** 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)

OMB No. 1545-0047

Information about Form 990 and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

~	FOI U	de 2010 Caleridal year, or tax year beginning and end	irig		
В	Check i applicat	C Name of organization		D Employer identifi	ication number
	Addr	EASTER SEAL SOCIETY OF NEBRASKA INC.			
	Nam chan	e		47-0	457872
	Initia retur		n/suite	E Telephone numbe	
Г	Final			(402	
	termi	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	3,169,911.
_	Amer	nded OMATIA ATT COLAA	ŀ	H(a) Is this a group re	
	Appl			for subordinates	
L	pend			H(b) Are all subordinates in	
	Tav.0	tempt status: X 501(c)(3)	527		list. (see instructions)
		ite: WWW.NE.EASTERSEALS.COM	32.1		•
			L Voor o	H(c) Group exemption	A State of legal domicile: NE
	art I	Summary	L Teal C	i iumadon, 1924 N	A State of legal domiche. IN E
	4	Briefly describe the organization's mission or most significant activities: DEDICAT	ED '	TO SERVING	CHILDREN
Governance		AND ADULTS WITH DISABILITIES ARISING FROM A	***************************************		
Ţ,	2	Check this box if the organization discontinued its operations or disposed of			sets
Š	3	Number of voting members of the governing body (Part VI, line 1a)		1 _ 1	5
Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)			4
οδ Ω	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)			54
itie	6	Total number of volunteers (estimate if necessary)			0
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			0.
Š		Net unrelated business taxable income from Form 990-T, line 34			0.
	~~	THE GITTER DESIRES LEADING FROM FOR FOR SOUTH OF THE GITTER OF		Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)		890,683.	1,019,575.
	9	D		324,875.	437,684.
	10	Investment income (Part VIII, line 2g)		153,103.	63,530.
		Other revenue (Part VIII, column (A), lines 5, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		155,105.	03,330.
	11		· · · · · · · · · · · · · · · · · · ·	1,368,661.	1,520,789.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,300,001.	_
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		947,256.	1 100 F16
Expenses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			1,100,516.
ĕ	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	<u> </u>
Ä	р	Total fundraising expenses (Part IX, column (D), line 25)			
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		422,371.	482,287.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,369,627.	1,582,803.
	19	Revenue less expenses. Subtract line 18 from line 12		-966.	-62,014.
Net Assets or Fund Balances			Beg	inning of Current Year	End of Year
Sse Bala	20	Total assets (Part X, line 16)		2,647,225.	3,122,097.
달	21	Total liabilities (Part X, line 26)	·	230,235.	749,452.
		Net assets or fund balances. Subtract line 21 from line 20		2,416,990.	2,372,645.
	art II	Signature Block			
		alties of perjury, I declare that I have examined this return, incl uding accompanying schedules and			knowledge and belief, it is
true	, corre	ct, and complete. Declaration of preparer other than officer) is based on all information of which pr	eparer h	as any knowledge.	/ - /-
		Signature of officer		Date /	12/17
Sig		()		Date	
Her	·e	DAVID E. VANLANDINGHAM, VP FINANCE/CFO Type or print name and title			
			I Do	to In I	- Tital
. .		Print/Type preparer's name Preparer's signature	Da G	0117 14	PTIN
Paic		WENDY R. COOLEY		7 7 000 000000	
	parer	Firm's name SEIM JOHNSON, LLP		Firm's EIN	47-6097913
Use	Only	Firm's address 18081 BURT STREET, SUITE 200			
		OMAHA, NE 68022-4722		Phone no. (4 (0 <u>2)330-2660</u>
May	the li	RS discuss this return with the preparer shown above? (see instructions)			X Ves No

	1990 (2010) EASTER SEAD SOCIETY OF NEBRASIA INC. 47-0457672 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	DEDICATED TO SERVING CHILDREN AND ADULTS WITH DISABILITIES RESULTING
	FROM ANY CAUSE.
2	Did the organization undertake any significant program services during the year which were not listed on the
_	[T] [T]
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
10	
4a	
	JOB TRAINING & EMPLOYMENT SERVICES - WORKFORCE DEVELOPMENT PROGRAMS
	THROUGH PARTNERSHIPS WITH UNIVERSITIES, STATE STAKEHOLDERS, FOUNDATIONS
	AND OTHER SERVICE PROVIDERS DELIVER STATEWIDE PROGRAMS INCLUDING, BUT
	NOT LIMITED TO: PROVIDING COMPREHENSIVE CASE MANAGEMENT AND
	REHABILITATION TECHNOLOGY SERVICES FOR FARM AND RANCH FAMILY MEMBERS
	AFFECTED BY MENTAL AND/OR PHYSICAL DISABILITIES; ASSISTING NEBRASKANS
	WITH DISABILITIES TO DEVELOP INDIVIDUALIZED PLANS TO REACH
	SELF-SUFFICIENCY THROUGH FULL USE OF STATE AND FEDERAL WORK INCENTIVE
	PROGRAMS AS WELL AS OTHER VOCATIONAL EVALUATION AND ASSESSMENT PROGRAM
	SERVICES; PLANNING AND MONITORING FOR JOB PLACEMENT AND WORK
	ADJUSTMENTS; TRAINING RECIPIENTS ON OCCUPATIONAL SKILLS TO ENTER OR
	RE-ENTER THE WORKFORCE; AND PROVIDING SCHOOL-TO-WORK TRANSITION
4b	(Code:) (Expenses \$ 315,186. including grants of \$) (Revenue \$)
	CAMPING, RESPITE, AND RECREATIONAL SERVICES - CAMP PROGRAMS PROVIDE
	OPPORTUNITIES FOR CHILDREN AND ADULTS WITH PHYSICAL AND COGNITIVE
	DISABILITIES TO MAKE FRIENDS, ACQUIRE NEW SKILLS OF INDEPENDENCE WHILE
	GIVING FAMILY AND CAREGIVERS A BREAK FROM 24/7 DAILY RESPONSIBILITIES
	OF CARE.
4c	(Code:) (Expenses \$ 141,540 · including grants of \$) (Revenue \$ 39,897 ·)
40	(Code:) (Expenses \$ 141,540. including grants of \$) (Revenue \$ 39,897.) RURAL SOLUTIONS - HELPING FARMERS AND RANCHERS WHO HAVE SUSTAINED A
	DISABLING ILLNESS OR INJURY ATTAIN FINANCIAL SECURITY AND REACH THEIR
	FULL FUNCTIONAL CAPACITY, AND PROVIDE COMPREHENSIVE CASE MANAGEMENT AND
	REHABILITATION TECHNOLOGY SERVICES UNIQUE TO SELF-EMPLOYMENT AND RURAL
	INDEPENDENT LIVING SITUATIONS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,442,282.

