

### **Boone & Associates LLC**

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January 16, 2024

Lift Up Sarpy 119 West Mission Ave Bellevue, NE 68005

Lift Up Sarpy:

Enclosed is the 2022 federal return for a tax-exempt organization, prepared for Lift Up Sarpy from the information provided. The return will be e-filed with the IRS once we receive a signed Form 8879-TE, IRS e-file Signature Authorization for an Exempt Organization.

The federal return reflects neither a refund nor a balance due.

Thank you for the opportunity to be of service. For further assistance with the organization's tax return needs, contact our office at (402)320-3825.

Sincerely,

Angeal T Boone, CPA Boone & Associates LLC

### Form **990**

### **Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public

_		2000				0000					
	For the	2022 calend	lar year, or tax year begi		07-	-01 , <b>2022</b> , a	and ending	<del></del>	06	-30 , <b>20</b>	23
В	Check if a	applicable:	C Name of organization L	ift Up Sarpy					D Emplo	yer identifica	tion number
Ц	Address of	change	Doing business as							61-150	1001
Ц	Name cha	ange	Number and street (or P.O. be	ox if mail is not delivered to s	treet address)		Room/suite		E Teleph	one number	
Ц	Initial retu	ırn	119 West Miss	ion Ave						(402)5	93-2259
Ц	Final retu	rn/terminated	City or town, state or province	e, country, and ZIP or foreign	postal code				<b>G</b> Gross	receipts	
Ц	Amended	return	Bellevue, NE	68005					\$		1,209,656
Ш	Application	n pending	F Name and address of principal	al officer:			H(	a) Is this a gr	oup return fo	r subordinates?	Yes X No
							Н(	<b>b)</b> Are all so	ubordinates	s included?	Yes No
<u> </u>	Tax-exem	npt status:	501(c)(3) 501(c) (	) (insert no.)	4947(a)(1) or	527		If "No," a	ttach a list	. See instruction	ons
J	Website:	,					H(	c) Group ex	xemption n	umber	
				sociation Other		L Year of format	ion: 2005	M St	tate of lega	I domicile:	NE
Pa	art I	Summar	•								
	1	Briefly descr	ribe the organization's miss	sion or most significan	t activities: Pro	ovide serv	rices fo	r at r	rish c	hildre	n and
a		families	of Sarpy County	. Build a netw	ork to comba	at communi	ty dete	riorat	ion a	nd juve	enile
Š		delinque	ncy.								
rna											
Governance	2		ox if the organization			of more than 25	5% of its net	t assets.			
	3		oting members of the gove	3 , , ,	,				3		5
Se	4		ndependent voting membe	3 3	, ,	,			4		5
Activities &	5	Total numbe	er of individuals employed i	n calendar year 2022	(Part V, line 2a)				5		0
\cti	6		er of volunteers (estimate if	• ,					6		
1	7a	Total unrelat	ted business revenue from	Part VIII, column (C),	line 12				7a		0
	b	Net unrelate	ed business taxable income	e from Form 990-T, Pa	art I, line 11				7b		0
							P	Prior Year		Curr	rent Year
	8		s and grants (Part VIII, line	•				954	,707		1,208,765
ne	9	Program ser	rvice revenue (Part VIII, lin	e 2g)							0
Revenue	10										891
æ	11	Other revenu	ue (Part VIII, column (A), li	nes 5, 6d, 8c, 9c, 10c,	and 11e)						0
	12	Total revenu	ue - add lines 8 through 11	(must equal Part VIII,	column (A), line 12	2)		956	,446		1,209,656
	13	Grants and s	similar amounts paid (Part	IX, column (A), lines 1	-3)			642	,814		976,435
	14	Benefits paid	d to or for members (Part I	X, column (A), line 4)							0
"	15	Salaries, oth	ner compensation, employe	e benefits (Part IX, co	lumn (A), lines 5-1	0)		129	,323		177,028
Expenses	16a	Professional	I fundraising fees (Part IX,	column (A), line 11e)							0
beu	b	Total fundra	ising expenses (Part IX, co	olumn (D), line 25)		9,818					
Щ	17	Other expen	ises (Part IX, column (A), li	nes 11a-11d, 11f-24e)				217	,080		272,498
	18	Total expens	ses. Add lines 13-17 (mus	t equal Part IX, colum	n (A), line 25) .			989	,217		1,425,961
	19	Revenue les	ss expenses. Subtract line	18 from line 12				(32	,771)		(216,305)
5	Ses						Beginnin	ng of Curre	nt Year	End	of Year
sets	<u> </u>		( ,						,579		157,764
Net Assets or	열 21		( ,,,						,222		3,712
			or fund balances. Subtract	t line 21 from line 20				370	,357		154,052
	art II		ire Block								
			clare that I have examined this reticlare that I have examined this reticlaration of preparer (other than of				of my knowled	ge and belle	er, it is		
Sig	ın		IN ROSAS								
		Signature of office							Date	)	
He	re		IN ROSAS, Treasu	rer							
		Type or print na		I Daniel I de la constante de		D.				DTIN	
_		Print/Type pre	eparer's name	Preparer's signature		Date		Check	if	PTIN	
Pai			T Boone, CPA	Angeal T Boon	e, CPA	01-16-20	24	self-emp	loyed	P0017	2338
	parer		Boone &	Associates LL	C		Firm's	s EIN			
Us	e Only	Firm's addres	is 11225 Da	avenport St St	e 108		Phon	e no.			
			Omaha Ni						402-3	20-3825	
May	the IR	S discuss this	return with the preparer sl	hown above? See inst	ructions					X	Yes No

