

## 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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

2021

Open to Public  
Inspection

## A For the 2021 calendar year, or tax year beginning

, and ending

## B Check if applicable:

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return/terminated  
☐ Amended return  
☐ Application pending

C Name of organization **Father Flanagan's Boys' Home**

Doing business as **Boys Town**

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**14100 Crawford Street**

City or town State ZIP code  
**Boys Town NE 68010**

Foreign country name Foreign province/state/county Foreign postal code

## D Employer identification number

47-0376606

## E Telephone number

(531) 355-3127

G Gross receipts \$ 749,023,865

## F Name and address of principal officer:

Judy F Rasmussen 14100 Crawford Street, P.O. Box Boys Town, Boys T

H(a) Is this a group return for subordinates? ☐ Yes ☒ NoH(b) Are all subordinates included? ☐ Yes ☐ No

If "No," attach a list. See instructions

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) (insert no.) ☐ 4947(a)(1) or ☐ 527J Website: ▶ <http://www.boystown.org>

H(c) Group exemption number ▶

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1917

M State of legal domicile: NE

## Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: and families.	Changing the way America cares for children	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	17
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
Revenue	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	3,985
	6	Total number of volunteers (estimate if necessary)	6	106
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	-232,967
	7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0
Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	175,370,128	201,068,581
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	174,995,936	193,926,380
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	16,551,586	24,546,432
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,250,670	2,146,481
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	401,168,320	421,687,874
	14	Benefits paid to or for members (Part IX, column (A), line 4)	22,186,691	24,609,859
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	204,009,750	222,886,051
	17	Total fundraising expenses (Part IX, column (D), line 25) ▶ 56,058,728	0	0
Net Assets or Fund Balances	18	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	118,068,039	138,996,564
	19	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	344,264,480	386,492,474
	20	Revenue less expenses. Subtract line 18 from line 12	56,903,840	35,195,400
	21	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
22	Total liabilities (Part X, line 26)	1,726,612,673	1,928,254,402	
23	Net assets or fund balances. Subtract line 21 from line 20	179,044,198	159,208,622	
		1,547,568,475	1,769,045,780	

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer *Judy F. Rasmussen* Date *10-4-2022*

Judy F Rasmussen Chief Financial Officer

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Holly Moen Preparer's signature *Holly Moen* Date 10/3/22 Check ☐ if self-employed PTIN P01800653

Firm's name ▶ KPMG, LLP Firm's EIN ▶ 13-5565207

Firm's address ▶ 1212 No. 96 Street Ste. 300, Omaha, NE 68114 Phone no. (402) 348-1450

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2021)

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III. ☒ **X**

**1** Briefly describe the organization's mission:  
Changing the way America cares for children and families.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No  
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 ☒ 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.

**4a** (Code: ) (Expenses \$ 197,051,629 including grants of \$ 176,735 ) (Revenue \$ 160,227,596 )  
BOYS TOWN NATIONAL RESEARCH HOSPITAL - See Schedule O for complete description.

**4b** (Code: ) (Expenses \$ 57,635,828 including grants of \$ 2,059,251 ) (Revenue \$ 22,142,597 )  
NEBRASKA/IOWA - See Schedule O for complete description.

**4c** (Code: ) (Expenses \$ 22,219,548 including grants of \$ 22,220,814 ) (Revenue \$ 0 )  
PROGRAMS ACROSS AMERICA - See Schedule O for complete description

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ 33,810,492 including grants of \$ 153,059 ) (Revenue \$ 11,556,187 )

**4e** Total program service expenses **310,717,497**

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A . . . . .	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors? See instructions . . . . .	<b>2</b> X	
<b>3</b> 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 . . . . .	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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 . . . . .	<b>4</b> X	
<b>5</b> 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 . . . . .	<b>5</b>	X
<b>6</b> 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 . . . . .	<b>6</b>	X
<b>7</b> 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 . . . . .	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .	<b>8</b>	X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV . . . . .	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V . . . . .	<b>10</b> X	
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI . . . . .	<b>11a</b> X	
<b>b</b> Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII . . . . .	<b>11b</b> X	
<b>c</b> 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 . . . . .	<b>11c</b>	X
<b>d</b> 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 . . . . .	<b>11d</b> X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X . . . . .	<b>11e</b> X	
<b>f</b> 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 . . . . .	<b>11f</b> X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	<b>12a</b>	X
<b>b</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 . . . . .	<b>12b</b> X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . .	<b>13</b> X	
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	X
<b>b</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 . . . . .	<b>14b</b>	X
<b>15</b> 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 . . . . .	<b>15</b>	X
<b>16</b> 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 . . . . .	<b>16</b>	X
<b>17</b> 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 . . . . .	<b>17</b>	X
<b>18</b> 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 . . . . .	<b>18</b> X	
<b>19</b> 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 . . . . .	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .	<b>20a</b> X	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b> X	
<b>21</b> 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 . . . . .	<b>21</b> X	

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
<b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III.</i>	<b>22</b> X	
<b>23</b> 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? <i>If "Yes," complete Schedule J.</i>	<b>23</b> X	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	<b>24a</b> X	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	X
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	<b>25a</b>	X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	<b>25b</b>	X
<b>26</b> 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? <i>If "Yes," complete Schedule L, Part II.</i>	<b>26</b>	X
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III.</i>	<b>27</b>	X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28a</b>	X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28b</b>	X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV.</i>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	<b>29</b> X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	<b>31</b>	X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	<b>32</b>	X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	<b>33</b>	X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	<b>34</b> X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b> X	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<b>35b</b> X	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	<b>36</b>	X
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI.</i>	<b>37</b>	X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	<b>38</b> X	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V. ☐

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b> 343	
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable.	<b>1b</b> 0	
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> X	

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

		Yes	No
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return . . . . .	<b>2a</b>	3,985
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . .	<b>2b</b>	X
<b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	X
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O . . . . .	<b>3b</b>	X
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	<b>4a</b>	X
<b>b</b>	If "Yes," enter the name of the foreign country ▶ Ireland See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	X
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	X
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . .	<b>6a</b>	X
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	<b>7a</b>	X
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	X
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	X
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	X
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	X
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . .	<b>13a</b>	
<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
<b>b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	X
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . .	<b>14b</b>	
<b>15</b>	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year . . . . .	<b>15</b>	X
If "Yes," see the instructions and file Form 4720, Schedule N.			
<b>16</b>	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . . . . .	<b>16</b>	X
If "Yes," complete Form 4720, Schedule O.			
<b>17</b>	<b>Section 501(c)(21) organizations.</b> Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? . . . . .	<b>17</b>	
If "Yes," complete Form 6069.			



**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI. ☒ **X**

### Section A. Governing Body and Management

		Yes	No
<b>1a</b>	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.	17	
<b>1b</b>	Enter the number of voting members included on line 1a, above, who are independent. . . . .	16	
<b>2</b>	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? . . . . .	<b>2</b>	X
<b>3</b>	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? . . . . .	<b>3</b>	X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	<b>4</b>	X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	<b>5</b>	X
<b>6</b>	Did the organization have members or stockholders? . . . . .	<b>6</b>	X
<b>7a</b>	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? . . . . .	<b>7a</b>	X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	<b>7b</b>	X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b>	The governing body? . . . . .	<b>8a</b>	X
<b>b</b>	Each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	X
<b>9</b>	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. . . . .	<b>9</b>	X

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? . . . . .	<b>10a</b>	X
<b>b</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? . . . . .	<b>10b</b>	X
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	<b>11a</b>	X
<b>b</b>	Describe on Schedule O the process, if any, used by the organization to review this Form 990. . . . .		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13. . . . .	<b>12a</b>	X
<b>b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	X
<b>c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done. . . . .	<b>12c</b>	X
<b>13</b>	Did the organization have a written whistleblower policy? . . . . .	<b>13</b>	X
<b>14</b>	Did the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	X
<b>15</b>	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?		
<b>a</b>	The organization's CEO, Executive Director, or top management official. . . . .	<b>15a</b>	X
<b>b</b>	Other officers or key employees of the organization. . . . .	<b>15b</b>	X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. . . . .		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	X
<b>b</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? . . . . .	<b>16b</b>	

### Section C. Disclosure

**17** List the states with which a copy of this Form 990 is required to be filed. **See Attached Statement**

**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) available for public inspection. Indicate how you made these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ 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 financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records. **See Attached Statement**  
 Judy F. Rasmussen, CPA (531) 355-3131  
 14100 Crawford Street, Boys Town, NE 68010

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII. ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Kelli Jo Shidler, M.D. Physician	40.00 0.00					X		1,265,135	0	40,289
(2) Robert Cusick, M.D. Physician	40.00 0.00					X		871,112	0	48,661
(3) Shahab T. Abdessalam, M.D. Physician	40.00 0.00					X		870,215	0	48,412
(4) Stephen Raynor, M.D. Physician	40.00 0.00					X		772,717	0	42,041
(5) Linden E. Fornoff, M.D. Physician	40.00 0.00					X		777,900	0	22,384
(6) Dr. Jason Bruce Executive Vice President Healthcare	40.00 0.00			X				487,329	0	49,458
(7) Rodney J. Kempkes Chief Executive Officer	35.00 5.00			X				419,625	0	48,220
(8) Philip J. Ruden Executive Vice President, Investments: Chief Invest	5.00 35.00			X				463,111	0	-2,974
(9) Judy F. Rasmussen, CPA Executive Vice President Finance & Administration	35.00 5.00			X				379,278	0	21,049
(10) Dana E. Washington Executive Vice President, General Counsel	35.00 5.00			X				332,590	0	21,016
(11) Father Steven E. Boes President National Executive Director	35.00 5.00	X		X				127,982	0	198,456
(12) Barbara J. Vollmer Executive Vice President, Director of Youth Care	35.00 5.00			X				278,579	0	22,215
(13) Monty J. Horine Senior Vice President Corporate Secretary	35.00 5.00			X				235,793	0	17,785
(14) John K. Arch VP BTNRH Strategic Initiatives Fomer Officer	30.00 0.00						X	200,358	0	28,509

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) Michael J. Eglseider Vice President, Investments Assistant Treasurer	5.00 35.00			X				202,215	0	-6,921
(16) James L. Beckmann J.D. Assistant Corporate Secretary	35.00 5.00			X				159,967	0	28,192
(17) Thomas Barker Director	2.00 0.00	X						0	0	0
(18) Kate Dodge Chair	3.00 0.00	X		X				0	0	0
(19) Sherrye Hutcherson Director	2.00 0.00	X						0	0	0
(20) Peter P. Jones Director	2.00 0.00	X						0	0	0
(21) William M. Bryant Director	2.00 0.00	X						0	0	0
(22) Laurine M. Garrity Director	2.00 0.00	X						0	0	0
(23) Robert R. Matejek Director	2.00 0.00	X						0	0	0
(24) Kathy Nieland, CPA Chair	3.00 0.00	X		X				0	0	0
(25) John Passarelli Director	2.00 0.00	X						0	0	0
<b>1b Subtotal</b>								7,843,906	0	626,792
<b>c Total from continuation sheets to Part VII, Section A</b>								0	0	0
<b>d Total (add lines 1b and 1c)</b>								7,843,906	0	626,792

