EIDE BAILLY LLP 18081 BURT ST STE 200 OMAHA, NE 68022-4722

> NEBRASKA LUTHERAN OUTDOOR MINISTRIES, INC. 27416 RANCH RD ASHLAND, NE 68003

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** PUBLIC DISCLOSURE COPY **
Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	For the	e 2022 calendar year, or tax year beginning and	ending				
B	Check if applicable	C Name of organization NEBRASKA LUTHERAN OUTDOOR		D Employer identifie	cation number		
	Addre	S NINIGERIA INC					
	Name chang			47-04883	19		
	Initial return Final return	Number and street (or P.O. box if mail is not delivered to street address) 27416 RANCH RD					
	termin ated			G Gross receipts \$	4,039,600.		
	Ameno	, , , , , , , , , , , , , , , , , , ,		H(a) Is this a group re			
	Application	F Name and address of principal officer: JASON GERDES			? Yes X No		
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in			
1	Гах-ех	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) c	or 527	If "No," attach a	list. See instructions		
	Websit			H(c) Group exemptio			
		organization: X Corporation Trust Association Other	L Year	of formation: 1979 N	A State of legal domicile: NE		
Pa	art I	Summary					
ø	1	Briefly describe the organization's mission or most significant activities: $\underline{\mathtt{SEE}}$	SCHEDU	LE O.			
Governance				there OFO(of its most one			
rer.	3	Check this box if the organization discontinued its operations or dispos		I 1	13		
ģ	4	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			13		
		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			97		
ţį	6	Total number of volunteers (estimate if necessary)			107		
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
Ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			0.		
				Prior Year	Current Year		
•	8	Contributions and grants (Part VIII, line 1h)		2,706,980.	2,433,634.		
ng.	9	Program service revenue (Part VIII, line 2g)		870,632.	1,260,807.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,316.	30,866.		
č	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		195,984.	180,258.		
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		3,788,912.	3,905,565.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		470,133.	0.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,625,005.	2,018,390.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
xbe	. b	Total fundraising expenses (Part IX, column (D), line 25) 588,73			1 -1 - 1 - 1		
Ш	''	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,244,558.	1,717,980.		
	1	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		3,339,696.	3,736,370.		
		Revenue less expenses. Subtract line 18 from line 12		449,216.	169,195.		
t Assets or			Ве	ginning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)		11,165,008.	11,281,061.		
Net A	7	Total liabilities (Part X, line 26)		235,956. 10,929,052.	283,609. 10,997,452.		
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		10,929,032.	10,331,432.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ante and to the heet of my	knowledge and helief it is		
	•	et, and complete. Declaration of preparer (other than officer) is based on all information of wh			knowledge and belief, it is		
truo	, 001100	the complete. Becautation of property (early trial entirely to become an an information of with	non propuror	Thus arry knownedge.			
Sig	n	Signature of officer		Date			
Her		JASON GERDES, EXECUTIVE DIRECTOR					
	•	Type or print name and title					
		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN		
Paid	i	MEGAN L. KOZIOL, CPA MEGAN L. KOZIOL,	, CPA 0	9/27/23 if self-employ	P01544037		
Prep	parer	Firm's name EIDE BAILLY LLP			5-0250958		
	Only	Firm's address 18081 BURT ST STE 200					
		OMAHA, NE 68022-4722		Phone no. 40	2-330-2660		
May	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: CAMPING, RETREATS AND LEADERSHIP DEVELOPMENT IN A CHRISTIAN
	ENVIRONMENT.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
 4а	(Code:) (Expenses \$2,686,743. including grants of \$) (Revenue \$1,260,807.)
40	NEBRASKA LUTHERAN OUTDOOR MINISTRIES (NLOM) VISION IS, "IN PLACES SET
	APART, WE LIVE OUT OUR FAITH IN WAYS THAT SHOW EVERYONE THEY BELONG AND
	ARE UNCONDITIONALLY LOVED BY GOD." NLOM'S MISSION IS SIMPLY "FAITH:
	ALIVE!"
	NLOM WAS FORMED IN 1975, FOLLOWING AN OFFER FROM GEORGE HOLLING, AN
	EXECUTIVE WITH PETER KIEWIT CONSTRUCTION, AND HIS WIFE, IRENE, TO
	DONATE A HALF-SECTION OF LAND TO BE DEVELOPED WITHIN FIVE YEARS INTO A
	CAMP AS A MEMORIAL TO THEIR DAUGHTER. LOCATED NEAR ASHLAND, CAROL JOY
	HOLLING CAMP OPENED IN 1979, AND WELCOMED 356 YOUTH TO ITS INITIAL
	SUMMER PROGRAMS. IN 1995, AS A RESULT OF A GENEROUS LAND DONATION BY
	LESTER AND LILLIAN SULLIVAN, NLOM INTRODUCED SULLIVAN HILLS CAMP NEAR
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
_	
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 2,686,743.

Form 990 (2022) MINISTRIES, INC.
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		Х
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		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	<u> </u>		
Ü	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	٣		
3	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
40	If "Yes," complete Schedule D, Part IV	-		125
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
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,	l	37	
_	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			1 37
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	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)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	L
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		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
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		X
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? If "Yes."			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		х
				-

NEBRASKA LUTHERAN OUTDOOR MINISTRIES, INC.

			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			_₩
04-	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	242		x
h	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·		24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
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	77	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			\ _{3,7}
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	, , , , , , , , , , , , , , , , , , , ,	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
-	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	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		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
_	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1a 4	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	4.	Х	
	(gambling) winnings to prize winners?	1c	22	l

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NEBRASKA LUTHERAN OUTDOOR

Form 990 (2022)

MINISTRIES, INC.
Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

				Yes	No			
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0.7						
	filed for the calendar year ending with or within the year covered by this return	2a 97						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	2b	Х	<u> </u>			
За	, , , , , , , , , , , , , , , , , , , ,		3a		X			
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	O	3b					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X			
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 Advanced in the Financi	counts (FBAR).						
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?	5b		X			
С	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	e organization solicit						
	any contributions that were not tax deductible as charitable contributions?		6a		X			
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts						
	were not tax deductible?		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 ser	vices provided to the payor?	7a	X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required						
	to file Form 8282?		7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	ntract?	7e		X			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	ict?	7f		X			
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?							
8	$\textbf{Sponsoring organizations maintaining donor advised funds.} \ \ \textbf{Did a donor advised fund maintained}$	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:	1						
а	Initiation fees and capital contributions included on Part VIII, line 12	10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b						
11	Section 501(c)(12) organizations. Enter:	1						
	Gross income from members or shareholders	11a						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	11b						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	-					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		4-					
а	Is the organization licensed to issue qualified health plans in more than one state?		13a					
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the	401						
	organization is licensed to issue qualified health plans	13b	1					
	Enter the amount of reserves on hand	13c	44-		Х			
			14a					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul		14b		 			
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		4.5		x			
	excess parachute payment(s) during the year?		15		<u> </u>			
16	If "Yes," see the instructions and file Form 4720, Schedule N.	incomo?	16		х			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment		16					
17	If "Yes," complete Form 4720, Schedule O. Section 501(a)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivitios						
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act		17					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		- ''					

