. 1,061,455. 78,621. e Other 499,316. 400,168. 99,148.		· · · · · · · · · · · · · · · · · · ·		<u> </u>				24	(d) Boo	y valu	
1a Land 268,563. 268,563. b Buildings 40,401,469. 23,096,091. 17,305,378. c Leasehold improvements 1,140,076. 1,061,455. 78,621. e Other 499,316. 400,168. 99,148.		Description of property						, u	(u) Boo	n valu	-
b Buildings 40,401,469. 23,096,091. 17,305,378. c Leasehold improvements 1,140,076. 1,061,455. 78,621. e Other 499,316. 400,168. 99,148.		Land	,	, I	` '	uer	J. GOIAGOIT		2.6	8 5	63.
c Leasehold improvements 1,140,076. 1,061,455. 78,621. e Other 499,316. 400,168. 99,148.						23 (96 0	91.			
d Equipment 1,140,076. 1,061,455. 78,621. e Other 499,316. 400,168. 99,148.				10,40	-, -0, -	23,0	,,,,,,	•	_,,50	5,5	, , ,
e Other 499,316. 400,168. 99,148.				1 1 1 1	0.076	1 ()61 <i>4</i>	55.	7	8 6	21
					-						

Scriedule D (1 01111 990) 2022		1, 00,0015 rage 0
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		
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)		

Part IX Other Assets.

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)

(9)

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) OTHER RECEIVABLES	70,347.
(2) BENEFICIAL INTEREST IN TRUSTS	4,409,102.
(3) INTEREST RECEIVABLE	139,941.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	4,619,390.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED RETIREMENT PLAN	
(3) CONTRIBUTION	216,163.
(4) OTHER LIABILITIES	433,008.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	649,171.

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

Pai	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	nue per Retur	n.
1	Total revenue, gains, and other support per audited financial statements	1	5,380,027.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· · · · · ·
	Net unrealized gains (losses) on investments 2a		
	Donated services and use of facilities 2b		
	Recoveries of prior year grants 2c		
	Other (Describe in Part XIII.) 2d 25	7,870.	
			257,870.
3	Subtract line 2e from line 1		5,122,157.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		, , , , , , , , , , , , ,
-	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.) 4b 1,78	33,455.	
	Add lines 4a and 4b		1,783,455.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		6,905,612
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expe	enses per Reti	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	,	
1	Total expenses and losses per audited financial statements	1	15,726,822.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities 2a		
	Prior year adjustments 2b		
	Other losses 2c		
	Other (Describe in Part XIII.) 2d 6,74	6,095.	
	Add lines 2a through 2d		6,746,095.
3	Subtract line 2e from line 1		8,980,727.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
-	Investment expenses not included on Form 990, Part VIII, line 7b		
	Other (Describe in Part XIII.)		
		4c	0.
5			8,980,727
	rt XIII Supplemental Information.	j <u>J</u>	0 7 5 0 0 7 7 2 7 0
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b;	· Dort V. line 4: Dor	t V line 2: Dort VI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	, Fait V, IIIIe 4, Fai	t A, IIII e Z, Fait Ai,
PAI	RT V, LINE 4:		
THI	E ENDOWMENT FUNDS OF THE OMAHA HOME FOR BOYS ARE INT	ENDED TO	ASSIST WITH
OPI	ERATIONS, UNLESS OTHERWISE RESTRICTED BY THE DONOR F	OR A SPEC	CIFIC
PUI	RPOSE, OR FOR PERPETUITY.		
PAI	RT X. LINE 2:		

OHB IS INCORPORATED EXEMPT FROM FEDERAL INCOME TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC), THOUGH IT WOULD BE SUBJECT TO TAX ON INCOME UNRELATED TO ITS EXEMPT PURPOSES (UNLESS THAT INCOME IS OTHERWISE EXCLUDED BY THE IRC). OHB IS ORGANIZED UNDER SECTION 21 OF THE NEBRASKA NON-PROFIT CORPORATION ACT. CONTRIBUTIONS TO OHB ARE TAX DEDUCTIBLE TO DONORS UNDER SECTION 170 OF THE IRC. OHB IS NOT CLASSIFIED

AS A PRIVATE FOUNDATION.

