990-PF Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-

0047

Open to Public

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

							Inspection
For	cale	ndar year 2022, or tax year beginning 01-0	1-2022	, and e	nding 1	2-31-2022	
		undation FFOR ALL		A En	nployer id	entification numbe	r
				83-0	836317		
		d street (or P.O. box number if mail is not delivered to street address) DGE ST CEC 117B	Room/suite	B Tel	ephone nu	mber (see instruction	s)
00	001 DOL	562 51 626 1175		(402) 502-0698		
		n, state or province, country, and ZIP or foreign postal code 68182		C If	exemption	application is pending	g, check here
							• [
G Ch	ieck al	that apply: Initial return Initial return of a fo	ormer public charity			ganizations, check he	-
		Final return ☐Amended return ✓ Address change ☐Name change		2.		ganizations meeting to k here and attach cor	
H Ch	eck tv	rype of organization: ✓ Section 501(c)(3) exempt private	foundation	E If	private fou	ındation status was t	erminated
		4947(a)(1) nonexempt charitable trust Other taxable			nder section	n 507(b)(1)(A), chec	k here
		ket value of all assets at end J Accounting method:		. 1	the founda	ition is in a 60-month	termination
of '	year (f	from Part II, col. (c), Other (specify)				n 507(b)(1)(B), chec	
line	e 16)	\$ 28,640 (Part I, column (d) must b	be on cash basis.)				
Pa	rt I	Analysis of Revenue and Expenses (The	(a) Revenue and				(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not	expenses per		vestment come	(c) Adjusted net income	for charitable purposes
	1	necessarily equal the amounts in column (a) (see instructions).)	books				(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	282,650				
	2	Check ▶ if the foundation is not required to attach	·				
	_	Sch. B					
	3	Interest on savings and temporary cash investments	140		140	140	
	4	Dividends and interest from securities					
	5a	Gross rents					
1755288	b	Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10	-50				
nue	6a b	Gross sales price for all assets on line 6a					
Revenue		46,417					
æ	7	Capital gain net income (from Part IV, line 2)			46,362		
	8	Net short-term capital gain				0	
	9 10a	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less: Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)	_				
	11	Other income (attach schedule)	14,688		0	,	
	12	Total. Add lines 1 through 11	297,428		46,502	· ·	
ses	13	Compensation of officers, directors, trustees, etc.	97,453		0		97,453
)en	14	Other employee salaries and wages	173,448		0	0	173,448
EXI	15	Legal fees (attach schedule)	1,200		0	0	0
Operating and Administrative Expenses	16a	Accounting fees (attach schedule)	2,545		0	0	
rat	b	Other professional fees (attach schedule)	1,917		0	0	1,917
nist	17	Interest					
Ī	18	Taxes (attach schedule) (see instructions)	22,015		0	0	18,992
Ă	19	Depreciation (attach schedule) and depletion	9 1,571		0	0	
anc	20	Occupancy	17,355		0	0	17,355
bu	21	Travel, conferences, and meetings					
rati	22	Printing and publications					
Ope	23	Other expenses (attach schedule)	19,681		0	0	19,681
0	24	Total operating and administrative expenses.					
		Add lines 13 through 23	337,185		0	0	328,846
	25	Contributions, gifts, grants paid	0				0
	26	Total expenses and disbursements. Add lines 24 and 25	337,185		0	O	328,846
	27	Subtract line 26 from line 12:	221,7200				222,316
	а	Excess of revenue over expenses and disbursements	-39,757				
	ь	Net investment income (if negative, enter -0-)			46,502		
	С	Adjusted net income (if negative, enter -0-)				14.828	