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47-0488319 Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	to into ea, ea, or rob solon, decorbed the chearington, proceeded, or analysis on contention of			77				
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI			X				
Sec	tion A. Governing Body and Management			ı				
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.							
b	Enter the number of voting members included on line 1a, above, who are independent							
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		X				
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?	<u>4</u> 5		X				
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?							
6	Did the organization have members or stockholders?	6	X					
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?	7a	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?	7b	X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	Х					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b						
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X					
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14	X					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
	The organization's CEO, Executive Director, or top management official	15a	<u> </u>					
b	Other officers or key employees of the organization	15b	Х					
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
_	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	X Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial					
	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							
	JASON GERDES - (402)944-2544							
	27416 RANCH ROAD, ASHLAND, NE 68003							

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

X

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.

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

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A)	(B)	(C)		рсп	out	(D)	(E)	(F)		
Name and title	Average	Position (do not check more than o		one	Reportable	Reportable	Estimated			
	hours per	box,	unles	s per	son is	s both	an an	compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	direct				p		organization	(W-2/1099-MISC/	from the
	related	tee or	ıstee			ensate		(W-2/1099-MISC/	` 1099-NEC)	organization
	organizations	al trus	nal trı		loyee	ompe e		1099-NEC)		and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JASON GERDES	line) 45.00	lnc	lus	#0	Ke	Hig	For			
EXECUTIVE DIRECTOR	0.30			х				107,639.	0.	14,791.
(2) LAURA THALKEN	39.00							107,033.	0.	14,7510
FINANCIAL RECORDS MANAGER	1.00			Х				52,354.	0.	0.
(3) ROBERT BELL	2.00							32,331	•	
PRESIDENT	3.00	х		х				0.	0.	0.
(4) LINDA MILLER	2.00								<u> </u>	
VICE PRESIDENT	0.30	Х		х				0.	0.	0.
(5) KRIS BOHAC	2.00									
SECRETARY	0.00	Х		Х				0.	0.	0.
(6) BOB SALL	2.00									
TREASURER (THRU 05/22)	0.30	Х		Х				0.	0.	0.
(7) SCOTT MCCOLLISTER	2.00									
TREASURER	0.30	Х		Х				0.	0.	0.
(8) BRIAN MAAS	1.00									
BISHOP (THRU 08/22)	39.00	Х						0.	0.	0.
(9) DALE FORNANDER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(10) CAROLYN BLOBAUM	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(11) MICHAEL PECK	1.00								_	•
DIRECTOR	0.00	Х						0.	0.	0.
(12) SARAH WILLSON	1.00	7.7						0.	0.	0
OIRECTOR (13) HANNAH DEFREESE	1.00	Х						0.	0.	0.
DIRECTOR	0.00	х						0.	0.	0.
(14) JERRY GILBREATH	1.00	Λ						0.	0.	0.
DIRECTOR	0.00	Х						0.	0.	0.
(15) SCOTT JOHNSON	1.00	25						•	•	<u>.</u>
DIRECTOR	0.00	х						0.	0.	0.
(16) SARA RATHJEN	1.00									
DIRECTOR (THRU 05/22)	0.00	х						0.	0.	0.
(17) L. JAMES WRIGHT	1.00									
DIRECTOR	0.00	Х						0.	0.	0.

Form 990 (2022) MINISTRIE	ES, INC.								47-0	<u>488</u>	<u>319</u>	Pa	age 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average hours per week	per per (do not check more than obox, unless person is both officer and a director/trus				than is both	h an	(D) Reportable compensation from	(E) Reportable compensatio from relate	on d	am	(F) timate nount o other	of
	(list any hours for related organizations below line)	Individual trustee or director	In stit utional tru stee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizatior (W-2/1099-MI 1099-NEC)	SC/	fro orga and	oensatom the anizati I relate nizatio	e ion ed
(18) TAMI LEWIS-AHRENDT DIRECTOR	1.00	х						0.		0.			0.
dh Cultivad								159,993.		0.	1/	1,79	<u> </u>
1b Subtotal c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								159,993. eceived more than \$100,	000 of reportable	0. e	14	1,79	
compensation from the organization												Yes	<u>1</u> No
3 Did the organization list any former officer,	director, trust	ee, k	кеу є	empl	loye	e, or	hig	hest compensated emp	loyee on			100	
line 1a? If "Yes," complete Schedule J for s 4 For any individual listed on line 1a, is the su											3		X
and related organizations greater than \$150	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	for such individual			4		X
5 Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com											5		Х
Section B. Independent Contractors													
Complete this table for your five highest co the organization. Report compensation for										pensa	tion fro	m 	
(A) Name and business	address	N	ONI	3				(B) Description of s	services	С	(C compen		า

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Page 9

	Check if Schedule O contains a response or note to any line in this Part VIII									
					(A)	(B)	(C)	(D)		
					Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under		
						lanction revenue	business revenue	sections 512 - 514		
S S	1	а	Federated campaigns 1a							
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b							
ည် မြ			Fundraising events 1c	202,294.						
fts,			Related organizations 1d	248,470.						
ig ig			Government grants (contributions) 1e	220,2701						
Sin			All other contributions, gifts, grants, and							
er E		١		,982,870.						
ē				201,285.						
ᄝ		_			2,433,634.					
Oa		n	Total. Add lines 1a-1f	Business Code	2,433,034.					
			CAMD BEEC & DEMDEANC		1 246 022	1 246 022				
<u>:</u>	2		CAMP FEES & RETREATS	624100	1,246,932.	2,240,932.				
Program Service Revenue		b	MISCELLANEOUS ACTIVITI	624100	6,944.	6,944.				
		С								
ran Sev		d								
og F		е		22222						
٩		f	All other program service revenue	900099	6,931.	6,931.				
		g	Total. Add lines 2a-2f		1,260,807.					
	3		Investment income (including dividends, inter	rest, and						
			other similar amounts)		30,866.			30,866.		
	4		Income from investment of tax-exempt bond	proceeds						
	5		Royalties							
			(i) Real	(ii) Personal						
	6	а	Gross rents 6a 11,904							
		b	Less: rental expenses 6b 0							
		С	Rental income or (loss) 6c 11,904	•						
		d	Net rental income or (loss)		11,904.			11,904.		
	7	а	Gross amount from sales of (i) Securities	(ii) Other						
			assets other than inventory 7a							
		b	Less: cost or other basis							
ē			and sales expenses 7b							
en		С	Gain or (loss) 7c							
ş			Net gain or (loss)	•						
ther Revenue			Gross income from fundraising events (not							
윰			including \$ 202,294. of							
			contributions reported on line 1c). See							
			' '	a 280,694.						
		b		b113,746.						
			Net income or (loss) from fundraising events		166,948.			166,948.		
			Gross income from gaming activities. See					, , , , , , ,		
	-	_	Part IV, line 19	a						
		h	Less: direct expenses 9							
			Net income or (loss) from gaming activities_	<u> </u>						
			Gross sales of inventory, less returns							
	10	а		a 21,695.						
		L		b 20,289.						
				D 20,203.	1,406.			1,406.		
\rightarrow		C	Net income or (loss) from sales of inventory	Business Code	1,400.			1,400.		
S		_		Dusiness Code						
eo l	11	_								
Miscellaneous Revenue		b								
sce Be		C	All others some							
ž			All other revenue							
		е	Total. Add lines 11a-11d		3,905,565.	1 260 007	^	211,124.		
	12		Total revenue. See instructions		IJ,JUJ,JUJ•	⊥,⊿∪∪,ō∪/•	ı U•	᠘ ㅗㅗ, ㅗ∠ճ•		