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			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	X	ļ
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4	ļ	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	ļ	X
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		Х
8	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		Δ
0	·	8		x
9	Schedule D, Part III 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 temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	İ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			**
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
đ	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	44.4		Х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Λ	
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
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?	124		
•	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			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to		1	
	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	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			v
10	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		<u>X</u>
19	complete Schedule G, Part III	19		Х
	complete Conceder G, I art m	10	i	43

Form **990** (2016)

Form 990 (2016) EASTER SEAL SOCIETY OF NEBRASKA INC. 47-0457872 Page 4 Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b		20b	ļ	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	1 .		
	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		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		ļ
đ	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		X
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, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity 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 Schedule L, Part IV			. 13.
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?		İ	
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		ļ	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		l	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	X	
	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		X
	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		<u>X</u>
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form 990 (2016) EASTER SEAL SOCIETY OF NEBRASKA INC. 47-0457872 Page 5 Part 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									
			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 in line 1a. Enter -0- if not applicable 1b 0									
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		AAA.							
	(gambling) winnings to prize winners?	1c	Х							
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 54									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X							
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		17+14							
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X						
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b								
4a	4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country: ▶		į.							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		- 44	ĺ .						
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		X						
¢	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?									
b	b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required									
	to file Form 8282?	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year 7d		ļ							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X						
9		7g								
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the									
	sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a								
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12 10a									
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1								
11	Section 501(c)(12) organizations. Enter:									
	Gross income from members or shareholders 11a									
b	Gross income from other sources (Do not net amounts due or paid to other sources against			:						
4O-	amounts due or received from them.)	40.								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		111						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			\$2.V2						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	10-								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a								
L	Note. See the instructions for additional information the organization must report on Schedule O.									
D	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	1								
^				+ 3						
	Did the second section and the second section and the second section and the second section and the second section sec	14a	+	X						
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		_41_						
<u></u>	199, That it mod a form the to to report these payments: it in the provide an explanation in Schedule C									

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 in 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	5					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				; \ 			
b	Enter the number of voting members included in line 1a, above, who are independent	1b	4					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other						
	officer, director, trustee, or key employee?	-	2		X			
3	Did the organization delegate control over management duties customarily performed by or under the				,			
	of officers, directors, or trustees, or key employees to a management company or other person?		3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 9				Х			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?	5		X			
6	Did the organization have members or stockholders?		6		Х			
7a								
	more members of the governing body?		7a	Х				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s							
	persons other than the governing body?		7b	Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by the following:						
а	The governing body?		8a	Х				
Ь	Each committee with authority to act on behalf of the governing body?	*******************************	8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched at the						
····	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue Code.)						
				Yes	No			
10a	Did the organization have local chapters, branches, or affiliates?		10a		X			
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters, affiliates,		İ				
	and branches to ensure their operations are consistent with the organization's exempt purposes?							
11a	a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
b	b Describe in Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12a	Х	· · · · · · · · · · · · · · · · · · ·			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicts?	12b	X				
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You							
	in Schedule O how this was done		12c	X				
13	Did the organization have a written whistleblower policy?		13	X				
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	ıl by independent						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official		15a	X				
b	Other officers or key employees of the organization	***************************************	15b		Х			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				112			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nent with a		- 1				
	taxable entity during the year?		16a		Х			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its participation		:\	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization's						
	exempt status with respect to such arrangements?		16b					
Sec.	tion C. Disclosure	·						
17	List the states with which a copy of this Form 990 is required to be filed NONE							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s only)	availabl	е				
	for public inspection. Indicate how you made these available. Check all that apply.							
X Own website Another's website X Upon request Other (explain in Schedule O)								
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and								
	statements available to the public during the tax year.							
20	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records: 🕨						
	DAVID VANLANDINGHAM, VP & CFO - (402)342-5566							
	12565 WEST CENTER ROAD, NO. 100, OMAHA, NE 68144							

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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average	(do		Pos		n e than	one	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	box offi	, unle	ss pe	rson	is bot or/trus	th an	compensation from	compensation from related	amount of 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)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) NEIL FORTKAMP	1.00							_	_	_
CHAIR	4.00	X		X				0.	0.	0
(2) JASON TONJES	1.00									
VICE CHAIR	4.00	X		X		ļ		0.	0.	0 .
(3) PAM STENE HAGGE	1.00									
SECRETARY	4.00	X		X		ļ		0.	0.	0
(4) MIKALA HOLTZ	1.00	37		3.5						•
TREASURER	4.00	X		X				0.	0.	0
(5) JAMES SUMMERFELT	5.00	4,5		~~					215 615	00 000
PRESIDENT & CEO	55.00	X		X				0.	317,617.	28,362
(6) DAVID VANLANDINGHAM VP FINANCE/CFO	5.00 55.00			х				0.	140,669.	9,891

	Section A. Onicers, Directors, Trus	itees, key Em	bio	/ees	, an	<u>a n</u>	igne	STL	Jompensated Employe	es (continuea)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable		Estima	ted
		hours per week					is bo or/trus		1	compensation	1	amoun	
		(list any			Γ		T	T ,	from the	from related organizations		othe mpens	
		hours for	director				-		organization	(W-2/1099-MISC		from t	
		related	tee or	stee			ansate		(W-2/1099-MISC)	(** = *********************************		rganiza	
		organizations	l trus	nal tr	l	oyee	lg .				а	and rela	ated
		below line)	individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			or	ganiza	tions
		inie)	三	<u> </u>	18	<u>\$</u>	분 등	훈					
		1			ļ		ļ	ļ					
							 						
											-		
							İ						
											-		
							-						
					.								
1b	Sub-total	<u> </u>		1			L	>	0.	458,286		38,2	253.
С	Total from continuation sheets to Part VII							>	0.	0		· · · · · ·	0.
d								•	0.	458,286		38,2	
2	Total number of individuals (including but no							o re	eceived more than \$100				
	compensation from the organization									·			0
												Yes	No
3	Did the organization list any former officer,	director, or tru	stee	, ke	y em	olqr	yee,	or I	highest compensated er	nployee on		T	
	line 1a? If "Yes," complete Schedule J for so	uch individual							**************************************		3		X
4	For any individual listed on line 1a, is the su	m of reportable	е со	mpe	ensa	tion	and	oth	ner compensation from t	he organization	İ		
	and related organizations greater than \$150	0,000? If "Yes,"	cor	nple	te S	che	dule	J fo	or such individual		. 4	X	
5	Did any person listed on line 1a receive or a	ccrue compen	sati	on fr	om.	any	unre	elate	ed organization or indivi	dual for services			1
	rendered to the organization? If "Yes," comp	olete Schedule	J fo	or su	ich r	ers	оп.				. 5	<u> </u>	X
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest cor										nsation	from	
	the organization. Report compensation for t	he calendar ye	ar e	ndir	ng w	ith c	or wi	thin		ear.			
	(A) Name and business :	addrass	NTC	NTT:					(B) Description of se	anticae	Compe	C)	\n
	Trainio dira paomico		INC	NE	<u>. </u>			-	Description of st	71 VICCO	Compe	71134110	/I t
								-					
		· · · · · · · · · · · · · · · · · · ·						\top	, , , , , , , , , , , , , , , , , , ,				
2	Total number of independent contractors (in	cluding but no	t lin	nited	to t	hos	e lis	ted	above) who received me	ore than	1.1.		
	\$100,000 of compensation from the organiz					0		_					
											Form	990 (2016)