Pa	rt II	Balance Sheets	Attached schedules and amounts in the description column	Beginning of year		f year
	1	Cash—non-intoro	should be for end-of-year amounts only. (See instructions.)	(a) Book Value 65,817	(b) Book Value 27,631	(c) Fair Market Value 27,631
	2		porary cash investments			
	_	Savings and temp	· · · · · · · · · · · · · · · · · · · ·			
	3	Accounts receiva				
		Less: allowance f	or doubtful accounts			
	4	Pledges receivab	le 🕨			
		Less: allowance f	or doubtful accounts 🕨			
	5	Grants receivable	2			
	6	Receivables due f	rom officers, directors, trustees, and other			
		disqualified perso	ons (attach schedule) (see instructions)			
	7	Other notes and	loans receivable (attach schedule)			
		Less: allowance f	or doubtful accounts			
	8	Inventories for sa	ale or use			
S	9	Prepaid expenses	and deferred charges			
SSE	10a	Investments—U.S	S. and state government obligations (attach			
4		schedule)				
	b	Investments—cor	rporate stock (attach schedule)			
	С	Investments—cor	porate bonds (attach schedule)			
	11	Investments—lan	d, buildings, and equipment: basis ▶			
		Less: accumulate	d depreciation (attach schedule)			
	12	Investments-mo	ortgage loans			
	13	Investments—oth	ner (attach schedule)			
	14		and equipment: basis 7,856	2,580	1 000	1 000
		6,847	d depreciation (attach schedule)	2,360	1,009	1,009
	15		scribe)			
	16	Total assets (to b	pe completed by all filers—see the			
		instructions. Also	, see page 1, item I)	68,397	28,640	28,640
	17	Accounts payable	e and accrued expenses			
	40	Cranta navable				
'n	18	Grants payable				
II 6	19		rs, directors, trustees, and other disqualified			
<u></u>	20	persons	is, unectors, trustees, and other disquamed			
	21	Mortgages and ot	her notes payable (attach schedule)			
	22	Other liabilities (describe			
	23	,	dd lines 17 through 22)	0	0	
		•				
s			follow FASB ASC 958, check here F 324, 25, 29 and 30.			
Assets or Fund Balances	24	-	ut donor restrictions	68,397	28,640	
alai	~~	assets withou		,	==7= 10	
ĕ	25	Net assets with d	onor restrictions			
ĭ		Fd	do man follows FACD ACC OFF about home by			
Ξ		and complete line	do not follow FASB ASC 958, check here			
0 8	26	-	st principal, or current funds			
set	20	capital stock, tru	· · · · · · ·			
Ass	27	Paid-in or capital	surplus, or land, bldg., and equipment fund			
et	28	Retained earnings	s, accumulated income, endowment, or other funds			
2	29	Total net assets of	or fund balances (see instructions)	68,397	28,640	
	30		nd net assets/fund balances (see instructions) .	68,397	28,640	
	rt III	•	Changes in Net Assets or Fund Balances			
1			d balances at beginning of year—Part II, column (a) rted on prior year's return)		vith	68,397
2			t I, line 27a		. 2	-39,757
3	Othe	r increases not inc	cluded in line 2 (itemize)		3	0
4						28,640
5			l in line 2 (itemize) ► d balances at end of year (line 4 minus line 5)—Part		5 9. 6	<u>0</u> 28,640
6	ıotal	i iiet assets or func	a parances at enu or year (IIIIe 4 IIIIIUS IINE 5)—Part	. 11, commin (D), IINE 2'	o. U	20,04U

in Part I, line 8

	•					
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.) D—Do					(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1 a	CHARLES SCHWAB			D	2019-08-09	2022-04-12
b						
С						
d						
е						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) Cost or other basis plus expense of sale		h) or (loss) f) minus (g)
а	46,417	,		5 5	. , , , ,	46,362
b						· · · · · ·
С						
d						
e						
Co	omplete only for assets showing	g gain in column (h) and owned b	ov the foundation	n on 12/31/69		(I)
	FM V ac of 17/31/60 I		Excess	(k) of col. (i) . (j), if any	Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))	
а						46,362
b						
С						
c d						
е						
	Capital gain net income or (ne	j	n, also enter in F ss), enter -0- in		2	46,362
3		r (loss) as defined in sections 12 ne 8, column (c) (see instructions	. , . ,	er -0-	_	
				· ·	3	