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **331**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual.</i>	X	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual.</i>	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person.</i>		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
UNMC 987137 Nebraska Medical Center Omaha, NE 68198	Pathology	1,663,239
Facebook, Inc. 1601 Willow Road Menlo Park, CA 94028	Marketing Fees	1,218,870
Mercy Health PO Box 505125 Saint Louis, MO 63150	Licensing Fees	1,085,680
Innovative Urology Services 7710 Mercy Road, Ste 406 Omaha, NE 68124	Fluoroscopy and Lithotripsy	1,052,734
CHI Health 12809 W Dodge Road Floor 1 Omaha, NE 68134	Record and Information	491,949
<b>2</b> Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization	<b>56</b>	



**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII. ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>	0			
	<b>b</b>	Membership dues . . . . .	<b>1b</b>	0			
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>	356,148			
	<b>d</b>	Related organizations . . . . .	<b>1d</b>	47,176,207			
	<b>e</b>	Government grants (contributions) . . . . .	<b>1e</b>	24,547,235			
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above . . . . .	<b>1f</b>	128,988,991			
	<b>g</b>	Noncash contributions included in lines 1a-1f . . . . .	<b>1g</b>	\$ 1,851,051			
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . .		201,068,581			
	<b>Program Service Revenue</b>			Business Code			
<b>2a</b>		Boys Town National Research Hospital . . . . .	621110	160,227,596	160,227,596	0	0
<b>b</b>		Nebraska/Iowa Services . . . . .	623990	22,142,597	22,142,597	0	0
<b>c</b>		Home Town Educational . . . . .	611420	6,447,001	6,447,001	0	0
<b>d</b>		National Hotline and Public Services . . . . .	624100	5,109,186	5,109,186	0	0
<b>e</b>		. . . . .		0	5,109,186	0	0
<b>f</b>		All other program service revenue . . . . .		0	0	0	0
<b>g</b>		<b>Total.</b> Add lines 2a-2f . . . . .		193,926,380			
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . .		2,758,698	0	0	2,758,698
	<b>4</b>	Income from investment of tax-exempt bond proceeds . . . . .		0	0	0	0
	<b>5</b>	Royalties . . . . .		244,970	0	0	244,970
	<b>6a</b>	Gross rents . . . . .	(i) Real	(ii) Personal			
	<b>6a</b>		124,839	0			
	<b>b</b>	Less: rental expenses . . . . .	<b>6b</b>	0	0		
	<b>c</b>	Rental income or (loss) . . . . .	<b>6c</b>	124,839	0		
	<b>d</b>	Net rental income or (loss) . . . . .		124,839	0	0	124,839
	<b>7a</b>	Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other			
	<b>7a</b>		348,571,182	20,483			
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .	<b>7b</b>	326,709,338	94,593		
	<b>c</b>	Gain or (loss) . . . . .	<b>7c</b>	21,861,844	-74,110		
	<b>d</b>	Net gain or (loss) . . . . .		21,787,734	0	0	21,787,734
	<b>8a</b>	Gross income from fundraising events (not including \$ 356,148 of contributions reported on line 1c). See Part IV, line 18 . . . . .					
<b>8a</b>		84,289					
<b>b</b>	Less: direct expenses . . . . .	<b>8b</b>	196,425				
<b>c</b>	Net income or (loss) from fundraising events . . . . .		-112,136			-112,136	
<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . .						
<b>9a</b>		0					
<b>b</b>	Less: direct expenses . . . . .	<b>9b</b>	0				
<b>c</b>	Net income or (loss) from gaming activities . . . . .		0	0	0	0	
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .						
<b>10a</b>		102,668					
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>	335,635				
<b>c</b>	Net income or (loss) from sales of inventory . . . . .		-232,967	0	-232,967	0	
<b>Miscellaneous Revenue</b>			Business Code				
	<b>11a</b>	Historical Tax Credits . . . . .	900099	757,996	757,996	0	0
	<b>b</b>	Mail List Rental . . . . .	900099	607,585	0	0	607,585
	<b>c</b>	Rebates . . . . .	900099	420,688	420,688	0	0
	<b>d</b>	All other revenue . . . . .		335,506	335,506	0	0
	<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . .		2,121,775			
<b>12</b>	<b>Total revenue.</b> See instructions. . . . .		421,687,874	200,549,756	-232,967	25,411,690	

**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>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations domestic governments. See Part IV, line 21 . . . . .	22,220,814	22,220,814		
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	2,389,045	2,389,045		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .	0	0		
<b>4</b>	Benefits paid to or for members . . . . .	0	0		
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	3,109,777	776,423	2,333,354	0
<b>6</b>	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .	0	0	0	0
<b>7</b>	Other salaries and wages . . . . .	170,327,192	158,930,747	7,573,747	3,822,698
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	7,408,262	6,626,928	594,489	186,845
<b>9</b>	Other employee benefits . . . . .	30,764,934	28,452,264	1,645,017	667,653
<b>10</b>	Payroll taxes . . . . .	11,275,886	10,428,608	572,093	275,185
<b>11</b>	Fees for services (nonemployees):				
<b>a</b>	Management . . . . .	0	0	0	0
<b>b</b>	Legal . . . . .	975,707	0	975,707	0
<b>c</b>	Accounting . . . . .	210,552	0	210,552	0
<b>d</b>	Lobbying . . . . .	221,700	221,700	0	0
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .	0			0
<b>f</b>	Investment management fees . . . . .	664,041	0	664,041	0
<b>g</b>	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Schedule O.) . . . . .	18,648,509	16,685,192	420,304	1,543,013
<b>12</b>	Advertising and promotion . . . . .	5,218,937	3,102,460	441,289	1,675,188
<b>13</b>	Office expenses . . . . .	71,139,541	22,493,575	1,799,860	46,846,106
<b>14</b>	Information technology . . . . .	12,280,004	10,894,959	1,075,607	309,438
<b>15</b>	Royalties . . . . .	0	0	0	0
<b>16</b>	Occupancy . . . . .	9,817,299	9,487,326	310,470	19,503
<b>17</b>	Travel . . . . .	1,608,542	1,480,366	63,893	64,283
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .	0	0	0	0
<b>19</b>	Conferences, conventions, and meetings . . . . .	227,429	207,664	16,337	3,428
<b>20</b>	Interest . . . . .	1,385,527	868,756	13,690	503,081
<b>21</b>	Payments to affiliates . . . . .	0	0	0	0
<b>22</b>	Depreciation, depletion, and amortization . . . . .	12,647,830	12,034,006	533,914	79,910
<b>23</b>	Insurance . . . . .	1,738,739	1,434,331	282,671	21,737
<b>24</b>	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b>	Equipment rental and maintenance . . . . .	1,623,398	1,577,218	38,640	7,540
<b>b</b>	Corporate dues/memberships . . . . .	249,620	208,083	29,387	12,150
<b>c</b>	-----	0			
<b>d</b>	-----	0			
<b>e</b>	All other expenses . . . . .	339,189	197,032	121,187	20,970
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e . . . . .	386,492,474	310,717,497	19,716,249	56,058,728
<b>26</b>	<b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .	49,594,000	1,492,291	636,842	47,464,867

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X. ☐

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	10,255,266	<b>1</b>	19,752,265
	<b>2</b> Savings and temporary cash investments . . . . .	114,150,749	<b>2</b>	93,830,486
	<b>3</b> Pledges and grants receivable, net . . . . .	2,742,618	<b>3</b>	5,417,600
	<b>4</b> Accounts receivable, net . . . . .	36,902,518	<b>4</b>	34,450,673
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .	0	<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .	0	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	44	<b>7</b>	44
	<b>8</b> Inventories for sale or use . . . . .	2,419,166	<b>8</b>	2,989,993
	<b>9</b> Prepaid expenses and deferred charges . . . . .	7,878,648	<b>9</b>	6,895,631
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 395,904,821		
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b> 211,195,244	163,739,977	<b>10c</b> 184,709,577
	<b>11</b> Investments—publicly traded securities . . . . .	88,140,186	<b>11</b>	99,193,480
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	198,226,799	<b>12</b>	237,555,708
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	0	<b>13</b>	0
	<b>14</b> Intangible assets . . . . .	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	1,102,156,702	<b>15</b>	1,243,458,945
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	1,726,612,673	<b>16</b>	1,928,254,402	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	67,527,694	<b>17</b>	67,825,983
	<b>18</b> Grants payable . . . . .	0	<b>18</b>	0
	<b>19</b> Deferred revenue . . . . .	160,869	<b>19</b>	283,757
	<b>20</b> Tax-exempt bond liabilities . . . . .	97,394,462	<b>20</b>	87,027,324
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	0	<b>21</b>	0
	<b>22</b> Loans and other 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 . . . . .	0	<b>22</b>	0
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	0	<b>24</b>	0
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D . . . . .	13,961,173	<b>25</b>	4,071,558
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	179,044,198	<b>26</b>	159,208,622
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .	1,400,474,733	<b>27</b>	1,597,688,916
	<b>28</b> Net assets with donor restrictions . . . . .	147,093,742	<b>28</b>	171,356,864
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	0	<b>30</b>	0
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	0	<b>31</b>	0
	<b>32</b> <b>Total net assets or fund balances</b> . . . . .	1,547,568,475	<b>32</b>	1,769,045,780
<b>33</b> <b>Total liabilities and net assets/fund balances</b> . . . . .	1,726,612,673	<b>33</b>	1,928,254,402	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	421,687,874
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	386,492,474
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	35,195,400
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . . . . .	<b>4</b>	1,547,568,475
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	33,854,367
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	0
<b>7</b>	Investment expenses . . . . .	<b>7</b>	0
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	0
<b>9</b>	Other changes in net assets or fund balances (explain on Schedule O) . . . . .	<b>9</b>	152,427,538
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) . . . . .	<b>10</b>	1,769,045,780

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b> 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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.	X	
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	X	
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits . . . . .	X	

## Page 1 of 1

Employer identification number

47-0376606

**Continuation of Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**[illegible]



**SCHEDULE A**  
**(Form 990)**

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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Father Flanagan's Boys' Home

Employer identification number

47-0376606

**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 ☒ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a ☐ **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.**
- 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.**
- 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.**
- d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e ☐ 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.
- f Enter the number of supported organizations . . . . . 0
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
<b>Total</b>					0	0