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part Vill	••••		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ats	1 a	Federated campaigns	1a		(A) (A)	TNESSTA		
Contributions, Gifts, Grants and Other Similar Amounts	b		1 1		A PARAGE			
S,E	c	Fundraising events	1c					
ar L		d Related organizations						
S, E		Government grants (contributi		809 987.				
ë		All other contributions, gifts, grant	·					
in the	·	similar amounts not included abov	1 1	209.588.				
ĒŌ	_	Noncash contributions included in lines						
Cor		Total. Add lines 1a-1f			1 019 575.			
		Soldi, Add lifes 12 11		Business Code	1,019,575.			
as I	2 2	CAMD & PRIMARTON		624310	345 435	245 405		
Š		CAMP & EDUCATION			345,425.			
žer E		WORK CHOICE PROGRAM		624310	76,052.	76,052.		
K B		NEBRASKA COMMISSION FOR		624310	12,841,	12,841.		
Program Service Revenue		TICKET TO WORK PROGRAM		624310	3,366.	3,366.		
	e						· · · · · · · · · · · · · · · · · · ·	
	T	All other program service rever					1,2,7	A CONTRACTOR OF STREET
		Total. Add lines 2a-2f			437,684,			
	3	Investment income (including of						
		other similar amounts)			39,279.			39,279.
	4	Income from investment of tax		· }-				
	5	Royalties		f I			2 2 2 2 2 2 2 2 2 2	
			(i) Real	(ii) Personal				
	6 a							
	b	Less: rental expenses						
		Rental income or (loss)						•
	d	Net rental income or (loss)		>				
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1,673,373,					
	b	Less: cost or other basis						
		and sales expenses	1,649,122.					
	C	Gain or (loss)	24,251,					
	d	Net gain or (loss)			24 251.			24,251.
e l	8 a	Gross income from fundraising	events (not					
		including \$	of					
ě		contributions reported on line 1	1c). See					
Other Reven		Part IV, line 18	а					
₽ I	b	Less: direct expenses			STATE OF STATE			
0		Net income or (loss) from fundr		.,		1.54 (1.44 (14.14.5)		
	9 a	Gross income from gaming act	ivities. See		4 10 10 10 10			
		Part IV, line 19	а					
	b	Less: direct expenses						
		Net income or (loss) from gamir						
		Gross sales of inventory, less re			8444	AND AND AND AND AND AND AND AND AND AND	THE REAL VALUE	14.5 A.3 Y. V. V.
		and allowances	а					
İ	b	Less: cost of goods sold			2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	- 17 17 - No. 25 A A A A	53734333	The Adversary Des
		Net income or (loss) from sales				1		
ſ		Miscellaneous Revenue		Business Code		İ		
ľ	11 a	· · · · · · · · · · · · · · · · · · ·				ļ		
	b							
1	c		_		-			
	4	All other revenue						
	۳ ه	Total. Add lines 11a-11d						
	12	Total revenue. See instructions.			1 520 789	437,684.	0.	63.530.
	···					*2(*624*)		

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D)** Fundraising (A) Total expenses (B) Program service (C) Management and Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. **expenses** general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 924,630. 871,467. 53,163. Other salaries and wages Pension plan accruals and contributions (include 15,442. 14,554. 888. section 401(k) and 403(b) employer contributions) 95,977. 85,229. 10,748. Other employee benefits Payroli taxes 64,467. 60,760. 3,707. 10 Fees for services (non-employees): 103,100 103,100. a Management 565. 565. Legal 2,200. 2,200. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees 13,677. 13,677 f Other. (If line 11g amount exceeds 10% of line 25, 6,876. 6,611 column (A) amount, list line 11g expenses on Sch O.) 265. 2,540. 306. 2,234. Advertising and promotion 12 73,821. 71,460. 2,361. Office expenses 13 5,703. 5,590. 113. Information technology 14 15 Royalties 94,734 91,721. 3,013. 16 Occupancy 40,647. 40,666. 19. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials 79,622. 79,213 409. 19 Conferences, conventions, and meetings 110 110 20 Payments to affiliates 21 3,446. 3,446. Depreciation, depletion, and amortization 22 23 Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) DUES & SUBSCRIPTIONS 51,822. 7,544 44,278 3,405 3,405 BAD DEBT C d All other expenses 1,582,803. 1,442,282. 140,521. 0. Total functional expenses. Add lines 1 through 24e 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)

Га	<u>π Λ</u>	Dalance Sheet					
		Check if Schedule O contains a response or no	te to any l	line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing			75.	1	75.
	2	Savings and temporary cash investments			968,250.	2	1,390,891.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		47,932.	4	40,341.	
	5	Loans and other receivables from current and for				100	
		trustees, key employees, and highest compens	ated empi	oyees. Complete	A CONTRACTOR OF THE SECOND		
	İ	Part II of Schedule L		5			
	6	Loans and other receivables from other disqual	ified perso	ons (as defined under		1	
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec		·	Property Management		
S.		employees' beneficiary organizations (see instr)		-		6	
Assets	7	Notes and loans receivable, net				7	
ď	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges			3,626.	9	0.
	10a	Land, buildings, and equipment: cost or other			141114		
		basis. Complete Part VI of Schedule D	10a	144,823.			
	b	Less: accumulated depreciation		137,234.	5,882.	10c	7,589.
	11	Investments - publicly traded securities			1,621,460.	11	1,683,201.
	12	Investments - other securities. See Part IV, line		12	170007801.		
	13	Investments - program-related. See Part IV, line			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equ	2,647,225.	16	3,122,097.		
	17	Accounts payable and accrued expenses	66,048.	17	85,741.		
	18	Grants payable	00/0100	18	00,741		
	19	Deferred revenue		127,816.	19	630,845.	
	20	Tax-exempt bond liabilities			1277010.	20	000,040.
	21	Escrow or custodial account liability. Complete I				21	
w	22	Loans and other payables to current and former				~	
Ē.		key employees, highest compensated employee					
Liabilities		Complete Part II of Schedule L		,		22	
Ë	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	,				
		Schedule D	•		36,371.	25	32,866.
	26	T - 12 1222 Addition 47.0 1.05			230,235.	26	749,452.
		Organizations that follow SFAS 117 (ASC 958					
φ		complete lines 27 through 29, and lines 33 an					
ဦ	27	Unrestricted net assets			2,060,268.	27	2,012,806.
alaı	28	Temporarily restricted net assets			156,722.	28	159,839.
d B	29				200,000.	29	200,000.
Š		Organizations that do not follow SFAS 117 (A					
무		and complete lines 30 through 34.			AND STANSON AND	N 24	ERANGE ENTER
ts	30	Capital stock or trust principal, or current funds				30	
SSe	31	Paid-in or capital surplus, or land, building, or eq			31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc				32	
ž	33	Total net assets or fund balances			2,416,990.	33	2,372,645.
	34				2,647,225.	34	3,122,097.
-	 1				<u> </u>		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