## Form 990 (2022) Lift Up Sarpy Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
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		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		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		v
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		Х
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	•		
	complete Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		x
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
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
C	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f		v
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	- '''		Х
124	Schedule D, Parts XI and XII	12a		x
b		124		-
-	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
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		х
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		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	4.0		
00	If "Yes," complete Schedule G, Part III	19		X
20 a		20a		X
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	active go. Strinion of the activity constituting transfer to the transfer of the transfer and the transfer of			- 22

2) Lift Up Sarpy
Checklist of Required Schedules (continued) Part IV

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		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 last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	04-		
	to defease any tax-exempt bonds?	24c		
d 25a	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		37
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	ZJa		X
b	vear, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L,			
	Part IV, instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	~-		
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and	20		
Dan	19? Note: All Form 990 filers are required to complete Schedule O	38	Х	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Check if Schedule O contains a response of note to any lifte In this Part V		Yes	NI-
12	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		162	No
1a h	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Did the organization comply with backup withholding rules for reportable payments to vendors and			
С	reportable gaming (gambling) winnings to prize winners?	1c		
	repentation garring (garriening) within go to prize without.			

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
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			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
<b>L</b>	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	- Ch		
7	·	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		v
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Х
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	10		
·	required to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		х
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.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders	_		
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a		
а	Note: See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
b	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule Q	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		х
	If "Yes," see the instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.			
17	Section 501(c)(21) organizations. Did the trust, or any any disqualified or other person engage in any activities			
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		
	If "Yes " complete Form 6069			

Pa	art VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a "N	lo"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instru	ctions.		
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	ction 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	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 on Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	. 2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, trustees, or key employees to a management company or other person?	. 3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. 5		х
6	Did the organization have members or stockholders?	. 6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	. 78	3	x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	. 71	)	х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	. 8	a X	
b	Each committee with authority to act on behalf of the governing body?	. 81	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule Q	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	.   9		
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		Yes	
	Did the organization have local chapters, branches, or affiliates?	. 10	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	. 10	Yes a b	No
10a b 11a	Did the organization have local chapters, branches, or affiliates?	. 10	Yes a b	No
10a b 11a b	Did the organization have local chapters, branches, or affiliates?	. 10	Yes a b	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?	. 10 . 10 . 11a	Yes a b a x	No
10a b 11a b 12a b	Did the organization have local chapters, branches, or affiliates?	. 10 . 10 . 11a	Yes a b a x a x	No
10a b 11a b 12a	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	. 10 . 10 . 11a . 12	Yes a b a X a X b X	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	. 10 . 10 . 11a . 12 . 12	Yes a b a X a X b X	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?	. 10 . 10 . 11a . 12 . 12 . 12	Yes a b a X b X c X B X	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?	. 10 . 10 . 11a . 12 . 12 . 12	Yes a b a X a X b X c X B X	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by	. 10 . 10 . 11a . 12 . 12 . 12	Yes a b a X b X c X B X	No
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	. 10 . 10 . 11 . 12 . 12 . 12 . 12	Yes a b a x a x b x c x x x x x	No x
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official	. 10 . 10 . 11 . 12 . 12 . 12 . 12 . 15	Yes a b a x a x b x c x x x x x	No X
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization	. 10 . 10 . 11 . 12 . 12 . 12 . 12 . 15	Yes a b a x a x b x c x x x x x	No x
10a b 11a b 12a b c	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.	. 10 . 10 . 11 . 12 . 12 . 12 . 12 . 15	Yes a b a x a x b x c x x x x x	No X
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	. 10 . 11 . 12 . 12 . 12 . 15 . 15	Yes a b a x a x b x c x 3 x 4 x	No x
10a b 11a b 12a c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	. 10 . 11 . 12 . 12 . 12 . 15 . 15	Yes a b a x a x b x c x 3 x 4 x	No X
10a b 11a b 12a c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	. 10 . 11 . 12 . 12 . 12 . 15 . 15	Yes a b a x a x b x c x 3 x 4 x	No x
10a b 11a b 12a c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	. 10 . 10 . 11 . 12 . 12 . 12 . 15 . 15	Yes a b a x a x b x c x s x t x a b	No x
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	. 10 . 10 . 11 . 12 . 12 . 12 . 15 . 15	Yes a b a x a x b x c x s x t x a b	No x
10a b 11a b 12a b c 13 14 15 a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	. 10 . 10 . 11 . 12 . 12 . 12 . 15 . 15	Yes a b a x a x b x c x s x t x a b	No x
10a b 11a b 12a b c 13 14 15	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  Describe on Schedule O the process, if any, used by the organization to review this Form 990.  Did the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	. 10 . 10 . 11 . 12 . 12 . 12 . 15 . 15	Yes a b a x a x b x c x s x t x a b	No x