6	Credits/Payments:			
а	2022 estimated tax payments and 2021 overpayment credited to 2022 6a 0			
b	Exempt foreign organizations—tax withheld at source 6b			
c	Tax paid with application for extension of time to file (Form 8868) 6c 0			
d	Backup withholding erroneously withheld 6d 0			
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 8			
	2221 is attached.			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 677			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2023 estimated tax			
Pa	rt VI-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did		Yes	No
	it participate or intervene in any political campaign?	1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions			
	for the definition	1b		No
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. \blacktriangleright \$ 0 (2) On foundation managers. \blacktriangleright \$ 0			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		No
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		No
	If "Yes," attach the statement required by General Instruction T.			

8a Enter the states to which the foundation reports or with which it is registered (see instructions) **b** If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation. 8b Yes Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2022 or the taxable year beginning in 2022? See the instructions for Part XIII. If "Yes," complete Part XIII Yes Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses. 🐿 Yes Form **990-PF** (2022)

Pa	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address GOLEARNALL.ORG			
14	(402) 502-		
	The books are in care of JOHN NANIA Telephone no. 0698	•		
	Located at 6001 DODGE STREET CEC 117B OMAHA NE ZIP+4			
	68182			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here			•
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority over		Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the			
	foreign			
Pa	rt VI=B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)		No
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	1a(2)		No
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		No
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)		No
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?	1a(5)		No
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period	>		
	after termination of government service, if terminating within 90 days.)	1a(6)		No
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
c	Organizations relying on a current notice regarding disaster assistance check here			
d	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,	4.3		NI-
_	that were not corrected before the first day of the tax year beginning in 2022?	1d		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section $4942(j)(3)$ or $4942(j)(5)$:			
а	At the end of tax year 2022, did the foundation have any undistributed income (Part XII, lines 6d			
a	and 6e) for tax year(s) beginning before 2022?	2a		No
	If "Yes," list the years 20, 20, 20			140
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions.)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
-	20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?	За		No
b	If "Yes," did it have excess business holdings in 2022 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section $4943(c)(7)$) to dispose of holdings acquired by gift or bequest; or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine			
	if the foundation had excess business holdings in 2022.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2022?	4b		No
	Four	- 000	_DE /	20221