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B)
Program service
expenses (**D**)
Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b. 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 174,784. 174,784. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 399,132. Other salaries and wages 1,348,883. 949,622. 129. 7 Pension plan accruals and contributions (include 71,805. 12,763. 47,540. 11,502. section 401(k) and 403(b) employer contributions) 224,915. 9,286. 295,800. 61,599. Other employee benefits 9 127,118. 85,107. 14,603. 27,408. 10 Payroll taxes 11 Fees for services (nonemployees): Management Legal 29,018. 29,018. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 12,650. 20,759. column (A), amount, list line 11g expenses on Sch O.) 70,666. 37,257. 44,278. 12,678. 31,600. Advertising and promotion 12 337,761. 272,552. 32,286. 32,923. Office expenses 13 Information technology 14 15 Royalties 180,487. 180,487. 16 Occupancy 52,950. 24,685. 6,793. 21,472. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Payments to affiliates 21 386,928. 386,928. Depreciation, depletion, and amortization 22 153,513. 92,530. 60,983. 23 Other expenses. Itemize expenses not covered 24 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.) 299,789. 299,789. KITCHEN & HOSPITALITY E LIVESTOCK EXPENSE 66,315. 66,315. 35,207. 65,760. 12,394. 18,159. DUES & MEMBERSHIPS SULLIVAN HILLS EXPENSE 30,515. 30,515. All other expenses 3,736,370. 2,686,743. 460,888. 588,739. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)
Part X Balance Sheet

Pa	IL A	Dalance Sheet					
		Check if Schedule O contains a response or note	to any	/ line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			869,799.	1	966,102.
	2	Savings and temporary cash investments			794,928.	2	1,214,793.
	3	Pledges and grants receivable, net			392,816.	3	504,392.
	4	Accounts receivable, net			64,268.	4	33,072.
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substan					
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualifie	sons (as defined				
ν.		under section 4958(f)(1)), and persons described in	n sect	tion 4958(c)(3)(B)		6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			40,579.	8	32,202.
As	9	Prepaid expenses and deferred charges			24,653.	9	24,191.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	18,267,082.			
	b	Less: accumulated depreciation	10b	9,847,485.	8,497,076.	10c	8,419,597.
	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	١			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11	480,889.	15	86,712.		
	16	Total assets. Add lines 1 through 15 (must equal	line 3	3)	11,165,008.	16	11,281,061.
	17	Accounts payable and accrued expenses			107,662.	17	143,131.
	18	Grants payable		18	110 1-0		
	19	Deferred revenue			128,294.	19	140,478.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Pa	art IV	of Schedule D		21	
8	22	Loans and other payables to any current or forme					
Liabilities		trustee, key employee, creator or founder, substan					
jab		controlled entity or family member of any of these				22	
_	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated t		Г		24	
	25	Other liabilities (including federal income tax, paya					
		parties, and other liabilities not included on lines 1	17-24)	. Complete Part X			
		of Schedule D			225 056	25	202 600
	26	Total liabilities. Add lines 17 through 25			235,956.	26	283,609.
S		Organizations that follow FASB ASC 958, check	k here	e X			
JCe		and complete lines 27, 28, 32, and 33.			0 000 /10		0 000 055
ala	27	Net assets without donor restrictions			9,809,418.	27	9,999,955.
Ö	28	Net assets with donor restrictions			1,119,034.	28	997,497.
Ë		Organizations that do not follow FASB ASC 958	s, cne	ck nere			
Net Assets or Fund Balances		and complete lines 29 through 33.				00	
its o	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or equ				30	
∍t A	31	Retained earnings, endowment, accumulated inco			10,929,052.	31	10,997,452.
ž	32	Total lightilities and not seemed from balances			11,165,008.	32	
	33	Total liabilities and net assets/fund balances			TT, T03, 000.	33	11,281,061.

Form	990	(2022
1 01111	000	

Pa	t XI Reconciliation of Net Assets					<u> </u>
	Check if Schedule O contains a response or note to any line in this Part XI					X
	,					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3	3,90	5,5	65.
2	Total expenses (must equal Part IX, column (A), line 25)	2		73		
3	Revenue less expenses. Subtract line 2 from line 1	3				95.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	10	,92	9,0	52.
5	Net unrealized gains (losses) on investments	5				98.
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		-7	9,3	97.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	10	99,	7,4	52.
Pa	t XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					X
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X 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	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule () .			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2022

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022
Open to Public

Inspection

Employer identification number Name of the organization NEBRASKA LUTHERAN OUTDOOR MINISTRIES 47-0488319 INC. 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 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 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type 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 (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

MINISTRIES, INC. Schedule A (Form 990) 2022

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2526385.	2550014.	4010893.	2706980.	2433634.	14227906.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2526385.	2550014.	4010893.	2706980.	2433634.	14227906.
	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)						2030032.
6	Public support. Subtract line 5 from line 4.						12197874.
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	2526385.	2550014.	4010893.	2706980.		14227906.
	Gross income from interest,	2323331		10100301	27003000		
Ü	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	161.	11,527.	31,648.	24,056.	42,770.	110,162.
9	Net income from unrelated business	101.	11,327.	31,040.	24,030.	42,770	110,102.
9	activities, whether or not the						
					170,374.	166,948.	337,322.
10	business is regularly carried on Other income. Do not include gain				110,314.	100,540.	337,322.
10	· ·						
	or loss from the sale of capital assets (Explain in Part VI.)						
	, , , , , , , , , , , , , , , , , , , ,						14675390.
	Total support. Add lines 7 through 10						,725,659.
	Gross receipts from related activities, First 5 years. If the Form 990 is for the	•	,				, 123,039.
13		-					
Sec	organization, check this box and store ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2022 (I			volumn (f))		14	83.12 %
	Public support percentage from 2021					15	85.59 %
	33 1/3% support test - 2022. If the o						
iva	stop here. The organization qualifies				4 13 33 1/3/0 01 111		77
h	33 1/3% support test - 2021. If the o		•				
	and stop here. The organization qual						
172	10% -facts-and-circumstances test				13 16a or 16b a		
. , a	and if the organization meets the fact:						
	meets the facts-and-circumstances te			=	•	_	
h	10% -facts-and-circumstances test	~		*		7a and line 15 is	
J	more, and if the organization meets the						10/0 01
	organization meets the facts-and-circu				-		
12	Private foundation. If the organization		-				
	Is an addition in the organization		22., 211 1110 10, 106	-, , u, o. 17 b	, 5.10011 tillo box al	500 11101140110116	·

MINISTRIES, INC.