### S

17	List the state	es with which	a copy of the	nis Form 990	) is require	d to be filed
----	----------------	---------------	---------------	--------------	--------------	---------------

Own website Another's website ☐ Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19

and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records. Form 990 (2022) Lift Up Sarpy 61-1501001 Page 7

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

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

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

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

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

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

	(C)									
(A)	(B)	Position (do not check more than one		(D)	(E)	(F)				
Name and title	Average	•				nan one s both an		Reportable	Reportable	Estimated amount
	hours					/trustee)		compensation	compensation	of other
	per week							from the organization (W-2/	from related organizations (W-2/	compensation from the
	(list any hours for	or c	employee Key employee Officer Institutional truste Individual trustee or director		em]	Former	1099-MISC/	1099-MISC/	organization and	
	related	lirec	itutio	cer	em/	hest	mer	1099-NEC)	1099-NEC)	related organizations
	organizations	or tr	onal		Key employee	com				
	below	stee	Institutional trustee		e	pens				
	dotted line)		e e			Highest compensated employee				
						٦				
(1) Deanna Wagner	2.00									
Member		х						0	0	0
(2) Deb Anderson	2.00									
Member		х						0	0	0
(3) Angie Lauritsen	2.00									
President		х						0	0	0
(4) Jeffrey Wagner	2.00									
Secretary		х		х				0	0	0
(5) Tanya Gifford	2.00									
Executive Director		х		х				0	0	0
(6) Efrain Rosas	2.00									
Treasurer		Х		х				0	0	0
(7) Bruce Fountain	2.00									
Member				х				0	0	0
(8) Walter Garcia	2.00									
Member				х				0	0	0
(9) Ilissa Talkington	2.00									
Member				х				0	0	0
(10)Scott Mertz	2.00									
Vice President				х				0	0	0
(11)Ceci_Khondowe	2.00									
Member				х				0	0	0
(12)Dawn_Herlacher	2.00									
Member				х				0	0	0
(13)Darla Berger	2.00									
Member				х				0	0	0
<u>(14)</u>	L									

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Part VII Section A. Officers, Directors, 1	rustees,	Key I	=m		yee (C)	s, ar	nd h	∃ighest Comp │	ensated	Emplo	yees (	continued)
(A) Name and title	(B) Average hours per week (list any	(B) Position (do not check more than one box, unless person is both an officer and a director/trustee) reveek						(D)  Reportable compensation from the organization (W-2/1099-MISC/	(E)  Reportable compensation from related organizations (W-2/1099-MISC/	tion ed s (W-2/	Estimate of compe from	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	1099-NEC)	1099-NEC		-	ation and
<u>(15)</u>												
<u>(16)</u>												
(17)												
<u>(18)</u>												
<u>(19)</u>												
<u>(20)</u>												
<u>(21)</u>												
(22)												
(23)												
<u>(24)</u>												
(25)												
1b Subtotal							•					
d Total (add lines 1b and 1c)							· •	0		0		0
2 Total number of individuals (including but not limi reportable compensation from the organization	ted to those	listed a	bove	e) w	ho re	eceive	d mo	ore than \$100,000	of			0
3 Did the organization list any <b>former</b> officer, direct	ctor, trustee,	key en	nplo	yee,	or h	ighes	t cor	mpensated			Y	es No
employee on line 1a? If "Yes," complete Schedu											3	x
4 For any individual listed on line 1a, is the sum of r organization and related organizations greater the	nan \$150,000	)? <i>If</i> "Y	es,"	' con	nplei	te Sch	edu	le J for such				
<ul><li>individual</li></ul>											4	Х
for services rendered to the organization? If "Ye	s," complete	Sched	lule .	J for	suc	h pers	son		<u></u>		5	х
Section B. Independent Contractors  1 Complete this table for your five highest compensations.	ated indepen	dent co	ntra	ctors	tha	t recei	ved	more than \$100.00	)() of			
compensation from the organization. Report comp										x year.		
(A)								(B)		-	(C)	
Name and business addre	JJ							Description of service			Compensation	лі. 
2 Total number of independent contractors (including received more than \$100,000 of compensation from	-			se lis	ited a	above	) wh	0				