Form 990-PF (2022) Part VI-B Statements Regar	rding Activities for Wh	nich Form 4720 Ma	v Be Required (continu	ued)	Page 6		
5a During the year did the foundation	_		y De Required (continue	100)	Yes No		
- ·	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?						
	(2) Influence the butcome of any specific public election (see section 4955); or to carry						
on, directly or indirectly, any v				5a(2) 5a(3)	No No		
(3) Provide a grant to an individua(4) Provide a grant to an organization				. 54(5)	140		
	in section 4945(d)(4)(A)? See instructions						
(5) Provide for any purpose other	(5) Provide for any purpose other than religious, charitable, scientific, literary, or						
	educational purposes, or for the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5); did any of the transactions fail to qualify under the exceptions described in						
b If any answer is "Yes" to 5a(1)-(5) Regulations section 53.4945 or in	· ·	· ·	•	5b			
c Organizations relying on a current				35			
d If the answer is "Yes" to question	5a(4), does the foundation c	laim exemption from the	e				
tax because it maintained expendi	, ,			. <u>5d</u>			
If "Yes," attach the statement require							
6a Did the foundation, during the year a personal benefit contract?		or indirectly, to pay pre	miums on	6a	No		
b Did the foundation, during the year		ndirectly, on a personal	benefit contract?		No		
If "Yes" to 6b, file Form 8870.							
7a At any time during the tax year, w		•		7a	No		
b If "Yes", did the foundation receive8 Is the foundation subject to the se				7b			
excess parachute payment during		s) of more than \$1,000	,000 in remaileration of	8	No		
	Officers, Directors, Ti	rustėes. Foundatio	on Managers, Highly F	·			
Part VII and Contractors					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
1 List all officers, directors, trustees	, foundation managers and t	heir compensation. See	instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		nse account, Illowances		
JOHN NANIA	EXECUTIVE DIRECTOR	97,453	'		0		
6001 DODGE ST CEC 117B OMAHA, NE 68182	40.00						
JANICE M EGERMAYER	PRESIDENT	0	0		C		
6001 DODGE ST CEC 117B OMAHA, NE 68182	10.00						
NICK MAZGAJ	VICE PRESIDENT	0	0				
6001 DODGE ST CEC 117B	2.50				Š		
OMAHA, NE 68182 NANCY MILDER LAZER	SECRETARY	0	0				
6001 DODGE ST CEC 117B	2.50	0	U		U		
OMAHA, NE 68182 TOM CORRIGAN	TREASURER						
6001 DODGE ST CEC 117B	2.50	0	0		U		
OMAHA, NE 68182	DOADD MEMBER						
ROBERT M EGERMAYER 6001 DODGE ST CEC 117B	BOARD MEMBER 10.00	0	0		0		
OMAHA, NE 68182							
SCOTT EGERMAYER 6001 DODGE ST CEC 117B	BOARD MEMBER 2.50	0	0		0		
OMAHA, NE 68182							
WANDA GOTTSCHALK 6001 DODGE ST CEC 117B	BOARD MEMBER 2.50	0	0		0		
OMAHA, NE 68182							
KERRY ECKLEBE	BOARD MEMBER 2.50	0	0		0		
6001 DODGE ST CEC 117B OMAHA, NE 68182							
CARRIE MAY	BOARD MEMBER 2.50	0	0		C		
6001 DODGE ST CEC 117B OMAHA, NE 68182	2.50						
LORI ECKLEBE	BOARD MEMBER	0	0		0		
6001 DODGE ST CEC 117B OMAHA, NE 68182	2.50						
KAYSHA BURELL	BOARD MEMBER	0	0		0		
6001 DODGE ST CEC 117B OMAHA, NE 68182	2.50						
AMELIS LONG	BOARD MEMBER	0	0		C		
6001 DODGE ST CEC 117B OMAHA, NE 68182	2.50						
MIKE BARWIG	BOARD MEMBER	0	0				
6001 DODGE ST CEC 117B	2.50						
OMAHA, NE 68182 2 Compensation of five highest-paid	employees (other than those	 e included on line 1—se	 e instructions). If none, ent	er "NONE.	"		
			(d) Contributions to				
(a) Name and address of each employ paid more than \$50,000	ree (b) Title, and average hours per week devoted to position	(c) Compensation	employee benefit plans and deferred compensation		se account, Iowances		
NONE							
			+				
Total number of other employees paid of	over \$50,000	<u></u>	<u></u> . >		0		

Form 990-PF (2022) Information About Officers, Directors, Truste	es Foundation Managers Hi	Page 7
and Contractors (continued)	es, i oundation Fidinagers, in	giny raid Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	NE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		>
0		