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	136,643,681	146,010,246	157,574,772	175,370,128	201,068,581	816,667,408
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0	0	0	0	0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0	0	0	0	0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	136,643,681	146,010,246	157,574,772	175,370,128	201,068,581	816,667,408
<b>5</b> 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) . . . . .						211,172,404
<b>6 Public support.</b> Subtract line 5 from line 4 . . . . .						605,495,004

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b> Amounts from line 4 . . . . .	136,643,681	146,010,246	157,574,772	175,370,128	201,068,581	816,667,408
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .	5,606,564	7,302,613	7,194,036	4,402,282	3,128,507	27,634,002
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .	0	0	0	0	0	0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .	1,985,707	3,330,913	3,628,253	34,163,615	2,121,775	45,230,263
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						889,531,673
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	914,240,805
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . .						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)) . . . . .	<b>14</b>	70.59%
<b>15</b> Public support percentage from 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	62.73%
<b>16a 33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>17a 10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>b 10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization . . . . .		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . .		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						0
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose . . . . .						0
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						0
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						0
<b>6 Total.</b> Add lines 1 through 5 . . . . .	0	0	0	0	0	0
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year . . . . .						0
<b>c</b> Add lines 7a and 7b . . . . .	0	0	0	0	0	0
<b>8 Public support</b> (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b> Amounts from line 6 . . . . .	0	0	0	0	0	0
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources . . . . .						0
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
<b>c</b> Add lines 10a and 10b . . . . .	0	0	0	0	0	0
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on . . . . .						0
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						0
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) . . . . .	<b>15</b>	0.00%
<b>16</b> Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	0.00%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2021</b> (line 10c, column (f), divided by line 13, column (f)) . . . . .	<b>17</b>	0.00%
<b>18</b> Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	0.00%

**19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

**b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization . . . . . ☐

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . . ☐

**Part IV Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 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**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</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)? <i>If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> 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)? <i>If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in <b>Part VI</b>, 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).</i>		
<b>b</b> <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c</b> <b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> 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))? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>b</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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>c</b> 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? <i>If "Yes," provide detail in <b>Part VI</b>.</i>		
<b>10a</b> 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)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in <b>Part VI</b> .		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI</b> .			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			



**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in **Part VI**). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section 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	0	0
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 <b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	0	0

  

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d <b>Total</b> (add lines 1a, 1b, and 1c)	1d	0	0
e <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3	0	0
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 0.035.	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 <b>Minimum Asset Amount</b> (add line 7 to line 6)	8	0	0

  

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, column A)	1		0
2 Enter 0.85 of line 1.	2		0
3 Minimum asset amount for prior year (from Section B, line 8, column A)	3		0
4 Enter greater of line 2 or line 3.	4		0
5 Income tax imposed in prior year	5		
6 <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		0

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required—provide details in <b>Part VI</b> )	5
6	Other distributions (describe in <b>Part VI</b> ). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7 0
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9 0
10	Line 8 amount divided by line 9 amount	10 0.000

  

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			0
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016 . . . . .	0		
b From 2017 . . . . .	0		
c From 2018 . . . . .	0		
d From 2019 . . . . .	0		
e From 2020 . . . . .	0		
f <b>Total</b> of lines 3a through 3e	0		
g Applied to underdistributions of prior years		0	
h Applied to 2021 distributable amount			0
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.	0		
4 Distributions for 2021 from Section D, line 7: \$	0		
a Applied to underdistributions of prior years		0	
b Applied to 2021 distributable amount			0
c Remainder. Subtract lines 4a and 4b from line 4.	0		
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions.		0	
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.			0
7 <b>Excess distributions carryover to 2022.</b> Add lines 3j and 4c.	0		
8 Breakdown of line 7:			
a Excess from 2017 . . . . .	0		
b Excess from 2018 . . . . .	0		
c Excess from 2019 . . . . .	0		
d Excess from 2020 . . . . .	0		
e Excess from 2021 . . . . .	0		

**Part VI**

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

Part II Section B Line 10 Other income is \$757,996 from issuance of historical tax

credits, \$607,585 is revenue from mail list rentals, \$420,688 is revenue from rebates, and

\$335,506 is other items.

Electronic Filing Only

**Schedule B**  
**(Form 990)**

**Schedule of Contributors**

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ **Attach to Form 990 or Form 990-PF.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

Name of the organization

Father Flanagan's Boys' Home

Employer identification number

47-0376606

**Organization type** (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

☒ 501(c)( 3 ) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

- ☒ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year . . . . . ▶ \$ .....

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).





Name of organization Father Flanagan's Boys' Home	Employer identification number 47-0376606
--	--

**Part II** **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-----	----- ----- -----	\$ -----	-----
(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
-----	----- ----- -----	\$ -----	-----

Name of organization Father Flanagan's Boys' Home	Employer identification number 47-0376606
--	--

**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 information once. See instructions.) ► \$ \_\_\_\_\_ 0

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
	----- ----- ----- For. Prov. Country		----- ----- -----
(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
	----- ----- ----- For. Prov. Country		----- ----- -----
(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
	----- ----- ----- For. Prov. Country		----- ----- -----
(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
	----- ----- ----- For. Prov. Country		----- ----- -----

**SCHEDULE C**  
**(Form 990)**

**Political Campaign and Lobbying Activities**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**For Organizations Exempt From Income Tax Under section 501(c) and section 527**

- ▶ **Complete if the organization is described below.** ▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

**If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then**

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

**If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then**

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

**If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then**

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization Father Flanagan's Boys' Home	Employer identification number 47-0376606
--	--

**Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.**

**1** Provide a description of the organization's direct and indirect political campaign activities in Part IV. See instructions for definition of "political campaign activities."

**2** Political campaign activity expenditures. See instructions . . . . . ▶ \$

**3** Volunteer hours for political campaign activities. See instructions . . . . . ▶

**Part I-B Complete if the organization is exempt under section 501(c)(3).**

**1** Enter the amount of any excise tax incurred by the organization under section 4955 . . . . . ▶ \$

**2** Enter the amount of any excise tax incurred by organization managers under section 4955 . . . . . ▶ \$

**3** If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . . . . . ☐ Yes ☐ No

**4a** Was a correction made? . . . . . ☐ Yes ☐ No

**b** If "Yes," describe in Part IV.

**Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).**

**1** Enter the amount directly expended by the filing organization for section 527 exempt function activities . . . . . ▶ \$

**2** Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities . . . . . ▶ \$

**3** Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b . . . . . ▶ \$ 0

**4** Did the filing organization file **Form 1120-POL** for this year? . . . . . ☐ Yes ☐ No

**5** Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part II-A** Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check ☒ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).  
**B** Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
<b>1a</b>	Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	0	0												
<b>b</b>	Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	221,700	221,700												
<b>c</b>	Total lobbying expenditures (add lines 1a and 1b) . . . . .	221,700	221,700												
<b>d</b>	Other exempt purpose expenditures . . . . .	385,368,567	485,561,369												
<b>e</b>	Total exempt purpose expenditures (add lines 1c and 1d) . . . . .	385,590,267	485,783,069												
<b>f</b>	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	1,000,000	1,000,000												
<table border="1"> <thead> <tr> <th>If the amount on line 1e, column (a) or (b) is:</th> <th>The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
<b>g</b>	Grassroots nontaxable amount (enter 25% of line 1f) . . . . .	250,000	250,000												
<b>h</b>	Subtract line 1g from line 1a. If zero or less, enter -0- . . . . .	0	0												
<b>i</b>	Subtract line 1f from line 1c. If zero or less, enter -0- . . . . .	0	0												
<b>j</b>	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No													

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) Total
<b>2a</b> Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
<b>c</b> Total lobbying expenditures	334,089	317,274	111,362	221,700	984,425
<b>d</b> Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
<b>e</b> Grassroots ceiling amount (150% of line 2d, column(e))					1,500,000
<b>f</b> Grassroots lobbying expenditures	0	0	0	0	0

**Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i.			0
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912.			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912.			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

**Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

**Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."**

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	0
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures. See instructions.	5	0

**Part IV Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (See instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Part II-A Line A Father Flanagan's Boys' Home, 14100 Crawford Street, Boys Town NE 68010,

47-0376606, \$385,590,267, \$221,700; Father Flanagan's Fund for Needy Children, 14100 Crawford

Street, Boys Town, NE 68010, 36-3680258, \$47,181,997, \$0; Boys Town California, Inc., 14100 Crawford

Street, Boys Town, NE 68010, 76-0720675, \$609,773, \$0; Boys Town Central Florida, Inc., 975 Oklahoma

Street, Oviedo, FL 32765, 20-0654235, \$6,801,056, \$0; Boys Town Louisiana, Inc., 300 North Broad

Street, Ste. 106, New Orleans, LA 70119, 41-2220807, \$9,076,089, \$0; Boys Town Nevada, Inc. 821 N

Mojave Road., Las Vegas, NV 89101, 20-0654472, \$5,781,693, \$0; Boys Town New England, Inc.,

**Part IV** Supplemental Information *(continued)*

Barzarsky Campus 58 Flanagan Road., Portsmouth, RI 02871, 20-0655240, \$8,083,239, \$0; Boys Town New

York, Inc., 14100 Crawford Street, Boys Town, NE 68010, 20-5960877, \$904,773, \$0; Boys Town North

Florida, Inc., 3555 Commonwealth Blvd. Tallahassee, FL 32303, 20-0655144, \$6,646,739, \$0; Boys Town

Washington D.C. Inc., 4801 Sargent Rd N.E., Washington, DC 20017, 41-2220810, \$6,821,774, \$0; Boys

Town South Florida, Inc., 1655 Palm Beach Lakes Blvd., West Palm Beach, FL 33401, 26-3965524,

\$7,242,619, \$0; Lied Learning and Technology Center for Childhood Deafness and Vision Disorders,

14100 Crawford Street, Boys Town, NE 68010, 47-0841263, \$1,023,788, \$0; Nebraska Families

Collaborative, 14100 Crawford Street, Boys Town, NE 68010, 26-4436716, \$19,262, \$0.

Electronic Filing Only

**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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Father Flanagan's Boys' Home

Employer identification number

47-0376606

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year . . . . .		
2 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (for example, recreation or education) <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of open space <input type="checkbox"/> Preservation of a historically important land area <input type="checkbox"/> Preservation of a certified historic structure	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements . . . . .	2a
b Total acreage restricted by conservation easements . . . . .	2b
c Number of conservation easements on a certified historic structure included in (a) . . . . .	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ . . . . .	
4 Number of states where property subject to conservation easement is located ▶ . . . . .	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ . . . . .	
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ . . . . .	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ . . . . . b Assets included in Form 990, Part X . . . . . ▶ \$ . . . . .	