Forn	n 990 (2016) EASTER SEAL SOCIETY OF NEBRASKA INC.	47-0	457872	Pa	ge 12			
Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,52	0,7	<u>89.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,58	2,8	03.			
3	Revenue less expenses. Subtract line 2 from line 1	3	-6	2,0	14.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,41	6,9	90.			
5	Net unrealized gains (losses) on investments							
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8	.,					
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B))	10	2,37	2,6	45.			
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		_	100				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	.,	2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l 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 separat	e basis,			4			
	consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis			` {	11			
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			1				
	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 in Sche				1.5			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir			[
	Act and OMB Circular A-133?		3a	X				
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	X				
			Form !	9 90 (2016)			

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Name of the organization

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

ZU 10

Open to Public Inspection

Employer identification number

47-0457872 EASTER SEAL SOCIETY OF NEBRASKA Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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). 6 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. 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 in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

Schedule A (Form 990 or 990-EZ) 2016 EASTER SEAL SOCIETY OF NEBRASKA INC. 47-04578

[Part II] Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) 47-0457872 Page 2

(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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	896,798.	342,712.	1323084.	890,683.	1019575.	4472852.
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	896,798.	342,712.	1323084.	890,683.	1019575.	4472852.
	The portion of total contributions	MANA	NAMES IN A	MANAAN		NANAKA	
	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)	NEW AND B					227,067.
6	Public support. Subtract line 5 from line 4,	5 8 (28.5) (24.5)				V	4245785.
	ction B. Total Support	 			**************************************		******
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	896,798.	342,712.	1323084.		1019575.	4472852.
	Gross income from interest,		,				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	59,682.	51,164.	100,874.	91,277.	39,279.	342,276.
9	Net income from unrelated business	0,7,0,0,0,0			<u> </u>	32,2,3.	010/2/01
-	activities, whether or not the	-					
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital					į	
	assets (Explain in Part VI.)	29,999.		1,526.		ļ	31,525.
11	Total support. Add lines 7 through 10						4846653.
	Gross receipts from related activities,	etc. (see instruction	ns)	L		12 1	305,302.
	First five years, If the Form 990 is for	•	*	I fourth or fifth ta	x vear as a section		, , , , , , , , , , , , , , , , , , , ,
	organization, check this box and stop						▶[
Sec	tion C. Computation of Publi	c Support Per	centage				- Instantia
	Public support percentage for 2016 (li			olumn (fl)		14	87.60 %
	Public support percentage from 2015						86.13 %
	33 1/3% support test - 2016. If the o				-		
	stop here. The organization qualifies a						
b	33 1/3% support test - 2015. If the o						
	and stop here. The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test						
_	more, and if the organization meets th						-
	organization meets the "facts-and-circ				•		
	Private foundation. If the organization		-				
	The second secon			,,,	,	300	

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.)

Se	ction A. Public Support	now, please con	ipiete Part II.)						
	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total		
	Gifts, grants, contributions, and	1			1				
	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								
78	Amounts included on lines 1, 2, and								
	3 received from disqualified persons								
Ŀ	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								
,	Add lines 7a and 7b	······							
	Public support. (Subtract line 7c from line 6.)			•					
	ction B. Total Support		<u> </u>		<u> </u>				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(a) 2016	(f) Total		
		(a) 2012	(0) 2013	(6) 2014	(u) 2013	(e) 2016	(i) iotai		
	Amounts from line 6								
106	dividends, payments received on								
	securities loans, rents, royalties								
_	and income from similar sources								
Ł	Unrelated business taxable income								
	(less section 511 taxes) from businesses								
	acquired after June 30, 1975						······		
	Add lines 10a and 10b								
11	Net income from unrelated business								
	activities not included in line 10b, whether or not the business is								
	regularly carried on								
12	Other income. Do not include gain								
	or loss from the sale of capital assets (Explain in Part VI.)	i i							
13	Total support. (Add lines 9, 10c, 11, and 12.)								
	First five years. If the Form 990 is for t	he organization's	s first, second, third	d. fourth, or fifth ta	x vear as a section	on 501(c)(3) organiz	ation.		
	check this box and stop here	-			•	1,11,	▶□		
Sec	tion C. Computation of Public	Support Pe	rcentage		18.002.10				
15	Public support percentage for 2016 (lin	e 8, column (f) d	ivided by line 13, c	olumn (f))		15	%		
	Public support percentage from 2015 5					16	%		
	tion D. Computation of Invest					4-13-1			
				e 13 column (fl)		17	%		
	33 1/3% support tests - 2016. If the o					18 32 1/3% and line 1			
193									
	more than 33 1/3%, check this box and			_					
b	33 1/3% support tests - 2015. If the o								
	line 18 is not more than 33 1/3%, chec					-	>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions								

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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?
- 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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
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Yes 1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? 1 11a Section B, Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees at all times during the tax year? (if No. describe her Part V in ow the supported organizations have the power to regularly appoint or elect at least a majority of the organization is directors or trustees were allocated among the supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year? 2 Did the organization operate for the benefit of any supported organization other than the supported organization organization operated for the benefit of any supported organization of if Y-sy, explain in Part V in the promoted organization organization of the supporting organization or restrictions, if any, applied to such powers during the tax year. 1 Were a majority of the organization Supported organization of the supporting organization in If Y-sy, explain in Part V in the organization of the organization of the supporting organizations. 2 Section D. All Type III Supporting Organizations 1 Were a majority of the organization is supported organizations, by the last day of the fifth month of the organization of the organization was vested in the same persons that controlled or managed the supported organization of the supported organization in the supported organization in tax year. (i) a virtue organization is a supported organization in the protector organization is a supported organization in t		edule A (Form 990 or 990-EZ) 2016 EASTER SEAL SOCIETY OF NEBRASKA INC. 47-0 or IV Supporting Organizations (continued)	45/87	12 F	age
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3 Parent of Supported Organizations. Answer (a) and (b) below.		· · · · · · · · · · · · · · · · · · ·	N.	- 1	- A
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		1	
trustees of each of the supported organizations? Provide details in Part VI.		trustees of each of the supported organizations? Provide details in Part VI.	За		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	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.		1	3b		

The Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VII.) See instruction ofter Type III non-functionally integrated supporting organizations must complete Sections A through E. Section A - Adjusted Net Income (A) Prior Year (B) Current Year (optional) 1. Net short-term capital gam 1. Net short-term capital gam 2. Recoveries of prior year distributions 2. 2 3. Other gross income (see instructions) 4. Add lines 1 through 3 4. Add lines 1 through 3 4. Add lines 1 through 3 5. Depreciation and depletion 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) 7. Other expenses (see instructions) 8. Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8. Section B - Minimum Asset Amount 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 asceutities b Average monthly value of asceutities b Average monthly calls balances c Fair market value of other non-exempt-use assets 1b. D Discontic claimed for blockage or other factors (explain in detail in Part VI): 2. Acquisition indebtedness applicable to non-exempt-use assets 2. Acquisition indebtedness applicable to non-exempt-use assets 3. Subtract line 2 from line 1 d 4. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions) 5. Net value of non-exempt-use assets (subtract line 4 from line 3) 5. Net value of non-exempt-use assets (subtract line 6) 8. Minimum Asset Amount (add line 7 to line 6) 8. Minimum Asset Amount (add line 7 to line 6) 8. Minimum asset amount for prior year (from Section A, line 8, Column A) 4. Enter greater of line 2 or line 3 5. Income tax imposed in prior year 6. Distributable Amount. Subtract line 5 from line 4, unless subject to		edule A (Form 990 or 990-EZ) 2016 EASTER SEAL SOCIETY OF Int V Type III Non-Functionally Integrated 509(a)(3) Supporting			7-0457872 Page 6
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8 Minimum Asset Amount (add line 7 to line 6) Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) Enter greater of line 2 or line 3 Income tax imposed in prior year Distributable Amount. Subtract line 5 from line 4, unless subject to					A
Section C - Distributable Amount 1 Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 2 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to					
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2 Enter 85% of line 1 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 3 4 Enter greater of line 2 or line 3 4 5 Income tax imposed in prior year 5 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		etanta de la transita del transita de la transita de la transita del transita de la transita del la transita del la transita del la transita de la transita de la transita de la transita de la transita del la transita del la transita de la transita de la transit
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4 Enter greater of line 2 or line 3 4 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to			3		
5 Income tax imposed in prior year 5 6 Distributable Amount. Subtract line 5 from line 4, unless subject to					**************************************
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-functionally integrated Type III supporting organization (see	7			ted Type III supporting crass	nization (see
instructions).	•		i, iinedie	accompletely organ	HEARION (SEE

	edule A (Form 990 or 990 EZ) 2016 EASTER SEAL S irt V Type III Non-Functionally Integrated 509			47-0457872 Page 7
	tion D - Distributions	(a)(o) oupporting org	dinzations (continued)	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		- Julian Tour
2	Amounts paid to perform activity that directly furthers exem		······································	
	organizations, in excess of income from activity	, , , , , , , , , , , , , , , , , , , ,		
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets		····	
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
7	Total annual distributions. Add lines 1 through 6		***************************************	
8	Distributions to attentive supported organizations to which t	he organization is responsive	е	
	(provide details in Part VI). See instructions			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
.	Compression of the Compression o	Excess Distributions	Underdistributions	Distributable
Seci	ion E - Distribution Allocations (see instructions)		Pre-2016	Amount for 2016
1	Distributable amount for 2016 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2016 (reason-			
	able cause required- explain in Part VI). See instructions			
3	Excess distributions carryover, if any, to 2016:			
а				AND STREET STREET
b				
С	From 2013			
d	From 2014			
е	From 2015	A Victoria de la Caracteria de		\$18.08.08.08.08.08.08.00.08.08.00.08.00.08.00.08.00.08.00.08.00.08.00.08.00.08.00.08.00.08.00.08.00.08.00.08.0
f	Total of lines 3a through e		estination of the second	
g	Applied to underdistributions of prior years	The April		
h	Applied to 2016 distributable amount			
ì	Carryover from 2011 not applied (see instructions)			
i_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			A SA SA SA SA SA SA SA SA SA SA SA SA SA
4	Distributions for 2016 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			A STANGE SAME AND A STANGE
b	Applied to 2016 distributable amount	n tests type of persons		
С	Remainder. Subtract lines 4a and 4b from 4			14.44.4
5	Remaining underdistributions for years prior to 2016, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions	THARAMAN		
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c			
8	Breakdown of line 7:			
а				
<u>b</u>	Excess from 2013			
С	Excess from 2014	Takana and Takana		
d	Excess from 2015			
e	Excess from 2016	14.4.1.1.		

Schedule A (Form 990 or 990-EZ) 2016

Schedule A (Form 990 or 990-EZ) 2016 EASTER SEAL SOCIETY OF NEBRASKA INC. 47-0457872 Page 8 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.)
CHANGE OF ACCOUNTING PERIOD
VISITING NURSE HEALTH SERVICES, EIN 47-0690846, ASSUMED CONTROL OF
EASTER SEAL SOCIETY OF NEBRASKA INC (ESSN) ON AUGUST 31 2012. ESSN
PREVIOUSLY FILED ITS FORM 990 ON A AUGUST 31 FISCAL YEAR-END. WITH THE
2013 FORM 990 GOING FORWARD, ESSN CHANGED ITS FISCAL YEAR-END TO
DECEMBER 31 TO MATCH THAT OF VISITING NURSE HEALTH SERVICES. SCHEDULE
A, PART II, COLUMN (B) IS FOR THE PERIOD 09-01-13 THROUGH 12-31-13.

Schedule B (Form 990, 990-EZ,

or 990-PF) Internal Revenue Service

Department of the Treasury

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990 .

OMB No. 1545-0047

Name of the organization

Employer identification number

<u> 1</u>	EASTER SEAL SOCIETY OF NEBRASKA INC.	47-0457872					
Organization type (check	cone):						
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						
Note: Only a section 501(n is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special or (10) organization can check boxes for both the General Rule and a Special or (10) organization can check boxes for both the General Rule and a Special or (10) organization can check boxes for (10) organization can check boxes for (10) organization can check boxes for both the General Rule and a Special Rule.						
property) from ar	ny one contributor. Complete Parts I and II. See instructions for determining a contribu	itor's total contributions.					
Special Rules							
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supply and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 tor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the am Z, line 1. Complete Parts I and II.	6a, or 16b, and that received from					
year, total contrib	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, 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 > \$							
out it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number

EASTER SEAL SOCIETY OF NEBRASKA INC.

47-0457872

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 519,912.	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
2		\$115,434.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	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
4		\$123,376.	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		\$\$	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
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Employer identification number

EASTER SEAL SOCIETY OF NEBRASKA INC.

47-0457872

Part II	Noncash Property (See instructions). Use duplicate copies of	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(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. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	190, 990-EZ, or 990-PF)

Employer identification number

EASTE	R SEAL SOCIETY OF NEBRA	SKA INC.	47-0457872				
Part III	Exclusively religious, charitable, etc., contithe year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	columns (a) through (e) and the folio	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for lowing line entry. For organizations or less for the year. (Enter this info. once.)				
	Use duplicate copies of Part III if addition	al 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.							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
		(e) Transfer of git	ft				
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee				
(a) No. from Part i	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	Tunneforeste seus edduses en	(e) Transfer of gif					
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee				
(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, an	·	Relationship of transferor to transferee				

SCHEDULE D

(Form 990)

Department of the Treasury

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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