Part VIII- Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 ENGLISH AS A SECOND LANGUAGE (ESL) - THE ESL PROGRAM IS FOR NON-NATIVE ENGLISH SPEAKERS, DESIGNED WITH A FOCUS ON CONVERSATION AND GRAMMAR. STUDENTS ARE ASSESSED ON CONVERSATIONAL ABILITY AS WELL AS READING. ALL LEVELS OF ENGLISH LANGUAGE LEARNERS ARE WELCOMED.	
2 ADULT BASIC EDUCATION (ABE) - THE ABE PROGRAM IS DESIGNED TO HELP ADULTS STRENGTHEN THEIR SKILLS IN READING AND WRITING. COURSE LEVELS OFFERED INCLUDE BEGINNER AND INTERMEDIATE LEVELS.	65,769
3 GENERAL EDUCATION DIPLOMA (GED) - THE GED PROGRAM IS FOR STUDENTS WHO ARE WORKING TOWARDS COMPLETION OF THEIR HIGH SCHOOL EQUIVALENCY. COURSES OF STUDY INCLUDE LANGUAGE ARTS, MATH, SCIENCE, AND SOCIAL STUDIES. STUDENTS ARE ASSESSED PRIOR TO PROGRAM PLACEMENT AND ARE GIVEN AN INDIVIDUALIZED EDUCATION PLAN.	65,769
4	-
Part VIII- Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3	0

Form **990-PF** (2022)

3a

3b 4

328,846

Form **990-PF** (2022)

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4......

Ŀ	Part XII Undistributed Income (see inst	ructions)			rage
		(a)	(b)	(c)	(d)
		Corpus	Years prior to 2021	2021	2022
	Distributable amount for 2022 from Part X, line 7				
	Undistributed income, if any, as of the end of 2022:				
	Enter amount for 2021 only				
	Excess distributions carryover, if any, to 2022:				
	From 2017				
	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through e				
4	Qualifying distributions for 2022 from Part XI, line 4: • \$				
а	Applied to 2021, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2022 distributable amount				
٠.					
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2022.				
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
	· · · ·				
d	Subtract line 6c from line 6b. Taxable amount				
	-see instructions				
е	Undistributed income for 2021. Subtract line 4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2022. Subtract				
	lines 4d and 5 from line 1. This amount must be distributed in 2023				
	Amounts treated as distributions out of				
•	corpus to satisfy requirements imposed by section $170(b)(1)(F)$ or $4942(g)(3)$ (Election may				
Q	be required - see instructions)				
	applied on line 5 or line 7 (see instructions)				
	Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a				
	Analysis of line 9:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
<u>· · · · · · · · · · · · · · · · · · · </u>	• •			F	orm 990-PF (202

	m 990-PF (2022)					Page 10
	art XIII Private Operating Foun	•			າ 9)	
1a	If the foundation has received a ruling or defoundation, and the ruling is effective for 20					2018-06-08
b	Check box to indicate whether the organiza				n 🔽 4942(j)(3) o	r 🗌 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(a) Tatal
	income from Part I or the minimum	(a) 2022	(b) 2021	(c) 2020	(d) 2019	(e) Total
	investment return from Part IX for each year listed	2,359	49	2,207	298	4,913
b	85% (0.85) of line 2a	2,005	42	1,876	253	4,176
С	Qualifying distributions from Part XI, line 4 for each year listed	328,846	284,416	295,335	293,874	1,202,471
d	Amounts included in line 2c not used directly for active conduct of exempt activities	0	0	0	0	C
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c	328,846	284,416	295,335	293,874	1,202,471
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test—enter:	20.640	60.207	E4 2E4	42.676	100.05
	(1) Value of all assets (2) Value of assets qualifying	28,640	68,397	51,254	42,676	190,967
	under section 4942(j)(3)(B)(i)	28,640	68,397	51,254	42,676	190,967
b	"Endowment" alternative test— enter 2/3 of minimum investment return shown in Part IX, line 6 for each year listed					C
c	"Support" alternative test—enter:					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					C
	(2) Support from general public and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					C
	(3) Largest amount of support from an exempt organization					(
	(4) Gross investment income					
	Part Supplementary Information assets at any time during t	he year—see ir		the foundation	had \$5,000 or	more in
1 a	Information Regarding Foundation Manager List any managers of the foundation who have before the close of any tax year (but only in	ave contributed mor				ndation
<u> </u>	JANICE M EGERMAYER	n 100/ or more of th	an atack of a sounce	mation (or an occupil	v lange neution of th	
D	List any managers of the foundation who ow ownership of a partnership or other entity)		•	• •	y large portion of th	ie
2	Information Regarding Contribution, Grant,	, Gift, Loan, Scholar	ship, etc., Program	ıs:		
	Check here $lacktriangle$ if the foundation only mak	ces contributions to	preselected charit	able organizations	and does not accep	t
	unsolicited requests for funds. If the found other conditions, complete items 2a, b, c, a			viduals or organizat	ions under	
а	The name, address, and telephone number	or email address of	the person to who	om applications sho	uld be addressed:	
b	The form in which applications should be su	ubmitted and inform	ation and material	ls they should inclu	de:	