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	г	_	_	T	T	
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					01()(0) : ::	
14	First 5 years. If the Form 990 is for the	-		•			
Se	check this box and stop herection C. Computation of Publi	c Support Per					
	Public support percentage for 2022 (I			oolumn (f)\		15	%
	Public support percentage from 2021					16	/ 6
	ction D. Computation of Inves					10	70
	Investment income percentage for 20			ne 13 column (fl)		17	%
	Investment income percentage from 2			10, 00141111 (1))		18	%
	a 33 1/3% support tests - 2022. If the						
.00	more than 33 1/3%, check this box ar						
ŀ	33 1/3% support tests - 2021. If the						ınd
•	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1		
	-		
	2		
	3a		
	-		
	3b		
	3с		
	30		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	6		
	7		
	8		
	9a		
	0.		
	9b		
	9c		
	30		
	10a		
	10b		
ماددا	A (Form	~ aan)	2022

Schedule A (Form 990) 2022

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	he organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	ily member of a person described on line 11a above?	11b		
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sect	tion E	3. Type I Supporting Organizations			
				Yes	No
1	Did th	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
		ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported ization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
		ne organization operate for the benefit of any supported organization other than the supported			
	organi	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part V	now providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supen	vised, or controlled the supporting organization.	2		
Sect	tion C	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 trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or mai	nagement of the supporting organization was vested in the same persons that controlled or managed			
_	the su	pported organization(s).	1		
Sect	tion C	D. All Type III Supporting Organizations			
				Yes	No
1	Did th	ne organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	ization'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			
	organi	ization'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			
	organi	ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	,	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
	-	ason of the relationship described on line 2, above, did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		ne or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
Soot	suppo	orted organizations played in this regard. E. Type III Functionally Integrated Supporting Organizations	3		
		, , , , , , , , , , , , , , , , , , ,			
		k the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
C		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instance Test Angular lines On and Oh halow).	truction	l ' I	NI-
2		ties Test. Answer lines 2a and 2b below.		Yes	No
		ubstantially all of the organization's activities during the tax year directly further the exempt purposes of			
		upported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		he organization was responsive to those supported organizations, and how the organization determined	2a		
b		nese activities constituted substantially all of its activities. ne activities described on line 2a, above, constitute activities that, but for the organization's involvement,	Zu		
		r more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		If the reasons for the organization's position that its supported organization(s) would have engaged in			
		activities but for the organization's position trial its supported organization(s) would have engaged in	2b		
		activities but for the organization's involvement. It of Supported Organizations. Answer lines 3a and 3b below.			
		ne organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
		ne organization exercise a substantial degree of direction over the policies, programs, and activities of each			
-		Supported organizations? If "Yes " describe in Part VI the role placed by the organization in this regard	3b		

NEBRASKA LUTHERAN OUTDOOR

Schedule A (Form 990) 2022

MINISTRIES, INC.

47-0488319 Page 6

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Support	ing Organi	zations		
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instruction				
	All other Type III non-functionally integrated supporting organizations mu				
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrated	d Type III supporting orga	nization (see	

Schedule A (Form 990) 2022

instructions).

47-0488319 Page 7

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) **Current Year** Section D - Distributions 1 1 Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported 2 organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 4 Amounts paid to acquire exempt-use assets 5 Qualified set-aside amounts (prior IRS approval required - provide details in Part VI) 5 6 6 Other distributions (describe in Part VI). See instructions. 7 7 Total annual distributions. Add lines 1 through 6. Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions. 8 9 Distributable amount for 2022 from Section C, line 6 Line 8 amount divided by line 9 amount 10 10 (i) (ii) Distributable Underdistributions Section E - Distribution Allocations (see instructions) **Excess Distributions** Amount for 2022 Pre-2022 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 e From 2021 f Total of lines 3a through 3e g Applied to underdistributions of prior years h Applied to 2022 distributable amount i Carryover from 2017 not applied (see instructions) j Remainder. Subtract lines 3g, 3h, and 3i from line 3f. 4 Distributions for 2022 from Section D, line 7: **a** Applied to underdistributions of prior years **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 3i 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

Schedule A (Form 990) 2022

NEBRASKA LUTHERAN OUTDOOR 47-0488319 Page 8 MINISTRIES, INC. Schedule A (Form 990) 2022 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. Part VI (See instructions.)

232028 12-09-22 Schedule A (Form 990) 2022

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2022

Name of the organization

NEBRASKA LUTHERAN OUTDOOR

MINISTRIES, INC.

Employer identification number

47-0488319

Organization type (check one):							
Filers of	:	Section:					
Form 990	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization					
		4947(a)(1) nonexempt charitable trust not treated as a private foundation					
		527 political organization					
Form 990	D-PF	501(c)(3) exempt private foundation					
		4947(a)(1) nonexempt charitable trust treated as a private foundation					
		501(c)(3) taxable private foundation					
	•	s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General	Rule						
	ū	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules						
X	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 year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year							
answer "	No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 grequirements of Schedule B (Form 990).					

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2022)

Name of organization
NEBRASKA LUTHERAN OUTDOOR
MINISTRIES, INC.

Employer identification number

47-0488319

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 63,097.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$\$185,373.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3		\$\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
4		\$\$96,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 5	Name, address, and ZIP + 4	Total contributions - \$ 151,000.	Person X Payroll Noncash
		-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Ivallic, audi ess, allu ZIF + 4	* S	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization
NEBRASKA LUTHERAN OUTDOOR
MINISTRIES, INC.

Employer identification number

47-0488319

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	idditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
		Ψ	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990) (2022) Name of organization **Employer identification number** NEBRASKA LUTHERAN OUTDOOR MINISTRIES, INC. 47-0488319 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) \$ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I

(e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Inspection

Name of the organization

NEBRASKA LUTHERAN OUTDOOR MINISTRIES, INC.