61-1501001

Form 990 (2022) Lift Up Sarpy
Part VIII Statement of Revenue

		Check if Schedule O co	ntains a respons	e or n	ote to any line in thi	S Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns .  Membership dues  Fundraising events  Related organizations .  Government grants (contri All other contributions, gift and similar amounts not in		1a 1b 1c 1d 1e	19,823				
Contrib and Oth	g h	Noncash contributions inc lines 1a-1f Total. Add lines 1a-1f		1g		1,208,765			
Program Service Revenue	g	All other program service r Total. Add lines 2a-2f	evenue						
	b c	Rental income or (loss)	tax-exempt bond	· · · · · · · · · · · · · · · · · · ·	eeds	891	891		
venue	7a b	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	7a 7b 7c	es	(ii) Other				
Other Reve	8a b	Net gain or (loss) Gross income from fundraisevents (not including \$ of contributions reported or 1c). See Part IV, line 18 Less: direct expenses . Net income or (loss) from from the second or the seco	19,823 n line	8a 8b					
	9a b c	Gross income from gaming activities, See Part IV, line Less: direct expenses . Net income or (loss) from gross sales of inventory, le	19	9a 9b					
ह्य		retums and allowances . Less: cost of goods sold Net income or (loss) from s		10a 10b					
Miscellanous Revenue	b c d e	All other revenue Total. Add lines 11a-11d Total revenue. See instruc				1,209,656	891	0	0

### Part IX Statement of Functional Expenses

C4: F04(-)(2) F04(-)(4)		!	
Section Surici(3) and Surici(4)	organizations must complete all	columns. All other organizations	must complete column (A)
00011011 00 1(0)(0) 4114 00 1(0)(1)	organizatione made complete an	columno i in cultor organizatione	made dompided dominin (7 t).

_	Check if Schedule O contains a response or note to	olumns. All other organ	•		Γ
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
•	and domestic governments. See Part IV, line 21	30,598	30,598		
2	Grants and other assistance to domestic	30,396	30,396		
2		045 937	045 937		
•	individuals. See Part IV, line 22	945,837	945,837		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
_	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	176,578		176,578	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	450		450	
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	183,800		173,982	9,818
b	Legal				
С	Accounting	5,366		5,366	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17 .				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	19,335	19,335		
12	Advertising and promotion	1,983	1,983		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	25,730		25,730	
17	Travel	539	539	Í	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,453	3,453		
20	Interest	0,100	0,100		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	3,109		3,109	
23	Insurance	3,366	3,366	3,109	
24	Other expenses. Itemize expenses not covered	37300	37300		
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A), amount, list line 24e expenses on Schedule O.)				
а	BANK FEES	899		899	
a b	FILING FEES	28		28	
	DUES	352		352	
Q C					
d	MILEAGE All other expenses	1,754	1 (10	1,754	
e 25	All other expenses	22,784	1,612	21,172	
25 26	Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the	1,425,961	1,006,723	409,420	9,818
20	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)				

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Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	282,961	1	72,851
	2	Savings and temporary cash investments		2	, _ ,
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	90,100	4	72,504
	5	Loans and other receivables from any current or former officer, director,	50,100	-	72,301
	J	trustee, key employee, creator or founder, substantial contributor, or 35%			
				5	
	c	· · · · · · · · · · · · · · · · · · ·		3	
	6	Loans and other receivables from other disqualified persons (as defined		_	
	_	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
S	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
ĕ	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 51,777			
	b	Less: accumulated depreciation	14,020	10c	11,144
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	1,498	14	1,265
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 33)	388,579	16	157,764
	17	Accounts payable and accrued expenses	733	17	733
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
w	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abil		controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties	17,489	24	2,979
	25	Other liabilities (including federal income tax, payables to related third			=,,,,
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	18,222	26	3,712
		Organizations that follow FASB ASC 958, check here	20,222		37,22
		and complete lines 27, 28, 32, and 33.			
Ses	27	Net assets without donor restrictions	370,357	27	154,052
anc	28	Net assets with donor restrictions	370,337	28	131,032
Ba	20	Organizations that do not follow FASB ASC 958, check here		20	
힏					
Ę	20	and complete lines 29 through 33.		20	
S OI	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated income, or other funds	252 255	31	454 050
Net	32	Total liebilities and act acceptational beloace	370,357	32	154,052
	33	Total liabilities and net assets/fund balances	388,579	33	157,764

EEA Form **990** (2022)

	1990 (2022) Lift Up Sarpy	61-15	<u>01001</u>		Pa	age 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,	209,	656
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,	425,	961
3	Revenue less expenses. Subtract line 2 from line 1	3		(	216,	305
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			370,	357
5	Net unrealized gains (losses) on investments	5				
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 on Schedule O)	9				0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10			154,	052
Pa	rt XII Financial Statements and Reporting		•			
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
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 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		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

EEA

Form **990** (2022)

#### SCHEDULE A (Form 990)

### **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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

**Employer identification number** 

Lift Up Sarpy 61-1501001 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).) 2 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: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.) 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: 🗵 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. С Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) above (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) Total