ACCOUNTING STANDARDS REQUIRE DISCLOSURE AND RECOGNITION IN FINANCIAL

STATEMENTS OF POSITIONS TAKEN IN A TAX RETURN ABOUT THE TREATMENT OF

TRANSACTIONS AND EVENTS THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED

UPON EXAMINATION BY TAX AUTHORITIES. TAX POSITIONS RELATIVE TO A

NONPROFIT ORGANIZATION INCLUDE ACTIVITIES THAT MAY ENDANGER ITS EXEMPT

PURPOSE AND STATUS AS AN EXEMPT ORGANIZATION. OHB BELIEVES IT COMPLIES

WITH ALL RELEVANT TAX LAWS AND REGULATIONS AND HAS NO SIGNIFICANT

UNCERTAIN TAX POSITIONS; ACCORDINGLY, NO LIABILITY FOR UNCERTAIN TAX

POSITIONS HAS BEEN RECOGNIZED IN THE FINANCIAL STATEMENTS.

PART	XI,	$_{ m LINE}$	2D	_	OTHER	ADJUSTMENTS:
------	-----	--------------	----	---	-------	--------------

ACTUARIAL LOSS ON ANNUITY OBLIGATION	-10,200.					
ACTUARIAL GAIN ON ACCRUED RETIREMENT PLAN CONTRIBUTIONS	268,070.					
TOTAL TO SCHEDULE D. PART XI. LINE 2D 257.870.						

PART XI, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	-165,645.
INVESTMENT INCOME	1,698,901.
REALIZED GAINS	250,199.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,783,455.

PART XII, LINE 2D - OTHER ADJUSTMENTS:	
FUNDRAISING EXPENSES	165,645.
CHANGE IN BENEFICIAL INTEREST IN TRUSTS	1,082,338.
INVESTMENT INCOME ON RETURN, NET OF EXPENSES	5,498,112.
TOTAL TO SCHEDULE D. PART XII. LINE 2D	6 746 095.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

Employer identification number 47-0376529

THE OMA	HA HOME FOR BOYS				47-0376	529			
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name and address of individual or entity (fundraiser)	I have custody I have custom I have c								
		Yes	No						
Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration									
or licensing.									

232081 10-27-22

Schedule G (Form 990) 2022

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

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

		of fundraising event contributions and gro				ots greater than \$5,000.	
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			OHB 100 YEAR			(add col. (a) through	
			GALA	CLASSIC	2	col. (c))	
<u>s</u>			(event type)	(event type)	(total number)	(-)/	
Revenue	1	Gross receipts	123,936.	52,165.	71,639.	247,740.	
	2	Less: Contributions	63,902.	22,592.	25,164.	111,658.	
	3	Gross income (line 1 minus line 2)	60,034.	29,573.	46,475.	136,082.	
	4	Cash prizes	0.	0.	0.		
Direct Expenses	5	Noncash prizes	0.	2,119.	0.	2,119.	
	6	Rent/facility costs	23,519.	11,216.	30,262.	64,997.	
	7	Food and beverages	20,630.	10,205.	1,595.	32,430.	
	8	Entertainment	50,816.	0.	0.	50,816.	
	9	Other direct expenses	1,504.	2,131.	11,648.	15,283.	
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			165,645.	
		Net income summary. Subtract line 10 from li				-29,563.	
Pa	rt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than		
		\$15,000 on Form 990-EZ, line 6a.	·	to a Dull take finations			
ine			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c)	
Revenue				3 1 3			
R	1	Gross revenue					
S	2	Cash prizes					
ense							
≅xb€	3	Noncash prizes					
Direct Expenses	4	Rent/facility costs					
	_	Other direct expenses					
	3	Other direct expenses	Yes %	Yes %	Yes %		
	6	Volunteer labor	No No		No No		
	7	Direct expense summary. Add lines 2 through					
	•	Direct expense sammary. And intel 2 timough	10 III 00IaIIII (a)				
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)				
_	_						
		ter the state(s) in which the organization condu		-t-t0		Yes No	
a Is the organization licensed to conduct gaming activities in each of these states?b If "No," explain:							
D	11	No, explain.					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No	
		Yes," explain:	· · · · · · · · · · · · · · · · · · ·				