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (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):

**a** ☐ Public exhibition

**d** ☐ Loan or exchange program

**b** ☐ Scholarly research

**e** ☐ Other \_\_\_\_\_

**c** ☐ Preservation for future generations

**4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

**5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

**1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

**b** If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
<b>c</b> Beginning balance	0
<b>d</b> Additions during the year	
<b>e</b> Distributions during the year	
<b>f</b> Ending balance	0

**2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☒ No

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII ☐

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance	1,049,523,403	1,002,368,642	921,410,888	944,680,028	869,349,310
<b>b</b> Contributions	1,475,519	346,700	4,158,479	39,063,938	2,035,595
<b>c</b> Net investment earnings, gains, and losses	193,721,413	96,992,846	126,171,019	-14,901,708	119,609,323
<b>d</b> Grants or scholarships	46,873,475	46,560,000	46,197,000	44,976,000	44,658,000
<b>e</b> Other expenditures for facilities and programs	2,050,000	2,602,779	2,354,193	1,018,035	289,336
<b>f</b> Administrative expenses	735,381	1,022,006	820,551	1,437,335	1,366,864
<b>g</b> End of year balance	1,195,061,479	1,049,523,403	1,002,368,642	921,410,888	944,680,028

**2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

**a** Board designated or quasi-endowment ☐ 98%

**b** Permanent endowment ☐ 1%

**c** Term endowment ☐ 1%

The percentages on lines 2a, 2b, and 2c should equal 100%.

**3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) Unrelated organizations

(ii) Related organizations

	Yes	No
<b>3a(i)</b>	X	
<b>3a(ii)</b>	X	
<b>3b</b>	X	

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? ☐

**4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land	787,264	2,472,270		3,259,534
<b>b</b> Buildings	0	246,354,954	115,535,583	130,819,371
<b>c</b> Leasehold improvements	0	0	0	0
<b>d</b> Equipment	0	146,290,333	95,659,661	50,630,672
<b>e</b> Other	0	0	0	0

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 184,709,577



**Part VII Investments—Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .	0	
(2) Closely held equity interests . . . . .	237,555,708	F
(3) Other . . . . .		
(A) . . . . .		
(B) . . . . .		
(C) . . . . .		
(D) . . . . .		
(E) . . . . .		
(F) . . . . .		
(G) . . . . .		
(H) . . . . .		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.) . . . . .	237,555,708	

**Part VIII Investments—Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 13.) . . . . .	0	

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) Beneficial interest in assets held in trust	94,832,424
(2) Accrued investment income	33,106
(3) Other assets	5,237,028
(4) Interest in Father Flanagan's Fund for Needy Children	1,113,244,615
(5) Interest in subordinate affiliated and controlled organizations	27,049,576
(6) Interest in Lied Learning and Technology Center	3,062,196
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) . . . . .	1,243,458,945

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
(2) Postretirement Benefit Obligation	4,071,558
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) . . . . .	4,071,558

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

**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.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .	<b>1</b>	543,053,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>	33,854,367
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	49,400,180
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	40,032,348
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	123,286,895
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	419,766,105
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	664,041
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	355,521
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	1,019,562
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .	<b>5</b>	420,785,667

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .	<b>1</b>	464,366,000
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	49,400,180
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>	0
<b>c</b>	Other losses . . . . .	<b>2c</b>	0
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>	52,357,111
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .	<b>2e</b>	101,757,291
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	362,608,709
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>	664,041
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>	22,317,517
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .	<b>4c</b>	22,981,558
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .	<b>5</b>	385,590,267

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Part V Line 4 The intended uses of the organization's endowment funds are to support the

activities of Father Flanagan's Boys' Home in fulfilling its mission in compliance with

donor intent.

Part X Line 2 Boys Town and its affiliates have been recognized as a tax-exempt

organization by the Internal Revenue Services (IRS) as described in Section 501(c)(3) of

the Code, and, therefore, is exempt from income taxes on related income under Section

501(a) of the Code. Boys Town accounts for uncertainties in accounting for income tax

assets and liabilities by recognizing the effect of income tax positions only if those

positions are more likely than not of being sustained. At December 31, 2021, Boys Town had

no uncertain tax positions accrued.

Part XI Line 2d Change in value of beneficial interest in external trusts of \$9,074,742

was included in the consolidated financial statements but was reclassified to other

changes in net assets for Form 990. Affiliate revenue of \$30,957,606 was included in the

**Part XIII Supplemental Information** *(continued)*

audited financial statements but eliminated for the Form 990.

Part XI Line 4b Revenue of \$895,506 from business between the Central organization and

affiliates or related organizations was eliminated for audited consolidated financial

statements but was reinstated for Form 990. Loss of \$92,610 on sale of fixed assets, cost

of goods sold of \$335,635, and special event expenses of \$111,575 was included as expenses

for the audited consolidated financial statements but was a reduction to revenue for the

Form 990. Rounding to thousands for the audited consolidated financial statements of \$165.

Part XII Line 2d Affiliate and related organization's expenses in the amount of

\$51,817,291 was included in the audited financial statements but eliminated for the Form

990. Special event expenses of \$111,575, loss of sale of fixed assets of \$92,610, and cost

of good sold \$335,635 were included in total expenses for the consolidated audited

statements but offset revenue for the Form 990.

Part XII Line 4b Support to affiliates of \$21,318,607 and \$999,145 of expenses paid to

related parties was eliminated for audited consolidated financial statements but was

reinstated and included in expenses for the Form 990. Rounding to thousands for the

audited financial statements of \$235.

**SCHEDULE E**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schools**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**  
▶ **Attach to Form 990 or Form 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

Father Flanagan's Boys' Home

Employer identification number

47-0376606

**Part I**

	YES	NO
<b>1</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body? . . . . .	<b>1</b> X	
<b>2</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships? . . . . .	<b>2</b> X	
<b>3</b> Has the organization publicized its racially nondiscriminatory policy on its primary publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II . . . . . Rev Proc 75-50 4.02.b indicates a school that customarily draws a substantial percentage of its students nationwide or worldwide or from a large geographic section or sections of the United States and follows a nondiscriminatory policy as to students, the publicity requirement may be satisfied by showing it currently enrolls students of racial minority groups in meaningful numbers. For 2021, Boys Town had over 50% of enrolled students from minority groups.	<b>3</b>	X
<b>4</b> Does the organization maintain the following?		
<b>a</b> Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>4a</b> X	
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>4b</b> X	
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>4c</b> X	
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions? . . . . . If you answered "No" to any of the above, please explain. If you need more space, use Part II.	<b>4d</b> X	
<b>5</b> Does the organization discriminate by race in any way with respect to:		
<b>a</b> Students' rights or privileges? . . . . .	<b>5a</b>	X
<b>b</b> Admissions policies? . . . . .	<b>5b</b>	X
<b>c</b> Employment of faculty or administrative staff? . . . . .	<b>5c</b>	X
<b>d</b> Scholarships or other financial assistance? . . . . .	<b>5d</b>	X
<b>e</b> Educational policies? . . . . .	<b>5e</b>	X
<b>f</b> Use of facilities? . . . . .	<b>5f</b>	X
<b>g</b> Athletic programs? . . . . .	<b>5g</b>	X
<b>h</b> Other extracurricular activities? . . . . . If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	<b>5h</b>	X
<b>6a</b> Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>6a</b> X	
<b>b</b> Has the organization's right to such aid ever been revoked or suspended? . . . . . If you answered "Yes" on either line 6a or line 6b, explain on Part II.	<b>6b</b>	X
<b>7</b> Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II . . . . .	<b>7</b> X	

**Part II** **Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information. See instructions.

Line 6a Father Flanagan's Boys' Home received financial aid or assistance and program fees

from the following agencies: US Department of Health and Human Services, US Department of

Agriculture, US Department of Education, National Science Foundation, and the State of

Nebraska.

Electronic Filing Only

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Father Flanagan's Boys' Home

Employer identification number

47-0376606

**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.

- |  |   |
|--|---|
| <b>a</b> <input type="checkbox"/> Mail solicitations               | <b>e</b> <input type="checkbox"/> Solicitation of non-government grants |
| <b>b</b> <input type="checkbox"/> Internet and email solicitations | <b>f</b> <input type="checkbox"/> Solicitation of government grants     |
| <b>c</b> <input type="checkbox"/> Phone solicitations              | <b>g</b> <input type="checkbox"/> Special fundraising events            |
| <b>d</b> <input type="checkbox"/> In-person solicitations          |   |

**2a** 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.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1				0	0	0
2				0	0	0
3				0	0	0
4				0	0	0
5				0	0	0
6				0	0	0
7				0	0	0
8				0	0	0
9				0	0	0
10				0	0	0
<b>Total</b> ▶				0	0	0

**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.

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 Blue Water Bash (event type)	(b) Event #2 Booster Banquet (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .	197,937	180,307	62,193	440,437
	2 Less: Contributions . . . . .	134,495	163,863	57,790	356,148
	3 Gross income (line 1 minus line 2) . . . . .	63,442	16,444	4,403	84,289
Direct Expenses	4 Cash prizes . . . . .	0	0	0	0
	5 Noncash prizes . . . . .	0	0	0	0
	6 Rent/facility costs . . . . .	0	0	0	0
	7 Food and beverages . . . . .	22,093	0	0	22,093
	8 Entertainment . . . . .	2,200	9,000	0	11,200
	9 Other direct expenses . . . . .	105,108	38,945	19,079	163,132
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . . ▶				( 196,425)
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . . ▶				-112,136

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				0
Direct Expenses	2 Cash prizes . . . . .				0
	3 Noncash prizes . . . . .				0
	4 Rent/facility costs . . . . .				0
	5 Other direct expenses . . . . .				0
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . . ▶				( 0)
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . . ▶				0

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . . ☐ Yes ☐ No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . . ☐ Yes ☐ No

b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers? ☐ Yes ☐ No
- 12 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? ☐ Yes ☐ No
- 13 Indicate the percentage of gaming activity conducted in:
- |                               |     |   |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility         | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:
- Name ▶ \_\_\_\_\_
- Address ▶ \_\_\_\_\_
- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ 0 and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_ 0
- c If "Yes," enter name and address of the third party:
- Name ▶ \_\_\_\_\_
- Address ▶ \_\_\_\_\_
- 16 Gaming manager information:
- Name ▶ \_\_\_\_\_
- Gaming manager compensation ▶ \$ \_\_\_\_\_ 0
- 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 retain the state gaming license? ☐ Yes ☐ No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ \_\_\_\_\_ 0

**Part IV** **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.



**SCHEDULE H  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

- **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**  
► **Attach to Form 990.**  
► **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Name of the organization Father Flanagan's Boys' Home	Employer identification number 47-0376606
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**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a . . .	X	
<b>b</b> If "Yes," was it a written policy? . . .	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: . . . <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? . . .	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? . . .		X
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? . . .		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? . . .		X
<b>b</b> If "Yes," did the organization make it available to the public? . . .		