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 (e) 2022 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf ..... The value of services or facilities furnished by a governmental unit to the organization without charge .... **Total.** Add lines 1 through 3 . . . . . The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .... Public support. Subtract line 5 from line 4. Section B. Total Support (e) 2022 (f) Total Calendar year (or fiscal year beginning in) (a) 2018 **(b)** 2019 (c) 2020 (d) 2021 Amounts from line 4 . . . . . . . . . . 7 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...... 9 Net income from unrelated business activities, whether or not the business is regularly carried on . . . . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . . . . . . . . . 11 **Total support.** Add lines 7 through 10 12 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage % 14 Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) . . . . . . 15 Public support percentage from 2021 Schedule A, Part II, line 14 .......... 15 16a 33 1/3% support test - 2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 

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

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### 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.)

Secti	on A. Public Support			•	•		
Calen	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	712,979	813,883	960,435	1,178,009	1,208,765	4,874,071
2	Gross receipts from admissions, merchandise sold or services performed, or facilities fumished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						-
Ū	furnished by a governmental unit to the						
	organization without charge						
6	<b>Total.</b> Add lines 1 through 5	712,979	813,883	960,435	1,178,009	1,208,765	4,874,071
-	Amounts included on lines 1, 2, and 3	112,919	013,003	900,433	1,170,009	1,200,703	4,874,071
<i>,</i> a	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
0							4 074 071
Secti	on B. Total Support						4,874,071
	dar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	<b>(e)</b> 2022	(f) Total
9	Amounts from line 6				_ ` ·		
10a	Gross income from interest, dividends,	712,979	813,883	960,435	1,178,009	1,208,765	4,874,071
IUa							
	payments received on securities loans, rents,					001	001
h	royalties, and income from similar sources .					891	891
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						221
C	Add lines 10a and 10b					891	891
11	Net income from unrelated business						
	activities not included on line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)				-		
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	712,979	813,883		1,178,009		4,874,962
14	First 5 years. If the Form 990 is for the or						
0 1'	organization, check this box and stop her						
	on C. Computation of Public Suppor			0 1 (0)		4-	
15	Public support percentage for 2022 (line 8						99.98 %
16	Public support percentage from 2021 Sch					16	100.00 %
	on D. Computation of Investment Inc			l: 40 :	(0)	4-	
17	Investment income percentage for 2022 (I			-			0.00 %
18	Investment income percentage from 2021					18	0.00 %
19a	<b>33 1/3% support tests - 2022.</b> If the orga						
	17 is not more than 33 1/3%, check this be	=	-		-		
b	33 1/3% support tests - 2021. If the organizati						
	line 18 is not more than 33 1/3%, check this bo	-	-			-	
20	Private foundation. If the organization die	d not check a b	oox on line 14,	19a, or 19b, c	theck this box	and see instruc	tions 📋

Schedule A (Form 990) 2022 Page 4 Lift Up Sarpy 61-1501001

#### Part IV **Supporting Organizations**

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

### S

ecti	on A. All Supporting Organizations			
	•		Yes	No
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.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the			
	organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)			
	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
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 lines 4b and 4c below.	4a		
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.	4b		
С	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 <b>Part VI</b> 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.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line			
	7? If "Yes," complete Part I of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	9a		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		
I0a	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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			

10b

determine whether the organization had excess business holdings.)

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Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in <b>Part VI.</b>	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	e inst	ructio	ons).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruc	ctions)		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would			
	have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b		

Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization	ganiz	zations	
1	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	trust	on Nov. 20, 1970 <i>(expi</i>	lain in <b>Part VI</b> ). <b>See</b>
	instructions. All other Type III non-functionally integrated supporting organ	izatio	ns must complete Secti	ons A through E.
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
	Not short torm capital gain	1		(optional)
2	Net short-term capital gain Recoveries of prior-year distributions	2		
	· · ·	3		
3	Other gross income (see instructions)			
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	Total (add lines 1a, 1b, and 1c)	1d		
	<b>Discount</b> claimed for blockage or other factors			
	(explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
•	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Millimum Asset Amount (add line 7 to line 0)	- 0		
Secti	on C - Distributable Amount			Current Year
1_	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	ally int	egrated Type III suppor	ting organization

EEA Schedule A (Form 990) 2022

(see instructions).