Employer identification number 47-0488319

Pai	organizations waintaining bonor Advised organization answered "Yes" on Form 990, Part IV, line		iiiiiai i uiius (Complete if the
		(a) Donor advise	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in v	writing that the assets he	d in donor advise	ed funds
	are the organization's property, subject to the organization's e	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor ad	dvisors in writing that gra	nt funds can be ι	used only
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any	y other purpose o	onferring
	impermissible private benefit?			
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes	" on Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education)	Preservation of	a historically important land area
	Protection of natural habitat		Preservation of	a certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribu	ition in the form o	of a conservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele			
	year			
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspect	on, handling of	
	violations, and enforcement of the conservation easements it	holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, I	handling of violations, an	d enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and ent	orcing conservat	ion easements during the year
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements	s of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its reven	ue and expense s	statement and
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's	financial stateme	nts that describes the
	organization's accounting for conservation easements.			
Pa	rt III Organizations Maintaining Collections of	-	asures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" on Form			
1a	If the organization elected, as permitted under FASB ASC 958	8, not to report in its reve	nue statement ar	nd balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education,	or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that desc	cribes these items	S.
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue	statement and b	alance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or	research in furth	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	(ii) Assets included in Form 990, Part X			
2	If the organization received or held works of art, historical treat			
	the following amounts required to be reported under FASB AS	SC 958 relating to these	items:	
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assats included in Form 900 Part V			•

	NEBRASKA	LUTHERAN	OUTDOOR					
Sche	edule D (Form 990) 2022 MINISTRI	ES, INC.			47-0	488319 Pa	age 2	
Pai	rt III Organizations Maintaining Co	llections of Art,	Historical Tre	asures, or Oth	er Similar Asse	ts (continued)		
3	Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its							
	collection items (check all that apply):							
а	Public exhibition	d	Loan or excl	nange program				
b	Scholarly research	е		0 1 0				
С	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain	how they further th	e organization's ex	empt purpose in Pa	rt XIII		
5	During the year, did the organization solicit or							
Ū	to be sold to raise funds rather than to be mai		•	•		Yes	No	
Pai	rt IV Escrow and Custodial Arrang							
1 0	reported an amount on Form 990, Part		e ii tiic organizatio	Tanswered 163 (5111 01111 000, 1 art 10	, 11110 3, 01		
12	Is the organization an agent, trustee, custodia		eny for contributions	or other assets no	at included			
ıa					_	Yes	No	
h	on Form 990, Part X? If "Yes," explain the arrangement in Part XIII a				L	res	_ NO	
b	ii res, explain the arrangement in Part Alli a	na complete the folic	owing table.			Amount		
_	Decimales belones				4-	Amount		
	Beginning balance							
	Additions during the year							
_	Distributions during the year							
f	Ending balance					-, -	٦	
	Did the organization include an amount on Fo				•	Yes	∐ No	
	If "Yes," explain the arrangement in Part XIII. (<u></u>		
Fai	rt V Endowment Funds. Complete if					lk (a) Four years	book	
	h	(a) Current year	(b) Prior year	(c) Two years back	+	<u> </u>		
	Beginning of year balance	3,991,563.	1,671,638.	1,559,864	'			
	Contributions	87,017.	2,190,987.	42,677	'	-	301.	
	Net investment earnings, gains, and losses	-294,812.	221,550.	131,618	. 229,286	-55,	804.	
	Grants or scholarships							
е	Other expenditures for facilities	150 010	00.510	60 501				
	and programs	150,848.	92,612.	62,521	. 54,636	356,	285.	
f	Administrative expenses							
g	End of year balance	3,632,920.	3,991,563.	1,671,638	1,559,864	1,269,	985.	
2	Provide the estimated percentage of the curre		(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	60.4500	_%					
b	Permanent endowment 39.5500	%						
С	Term endowment	6						
	The percentages on lines 2a, 2b, and 2c shou	ld equal 100%.						
3а	Are there endowment funds not in the posses	sion of the organizati	ion that are held an	d administered for	the			
	organization by:					Yes	No	
	(i) Unrelated organizations							
	(ii) Related organizations					3a(ii) X		
b	If "Yes" on line 3a(ii), are the related organization	ions listed as require	d on Schedule R?			Зы Х	i	
4	Describe in Part XIII the intended uses of the o		ment funds.					
Pai	rt VI Land, Buildings, and Equipme	ent.					_	
	Complete if the organization answered	"Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part 2	X, line 10.			
	Description of property	(a) Cost or oth	ner (b) Cost	or other (c)	Accumulated	(d) Book value	е	
		basis (investme	ent) basis	(other) c	depreciation			
1a	Land			5,600.		475,60		
	Buildings		15,66	7,386. 8	,008,503.	7,658,88	83.	

1,816,548.

307,548.

Schedule D (Form 990) 2022

1,567,186.

271,796.

249,362. 35,752.

8,419,597.

e Other

c Leasehold improvements

d Equipment

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

MINISTRIES, INC.

Part VII	Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12	
(a) Descrip	otion of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
	al derivatives	(a) Dook value	(c) meaned or variables in coords or one	a or your marries raise
	held equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)	b) must equal Form 990, Part X, col. (B) line 12.)			
	Investments - Program Related.			
	Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)	(h)			
Part IX	b) must equal Form 990, Part X, col. (B) line 13.) Other Assets.			
T dit ix	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
		Description	, ,	(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	(1) 15 000 B 114 1 (B) 1	45)		
Part X	umn (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	9 15.)		
Turr	Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	
1.	(a) Description of liability		,	(b) Book value
	deral income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	umn (b) must equal Form 990, Part X, col. (B) line			<u> </u>
	r for uncertain tax positions. In Part XIII, provide ration's liability for uncertain tax positions under			

Part XI Re	conciliation of	Revenue per	Audited	l Financia	al State
Schedule D (Forn	n 990) 2022	MINISTRIE	ES, IN	1C.	
		NEBRASKA	POLHI	ERAN OU	וססמינינ