	EASTER SEAL SOCIETY O	F NEBRASKA INC.	47-0	457872
Pa	rt I Organizations Maintaining Donor Advised Fu	nds or Other Similar Funds	or Accounts. Comple	ete if the
	organization answered "Yes" on Form 990, Part IV, line 6.			
		(a) Donor advised funds	(b) Funds and other	accounts
1	Total number at end of year			
2	A garageta value of postributions to (during value)			
3	Aggregate value of grants from (during year)			
4	A			
5	Did the organization inform all donors and donor advisors in writing		ed funds	
	are the organization's property, subject to the organization's exclusi	ive legal control?	Y	res No
6	Did the organization inform all grantees, donors, and donor advisors			
	for charitable purposes and not for the benefit of the donor or dono	r advisor, or for any other purpose of	conferring	
	impermissible private benefit?	***************************************		'es No
Pa	rt II Conservation Easements. Complete if the organizat	ion answered "Yes" on Form 990, P	art IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (che	eck all that apply).		
	Preservation of land for public use (e.g., recreation or educati	on) Preservation of a histo	rically important land area	a
	Protection of natural habitat	Preservation of a certif	ied historic structure	
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified col	nservation contribution in the form o	of a conservation easeme	nt on the last
	day of the tax year.		Held at the Er	d of the Tax Year
а	Total number of conservation easements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2a	
þ	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure	included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/	17/06, and not on a historic structu	re	
	listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the	organization during the ta	ЗХ
	year -			
4	Number of states where property subject to conservation easement	is located >		
5	Does the organization have a written policy regarding the periodic management of the periodic manageme	nonitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds'		***********************	esNo
6	Staff and volunteer hours devoted to monitoring, inspecting, handling	ng of violations, and enforcing conse	ervation easements during	g the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, handling of	violations, and enforcing conservati	on easements during the	year
	> \$			
8	Does each conservation easement reported on line 2(d) above satis	,	, , , , , , , , , , , , , , , , , , ,	[<u>-</u>
	and section 170(h)(4)(B)(ii)?			es No
9	In Part XIII, describe how the organization reports conservation ease	•		
	include, if applicable, the text of the footnote to the organization's file	nancial statements that describes th	ne organization's account	ing for
Dai	t III Organizations Maintaining Collections of Art,	Historiaal Transumas ar Otl	an Cimilar Accata	
rai	Complete if the organization answered "Yes" on Form 990, P		ner Silmilar Assets.	
ıa	If the organization elected, as permitted under SFAS 116 (ASC 958)			
	historical treasures, or other similar assets held for public exhibition,		ce of public service, provi	ide, in Part XIII,
	the text of the footnote to its financial statements that describes the			_6
b	If the organization elected, as permitted under SFAS 116 (ASC 958)			
	treasures, or other similar assets held for public exhibition, education	i, or research in furtherance of publ	ic service, provide the fol	iowing amounts
	relating to these items:		. •	
	(i) Revenue included on Form 990, Part VIII, line 1			
^	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures,	or other similar assets for financial		
2			Jam, provide	
_	the following amounts required to be reported under SFAS 116 (ASC	· · · · · · · · · · · · · · · · · · ·	▶ ◆	
a	Revenue included on Form 990, Part VIII, line 1		\$	

		SEAL SOCIE						15/8/2		ge 🏖
Pa	rt III Organizations Maintaining (······································						
3	Using the organization's acquisition, access	ion, and other recor	ds, check any of the	following that	t are a s	ignificant	use of its	collection	items	
	(check all that apply):									
а	Public exhibition	(Loan or exc	change progra	ıms					
b	Scholarly research	•	Other							
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how they further t	he organizatio	n's exe	mpt purp	ose in Pai	rt XIII.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m							Yes		No
Pa	rt IV Escrow and Custodial Arran								<u> </u>	.,,,
L-,,	reported an amount on Form 990, Pa						o, i ait it,			
1a	Is the organization an agent, trustee, custod		diany for contribution	ne or other see	eate not	included				
ıa			=					Yes		No
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII						ــــــ	res	ليسبيا	NO
D	ir res, explain the arrangement in Part XIII	and complete the to	ollowing table:							
								Amount		
C	Beginning balance									
đ	Additions during the year									
e	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on F						L	_∫ Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	rplanation has been	provided on F	Part XIII	* * * * * * * * * * * * * * * * * * * *				
Pa	rt V Endowment Funds. Complete i	f the organization ar	swered "Yes" on Fo	orm 990, Part I	IV, line 1	10.				
		(a) Current year	(b) Prior year	(c) Two years	back ((d) Three	years back	(e) Four y	ears ba	ack
1a	Beginning of year balance	200,000.	200,000.	200	.000.		200,000.		200.0	
b	Contributions									
c	Net investment earnings, gains, and losses	330.	354.		385.	·····	119.		 ء	92.
d	Grants or scholarships		JJ2.		303.		119.			<u> </u>
	Other expenditures for facilities							<u> </u>		
ç	· '	220	254					1	_	
	and programs		354.		385.		119.			92.
	Administrative expenses									
g	End of year balance		200,000.		000.	2	00,000.	2	00,0	<u>oo.</u>
2	Provide the estimated percentage of the curr		e (line 1g, column (a	ı)) held as:						
	Board designated or quasi-endowment	.00	_%							
	Permanent endowment ► 100.00	%								
C	Temporarily restricted endowment	<u>.00</u> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are held a	nd administere	ed for th	e organiz	ation			
	by:							Υ	es i	Vо
	(i) unrelated organizations	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				3a(i)		X
		***************************************						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on Schedule R?					3b		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm		on tonido.				*************	····		—
L	Complete if the organization answered		Part IV line 11a S	ee Form 990	Part X I	line 10				
	Description of property	(a) Cost or of						(-1) D1.		
	Description of property	basis (investr		1		cumulate	eu	(d) Book v	alue	
	Land	<u>`</u>	Dasis (V(1101)	uep	reciation				
	Land									
	Buildings									
	Leasehold improvements							<u>-</u>		
	Equipment		14	4,823.	1	37,2	34.	7_	<u>, 58</u>	<u>J.</u>
	Other									
Total	Add lines 1a through 1e. (Column (d) must ed	qual Form 990, Part .	X, column (B), line 1	0c.)				7	, 589	9.

Schedule D (Form 990) 2016

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

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

32,866.