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Section D - Distributions Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity 3 Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) - provide details in Part VI) 5 Other distributions (describe in Part VI). See instructions. 6 Total annual distributions. Add lines 1 through 6. 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 8 Distributable amount for 2022 from Section C, line 6 9 9 Line 8 amount divided by line 9 amount 10 10

10	Line 8 amount divided by line 9 amount		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1_	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2022			
a	From 2017			
b	From 2018			
C	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
C	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
C	Excess from 2020			
d	Excess from 2021			
e	Excess from 2022			

EEA Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

## Schedule B (Form 990)

### **Schedule of Contributors**

OMB No. 1545-0047

**Employer identification number** 

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

2022

Lift Up Sarpy 61-1501001 Organization type (check one): Filers of: Section: Form 990 or 990-EZ X 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule 🗵 For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization Employer identification number

61-1501001 Lift Up Sarpy

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
_1_	CITY OF BELLEVUE CDBG GRANT  1500 WALL STREET  Bellevue NE 68005	\$\$	Person 🕱 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
2	Midlands Community Foundation  217 N Jefferson St  Papillion NE 68046	\$12,548	Person 🛣 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
3	Nebraska Children & Families Found  215 Centennial Mall S Ste 200  Lincoln NE 68508	\$\$	Person 🕱 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
4	Thanksgiving Church  3702 370th Plaza  Bellevue NE 68005	\$8,300	Person   Payroll   Noncash   (Complete Part II for noncash contributions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person				

## 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.

0.000

2022

Open to Public Inspection

Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service **Employer identification number** Name of the organization Lift Up Sarpy 61-1501001 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) . . . . 3 Aggregate value of grants from (during year) . . . . . 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a 2b Number of conservation easements on a certified historic structure included in (a) . . . . . . . . . . . . . . . Number of conservation easements included in (c) acquired after July 25, 2006, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and 9 balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: 

Par	t III Organizations Maintaining Co	ollections of Art, His	storical Trea	isures, or O	ther Similar Ass	ets (co	ntinu	ıed)
3	Using the organization's acquisition, accession,	and other records, check	any of the follow	ing that make si	gnificant use of its			
	collection items (check all that apply):							
а	☐ Public exhibition	d	Loan or exc	change program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's collection	ctions and explain how the	ey further the org	ganization's exer	npt purpose in Part			
	XIII.							
5	During the year, did the organization solicit or re	eceive donations of art, his	torical treasures	, or other similar				
	assets to be sold to raise funds rather than to be					Yes	;	No
Par	t IV Escrow and Custodial Arrang							
	Complete if the organization and	swered "Yes" on For	m 990, Part	IV, line 9, or	reported an amo	unt on	Form	ı
	990, Part X, line 21.				•			
1a	Is the organization an agent, trustee, custodian of	or other intermediary for co	ontributions or o	ther assets not				
	included on Form 990, Part X?					Yes	; 🗌	No
b	If "Yes," explain the arrangement in Part XIII and	d complete the following to	able:					
					Amo	unt		
С	Beginning balance			10	С			
d	Additions during the year			10	d			
е	Distributions during the year			10	е			
f	Ending balance			11	f			
2a	Did the organization include an amount on Form	n 990, Part X, line 21, for e	scrow or custod	ial account liabili	ity?	Yes	<b>.</b>	No
b	If "Yes," explain the arrangement in Part XIII. Cl	heck here if the explanation	n has been prov	rided on Part XIII	1			
Par	t V Endowment Funds.							
	Complete if the organization and	swered "Yes" on For	m 990, Part	IV, line 10.				
		(a) Current year (b) F	rior year (c)	Two years back	(d) Three years back	(e) Four	years b	ack
1a	Beginning of year balance							
b	Contributions							
С	Net investment earnings, gains, and							
	losses							
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the current	year end balance (line 1g	, column (a)) he	ld as:				
а	Board designated or quasi-endowment	<u></u> %						
b	Permanent endowment%							
С	Term endowment%							
	The percentages on lines 2a, 2b, and 2c should	equal 100%.						
3a	Are there endowment funds not in the possessi	ion of the organization that	are held and ad	lministered for th	ie	_		
	organization by:						Yes	No
	(i) Unrelated organizations					3a(i)		
	(ii) Related organizations					3a(ii)		
b	If "Yes" on line 3a(ii), are the related organization	ons listed as required on S	chedule R?			3b		
4	Describe in Part XIII the intended uses of the or	rganization's endowment t	unds.					
Par	t VI Land, Buildings, and Equipme	ent.						
	Complete if the organization and	swered "Yes" on For	m 990, Part	IV, line 11a.	See Form 990, F	'art X, I	ine 1	0.
	Description of property	(a) Cost or other basis	(b) Cost or other	r basis (c)	Accumulated	(d) Book	value	
		(investment)	(other)	C	depreciation			
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment	51,777			40,633		11,1	L44
ее	Other							
Total	Add lines 1a through 1e. (Column (d) must equa	al Form 990 Part X colu	mn (R) line 10c	)			11 1	144

Schedule D (Form 990) 2022 Lift Up Sarpy		<b>61-1501001</b> Page <b>3</b>
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lin	e 11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		