Part	XI Reconciliation of Revenue per Audited Financial	Statements With Revenue	per Return.	
	Complete if the organization answered "Yes" on Form 990, Part	IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statement	s	1	
2 /	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a l	Net unrealized gains (losses) on investments	2a		
b i	Donated services and use of facilities	2b		
c l	Recoveries of prior year grants	2c		
	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2e	
3 3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a I	nvestment expenses not included on Form 990, Part VIII, line 7b	4a		
b (Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. lin	ne 12.)	5	
Part	XII Reconciliation of Expenses per Audited Financia		s per Return.	
	Complete if the organization answered "Yes" on Form 990, Part			
	Total expenses and losses per audited financial statements		1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
	Donated services and use of facilities			
b l	Prior year adjustments			
C (Other losses			
	Other (Describe in Part XIII.)	2d		
	Add lines 2a through 2d			
3 9	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	nvestment expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIII.)	4b		
	Add lines 4a and 4b			
5 Dart	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	line 18.)	5	
		and 4. Dart IV. lines 1b and 0b. Dart	V line 4. Dort V line 0. Dort	VI
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a		v, line 4; Part X, line 2; Part	XI,
lines 2	d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prov	ide any additional information.		
PAR	ΓV, LINE 4:			
	I V, DIND I.			
THE	BOARD-DESIGNATED ENDOWMENT FUNDS AR	E UNRESTRICTED AND	MAY BE USED F	OR
ANY	PURPOSE THAT SUPPORTS THE MISSION C	F NEBRASKA LUTHERA	N OUTDOOR	
MIN	ISTRIES, INC. (NLOM). THE PERMANENT	LY RESTRICTED ENDO	WMENTS HAVE BE	EN
REST	TRICTED BY DONORS TO BE MAINTAINED I	N PERPETUITY WITH	ONLY THE EARNI	NGS
DIST	TRIBUTED TO NLOM FOR OPERATIONS.			
PAR'	F X, LINE 2:			
THE	ORGANIZATION ACCOUNTS FOR UNCERTAIN	TILES IN ACCOUNTING	FOR INCOME TA	Х
א מ מי	י ייטיייט מיידים וומדאים מוודמאיים יי	NOTINGO THE GROOT TO	O 740 THOME	
ASS!	ETS AND LIABILITIES USING GUIDANCE I	MCTONTO IN LUSR VS	C /40, INCOME	
TAX	ES. THE ORGANIZATION RECOGNIZES THE	FFFFCM OF TNCOME	πλγ D ∩CTπτ∩MC	
<u> 1 WV</u>	TO. THE ONGAMIZATION NECOGNIZES INC	TELECT OF INCOME	TWV TODITIONS	
ONL	Y IF THOSE POSITIONS ARE MORE LIKELY	THAN NOT OF BEING	SUSTAINED. A	Т

NEBRASKA LUTHERAN OUTDOOR

MINISTRIES, INC. 47-0488319 Page 5 Schedule D (Form 990) 2022 Part XIII | Supplemental Information (continued) DECEMBER 31, 2022 AND 2021, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS ACCRUED.

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

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.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization NEBRASKA LUTHERAN OUTDOOR Employer identification number MINISTRIES, INC. 47-0488319 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Mail solicitations Solicitation of non-government grants Internet and email solicitations b Solicitation of government grants Phone solicitations Special fundraising events С g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

NEBRASKA LUTHERAN OUTDOOR MINISTRIES, INC.

Schedule G (Form 990) 2022

47-0488319 Page 2

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions and ground fundraising event contributions.						
		of fundraising event contributions and gro	(a) Event #1	-EZ, II	(b) Event #2	_	c) Other events	T .
			1 ' '	CJI	I QUILT	'	, ourier overne	(d) Total events
			1		CTION		3	(add col. (a) through
an.			(event type)		(event type)		(total number)	- col. (c))
Revenue	1	Gross receipts	260,090.		109,700.		113,198.	482,988.
<u> </u>	2	Less: Contributions	131,676.		9,338.		61,280.	202,294.
	3	Gross income (line 1 minus line 2)	128,414.		100,362.		51,918.	280,694.
	4	Cash prizes						
Se	5	Noncash prizes						
kbense	6	Rent/facility costs					7,001.	7,001.
Direct Expenses	7	Food and beverages	53,913.				4,648.	58,561.
Ö	8	Entertainment						
	9	Other direct expenses			3,793.		7,457.	48,184.
	10	Direct expense summary. Add lines 4 through						113,746.
Da		Net income summary. Subtract line 10 from li						166,948.
Pa	111	II Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990,	Part IV, line 19, or	repor	ted more than	
		ψ10,000 0111 01111 000 E2, III 0 0a.	1	(b) Pull tabs/instant	Π.		(d) Total gaming (add
nue			(a) Bingo		o/progressive bingo	(0	c) Other gaming	col. (a) through col. (c))
Revenue								
	1	Gross revenue						
ses	2	Cash prizes						
=xpens	3	Noncash prizes						
Direct Expenses	4	Rent/facility costs						
	5	Other direct expenses						
	6	Volunteer labor	Yes % No		Yes % No		Yes % No	
	Ü	Volunteer labor	140		NO		140	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)					
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)					
9	Ent	er the state(s) in which the organization condu	icts gaming activities:					
		he organization licensed to conduct gaming a	_	states	?			Yes No
b	lf "I	No," explain:						
		re any of the organization's gaming licenses re Yes," explain:				year?		Yes No
								

NEBRASKA LUTHERAN OUTDOOR MINISTRIES. INC.

Sch	hedule G (Form 990) 2022 MINISTRIES, INC.	47-04	<u>883:</u>	19 Page 3	3
11	Does the organization conduct gaming activities with nonmembers?		Ye	es No	,
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed				
	to administer charitable gaming?	Γ	Ye	s No	,
12	Indicate the percentage of gaming activity conducted in:		``	.5 140	•
			l3a	(1/
	a The organization's facility		3b		<u>%</u> %
	b An outside facility	<u>-</u>	3D		<u>/o</u>
14	Enter the name and address of the person who prepares the organization's gaming/special events books and record	S:			
	Name				_
	Address				_
		_			
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L	Ye	es L)
k	b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue received by the organization	ount			
	of gaming revenue retained by the third party \$				
	c If "Yes," enter name and address of the third party:				
	- · · · · · · · · · · · · · · · · · · ·				
	Name				
					_
	Address				
	Address				_
16	Gaming manager information:				
	Name				_
	Gaming manager compensation \$				
	Description of services provided				
		•			
	Director/officer Employee Independent contractor				
17	Mandatory distributions:				
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
•		Г		es 🔲 No	
	retain the state gaming license?			.5 NO	,
r	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in	i the			
Do	organization's own exempt activities during the tax year \$				_
Г	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v);	and Part II	I, lines	9, 90, 100,	
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.				_
					_
					_
_					-
					_
					_

NEBRASKA LUTHERAN OUTDOOR

Schedule G	(Form 990) Supplemental Inform	MINISTRIES,	INC.	47-0488319	Page 4
Part IV	Supplemental Infor	mation _(continued)			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

NEBRASKA LUTHERAN OUTDOOR

Employer identification number

	MINISTRIES,	INC.				4 7-0	488	319	
Pai	t I Types of Property				•				
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	no	(d) Method of do oncash contribu	etermir	•	s
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods	Х		39,381.	FAII	R MARKET	' VA	LUE	
6	Cars and other vehicles	Х	1	5,000.	FAII	R MARKET	' VA	LUE	
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded	Х	8	98,435.	AVG	HI-LOW			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory	Х	7	4,269.	FAII	R MARKET	' VA	LUE	
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (HORSE BOARDING)	Х	20	54.200.	FATE	R MARKET	· VA	TJUE	
26	Other ()			31,2000					
27	Other ()								
28	Other ()								
29	Number of Forms 8283 received by the organiz	zation during	the tax year for o	ontributions					
25	for which the organization completed Form 826							0	
	To which the organization completed from 62.	00,1 411 1, 2	once nonnowicag	omone				Yes	No
30a	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I lines 1 throug	ıh 28 tl	hat it		103	140
oou	must hold for at least 3 years from the date of			· · · · · · · · · · · · · · · · · · ·		ilat it			
	exempt purposes for the entire holding period?						30a		х
b	If "Yes," describe the arrangement in Part II.						30a		
31	Does the organization have a gift acceptance p	nolicy that re	equires the review (of any nonstandard contribut	ions?		31	х	
	Does the organization hire or use third parties	•	•	•			31		
oza			•				32a		x
h	contributions? If "Yes," describe in Part II.						J∠d		1
33	If the organization didn't report an amount in c	olumn (a) far	r a type of property	for which column (a) is show	rkad				
55	describe in Part II.	O.G. 101	i a type of property	To willon column (a) is chec	oneu,				
	accompo ni i ditin.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2022