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

 ${f c}$ Any submission deadlines:

luctors.

Part Supplementary Information (continued)								
3 Grants and Contributions Paid	During the Year or App	proved for F	uture Payment					
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount				
a Paid during the year	or substantial contributor	. co.p.oc						
a raid duffing the year								
Total		<u></u>	▶ 3a	0				
2 Approved to rate of payment								
Total			▶ 3b	0				

Form 990 Part XV	-PF (2022) /-A Analysis of Income-Produci	ng Activitie	s			Page 12	
Enter gros	ss amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	n 512, 513, or 514	(e) Related or exemp	
1 Program service revenue:		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)	
b							
d							
f	and contracts from government agencies						
2 Member 3 Intere	ership dues and assessments st on savings and temporary cash ments			14	140		
4 Divide	nds and interest from securities						
a Debt	ntal income or (loss) from real estate: -financed property						
6 Net re	debt-financed property nation income or (loss) from personal						
	investment income						
invent				18	-50		
	profit or (loss) from sales of inventory						
-	RAM SERVICE REVENUE					14,688	
	al. Add columns (b), (d), and (e)		(0	90	14,688	
(See w	Add line 12, columns (b), (d), and (e). vorksheet in line 13 instructions to verify ca	alculations.)			3	14,778	
Part XV	Explain below how each activity for which the accomplishment of the foundation's of the foundation's of the structure.	h income is rep	orted in column (e) of Part XV-A cont	ributed important		
1 1 A	instructions.) PROGRAM SERVICE REVENUE						
-							
					Forr	n 990-PF (2022)	

	,
/I	nformation Regarding Transfers To and Transactions and Relationships With loncharitable Exempt Organizations

гагс	VAT	I Noncharitable	: Exempt (Orga	inizations						
		anization directly or	indirectly en	ngage	in any of the follow			rganization described in to political organizations?		Yes	No
		rom the reporting fou		-	· ·		_	o poneicur organizaciono.			
									1a(1)		No
(2)	Other	assets							1a(2)		No
b Othe	er tran	sactions:									
(1)	Sales	of assets to a noncha	aritable exen	npt or	ganization				1b(1)		No
(2)	Purcha	ases of assets from a	noncharitat	ole ex	empt organization				1b(2)		No
(3).	Rental	of facilities, equipm	ent, or other	asset	ts				1b(3)		No
(4)	Reimb	ursement arrangeme	ents						1b(4)		No
(5)	Loans	or loan guarantees.							1b(5)		No
(6) F	Perforn	nance of services or	membership	or fu	ndraising solicitati	ons.			1b(6)		No
c Shar	ing of	facilities, equipment,	, mailing list:	s, oth	er assets, or paid	emplo	yees		. 1c		No
		•	•		-			should always show the fair			
	_		_					on received less than fair ma		e	
ın an	iy tran	saction or snaring ari	rangement, s	snow i	in column (a) the v	/aiue d	or the goods, ot	her assets, or services rece	ivea.		
(a) Line N	No.	(b) Amount involved	(c) Name of	noncha	ritable exempt organiz	zation	(d) Descripti	on of transfers, transactions, and	haring arra	ngemen	ts
.,		(1)					(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>	
									-		
									-		
		dation directly or ind	,		•				_		
desc	ribed i	n section 501(c) (ot	her than sec	tion 5	501(c)(3)) or in se	ction	527?	<u> </u> Ye	s N	0	
b If "Y	es," co	mplete the following	schedule.								
		(a) Name of organization	on		(b) Type of (organiza	ation	(c) Description of re	ationship		
Sign	the be		and belief, it	is tru	e, correct, and cor			ompanying schedules and s preparer (other than taxpa			
Here	L _				2023-1	1-13	k		the IRS discus		
	Si	gnature of officer or	trustee		Date		Title		the preparer s	Yes	_
	, 3	J		1			,			. 64	
		Print/Type preparer	r's name	Prep	arer's Signature		Date	PTI	N		
								Check if self-	P0105	8335	
		AMY SUGHROU	E					employed ■	. 5100		
Paid											
Prepa		Firm's name ▶ FRA	ANKEL ZACI	HARI	A LLC		•	Firm	ı's EIN ▶₄	47-05	74775
Jse O	nly										
	Firm's address ► 11404 WEST		L DOD	GE RD SUITE 70	0						