**7 Financial Assistance and Certain Other Community Benefits at Cost**

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
<b>Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1) . . . . .	0	0	239,945	0	239,945	0.06%
<b>b</b> Medicaid (from Worksheet 3, column a) . . . . .	0	0	49,469,997	24,967,545	24,502,452	6.34%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) . . . . .	0	0	1,013,227	427,533	585,694	0.15%
<b>d Total.</b> Financial Assistance and Means-Tested Government Programs . . . . .	0	0	50,723,169	25,395,078	25,328,091	6.55%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) . . . . .	0	0	37,131	0	37,131	0.01%
<b>f</b> Health professions education (from Worksheet 5) . . . . .	0	0	155,939	0	155,939	0.04%
<b>g</b> Subsidized health services (from Worksheet 6) . . . . .	0	0	9,490,429	6,256,472	3,233,957	0.84%
<b>h</b> Research (from Worksheet 7) . . . . .	0	0	11,377,527	3,653,000	7,724,527	2.00%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) . . . . .	0	0	42,589	0	42,589	0.01%
<b>j Total.</b> Other Benefits . . . . .	0	0	21,103,615	9,909,472	11,194,143	2.90%
<b>k Total.</b> Add lines 7d and 7j . . . . .	0	0	71,826,784	35,304,550	36,522,234	9.45%

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

Schedule H (Form 990) 2021

**Part II Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	0	0	0	0	0	0.00%
2 Economic development	0	0	0	0	0	0.00%
3 Community support	0	0	16,836	0	16,836	0.00%
4 Environmental improvements	0	0	0	0	0	0.00%
5 Leadership development and training for community members	0	0	0	0	0	0.00%
6 Coalition building	0	0	16,060	0	16,060	0.00%
7 Community health improvement advocacy	0	0	33,273	0	33,273	0.01%
8 Workforce development	0	0	0	0	0	0.00%
9 Other	0	0	0	0	0	0.00%
10 <b>Total</b>	0	0	66,169	0	66,169	0.01%

**Part III Bad Debt, Medicare, & Collection Practices**

**Section A. Bad Debt Expense**

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1		X
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount . . . . .	2 1,186,163		
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. . . . .	3 474,465		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) . . . . .	5 2,508,915		
6 Enter Medicare allowable costs of care relating to payments on line 5 . . . . .	6 2,940,849		
7 Subtract line 6 from line 5. This is the surplus (or shortfall) . . . . .	7 -431,934		
8 Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other			

**Section C. Collection Practices**

9a Did the organization have a written debt collection policy during the tax year? . . . . .	9a	X	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI . . . . .	9b	X	

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

**Part V Facility Information****Section A. Hospital Facilities**

(list in order of size, from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

**1** Boys Town National Research Hospital West  
 14000 Boys Town Hospital Road  
 Boys Town, NE 68010  
 www.boystownhospital.org  
 H000107

**2****3****4****5****6****7****8****9****10**

Licensed hospital

General medical &amp; surgical

Children's hospital

Teaching hospital

Critical access hospital

Research facility

ER-24 hours

ER-other

Other (describe)

Facility reporting group

A

**Part V Facility Information** (continued)**Section B. Facility Policies and Practices**

(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

**Name of hospital facility or letter of facility reporting group** Boys Town National Research Hospital West**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1

		Yes	No
<b>Community Health Needs Assessment</b>			
<b>1</b>	Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year? . . . . .		X
<b>2</b>	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C . . . . .		X
<b>3</b>	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12 . . . . .	X	
If "Yes," indicate what the CHNA report describes (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b>	<input checked="" type="checkbox"/> Demographics of the community		
<b>c</b>	<input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
<b>d</b>	<input checked="" type="checkbox"/> How data was obtained		
<b>e</b>	<input checked="" type="checkbox"/> The significant health needs of the community		
<b>f</b>	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b>	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b>	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b>	<input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
<b>j</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>4</b>	Indicate the tax year the hospital facility last conducted a CHNA: <u>20 19</u>		
<b>5</b>	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted . . . . .	X	
<b>6a</b>	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C . . . . .	X	
<b>6b</b>	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C . . . . .		X
<b>7</b>	Did the hospital facility make its CHNA report widely available to the public? . . . . .	X	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
<b>a</b>	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>https://www.boystownhospital.org/about/community-assessment</u>		
<b>b</b>	<input type="checkbox"/> Other website (list url): _____		
<b>c</b>	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
<b>d</b>	<input type="checkbox"/> Other (describe in Section C)		
<b>8</b>	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 . . . . .	X	
<b>9</b>	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 19</u>		
<b>10</b>	Is the hospital facility's most recently adopted implementation strategy posted on a website? . . . . .	X	
<b>a</b>	If "Yes," (list url): <u>https://www.boystownhospital.org/about/community-assessment</u>		
<b>b</b>	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? . . . . .		
<b>11</b>	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
<b>12a</b>	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)? . . . . .		X
<b>b</b>	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? . . . . .		
<b>c</b>	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information (continued)****Financial Assistance Policy (FAP)**Name of hospital facility or letter of facility reporting group Boys Town National Research Hospital West

		Yes	No
13	Did the hospital facility have in place during the tax year a written financial assistance policy that: Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	X	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.00</u> % and FPG family income limit for eligibility for discounted care of <u>400.00</u> %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	X	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	X	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>https://www.boystownhospital.org/patients/billing</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>https://www.boystownhospital.org</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>https://www.boystownhospital.org</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by Limited English Proficiency (LEP) populations		
j	<input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information (continued)****Billing and Collections****Name of hospital facility or letter of facility reporting group** Boys Town National Research Hospital West

	Yes	No
<b>17</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment? . . . . .	<b>17</b> X	
<b>18</b> Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
<b>19</b> Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? . . . . .	<b>19</b>	X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
<b>20</b> Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs (if not, describe in Section C)		
b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

**Policy Relating to Emergency Medical Care**

<b>21</b> Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? . . . . .	<b>21</b> X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

**Part V Facility Information** (continued)**Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**Name of hospital facility or letter of facility reporting group Boys Town National Research Hospital West**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☒ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☐ The hospital facility used a prospective Medicare or Medicaid method

**23** During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? . . . . .

If "Yes," explain in Section C.

**24** During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual? . . . . .

If "Yes," explain in Section C.

	Yes	No
<b>23</b>		X
<b>24</b>		X

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Boys Town National Research Hospital West, Part V, Section B, Line 5, To solicit input from key

informants, those individuals who have a broad interest in the health of children and adolescents in the

community, an Online Key Informant Survey was implemented as part of this process. A list of recommended

participants was provided by the sponsors of the study; this list included names and contact information

for physicians, public health representatives, other health professionals, social service providers, and

a variety of community leaders. Potential participants were chosen because of their ability to identify

primary concerns among the families and children/adolescents with whom they work with, as well as of the

community overall. Key informants were contacted by email, introducing the purpose of the survey and

providing a link to take the survey online; reminder emails were sent as needed to increase

participation.

Boys Town National Research Hospital West, Part V, Section B, Line 6a, Childrens Hospital & Medical

Center - Omaha, Nebraska

Boys Town National Research Hospital West, Part V, Section B, Line 11, The Child and Adolescent Community

Health Needs Assessment (CHNA) implementation plan was developed using a deliberative and inclusive

internal process that included qualitative and quantitative data and was grounded in both operational

considerations and the existing unique assets Boys Town National Research Hospitals have already

developed to address these priorities. The CHNA identified priority health issues to be addressed. Boys

Town National Research Hospital and Clinics has chosen to address seven issues. Injury and violence,

sexual health, tobacco, alcohol and other drugs, vision, hearing and speech conditions are all issues

that are identified and responded to on the individual patient level. The following Implementation Plan

Progress Report describes how the hospital is addressing the significant needs identified in its most

recent CHNA. The Implementation Plan was approved in May of 2019 and therefore the progress report

addresses actions taken between July 1, 2021 and June 30, 2022. Priority 1 - Access to Healthcare

Services. Objective A: Increase access to primary care and to a regular source of care. BTNRH provided

Telehealth appointments during the pandemic to provide opportunities for patients to be seen. BTNRH also

expanded Same Day Pediatrics hours and provider availability for same day sick visits for Boys Town and



**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

community pediatric patients. In order to meet these needs additional pediatric and internal medicine

providers were hire. Objective B: Explore opportunities to increase availability of select pediatric

specialty service to Boys Town pediatric patients and community partners. BTNRH expanded the Pediatric

Neurology Department by the addition of physicians and services. Outreach was also expanded through

surgery, neurology, rheumatology and pediatric neurosurgery. Objective C: Provide opportunities for the

community to learn about available services and make provider connections. BTNRH provided telehealth

connections and virtual activities for education including Parenting in a Pandemic and the Newborn Expo.

Priority 2 - Mental Health Objective A: Improve access to mental health services. Three psychiatrists

were added to staff in 2021 and psychiatry services were added to the Lakeside and 72nd St clinics. The

Lakeside clinic also includes PCIT. Objective B: Assist patients in accessing mental health resources.

No additions were made for 2021-2022. Objective C: Provide mental health education and resources to

employees, patients and the public. BTNRH has social workers that belong the Kim foundation which

increases awareness, reduces stigma, and provides education and resources related to mental illness and

suicide. BTNRH had psychiatrists provide training at pediatric quarterly meetings and they also provided

education on adolescent behavior a quarterly meeting offering CMEs. Priority 3 - Neurological, Cognitive

and Behavioral Conditions. Objective A: Improve access to pediatric neurological services. Objective

B: Broaden scope of neurological services provided. Objective C: Use the work of the Center for

Neurobehavioral Research to improve clinical outcomes. BTNRH progressed on these objectives by adding a

same week seizure clinic to decrease the wait time patients were experiencing related to new seizure

diagnosis in the region. Other services and items added included a MEG in the Institute for Human

Neuroscience, a physical therapy center for human performance optimization and developed a comprehensive

pediatric epilepsy center including the first seizure clinic provided services within one week of the

first seizure. Priority 4 - Nutrition, Diabetes, Physical Activity and Weight Management. Objective A:

Promote healthy eating and physical activity for patients and the community. Boys Town hosted a virtual

Memorial Day Run to increase activity of participants during the pandemic, allowing patients and

participants to do the level of participation in their own community. Boys Town sponsored additional

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

walks in the community to promote activity and offer support of The March of Dimes, NE Epilepsy Walk, Run

and Roll, Step Up for Down Syndrome and Crohns and Colitis Foundation. Objective B: Increase services

that address nutrition for patients with comorbidities. BTNRH added dieticians to meet the increasing

dietary needs of patients, including ketogenic diets for neurology patients. Priority 5 - Oral Health.