NEBRASKA LUTHERAN OUTDOOR

Schedule M	(Form 990) 2022 MINISTRIES	, INC.	47-0488319	Page 2
Part II	Supplemental Information. Pro	vide the information required by Part I, lines 30b, nber of contributions, the number of items received	32b, and 33, and whether the organizat ed, or a combination of both. Also comp	ion

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

NEBRASKA LUTHERAN OUTDOOR MINISTRIES, INC.

Employer identification number 47-0488319

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO EQUIP, TEACH AND EXCITE PEOPLE FOR DISCIPLESHIP THROUGH CAMP

EXPERIENCES; TO PROVIDE OUR CONFERENCE AND RETREAT GUESTS WITH PLACES

SET APART AND SERVE WITH SACRED HOSPITALITY; AND TO NURTURE LEADERSHIP

FOR SERVICE IN THE CHURCH AND WORLD.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

LODGEPOLE, NEBRASKA. IN 1999, NLOM BEGAN ITS OUTREACH TO PEOPLE WITH

DISABILITIES AND NOW IT RUNS PROGRAMS SERVING HUNDREDS OF CHILDREN AND

ADULTS ANNUALLY.

NLOM SERVES THE GREATER OMAHA AND LINCOLN METROPOLITAN AREAS AND

EASTERN NEBRASKA AT ITS FLAGSHIP FACILITY-CAROL JOY HOLLING CAMP,

CONFERENCE, AND RETREAT CENTER-WHICH IS CONVENIENTLY LOCATED JUST WEST

OF MAHONEY STATE PARK NEAR ASHLAND. NLOM ALSO SERVES WESTERN NEBRASKA

AND EASTERN COLORADO AND WYOMING AT SULLIVAN HILLS CAMP LOCATED NEAR

LODGEPOLE.

NLOM ANNUALLY HOSTS 1,600 CAMPERS EACH SUMMER AND 20,000 RETREAT

GUESTS. DURING THE SUMMER MONTHS, NLOM'S PRIMARY AUDIENCE IS SCHOOL-AGE

CAMPERS AND PEOPLE WITH DISABILITIES. THROUGHOUT THE ENTIRE YEAR IT

HOSTS RETREAT AND CONFERENCE GUESTS FROM A WIDE VARIETY OF SCHOOLS,

BUSINESSES, CHURCHES, NON-PROFITS, AND COMMUNITY ORGANIZATIONS. NLOM

SERVES PEOPLE OF ALL ETHNICITIES, GENDERS, AGES, AND ABILITIES. IT

SERVES PEOPLE WITHOUT REGARD FOR THEIR ECONOMIC STATUS, AND PROVIDES A

SUMMER CAMP EXPERIENCE TO ANY INTERESTED CHILD REGARDLESS OF HIS OR HER

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization NEBRASKA LUTHERAN OUTDOOR MINISTRIES, INC.

Employer identification number 47-0488319

FAMILY'S ABILITY TO PAY. NLOM IS SHAPING LEADERS FOR THE CHURCH AND WORLD THROUGH ITS PROGRAMS AND SERVICES.

MORE RECENTLY, NLOM HAS CONCENTRATED ON EXPANDING AND IMPROVING ITS

FACILITIES IN ORDER TO BETTER SERVE SUMMER CAMPERS AND YEAR-ROUND GUEST

GROUPS. IN 2005, IT COMPLETED THE HIGH-COMFORT SWANSON RETREAT CENTER

AND RENOVATED AND ADDED ON TO ITS SJOGREN CENTER RETREAT CENTER. BOTH

OF THESE FACILITIES PROVIDE HOTEL-QUALITY ACCOMMODATIONS AND MEETING

ROOMS FOR RETREAT AND CONFERENCE GUESTS. IN 2008, THE BUCKLEY RETREAT

CENTER WAS ADDED AT SULLIVAN HILLS CAMP TO PROVIDE CAMPER HOUSING AND A

YEAR-ROUND PLACE FOR GUEST GROUPS TO GATHER. IN 2014, NLOM EXPANDED THE

WESTERN TOWN, WHICH PROVIDES COMFORTABLE ACCOMMODATIONS AND MEETING

SPACE IN A HISTORICALLY-RECREATED OLD WEST STREETSCAPE. THE LIVING

WATER RETREAT HOUSE AND MONKE LODGE WERE OPENED IN 2018, TO PROVIDE

ADDITIONAL AFFORDABLE LODGING, DINING, AND MEETING SPACE FOR SUMMER

CAMPERS AND YEAR-ROUND RETREAT AND CONFERENCE GUESTS. THE HAZEL DILLON

LODGE WAS OPENED IN 2021 TO PROVIDE LODGING AND DINING SPACE FOR

ELEMENTARY-AGED CAMPERS AND FOR YEAR-ROUND GUESTS.

FORM 990, PART VI, SECTION A, LINE 1A:

THE EXECUTIVE COMMITTEE, COMPRISED OF THE PRESIDENT, VICE PRESIDENT,

TREASURER, SECRETARY, PLUS UP TO TWO OTHER AT-LARGE BOARD MEMBERS, AND THE

BISHOP, HAS THE AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY.

FORM 990, PART VI, SECTION A, LINE 6:

THE SOLE MEMBER OF NEBRASKA LUTHERAN OUTDOOR MINISTRIES, INC IS NEBRASKA SYNOD OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA.

Schedule O (Form 990) 2022 Page 2

Name of the organization NEBRASKA LUTHERAN OUTDOOR MINISTRIES, INC.

Employer identification number 47-0488319

FORM 990, PART VI, SECTION A, LINE 7A:

THE SYNOD COUNCIL OF NEBRASKA SYNOD OF THE EVANGELICAL LUTHERAN CHURCH IN

AMERICA, THE SOLE MEMBER OF NEBRASKA LUTHERAN OUTDOOR MINISTRIES, INC,

APPOINTS THE DIRECTORS OF NEBRASKA LUTHERAN OUTDOOR MINISTRIES, INC.

FORM 990, PART VI, SECTION A, LINE 7B:

BEFORE ANY PROPOSED AMENDMENTS TO THE ARTICLES OF INCORPORATION OR BY-LAWS

MADE BY THE BOARD OF DIRECTORS BECOME EFFECTIVE, THE BOARD MUST HAVE

APPROVAL FROM THE SYNOD COUNCIL OF THE NEBRASKA SYNOD OF THE EVANGELICAL

LUTHERAN CHURCH IN AMERICA.