OMAHA, NE 681542576

Phone no. (402) 496-9100

Additional Data Return to Form Software ID: Software Version: Form 990PF - Special Condition Description: **Special Condition Description**

Schedule B OMB No. 1545-0047 Schedule of Contributors (Form 990) Attach to Form 990, 990-EZ, or 990-PF. 2022 Department of the Treasury Go to www.irs.gov/Form990 for the latest information. Internal Revenue Service Name of the organization **Employer identification number** LEARNING FOR ALL 83-0836317 Organization type (check one): Filers of: Section: Form 990 or 990-F7 □ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the **General Rule** or a **Special Rule**. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), 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, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ

or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF).

EARNING FOR	ation ALL	83-083631	entification number 7
Part I ontributors	Contributors (see instructions). Use duplicate copies of Part I if addit	tional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>1</u>	JANICE EGERMAYER 936 SOUTH 111TH PLAZA OMAHA, NE 68154	\$ 46,467	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	BILL AND SHANNON BREWSTER 930 RIVERSIDE DRIVE SOUTH BEND, IN 46616	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	BLUESTEM PRAIRIE FOUNDATION 9222 BURT STREET STE 309 OMAHA, NE 68114	\$ 7,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	BOSTON MUTUAL LIFE INS CO 120 ROYAL STREET CANTON, M A 02021	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>5</u>	OMAHA COMMUNITY FOUNDATION 3555 FARNAM STREET SUITE 222 OMAHA, NE 68131	\$ 5,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	THE LOZIER FOUNDATION 6336 PERSHING DRIVE	\$ 30,000	Person Payroll Noncash

LEARNING FOR ALL

83-0836317

Contributors	Contributors (see instructions). Use duplicate copies of Part I if additional spa	ace is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7	ED AND SALLY MALASHOCK CHARITABLE FOUNDATION		▼ Person
<u>-</u>	936 SOUTH 111TH PLAZA		Payroll
		\$ 150,000	Noncash
	OMAHA, NE 68154		(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
0	TOM PANSING		V Person
8	663 FAIRWOOD LANE		Pavroll

	OMAHA, NE 68132	\$ 5,000	Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	WANDA GOTTSCHALK 1501 S 80TH STREET OMAHA, NE 68124	\$ 6,500	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>10</u>	WEITZ FAMILY FOUNDATION 1125 SOUTH 103RD STREET SUITE 200 OMAHA, NE 68124	\$ 17,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$_	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2022)

Employer identification number

Page 3

		83-0836317	
Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
<u>1</u>	132 SH BERKSHIRE HATHAWAY INC CL B NEW	\$ 46,467	2022-04-11
(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