Objective A: Identify strategies to improve the oral health for Boys Town Pediatrics patients. Patients

are continuing to be provided fluoride varnish at the 9-month, 18-month, and 24-month appointments to

help strengthen enamel and prevent tooth decay. Objective B: Collaborate with community partners to

promote oral health. Objective C: Provide resources regarding oral health. Educational materials are

provided to parents of patients at the well-checks. Identified elements no pursued: Injury and violence,

sexual health, tobacco, alcohol, and other drugs: All issues are identified and responded to on the

individual patient level. Influencing Elements Pursued which Impacted ability to complete previously

identified initiatives. COVID was declared a public health emergency on March 13, 2020. The pandemic

caused by COVID is having an immeasurable impact on healthcare. Resources were redirected to ensure

appropriate response to the PHE. The PHE continued for all of 2021 and 2022 to date with the emergency of

variants of concern. To address the needs of our patients, telehealth has continued to be offered.

Following CDC and other guideline efforts in the following areas has continued: enhanced cleaning,

implementing visitor policies that support patients while protecting staff, screening of patients and

visitors as well as staff, training of staff, vaccination, testing, pre-op clinic, clinic segregation of

well/sick, and ensuring appropriate PPE for patients and staff. Efforts continue regarding the provision

of COVID vaccination to staff and patients as permitted by the CDC.

Boys Town National Research Hospital West, Part V, Section B, Line 13h, The Hospital requires

documentation of denial for Medicaid assistance, if applicable.

**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

11

Name and address	Type of Facility (describe)
<b>1</b> Pacific Street Medical Office Building - West 14080 Boys Town Hospital Road Boys Town, NE 68010	Outpatient Physician Clinic
<b>2</b> Pacific Street Medical Office Building - East 14040 Boys Town Hospital Road Boys Town, NE 68010	Outpatient Physician Clinic
<b>3</b> Intensive Residential Treatment Center 14092 Boys Town Hospital Road Boys Town, NE 68010	Child/Adolescent Residential Treatment Center
<b>4</b> Boys Town National Research Hospital Clinics 555 N. 30th Street Omaha, NE 68131	Outpatient Physician Clinic & Hearing Diagnostic Cl
<b>5</b> Boys Town Clinic 72nd & Center 7205 West Center Road Omaha, NE 68124	Outpatient Physician Clinic
<b>6</b> Lakeside Clinic 16929 Frances Street Suite 102 Omaha, NE 68130	Outpatient Physician Clinic
<b>7</b> Harrison Street Clinic 6715 South 180th Street Omaha, NE 68135	Outpatient Physician Clinic
<b>8</b> Council Bluffs Specialty 320 McKenzie Avenue Suite 202 Council Bluffs, IA 51503	Outpatient Physician Clinic & Hearing Diagnostic Cl
<b>9</b> Boys Town Psychiatry Clinic 14092 Boys Town Hospital Road Boys Town, NE 68010	Outpatient Physician Clinic
<b>10</b> Lied Learning & Technology Center 425 N. 30th Street Omaha, NE 68131	Outpatient Hearing Diagnostic Clinic

**Part V Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

11

Name and address

Type of Facility (describe)

**1** Lincoln Clinic

575 South 70th Street Suite 435

Lincoln, NE 68510

Outpatient Physician Clinic

**2****3****4****5****6****7****8****9****10**

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I Line 3c, Boys Town National Research Hospital uses Federal Poverty Guidelines in determining free

or discounted care. The patient's income is the primary factor used in determining free or discounted

care. However, the patient's assets and/or liabilities are also reviewed on an individual basis and

taken into consideration under special circumstances.

Part I Line 6a, N/A

Part I Line 7, Cost to charge ratio was used to calculate the amounts in this section. The methodology

used to calculate the cost to charge ratio is the same step down method used in the Medicare Cost report

further refined to define costs for the Subsidized health services and Research portions of this section.

Part II, The hospital works closely with numerous organizations in the community to promote healthy

lifestyles, including the Latino and African American community groups. The hospital conducts an annual

health fair as well as participates in corporate and school health fairs, parenting classes, hearing

screenings, infant car seat checks and seminars and workshops for hard of hearing and visually impaired

children and their families.

Part III Line 2, Used cost to charge ratio. Only patient liability after all discounts or contractual

adjustments are written off to bad debt expense. Any payments or recoveries after the write off are

offset against bad debt.

Part III Line 3, Used cost to charge ratio to determine amount of bad debt that would have actually

qualified as charity care but did not due to lack of information. This organization used information

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

obtained from their outside collection agency to estimate the amount.

Part III Line 4, In 2018, Boys Town adopted ASU No. 2014-09 (Topic 606). The adoption of ASU No. 2014-09

results in no footnote disclosures related to bad debt.

Part III Line 8, Used cost to charge ratio. This organization's Medicare shortfall should not be

considered a Community Benefit.

Part III Line 9b, If it is known that a patient qualifies for financial assistance the hospital would

write off from 50 - 100% of their patient balance depending on their income and family size. For

patients who only have a partial write-off, the hospital would follow the same collections policies on

their remaining balance that are used for all other types of patients. This policy is communicated to

all outside collection agencies utilized by Boys Town National Research Hospital for adherence to the

policy content and financial assistance guidelines.

Part VI Line 2, In part, Boys Town National Research Hospital assesses the health care needs of the

community by conducting a Child and Adolescent Community Health Needs Assessment with Children's Hospital

and Medical Center to help determine the health status, behaviors and needs of children in the Omaha

metropolitan area. Assessment is also obtained through requests from community organizations and

community residents and evaluation of the current medical landscape of services in the area. Boys Town

Hospital participates in events such as corporate health fairs, minority health fairs, hearing screenings

and developmental resources fairs and attends chamber meetings, nonprofit organization meetings and other

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

community group meetings. The hospital also offers community and parenting classes, infant car seat

checks and seminars and workshops for educators, professionals and parents working with children who are

deaf and hard of hearing, have speech-language concerns or other related communication disorders.

Part VI Line 3, Boys Town Hospital educates patients on financial assistance eligibility and how to

obtain financial assistance through brochures at each patient check in area, front desk mentions upon

hospital admissions and information placed on healthcare statements. Information is also available on

the website. If applicable, prior to being considered for financial assistance, the patient and family

must cooperate with the provider to furnish information and documentation to apply for other existing

financial resources that may be available to pay for the patient's health care.

Part VI Line 4, Boys Town National Research Hospital serves an eight-county Greater Omaha Metropolitan

area with an estimated population of approximately 967,000 in 2021 and an additional 1.3 million who live

within a 50-mile radius of Omaha (US Census, July 2021 and World Population Review 2021). The two

highest populated counties in the Greater Omaha area are Douglas County, population 584,526 with 25% of

the population under the age of 18 years, and Sarpy County, population 194,418 with 27% under the age of

18 years (US Census, July 2021). The geographic design of both counties is mainly Suburban areas with

few designated urban areas. In Douglas County, the median household income is \$66,600 (in 2020 dollars)

and the percentage of residents in poverty is 9.8%, both below the national average household income of

\$67,521 and 11.4% poverty level (US Census, July 2021 and US Census 2020). Amongst Douglas County

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

residents under the age of 65, 9.2% do not have health insurance (US Census, July 2021). The number of

hospitals serving Douglas County community is 16. North and South Omaha are federally-designated

medically underserved areas. Currently, there are 34 federally qualified health centers near Omaha (40

Federally Qualified Health Centers in Nebraska CareListings). In Sarpy County, the median household

income is \$83,051 (US Census, July 2021). The percentage of residents in poverty is 4.9%, and 6.1% of

residents under 65 years do not hold health insurance (US Census, July 2021). Three area hospitals and

two federally qualified health centers are located in the Sarpy County community (40 Federally Qualified

Health Centers in Nebraska CareListings).

Part VI Line 5, The hospital hosts continuing education conferences and courses for physicians, nurse

practitioners, nurses, researchers, audiologists and speech-language pathologists to disseminate best

practices and research findings to other professionals in otolaryngology, vestibular health, hearing

healthcare, speech-language therapy, neuroscience and behavioral health. The hospital provides free or

subsidized services locally and nationally to hard-of-hearing children and their families through the

following community building programs or activities: Family Support Services - Counseling and wellness

services, communication methods, educational options advisement, sign language instruction, social,

emotional and educational development seminars, technology and parent-child social opportunities.

Educational Programs - Home-based early intervention, day care consultation services, reschool education,

speech and language therapy, school counseling services, classroom listening technology training and



**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
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- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

consultation. Outreach - Auditory consulting school district advisement, parent and professional

seminars, parent and professional web-based education. The hospital is governed by the board of

directors of Father Flanagan's Boys Home.

Part VI Line 6, NA

**SCHEDULE I**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Father Flanagan's Boys' Home

Employer identification number

47-0376606

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Boys Town California, Inc. 14100 Crawford Street Boys Town, NE	76-0720675	501(c)(3)	570,780	0			Program Support
(2) Boys Town Central Florida, Inc. 975 Oklahoma Street Oviedo, FL 3276	20-0654235	501(c)(3)	3,699,904	0			Program Support
(3) Boys Town Louisiana, Inc. 300 North Broad Street, Ste. 106 New	41-2220807	501(c)(3)	3,736,853	0			Program Support
(4) Boys Town Nevada, Inc. 821 N Mojave Road Las Vegas, NV 89	20-0654472	501(c)(3)	2,535,825	0			Program Support
(5) Boys Town New England, Inc. Barzarsky Campus 58 Flanagan Road	20-0655240	501(c)(3)	3,504,762	0			Program Support
(6) Boys Town North Florida, Inc. 3555 Commonwealth Blvd. Tallahassee	20-0655144	501(c)(3)	3,632,865	0			Program Support
(7) Boys Town South Florida, Inc. 1655 Palm Beach Lakes Blvd. West Pa	26-3965524	501(c)(3)	3,054,706	0			Program Support
(8) Boys Town Washington D.C., Inc. 4801 Sargent Rd N.E. Washington, DC	41-2220810	501(c)(3)	1,485,118	0			Program Support
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 8

3 Enter total number of other organizations listed in the line 1 table 0

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

Schedule I (Form 990) 2021

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Direct care of youth in various programs	12,014	0	2,389,045	Book	Food, Clothing, Medical, Education
2					
3					
4					
5					
6					
7					

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part I Line 2 Father Flanagan's Boys Home is the sole member of nine affiliate organizations and has a controlling interest in another organization. All these affiliates received assistance in 2021. All affiliates are under an affiliation agreement with Father Flanagan's Boys' Home that controls the activities of the affiliated organizations. Under the affiliation agreement, the subordinate organizations are required to comply with all operating and financial policies, procedures, and program service standards. Financial information is monitored on a continuous basis through a central accounting and reporting system maintained by Father Flanagan's Boys' Home. Each month actual and budget financial results are reviewed by management on a consolidated and individual organizational level basis. Any significant variances or fluctuations must be investigated and explained.