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

THE EXECUTIVE DIRECTOR AND THE FINANCIAL RECORDS MANAGER, WITH ASSISTANCE
FROM THE ACCOUNTING FIRM, PREPARES THE FORM 990. THE NLOM FINANCE AND AUDIT
COMMITTEE REVIEWS THE FORM 990 AND MAKES A RECOMMENDATION TO THE BOARD FOR
APPROVAL. THE BOARD OF DIRECTORS RECEIVE AN ELECTRONIC COPY OF THE FORM
990 FOR THEIR REVIEW PRIOR TO FILING THE RETURN WITH THE IRS. THE
EXECUTIVE DIRECTOR THEN PRESENTS THE FORM 990 TO THE BOARD OF DIRECTORS AT
THE NEXT REGULARLY SCHEDULED MEETING.

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

EACH BOARD MEMBER, THE EXECUTIVE DIRECTOR, AND ALL MEMBERS OF A COMMITTEE
WITH BOARD-DELEGATED POWERS ANNUALLY COMPLETE A CONFLICT OF INTEREST
STATEMENT AND SUBMIT IT TO THE EXECUTIVE COMMITTEE. ALL CONFLICTS OF
INTEREST ARE REVIEWED BY THE BOARD OR EXECUTIVE COMMITTEE MEMBERS. ANY NEW
CONFLICTS OF INTEREST THAT ARISE DURING THE YEAR ARE REQUIRED TO BE
REPORTED AT THAT TIME.

Schedule O (Form 990) 2022 Page 2 NEBRASKA LUTHERAN OUTDOOR Name of the organization **Employer identification number** 47-0488319 MINISTRIES, INC. FORM 990, PART VI, SECTION B, LINE 15: THE BOARD OF DIRECTORS APPROVES THE BUDGET FOR THE COMPENSATION FOR THE EXECUTIVE DIRECTOR. UPON THE APPROVAL OF THE BUDGET, THE EXECUTIVE DIRECTOR MAKES THE FINAL DETERMINATION OF OTHER OFFICER COMPENSATION. EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED ANNUALLY BY THE BOARD CHAIRMAN AND ONE OTHER BOARD MEMBER WITH FINAL APPROVAL REQUIRED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART VII: BISHOP BRIAN MAAS IS AN EMPLOYEE OF THE RELATED ORGANIZATION, NEBRASKA SYNOD OF THE EVANGELICAL LUTHERAN CHURCH IN AMERICA. NEBRASKA LUTHERAN OUTDOOR MINISTRIES, INC. DOES NOT HAVE ACCESS TO THE BISHOP'S SALARY, SO IT IS NOT INCLUDED ON FORM 990, PART VII. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: TRANSFER OF RESTRICTED NET ASSETS TO FOUNDATION -79,397. FORM 990, PART XII, LINE 2C: THE BOARD OF DIRECTORS ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT AND SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT

CHANGED FROM THE PRIOR YEAR.

SCHEDULE R (Form 990)

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

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

Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

NEBRASKA LUTHERAN OUTDOOR

Employer identification number 47-0488319 MINISTRIES, INC.

(a)	(b)	(c)	(d)	(e)		(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total incor	ne End-of-year a		ontrolling tity
Identification of Related Tax-Exempt Organizat	tions. Complete if the organization a	nswered "Yes" on Form 990,	, Part IV, line 34, b	ecause it had one c	or more related tax-exer	npt
organizations during the tax year.	(1.)	(-)	(.1)	(-)	(6)	,
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	Section 5

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr ent	olled
				501(c)(3))		Yes	No
NEBRASKA LUTHERAN OUTDOOR MINISTRIES	SUPPORT OF NEBRASKA				NEBRASKA LUTHERAN		
FOUNDATION - 47-0773584, 27416 RANCH ROAD,	LUTHERAN OUTDOOR				OUTDOOR		
ASHLAND, NE 68003	MINISTRIES, INC.	NEBRASKA	501(C)(3)	LINE 12A, I	MINISTRIES, INC.	Х	
NEBRASKA SYNOD OF THE EVANGELICAL LUTHERAN							
CHURCH IN AMERICA - 36-3514308, 6757 NEWPORT							
AVE., SUITE 200, OMAHA, NE 68152	CHURCH	NEBRASKA	501(C)(3)	LINE 1	N/A		X

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

Page 2

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	Code V-UBI	General o	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
				1					1		

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

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

Yes No

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

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

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		X
	Gift, grant, or capital contribution from related organization(s)				1c	X	
					1d		Х
е	Loans or loan guarantees by related organization(s)				1e		Х
f	Dividends from related organization(s)				1f		X
g	Sale of assets to related organization(s)				1g		X
	Purchase of assets from related organization(s)				1h		X
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				<u>1j</u>		X
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ı	Performance of services or membership or fundraising solicitations for related organ				11		X
	Performance of services or membership or fundraising solicitations by related organ				1m		X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	X	
0	Sharing of paid employees with related organization(s)				10	X	
р	Reimbursement paid to related organization(s) for expenses				1 p		X
q	Reimbursement paid by related organization(s) for expenses				1q		Х
	Other transfer of cash or property to related organization(s)				1r	X	
	Other transfer of cash or property from related organization(s)				1s		X
2	If the answer to any of the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," see the instructions for information on when the above is "Yes," in	ho must complete th	is line, including covered rel	ationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d) Method of determining amount in	, alvad		
	Ivanie of related organization	type (a-s)	Amount involved	Method of determining amount in	/oiveu		
1	NEBRASKA LUTHERAN OUTDOOR MINISTRIES	, , , ,					
	FOUNDATION	C	185 373.0	ASH TRANSFERRED			
'',	. 001/2111 1011		103/3/3/				
2)							
<u>-, </u>							
3)							
4)							
5)							
6)							
3216	3 09-14-22			Schedule	R (Forr	n 990	2022

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Disprition allocat	opor- late tions?	General manage partner	(k) Percentage ownership
									000) 0000

NEBRASKA LUTHERAN OUTDOOR

Schedule R	(Form 990) 2022 MINISTRIES, INC.	47-0488319	Page 5
Part VII	Supplemental Information		
	Provide additional information for responses to questions on Schedule R. See instructions.		

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) Type or NEBRASKA LUTHERAN OUTDOOR print 47-0488319 MINISTRIES, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. 27416 RANCH RD filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions. ASHLAND, NE 68003 Enter the Return Code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) JASON GERDES The books are in the care of ► 27416 RANCH ROAD - ASHLAND, NE 68003 Telephone No. \blacktriangleright (402)944-2544 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. I request an automatic 6-month extension of time until NOVEMBER 15, 2023 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or ___ tax year beginning , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)