232082 10-27-22 Schedule G (Form 990) 2022

Sch	edule G (Form 990) 2022	THE	OMAHA	HOME	FOR	BOYS	47	-037	6529	Page 3
11	Does the organization conduct g	aming act	ivities with	nonmemb	ers?			L	Yes	No
	Is the organization a grantor, ber									
	to administer charitable gaming?							\square	Yes	☐ No
13	Indicate the percentage of gamir									
á	The organization's facility							13	а	%
									o	%
14	Enter the name and address of the	ne person	who prepa	res the org	ganizatio	n's gaming/s	special events books and records:			
	Name									
	Address									
15a	Does the organization have a cor	ntract with	n a third par	ty from wh	nom the	organization	receives gaming revenue?		Yes	☐ No
k	If "Yes," enter the amount of gan	ning rever	ue received	d by the or	ganizati	on \$	and the amount			
	of gaming revenue retained by th	e third pa	ırty \$							
(If "Yes," enter name and address	of the th	ird party:							
	Name									
	Address									
16	Gaming manager information:									
	Name									
		Φ.								
	Gaming manager compensation	\$								
	Description of services provided									
				_						
	Director/officer	Em	ployee		Inde	pendent con	tractor			
17	Mandatory distributions:									
	Is the organization required unde	er state lav	w to make c	haritable o	distributi	ons from the	gaming proceeds to		_	
	retain the state gaming license?							L	Yes	└─ No
k	Enter the amount of distributions	required	under state	law to be	distribu	ted to other e	exempt organizations or spent in th	е		
_	organization's own exempt activi									
Pa	rt IV Supplemental Info	rmation	• Provide th	ne explana	tions red	uired by Par	t I, line 2b, columns (iii) and (v); and	l Part III,	lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, a	s applicat	ole. Also pro	vide any a	additiona	l information	. See instructions.			

Schedule G	i (Form 990)	THE OMAHA	HOME FOR	BOYS	47-0376529 Page 4
Part IV	(Form 990) Supplemental Info	rmation (continued	d)		-
		•	•		
			· · · · · · · · · · · · · · · · · · ·		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization	Employer identification number						
THE OMAHA		47-0376529					
Part I General Information on Grants a							
1 Does the organization maintain records							
criteria used to award the grants or assi	stance?						X Yes No
2 Describe in Part IV the organization's pro						· "	
Part II Grants and Other Assistance to recipient that received more than					anization answered "1	res" on Form 990, Par	t IV, line 21, for any
1 (a) Name and address of organization	(b) EIN	(c) IRC section	(d) Amount of	(e) Amount of	(f) Method of	(g) Description of	(h) Purpose of grant
or government	. ,	(if applicable)	cash grant	noncash assistance	valuation (book, FMV, appraisal, other)	noncash assistance	
2 Enter total number of section 501(c)(3) a	ı ınd government or	ı ganizations listed in tl	he line 1 table	l		ı	I .
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table							

Part III Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	s. Complete if the	organization answe	ered "Yes" on Form 9	990, Part IV, line 22.	
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	24	32,166.	0.		
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ie 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
SCHOLARSHIP FUNDS ARE PAID DIRECTL	Y TO THE	HIGHER ED	UCATION IN	STITUTION.	

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

THE OMAHA HOME FOR BOYS

Employer identification number 47-0376529

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

232111 10-18-22

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

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

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 aren't 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.

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JEFFREY DEWISPELARE	(i)	174,295.	12,276.	0.	20,390.	20,037.	226,998.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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 instructions and the latest information.