**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

Father Flanagan's Boys' Home

**Compensation Information**

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Employer identification number

47-0376606

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence            |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees              |
| <input checked="" type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef)          |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain . . . . .

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? . . . . .

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? . . . . .
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? . . . . .
- c** Participate in or receive payment from an equity-based compensation arrangement? . . . . .
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? . . . . .
- b** Any related organization? . . . . .
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III . . . . .

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III . . . . .

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? . . . . .

Yes No

**1b** X

**2** X

**4a** X

**4b** X

**4c** X

**5a** X

**5b** X

**6a** X

**6b** X

**7** X

**8** X

**9**

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

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)–(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 Kelli Jo Shidler, M.D. Physician	(i)	1,263,904	0	1,231	10,546	29,743	1,305,424	0
	(ii)	0	0	0	0	0	0	0
2 Robert Cusick, M.D. Physician	(i)	868,504	0	2,608	17,400	31,261	919,773	0
	(ii)	0	0	0	0	0	0	0
3 Shahab T. Abdessalam, M.D. Physician	(i)	868,507	0	1,708	17,400	31,012	918,627	0
	(ii)	0	0	0	0	0	0	0
4 Stephen Raynor, M.D. Physician	(i)	765,393	0	7,324	14,250	27,791	814,758	0
	(ii)	0	0	0	0	0	0	0
5 Linden E. Fornoff, M.D. Physician	(i)	776,957	0	943	13,125	9,259	800,284	0
	(ii)	0	0	0	0	0	0	0
6 Rodney J. Kempkes Chief Executive Officer	(i)	416,177	0	3,448	18,198	30,022	467,845	0
	(ii)	0	0	0	0	0	0	0
7 Philip J. Ruden Executive Vice President, Investment	(i)	460,422	0	2,689	-29,011	26,037	460,137	0
	(ii)	0	0	0	0	0	0	0
8 Judy F. Rasmussen, CPA Executive Vice President Finance & A	(i)	375,830	0	3,448	13,987	7,062	400,327	0
	(ii)	0	0	0	0	0	0	0
9 Dana E. Washington Executive Vice President, General Co	(i)	330,654	0	1,936	17,400	3,616	353,606	0
	(ii)	0	0	0	0	0	0	0
10 Father Steven E. Boes President National Executive Director	(i)	123,434	0	4,548	186,761	11,695	326,438	0
	(ii)	0	0	0	0	0	0	0
11 Barbara J. Vollmer Executive Vice President, Director of	(i)	275,131	0	3,448	16,713	5,502	300,794	0
	(ii)	0	0	0	0	0	0	0
12 Monty J. Horine Senior Vice President Corporate Sec	(i)	232,703	0	3,090	14,436	3,349	253,578	0
	(ii)	0	0	0	0	0	0	0
13 John K. Arch VP BTNRH Strategic Initiatives Fome	(i)	199,698	0	660	12,188	16,321	228,867	0
	(ii)	0	0	0	0	0	0	0
14 Michael J. Eglseider Vice President, Investments Assistan	(i)	199,624	0	2,591	-32,958	26,037	195,294	0
	(ii)	0	0	0	0	0	0	0
15 James L. Beckmann J.D. Assistant Corporate Secretary	(i)	159,231	0	736	9,810	18,382	188,159	0
	(ii)	0	0	0	0	0	0	0
16 Dr. Jason Bruce Executive Vice President Healthcare	(i)	485,738	0	1,591	16,790	32,668	536,787	0
	(ii)	0	0	0	0	0	0	0

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Part I Line 1a Discretionary spending account and housing allowance or residence for personal use: Provided to Fr. Steven Boes,

the Executive Director. As the Executive Director for Father Flanagan's Boys' Home, Fr. Boes is required to be available 24 hours

a day for any situation that may arise regarding any and all facets of providing a comprehensive continuum of care for children

and families. Due to the responsibilities required for the position and considering the base salary that Fr. Boes receives, the

Board of Directors granted him a discretionary spending account which is included in his taxable compensation. As a condition of

employment, Fr. Boes is required to live on the residential campus and is provided a personal residence in the Village of Boys

Town which is not included in taxable compensation.

Part I Line 3 The executive director has a written employment contract, but the CEO does not.

Part I Line 4b Supplemental nonqualified retirement plan: Officer Philip J. Ruden participated in supplemental nonqualified

retirement plan in the amount of 26,037. This participation is not included in taxable compensation.

**SCHEDULE K  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information on Tax-Exempt Bonds**

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Father Flanagan's Boys' Home

Employer identification number

47-0376606

**Part I Bond Issues**

(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
<b>A</b> Village of Boys Town, Nebraska	47-0615594	103627AA3	11/1/2017	31,104,033	See Part VI		X		X		X
<b>B</b> Village of Boys Town, Nebraska	47-0615594	103627AE5	10/6/2020	56,380,299	See Part VI		X		X		X
<b>C</b>											
<b>D</b>											

**Part II Proceeds**

	<b>A</b>		<b>B</b>		<b>C</b>		<b>D</b>	
<b>1</b> Amount of bonds retired . . . . .		0		0		0		0
<b>2</b> Amount of bonds legally defeased . . . . .		0		0		0		0
<b>3</b> Total proceeds of issue . . . . .		31,104,033		56,387,289		0		0
<b>4</b> Gross proceeds in reserve funds . . . . .		0		0		0		0
<b>5</b> Capitalized interest from proceeds . . . . .		0		0		0		0
<b>6</b> Proceeds in refunding escrows . . . . .		0		0		0		0
<b>7</b> Issuance costs from proceeds . . . . .		296,119		437,891				0
<b>8</b> Credit enhancement from proceeds . . . . .		0		0		0		0
<b>9</b> Working capital expenditures from proceeds . . . . .		0		0		0		0
<b>10</b> Capital expenditures from proceeds . . . . .		0		11,769,615				0
<b>11</b> Other spent proceeds . . . . .		30,807,914		15,749,382				0
<b>12</b> Other unspent proceeds . . . . .		0		28,430,401				0
<b>13</b> Year of substantial completion . . . . .		2011						0
	Yes	No	Yes	No	Yes	No	Yes	No
<b>14</b> Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? . . . . .		X	X					
<b>15</b> Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? . . . . .	X			X				
<b>16</b> Has the final allocation of proceeds been made? . . . . .	X		X					
<b>17</b> Does the organization maintain adequate books and records to support the final allocation of proceeds? . . . . .	X		X					

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

Schedule K (Form 990) 2021

HTA

**Part III Private Business Use**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? . . . . .		X		X				
<b>2</b> Are there any lease arrangements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X		X				
<b>b</b> If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X		X				
<b>d</b> If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? . .								
<b>4</b> Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government . . . . . ▶	0.00%		0.00%		0.00%		0.00%	
<b>5</b> Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government . . . . . ▶	0.20%		0.00%		0.00%		0.00%	
<b>6</b> Total of lines 4 and 5 . . . . .	0.20%		0.00%		0.00%		0.00%	
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X		X				
<b>8a</b> Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? . . . . .		X		X				
<b>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of . . . . .								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? . . . . .		X		X				

**Part IV Arbitrage**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X		X				
<b>2</b> If "No" to line 1, did the following apply?								
<b>a</b> Rebate not due yet? . . . . .		X	X					
<b>b</b> Exception to rebate? . . . . .	X			X				
<b>c</b> No rebate due? . . . . .		X		X				
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X		X				



**Part IV Arbitrage (continued)**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? . . . . .		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)? . . . . .		X		X				
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period? . . . . .		X		X				
<b>7</b> Has the organization established written procedures to monitor the requirements of section 148? . . . . .		X		X				

**Part V Procedures To Undertake Corrective Action**

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? . . . . .		X		X				

**Part VI Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions

Part I Line A Column F Refund Hospital Authority No. 2 of Douglas County and Nebraska Elementary and Secondary School Finance Authority Series 2008 Bonds, Issued 9/15/2008

Part I Line B Column F Refund Village of Boys Town Nebraska Series 2015, Issued 9/1/2015, Refund Nebraska Elementary and Secondary School Finance Authority Series 2010, Issued 11/12/2010, Construction of a high school and HVAC infrastructure.

Part II Line 3 Bond Issue B proceeds does not agree to the issue in Part I, Column (e) due to investment earnings.

**Part VI** **Supplemental Information.** Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*

Electronic Filing Only

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

- ▶ **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](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public Inspection**

Name of the organization

Father Flanagan's Boys' Home

Employer identification number

47-0376606

**Part 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	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		206,327	Comparable Cost
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	82	1,496,799	FMV
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 . . . . .	X	563	28,779	Resale Value
19 Food inventory . . . . .	X	9	34,296	Comparable Cost
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( Donated Auction It ) . . . . .	X	195	84,850	FMV
26 Other ▶ ( . . . . . ) . . . . .				
27 Other ▶ ( . . . . . ) . . . . .				
28 Other ▶ ( . . . . . ) . . . . .				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement . . . . . **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? . . . . .		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? . . . . .	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**Part II** **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Part 1 Line 9 and 19 Column (b). The number of contributions are reported for Securities -

Publicly traded and Food Inventory.

Part 1 Line 25 Column (b) Number of items are auction items contributed.

Part I Line 32b Father Flanagan's Boys' Home utilizes the expertise of a third party to

handle the contents of the Philamatic Center.

Electronic Filing Only

**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](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Father Flanagan's Boys' Home

Employer identification number

47-0376606

Form 990, Part III, Line 4d: Program Service Expenses: 33,810,492, Grants and allocations:

153,059, Revenue: 11,556,187 ALL OTHER PROGRAMS - See Schedule O for complete description.

Form 990, Part III, Line 4a: Boys Town National Research Hospital (BTRNH) provides medical and

surgical services at one hospital location and seven outpatient clinics in the Omaha, Nebraska

metropolitan area. BTRNH is recognized internationally as a leader in communication disorder

research and as a referral center for children with disorders of the ear, hearing and balance,

cleft lip and palate, speech, and voice, as well as related disabilities. BTRNH clinical

programs served over 44,000 children and adolescents in 2021 through a total of 202,861

patient visits. Boys Town Pediatrics, BTRNH's group of pediatric physicians, provides primary

care and specialty pediatric medical services at six clinic locations in the Omaha area. BTRNH

employs or contracts with over 90 physicians in various subspecialties, including Allergy,

Audiology, ENT, General Surgery, GI, Internal Medicine, Neurology, Ophthalmology, Outpatient

Psychiatry, Physical Therapy, Rheumatology, and Speech Therapy. BTRNH also provides medically

directed behavioral health services. These services include an 80-bed Psychiatric Residential

Treatment Facility (PRTF), which is attached to the BTRNH West Hospital. This PRTF is staffed

with multidisciplinary medical and behavioral health staff. BTRNH also has a 16-bed Inpatient

Psychiatric Unit (IPU) attached to the BTRNH West Hospital and PRTF Unit. This acute care

program treats the highest-risk psychiatric youth patients. The IPU is staffed with

physicians, nurses, social workers, a teacher, and psychiatric youth patients. BTRNH supports

a world-class research program comprised of 35 independent laboratories that focus broadly on

areas of scientific inquiry related to communication and neurobehavioral disorders. The

research programs at BTRNH received over \$15 million in external research funding in 2021.