				+			
	eld equity interests	• • • • • • •					
(3) Other							
(A)							
(B)							
(C)							
(D)							
(E)							
(F)							
(G)							
(H)	(1)						
	n (b) must equal Form 990, Part X, col. (B) line 12.)	)					
Part VIII	Investments - Program Related.	\/   <b>-</b>	000 D	N / 1!	. 44a Caa E	000 Dt V I	10
	Complete if the organization answered	"Yes" on Forr	n 990, Part	IV, IIN	11c. See F	orm 990, Part X, II	ne 13.
	(a) Description of investment		(b) Book va	llue	•	c) Method of valuation: or end-of-year market value	
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 13.)	)					
Part IX	Other Assets.						
	Complete if the organization answered	"Yes" on Forr	n 990, Part	IV, line	11d. See F	orm 990, Part X, li	ne 15.
	(a) Des		•	•		(b) Book va	
(1)	.,	•					
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	n (b) must equal Form 990, Part X, col. (B) line 15.)	)					
Part X	Other Liabilities.					<u>'</u>	
	Complete if the organization answered	"Yes" on Forr	n 990, Part	IV, line	e 11e or 11f.	See Form 990, Pa	art X,
	line 25.						
1.	(a) Description of liability	(b) Book va	alue				
(1) Federal i	ncome taxes						
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
	(b) must equal Form 990, Part X, col. (B) line 25.)						
1	, , , , , , , , , , , , , , , , , , , ,						

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII. . . . . . Schedule D (Form 990) 2022 EEA

Part		-	Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part			er Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	art IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).		5	
Part	XIII Supplemental Information.			
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1	nes 1b and 2b; Part V, line 4; F	Part X, line	
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	/ additional information.		

Schedule D (Form 990) 2022

### **SCHEDULE G** (Form 990)

#### Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public

Department of the Treasury Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Employer identification number Name of the organization Lift Up Sarpy 61-1501001 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations Solicitation of government grants b Phone solicitations Special fundraising events С d In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, 2a Yes No or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be b compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (iv) Gross receipts (i) Name and address of individual (or retained by) custody or control of (or retained by) (ii) Activity from activity or entity (fundraiser) fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

10a

If "Yes," explain:

Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

## SCHEDULE O (Form 990)

### 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Employer identification number

Lift Up Sarpy	61-1501001					
01. Form 990 governing body review (Part VI, line 11)						
Copy of 990 presented at Board Meeting before filing.						
02. Conflict of interest policy compliance (Part VI, line 12c)						
Conflict of interest policy is complied with.						
03. Form 990 availability to public (Part VI, line 18)						
990 is available to the public upon request.						
04. Governing documents, etc, available to public (Part VI, line 19)						
Governing documents are available upon request.						

## Form **4562**

Department of the Treasury

Internal Revenue Service

### **Depreciation and Amortization**

#### (Including Information on Listed Property)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return FORM 990 - 1 61-1501001 Lift Up Sarpy **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 6 (a) Description of property (b) Cost (business use only) Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 10 Carryover of disallowed deduction from line 13 of your 2021 Form 4562 ............. 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . . . . 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2023. Add lines 9 and 10, less line 12 . . . Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 15 16 2,876 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2022 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2022 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property d 10-year property e 15-year property 20-year property g 25-year property 25 yrs. S/L h Residential rental 27.5 yrs. MM S/I 27.5 yrs. MM S/L property S/L i Nonresidential real 39 yrs. MM MM S/L property Section C - Assets Placed in Service During 2022 Tax Year Using the Alternative Depreciation System 20a Class life S/L S/L 12 yrs. **b** 12-year c 30-year 30 yrs. MM S/L S/L d 40-vear 40 vrs. Part IV Summary (See instructions.) 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions 2,876 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Form 4562 (2022) 61-1501001 Lift Up Sarpy Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (e) (i) (b) (g) Business/ Basis for depreciation Type of property (list Date placed Depreciation Elected section 179 Recovery Method/ Cost or other basis (business/investment period Convention deduction vehicles first) in service cost percentage use only) 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions . . . . . Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use: S/L-S/L-% S/L-28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (f) (a) (b) (c) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 30 Total business/investment miles driven during the year (don't include commuting miles) . . 31 Total commuting miles driven during the year. **32** Total other personal (noncommuting) miles driven . . . . . . . . . . . . . . . . . . 33 Total miles driven during the year. Add lines 30 through 32 . . . . . . . . . . . . . 34 Was the vehicle available for personal Yes No Yes No Yes No Yes No Yes No Yes No use during off-duty hours? . . . . . . . 35 Was the vehicle used primarily by a more than 5% owner or related person?.... Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (e) Amortization (b) (d) (a) (c) Date amortization Description of costs Amortization for this year Amortizable amount Code section period or percentage 42 Amortization of costs that begins during your 2022 tax year (see instructions):

43 Amortization of costs that began before your 2022 tax year . . . . . . . . . .

**Total.** Add amounts in column (f). See the instructions for where to report

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### Form **8879-TE**

# IRS *e-file* Signature Authorization for a Tax Exempt Entity

For calendar year 2022, or fiscal year beginning 07-01 , 2022, and ending 06-30 , 2023

Do not send to the IRS. Keep for your records.

2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form8879TE for the latest information.