	(Form 990) 2016 EASTER SEAL SOCIETY OF NEBI		47-0457872 Page 4
Part XI	Reconciliation of Revenue per Audited Financial Stateme	nts With Revenue per I	Return.
4 Total	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
	revenue, gains, and other support per audited financial statements Ints included on line 1 but not on Form 990, Part VIII, line 12:		1
	nrealized gains (losses) on investments	2a	
	ted services and use of facilities		
	/eries of prior year grants		-
	(Describe in Part XIII.)		~
	nes 2a through 2d		2e
	act line 2e from line 1		
	nts included on Form 990, Part VIII, line 12, but not on line 1;		
	ment expenses not included on Form 990, Part VIII, line 7b	4a	
	(Describe in Part XIII.)		
	nes 4a and 4b		4c
5 Total r	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5
Part XII	Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per	Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1 Total	expenses and losses per audited financial statements		1
	nts included on line 1 but not on Form 990, Part IX, line 25:		
a Donat	ed services and use of facilities	2a	
b Prior y	rear adjustments	2b	
c Other	losses	2c	
d Other	(Describe in Part XIII.)	2d	
	nes 2a through 2d		2e
3 Subtra	act line 2e from line 1		3
	nts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
	ment expenses not included on Form 990, Part VIII, line 7b		
	(Describe in Part XIII.)	4b	↓
-	nes 4a and 4b		4c
5 lotale	expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) Supplemental Information.		5
		1 F 41	
	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit		4; Paπ λ, line 2; Paπ λl,
iii les zu ai iu	4b, and Fart Air, lines 2d and 4b. Also complete this part to provide any additi	ionai mormation.	
PART X	, LINE 2:		
T 111/ 1 21	, 1111 2.	**************************************	
THE EN'	TITIES OF THE ASSOCIATION ARE NOT-FOR-P	ROFTT CORPORATT	ONS AS
			<u> </u>
DESCRI	BED IN SECTION 501(C)(3) OF THE INTERNA	L REVENUE CODE	AND ARE EXEMPT
FROM F	EDERAL INCOME TAXES ON RELATED INCOME P	URSUANT TO SECT	ION 501(A) OF
THE CO	DE. THE INTERNAL REVENUE SERVICE HAS E	STABLISHED STAN	DARDS TO BE
MET TO	MAINTAIN TAX-EXEMPT STATUS. IN GENERA	L, SUCH STANDAR	DS REQUIRE ALL
OF THE	AFFILIATED ENTITIES TO MEET A COMMUNIT	Y BENEFIT STAND	ARD AND COMPLY
WITH V	ARIOUS LAWS AND REGULATIONS.		
mrrm	70473#701 144017#4 505 15147#4		
THE AS	SOCIATION ACCOUNTS FOR UNCERTAINTIES IN	ACCOUNTING FOR	INCOME TAX
A CODDO	AND 1 73 DTI TOTOG 1107110 011751105 71107	D TH DLCD 100 5	40 7370075
ASSETS	AND LIABILITIES USING GUIDANCE INCLUDE	D IN FASB ASC 7	40, INCOME
פאצבים	THE ASSOCIATION RECOGNIZES THE EFFECT	○ ፑ ፕክሮ○Μፑ ጥል⊻	DOSTATONS ONLY

632054 08-29-16

Schedule D (Form 990) 2016

Schedule D (Form	n 990) 2 pplem e	₀₁₆ ental In	EA format	STER ion (contin	SEAL nued)	SOC	CIETY	OF:	NEBR	RASKA	INC.	47	7-04	<u>57872</u>	Page 5
IF THOSE	POSI	ITIONS	S ARE	MORE	LIK	ELY	THAN	NOT	OF	BEIN	g sus	<u> PAINEI</u>).	AT	
DECEMBER	31,	2016	AND	2015,	THE	ASS	SOCIA	TION	HAD	NO 1	JNCER'	rain 1	XA	POSIT	IONS
ACCRUED.															
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		***********************								***************************************					

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.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

Questions Regarding Compensation

EASTER SEAL SOCIETY OF NEBRASKA INC. Employer identification number 47-0457872

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. 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 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 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee 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: Receive a severance payment or change-of-control payment? Х Participate in, or receive payment from, a supplemental nonqualified retirement plan? X 4b Participate in, or receive payment from, an equity-based compensation arrangement? 4c 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. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? 5a b Any related organization? 5b If "Yes" on line 5a or 5b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III. 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 Х 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 X If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2016

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.

(A) Name and Title		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) JAMES SUMMERFELT	(i)	0.	0.	0.	0.	0.	0.	0	
PRESIDENT & CEO	(ii)	272,679.	43,750.	1,188.	7,950.	20,412.		0	
(2) DAVID VANLANDINGHAM	(i)	0.	0.	0.	0.	0.		0	
VP FINANCE/CFO	(ii)	137,215.	3,000.	454.	4,238.	5,653.		0	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
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	(ii)								

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 Open to Public Inspection

Name of the organization

EASTER SEAL SOCIETY OF NEBRASKA INC.

Employer identification number 47-0457872

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: PROGRAMS. FORM 990, PART VI, SECTION A, LINE 7A: THE EASTER SEALS BOARD MEMBERS ARE SELECTED BY THE VISITING NURSE HEALTH SERVICES BOARD OF DIRECTORS. FORM 990, PART VI, SECTION A, LINE 7B: CERTAIN ACTIVITIES AND DECISIONS OF THE BOARD "ARE SUBJECT TO AND REQUIRE THE APPROVAL AND CONSENT OF THE BOARD OF DIRECTORS OF THE VISITING NURSE HEALTH SERVICES", A RELATED ENTITY. ITEMS REQUIRING APPROVAL INCLUDE THE ORGANIZATION'S ANNUAL BUDGET, ANY CHANGES TO ITS ARTICLES OF INCORPORATION OR BYLAWS, AND CHANGE IN PURPOSE, MERGER, CONSOLIDATION OR DISSOLUTION, AMONG OTHERS. FORM 990, PART VI, SECTION B, LINE 11B: EASTER SEALS WILL SHARE THE FORM 990 WITH THE GOVERNING BODY PRIOR TO SUBMISSION. IF A REGULARLY SCHEDULED MEETING DOES NOT OCCUR BEFORE THE FORM 990 DEADLINE FOR SUBMISSION, THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS WILL REVIEW THE FORM 990 AND RELAY INFORMATION TO THE GOVERNING BODY AT THE NEXT REGULARLY SCHEDULED BOARD MEETING. THE CFO COORDINATES THE PREPARATION OF FORM 990 WITH AN OUTSIDE ACCOUNTING FIRM, AND REVIEWS A DRAFT COPY. THE FINAL VERSION OF THE FORM 990 WILL BE PROVIDED TO ALL BOARD MEMBERS. THE PRESIDENT/CEO AND THE VICE PRESIDENT-FINANCE/CFO WILL PROVIDE THE FORM 990 TO THE GOVERNING BODY.