Open to Public Inspection

Employer identification number

THE OMAHA HOME FOR BOYS 47-0376529 Part I Types of Property (a) (b) (c) (d) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g 1 Art - Works of art Art - Historical treasures Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 Boats and planes 7 Intellectual property 8 Securities - Publicly traded 9 10 Securities - Closely held stock Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other 17 18 Collectibles Food inventory 19 Drugs and medical supplies 20 21 Taxidermy Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts 16,867. PUBLISHED RETAIL PRI (PROGRAM SUPPLIE) 25 Other BICYCLES X 9,330.FMV 2 26 Other (LIVESTOCK X 2,500.FMV 27 Other (EVENT SUPPLIES X 2,000.FMV 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 V, Donee Acknowledgement 29 Yes No 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 3 years from the date of the initial contribution, and which isn't required to be used for Х exempt purposes for the entire holding period? 30a **b** If "Yes." describe the arrangement in Part II. Х Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х contributions? 32a **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, 33 describe in Part II.

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

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232142 09-09-22

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2022

Open to Public Inspection

Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.

Name of the organization

THE OMAHA HOME FOR BOYS

Employer identification number 47-0376529

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

ALL BOARD MEMBERS RECEIVE A COPY OF THE FORM 990 ELECTRONICALLY PRIOR TO FILING.

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

DIRECTORS, TRUSTEES AND COMMUNITY VOLUNTEERS SERVING ON STANDING COMMITTEES

ARE REQUIRED TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST ANNUALLY. THE

LEADERSHIP TEAM, EXECUTIVE COMMITTEE AND FULL BOARD REVIEWS THESE

DISCLOSURES ANNUALLY TO DETERMINE IF ANY ACTION IS TO BE TAKEN.

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

THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS IS PROVIDED A MEMO FROM THE HUMAN RESOURCES DIRECTOR SHOWING THE CEO'S CURRENT SALARY AND AN INDICATION OF WHAT A SALARY INCREASE WOULD LOOK LIKE MOST YEAR'S THE MAXIMUM IS 4.25%. THE EXECUTIVE COMMITTEE CONDUCTS AN ANNUAL PERFORMANCE REVIEW AND SALARY INCREASE DETERMINATION, WITH THE CEO PRESENT AND PROVIDING THE INFORMATION TO THE BOARD OF DIRECTORS. THE BOARD CHAIR PRESENTS A SIGNED DOCUMENT OR SECURED EMAIL TO THE HUMAN RESOURCES DIRECTOR DIRECTING THE CEO'S SALARY INCREASE AMOUNT. BIENNIALLY, THE BOARD OF DIRECTORS APPROVES OHB'S COMPENSATION PHILOSOPHY, WHICH DIRECTS THE EXECUTIVE LEADERSHIP TEAM IN ITS DETERMINATION OF SALARIES BEYOND THAT OF THE CEO. OHB HAS A COMPENSATION PLAN/PROCESS WHICH INCLUDES RANGES AND COMPA-RATIOS BY JOB LEVEL. THE HUMAN RESOURCES DIRECTOR CONDUCTS A BIENNIAL MARKET RESEARCH STUDY TO DETERMINE NEEDED CHANGES TO SALARY RANGES. STUDY AND ITS RESULTS ARE SHARED WITH THE OHB STAFF AND THE BOARD OF DIRECTORS.

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

Schedule O (Form 990) 2022 Page **2**

Name of the organization THE OMAHA HOME FOR BOYS	Employer identification number 47-0376529
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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY	OF FORM 990:
MN, FL, PA, WA, NJ, SC, GA, NY, TN, VA, CT, IL, ND, OH, NE, MD, UT, WV, MS,	NC,MA
FORM 990, PART VI, SECTION C, LINE 19:	
ALL RELEVANT DOCUMENTS ARE AVAILABLE ON OHB'S WEBSITE AT	OHB.ORG/ABOUT
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
ACTUARIAL GAIN ON ACCRUED RETIREMENT PLAN CONTRIBUTIONS	268,070.
CHANGE IN BENEFICIAL INTEREST	-1,082,338.
ACTUARIAL LOSS ON ANNUITY OBLIGATION	-10,200.
TOTAL TO FORM 990, PART XI, LINE 9	-824,468.
FORM 990, PART XII, LINE 2C:	
NO CHANGE HAS BEEN MADE IN THE OVERSIGHT PROCESS OR SELEC	CTION PROCESS
OF THE AUDIT.	