Name of filer	EIN OF SSN
Lift Up Sarpy	61-1501001
Name and title of officer or person subject to tax	
EFRAIN ROSAS, Treasurer	
Part I Type of Return and Return Information	
Check the box for the retum for which you are using this Form 8879-TE and enter the applicable amount, if any, 3038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If yo 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form w 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on applicable line below. Do not complete more than one line in Part I.	u check the box on line <b>1a, 2a,</b> as blank, then leave line <b>1b, 2b,</b>
1a Form 990 check here x b Total revenue, if any (Form 990, Part VIII, column (A), line	e 12) <b>1b 1,209,656</b>
2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9)	2b
3a Form 1120-POL check here D b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V	, line 5) <b> 4b</b>
<b>5a</b> Form <b>8868</b> check here	5b
6a Form 990-T check here D b Total tax (Form 990-T, Part III, line 4)	6b
7a Form 4720 check here D b Total tax (Form 4720, Part III, line 1)	7b
8a Form 5227 check here D b FMV of assets at end of tax year (Form 5227, Item D) .	8b
<b>9a</b> Form 5330 check here	
10a Form 8038-CP check here D b Amount of credit payment requested (Form 8038-CP, F	
Part II Declaration and Signature Authorization of Officer or Person Subject to	
Inder penalties of perjury, I declare that I am an officer of the above entity or I am a person s	ubject to tax with respect to (name
of entity) , (EIN) ar	nd that I have examined a copy of the
return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S I-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and electronic funds withdrawal.	cial institutions involved in the and resolve issues related to
PIN: check one box only	
I authorize to enter my PIN	as my signature
ERO firm name	Enter five numbers, but to not enter all zeros
on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementione return's disclosure consent screen.	
As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the filed return. If I have indicated within this return that a copy of the return is being filed with a state agency of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	
11111	Dete
Signature of officer or person subject to tax	Date 11-09-2023
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.  473288 88360	
Do not enter a	
certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return ind am submitting this return in accordance with the requirements of <b>Pub. 4163</b> , Modernized e-File (MeF) Information Providers for Business Returns.	
RO's signature Angeal T Boone, CPA Date	01-16-2024
ERO Must Retain This Form - See Instructions	

## Deprecia

### **Depreciation Detail Listing**

Management & General

(This page is not filed with the return. It is for your records only.)

2022

PAGE 1

Name(s) as shown on return

\* Item is included in UBIA for Section 199A calculations.

See "UBIA" in lower right corner.

Social security number/EIN

3 COMPUTER 11262014 1,164 100.00 1,164 5 0 1,164 1,164 1,164 4 FURNITURE & APPLIANCE 01302015 6,053 100.00 0 6,053 7 0 0 6,053 6,053 5 DOORS 05152015 2,792 100.00 2,792 15 SL HY 6.667 1,353 186 1,539 186		Lift Up Sarpy										61	61-1501001			
2 IMPROVEMENTS 03062012 40,353 100.00 40,353 15 SL HY 6.667 27,772 2,690 30,462 2,690 3 COMPUTER 11262014 1,164 100.00 1,164 5 0 0 1,164 1,164 4 FURNITURE & APPLIANCE 01302015 6,053 100.00 05152015 2,792 100.00 2,792 15 SL HY 6.667 1,353 186 1,539 186	No.	Description	Date	Cost						Life	Method	Rate				
3 COMPUTER 11262014 1,164 100.00 1,164 5 0 1,164 1,164 1,164 4 FURNITURE & APPLIANCE 01302015 6,053 100.00 2,792 15 SL HY 6.667 1,353 186 1,539 186	1	COLOR PRINTER	11032009	1,415		100.00			1,415	5		0	1,415		1,415	
4 FURNITURE & APPLIANCE 01302015 6,053 100.00 6,053 7 0 6,053 6,053 6,053 5 DOORS 05152015 2,792 100.00 2,792 15 SL HY 6.667 1,353 186 1,539 186	2	IMPROVEMENTS	03062012	40,353		100.00			40,353	15	SL HY	6.667	27,772	2,690	30,462	2,690
5 DOORS 05152015 2,792 100.00 2,792 15 SL HY 6.667 1,353 186 1,539 186	3	COMPUTER	11262014	1,164		100.00			1,164	5		0	1,164		1,164	
	4	FURNITURE & APPLIANCE	01302015	6,053		100.00			6,053	7		0	6,053		6,053	
6 PLANNING COSTS 11282014 3,500 100.00 3,500 15 MMT-ANT 6.6667 2,002 233 2.235 233	5	DOORS	05152015	2,792		100.00			2,792	15	SL HY	6.667	1,353	186	1,539	186
	6	PLANNING COSTS	11262014	3,500		100.00			3,500	15	AMT-AMT	6.6667	2,002	233	2,235	233
Totals 55,277 55,277 39,759 3,109 42,868 3,109		Totals		55,277					55,277				39,759	3,109	42,868	3,109

3,109