\$

Schedule I	B (Form 990) (2022)			Page 4
	organization G FOR ALL			Employer identification number
LEARNING	G FOR ALL			83-0836317
Part III	total more than \$1,000 for the year fro	m any one conti ng Part III, enter his information o	ibutor. Complete col the total of exclusive	bed in section 501(c)(7), (8), or (10) that umns (a) through (e) and the following by religious, charitable, etc., contributions s.) \$
(a) No. from Part I	(b) Purpose of gift	(0	c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and		Transfer of gift Relatio	onship of transferor to transferee
				·
(a) No. from Part I	(b) Purpose of gift	((c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	` ,	Transfer of gift Relatio	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	((c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and	, ,	Transfer of gift Relation	onship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift		c) Use of gift	(d) Description of how gift is held
-	Transferee's name, address, and		Transfer of gift Relation	onship of transferor to transferee

Schedule B (Form 990) (2022)

TY 2022 IRS 990 e-File Render

ACCOUNTING FEES

Name: LEARNING FOR ALL

2,545

Category Amount Net Investment Income

Adjusted Net Income



2018-11-30

2018-07-15

Description

FURNITURE/FIXTURES

NEW SIGN

Name: LEADNING FOR ALL

1,650 SL

3,626 SL

			83-0836317		
escription of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	

2,675

5.181

Rate /

Life (# of years)

5.000000000000

5.000000000000

Current Year's Depreciation

Expense

535

1,036

Net Investment Income









Sold Not Included





TY 2022 IRS 990 e-File Render

NEW SIGN

FURNITURE/FIXTURES

Name: LEARNING FOR ALL

EIN: 83-0836317

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
-----------------	-----------------------	-----------------------------	------------	-------------------------------------

2,675

5,181

490

519

2,185

TY 2022 IRS 990 e-File Render

Name: LEARNING FOR ALL

02 0026247

	EIN:	83-0836317	
Category		Amount	Net I

LEGAL FEES

1,200

Adjusted Net Net Investment

Income

Income

Disbursements

for Charitable

Purposes

TY 2022 IRS 990 e-File Render

Description

PROGRAM SERVICE SUPPLIES

INFORMATION TECHNOLOGY

Name: LEARNING FOR ALL

Revenue and

EIN: 83-0836317

ı		Expenses per Books	Income	Income	Charitable Purposes
	OFFICE SUPPLIES	2,709	0	0	2,709
	INSURANCE	2,852	0	0	2,852
	MARKETING	2,359	0	0	2,359

124

Net Investment

Adjusted Net

Disbursements for

124

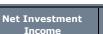
TY 2022 IRS 990 e-File Render

Name: LEARNING FOR ALL

ETN: 83_0836317

	 05 0050517	
Description		

PROGRAM SERVICE REVENUE



Adjusted Net

Income

14,688

Revenue And **Expenses Per Books**

TY 2022 IRS 990 e-File Render

Name: LEARNING FOR ALL

ETNI 02 0026217

	ETIM:	63-0636317	
Category		Amount	Net I

PAYROLL FEES

Income

Adjusted Net Income

- - Disbursements for Charitable **Purposes**

1,917

Net Investment AIIIQUIIL

TY 2022 IRS 990 e-File Render

Name: I FARNING FOR ALL

1 4111C1	LE/ II VIII O I OI C/ LE
	00.0006047

	Name	
THE LOZIER FOUNDATION		

ED AND SALLY MALASHOCK CHARITABLE FOUNDATION

OMAHA COMMUNITY FOUNDATION

Address

936 SOUTH 111TH PLAZA OMAHA, NE 68154

OMAHA, NE 68131

6336 PERSHING DRIVE **OMAHA, NE 68110**

3555 FARNAM STREET SUITE 222

EIN: 83-083631/

TY 2022 IRS 990 e-File Render

PAYROLL TAXES

OTHER TAXES

Name: LEARNING FOR ALL

EIN: 83-0836317

Category	Amount	Net Investment Income	Disburse for Char

18,992

3,023

Disbursements for Charitable Purposes