Schedule O (Form 990 or 990-EZ) (2016) Page 2 Name of the organization **Employer identification number** EASTER SEAL SOCIETY OF NEBRASKA INC. 47-0457872 FORM 990, PART VI, SECTION B, LINE 12C: DIRECTORS, OFFICERS AND KEY EMPLOYEES COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY. ELECTRONIC COPIES ARE KEPT IN THE ADMINISTRATIVE OFFICE. MEMBERS OF THE BOARD OF DIRECTORS ARE AWARE OF THE POLICY AND EXCUSE THEMSELVES FROM ANY VOTES WHEN APPROPRIATE. THE CONFLICT OF INTEREST POLICY STATEMENTS ARE REVIEWED BY THE PRESIDENT AND CEO WHO MAKES HIMSELF AWARE OF ANY POTENTIAL CONFLICTS THAT MAY ARISE. ALL MEMBERS OF THE BOARD OF DIRECTORS AND LEADERSHIP TEAM COMPLETE AND SIGN CONFLICT OF INTEREST STATEMENTS. BOARD MEMBERS ARE REQUIRED BY THE BYLAWS TO DISCLOSE ANY POTENTIAL CONFLICTS OF INTEREST OR CONFLICT OF INTEREST TRANSACTIONS TO BE APPROVED BY BOARD VOTE. FORM 990, PART VI, SECTION B, LINE 15A: THE CEO IS COMPENSATED THROUGH VISITING NURSE ASSOCIATION OF THE MIDLANDS (VNAM), AN AFFLILIATE OF EASTER SEALS. THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS APPROVES THE COMPENSATION FOR THE CEO. SALARY COMPARISONS ARE CONDUCTED WHEN DETERMINED NECESSARY BY THE COMMITTEE; A PAID COMPARABILITY STUDY HAS BEEN USED, AND REVIEWS OF COMPARABLE ORGANIZATIONS' FORMS 990 HAVE BEEN DONE IN THE PAST, THE MOST RECENT IN 2016. A PERFORMANCE EVALUATION PROCESS IS COMPLETED ANNUALLY BY THE BOARD OF DIRECTORS AND THE EXECUTIVE COMMITTEE MAKES THE FINAL DETERMINATION ON THE CEO'S SALARY BASED ON THE EVALUATION PROCESS. ALL DISCUSSIONS ARE RECORDED IN COMMITTEE MINUTES. FORM 990, PART VI, SECTION C, LINE 19: AGENCY GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL

STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization EASTER SEAL SOCIETY OF NEBRASKA INC.	Employer identification number 47-0457872
FORM 990, PART XI, LINE 2C:	
THE FINANCE AND AUDIT COMMITTEE IS RESPONSIBLE FOR EVALUA	TION AND
OVERSIGHT OF THE FINANCIAL NEEDS AND STATUS OF EASTER SEA	LS AND FOR THE
ESTABLISHMENT AND REVIEW OF POLICIES DESIGNED TO MEET SUC	H NEEDS. THE
COMMITTEE REVIEWS AND RECOMMENDS APPROVAL OF THE ANNUAL C	PERATING AND
CAPITAL BUDGETS, REVIEWS AND RECOMMENDS APPROVAL TO THE E	ASTER SEALS
BOARD THE MONTHLY FINANCIAL PROGRESS TOWARD ANNUAL BUDGET	PLANS AS
REPORTED BY STAFF, ENSURES ACCURACY OF FINANCIAL REPORTIN	G INCLUDING
MONITORING OF INTERNAL CONTROLS, OVERSEES THE ACCOUNTING	AND FINANCIAL
REPORTING PROCESS AND THE INDEPENDENT AUDIT OF THE FINANC	IAL STATEMENTS
AND SELECTS, OVERSEES AND COMPENSATES THE EXTERNAL AUDITO	RS. THIS
PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.	
	A

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

➤ Attach to Form 990.

➤ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury

Internal Revenue Service

EASTER SEAL SOCIETY OF NEBRASKA INC.

Employer identification number 47-0457872

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

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
WIGHTIMO WINGE AGGOCTATION OF THE ACTION				501(c)(3))		Yes	No
VISITING NURSE ASSOCIATION OF THE MIDLANDS - 47-0690207, 12565 WEST CENTER ROAD STE 100, OMAHA, NE 68144	HOME CARE, HOSPICE,	NEBRASKA	502(0)(2)		VISITING NURSE		
VISITING NURSE FOUNDATION 47-0690846	I IIIICIA I	NEDRASAA	501(C)(3)	LINE 7	HEALTH SERVICES	X	
12565 WEST CENTER ROAD STE 100					VISITING NURSE		
OMAHA NE 68144	FUNDRAISING INVESTMENTS	NEBRASKA	501(C)(3)	LINE 12A, I	HEALTH SERVICES	х	
VISITING NURSE ASSOCIATION OF POTTAWATTAMIE							
COUNTY - 42-0681048, 822 S, MAIN STE 102,					VISITING NURSE		
COUNCIL BLUFFS, IA 51503	HOME CARE, PUBLIC HEALTH	AWOI	501(C)(3)	LINE 7	HEALTH SERVICES	Х	
VISITING NURSE HEALTH SERVICES - 47-0690286						T	
12565 WEST CENTER ROAD STE 100							
OMAHA NE 68144	HOME CARE PUBLIC HEALTH	NEBRASKA	501(C)(3)	LINE 7	N/A		x

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

Schedule R (Form 990) 2016

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(î)	())	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disprop alloca		Code V-UBI amount in box 20 of Schedule	General or Percentage managing ownership partner?	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	,]
							-				-
	_										
	\dashv										
Identification of Deleted C		1	<u> </u>								

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(j Sec 512(b contr enti	i) etion b)(13) rolled ity?
		countryj		,				Yes	No
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									ĺ
									1
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									ĺ
	}								
									ĺ
									-
									1
									1
200400 70 70 70		2.0		***************************************			<u> </u>		

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions	with one or more r	elated organizations listed	in Parts II-IV?		1	1	
a	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	***************************************			1a		Х	
b	Gift, grant, or capital contribution to related organization(s)		,,,,		1b		X	
¢	Gift, grant, or capital contribution from related organization(s)				1c	İ	X	
d	Loans or loan guarantees to or for related organization(s)				1d		X	
е	Loans or loan guarantees by related organization(s)			•••••	1e		X	
f	Dividends from related organization(s)							
'n	Dividends from related organization(s)				1f	-	X	
9 h	Sale of assets to related organization(s)				<u>1g</u>	-	X	
:	Purchase of assets from related organization(s)		••••••••••••••••••••••••••••••••		1h	ļ	X	
:	Exchange of assets with related organization(s)				<u>1i</u>	<u> </u>	X	
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1</u> j		X	
k	Lease of facilities, equipment, or other assets from related organization(s)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1k		х	
ł	Performance of services or membership or fundraising solicitations for related organ	nization(s)			11		Х	
n	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	Х		
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
0						X		
n	Reimbursement haid to related organization/s) for expanses							
~	Reimbursement paid to related organization(s) for expenses	·····	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u>1</u> p	X		
٦	Reimbursement paid by related organization(s) for expenses				<u>1g</u>	X		
r	Other transfer of cash or property to related organization(s)				1r		x	
s	Other transfer of cash or property from related organization(s)				1s		X	
2	If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instruction of the above is "Yes," see the instruction of the above is "Yes," and "Y	ho must complete t	his line, including covered	relationships and transaction thresholds	13	1	1 21	
	(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount	involved			
1) \	VISITING NURSE ASSOCIATION OF THE MIDLANDS	P	103,100.	FAIR MARKET VALUE				
2)								
						·		
3)								
4 1								
7]								
5)								
~ 1								
<u> 21</u>								

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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(e) Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations: Yes No	amount in box 20 of Schedule K-1	General or managing partner? Yes No	(k) Percentage ownership
	V**+/*-								

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Part VII	(Form 990) 2016 Supplemental Infor							
	Provide additional informa	ation for respon	ses to qu	estions on Sche	dule R	. See instructions	,	

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