Form 990, Part III, Line 4b: Nebraska and Iowa Services consists of the Family Home Program,

Intervention and Assessment Services, In Home Family Services, Foster Family Services,

Community Support Services, including Common Sense Parenting, the Center for Behavioral

Health, Care Coordination, and others. Boys Town operates approximately 60 family style Family

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

**Schedule O (Form 990) 2021**

Name of the organization

Employer identification number

Father Flanagan's Boys' Home

47-0376606

Homes on the Home Campus, which is in the incorporated Village of Boys Town, Nebraska (the Village). These homes have a total capacity of more than 400 youth. Six to eight troubled boys or girls from throughout the United States of America, with ages generally ranging from 12 to 18, live in a home with a specially trained professional married couple called Family Teachers. The couple provides treatment planning, skill development, spiritual guidance, a family style environment, and love and care, with the help of an Assistant Family Teacher. Each home is monitored, evaluated, and advised by a Program Director and other support personnel. The Family Homes are not mixed by gender but are mixed by age, ethnic, and religious backgrounds. The program is also served by three Intervention and Assessment Homes which are located on the Home Campus. The Intervention and Assessment Homes provide short term services for youth. In addition to its residential program, Boys Town also operates Foster Family Services program, In Home Family Services, and Community Support Services programs in Nebraska and Iowa. The Nebraska site operates a Center for Behavioral Health, which served over 4,700 youth and families with behavioral problems on an outpatient basis in 2021 and is a training center for doctoral level psychologists.

Form 990, Part III, Line 4c: Programs across America directly served over 10,750 youth in Nebraska/Iowa and nearly 10,000 youth at seven active affiliated sites nationwide in 2021. These affiliated sites are Boys Town Central Florida, Inc., Boys Town Louisiana, Inc., Boys Town Nevada, Inc., Boys Town New England, Inc., Boys Town North Florida, Inc., Boys Town South Florida, Inc., and Boys Town Washington, DC Inc. Programs offered throughout the nation include Intervention and Assessment Services, Family Home Program, Foster Family Services, In Home Family Services, Community Support Services, including Common Sense Parenting, Outpatient Behavioral Health Services, Care Coordination, and others. Boys Town Youth Care programs are certified by the Council on Accreditation across all sites. Boys Town invests and emphasizes quality through staff training, evaluation, and outcomes research by having departments committed to the quality of Boys Town's programs. The Youth Care Training and Evaluation & Certification Departments provide technical training, evaluation and quality control/quality assurance of Boys Town's nationwide system of services. The Program Quality Department

Name of the organization

Employer identification number

Father Flanagan's Boys' Home

47-0376606

provides program monitoring, consultation, and staff and program development to all Boys Town

sites across America.

Form 990, Part III, Line 4d: Boys Town National Hotline and Public Services meets the

informative and public service needs of youth, parents, teachers, and youth professionals who

are involved directly or indirectly with helping youth. The Boys Town National Hotline (the

Hotline) at 1-800-448-3000 helps hundreds of thousands of children and families throughout all

50 states each and every year. The Hotline provides toll free phone, as well as text, email,

and chat crisis service for troubled children and families. The Hotline received approximately

124,300 contacts in 2021. The Hotline operates 24 hours a day, 7 days a week, with trained,

skilled, professional operators. The Hotline is equipped to handle calls from people who speak

a variety of languages. In an effort to reach the highest number of youth in need of

assistance, through a medium more frequently used by youth, the Hotline has a website called

yourlifeyourvoice.org. In 2021, the website had nearly 660,500 visits. In addition to

operating the Hotline, Boys Town also operates the Nebraska Family Helpline (the Helpline).

The Nebraska Family Helpline was conceived when Nebraska lawmakers realized families

experiencing crises needed a central, knowledgeable place to go to get help or answers to

their behavioral health needs. The Helpline counselors assist families in managing immediate

crisis situations, make referrals, help them navigate government systems, and follow up with

families to ensure they received the help they needed. The Helpline has been honored in the

press and by the legislature for its effective service to Nebraska families. Over 12,000 calls

were made to the Helpline in 2021 from families seeking assistance. The Home Campus

Educational Program consists of the Boys Town High School and the Wegner Middle School. The

Village schools serve residential youth at Boys Town and provide academic and vocational

training skills necessary for contemporary society. All Boys Town's schools are fully

accredited by the state of Nebraska and North Central Association. A full range of special

education services are provided to all youth who require this type of assistance. The Boys

Town Day School in the Village and the Duncan Day School in Duncan, Nebraska serve youth who

cannot receive educational services in a public or alternative school setting due to

Name of the organization

Employer identification number

Father Flanagan's Boys' Home

47-0376606

behavioral problems and/or academic deficiencies. These schools meet all requirements of Level

III schools under Nebraska Department of Education's Rule 51 and currently educate students

from multiple school districts in Nebraska and Iowa. These schools have also served parentally

placed private youth and court placed youth. Boys Town served 193 students in day school

Form 990, Part VI, Section A, Line 2: Philip J. Ruden and Michael J. Eglseider had a business

relationship through June 30, 2021.

Form 990, Part VI, Section B, Line 11b: The Treasurer reviewed the completed Form 990 and

provided an electronic copy to the Finance and Audit Committee of the Board of Directors for

their review. The members of the Finance and Audit Committee were requested to submit their

comments and questions. Upon satisfactory resolution of questions, an electronic copy of the

final Form 990 was provided to all directors before it was filed.

Form 990, Part VI, Section B, Line 12c: Father Flanagan's Boys' Home regularly and

consistently monitors and enforces with its conflict of interest policy mainly through

official annual affirmations, self reporting, and observation. Father Flanagan's Boys' Home

has a separate conflict of interest policy for trustees, the executive director, and

employees. Trustees must complete a conflict of interest disclosure form and report any

perceived or actual conflict. Any perceived or actual conflict of interest is reviewed by the

compliance department with the assistance of general counsel. If a conflict does exist, the

Executive Committee, with the assistance of general counsel, shall determine an appropriate

remedy which may include, without limitation, the Trustee to recuse him/herself from

participating in certain deliberations and votes, removing the trustee from a committee or

Board. Officers and employees of Boys Town complete a Conflict of Interest Disclosure

annually, identifying all actual, apparent, and potential Conflicts of Interest. Staff are

also required to report any situation involving a conflict of interest that may arise during

the year to their supervisor and submitting a Conflict of Interest Disclosure for review by

the compliance department. If a conflict of interest does exist, the Compliance department

would work with the employee and supervisor to remedy the conflict of interest. Any perceived

conflict of interest can also be reported for review through a confidential organizational



Name of the organization

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Father Flanagan's Boys' Home

47-0376606

ethics line at <https://secure.ethicspoint.com/domain/media/en/gui/18137/index.html>

Form 990, Part VI, Section B, Line 15a & 15b: The compensation of the Executive Director is

determined by the Board of Trustees Compensation Committee using comparable data for similarly

qualified persons in functionally comparable positions at similarly situated organizations.

Documentation of the decisions made regarding the compensation have been maintained with the

determination incorporated in an employment contract. The compensation of all other officers

are also determined as described above, however, officers do not have employment contracts.

Form 990, Part VI, Section B, Line 19: Father Flanagan's Boys' Home makes its governing

documents and conflict of interest policy available to the public upon request. Articles of

incorporation and bylaws can also be obtained by the public through the various Secretary of

States offices. Financial Statements are available to the public upon request and on its

website at [www.boystown.org](http://www.boystown.org)

Form 990, Part XI, Line 9: Increase in value of beneficial interest in external trust assets

of \$9,074,742. Increase in beneficial interest in Father Flanagan's Fund for Needing Children

\$134,400,955 and interest in affiliated organizations \$562,476, pension related charges

\$8,277,852 present value changes of \$111,513.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

- ▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization

Father Flanagan's Boys' Home

Employer identification number

47-0376606

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) Father Flanagan's Fund For Needy Children 36-3680258 14100 Crawford Street Boys Town, NE 68010	Support of FFBH	NE	501(c)(3)	12 Type 1	Father Flanagan's	X	
(2) Boys Town California, Inc. 76-0720675 14100 Crawford Street Boys Town, NE 68010	Youth Assistance	CA	501(c)(3)	7	Father Flanagan's	X	
(3) Boys Town Central Florida, Inc. 20-0654235 975 Oklahoma Street Oviedo, FL 32765	Youth Assistance	FL	501(c)(3)	7	Father Flanagan's	X	
(4) Boys Town Louisiana, Inc. 41-2220807 300 North Broad Street Ste 106 New Orleans, LA 70119	Youth Assistance	LA	501(c)(3)	7	Father Flanagan's	X	
(5) Boys Town Nevada, Inc. 20-0654472 821 N Mojave Road Las Vegas, NV 89101	Youth Assistance	NV	501(c)(3)	7	Father Flanagan's	X	
(6) Boys Town New England, Inc. 20-0655240 Bazarsky Campus 58 Flanagan Rd Portsmouth, RI 02871	Youth Assistance	RI	501(c)(3)	7	Father Flanagan's	X	
(7) Boys Town New York, Inc. 20-5960877 14100 Crawford Street Boys Town, NE 68010	Youth Assistance	NY	501(c)(3)	7	Father Flanagan's	X	

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

Schedule R (Form 990) 2021

HTA

**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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) Pooled Income Fund (1) 47-0805217 14100 Crawford Street Boys Town, NE 68010	Investments	NE	Father Flanagan	Trust					X
(2) Charitable Remainder Trusts (10) Various 14100 Crawford Street Boys Town, NE 68010	Investments	NE	Father Flanagan	Trust					X
(3) Charitable Remainder Trusts (5) Various Various Boys Town, NE 68010	Investments	NE	NA	Trust					X
(4) Perpetual Trusts (15) Various Various Boys Town, NE 68010	Investments	NE	NA	Trust					X
(5) Charitable Remainder Trust 20-6178523 14100 Crawford Street Boys Town, NE 68010	Investments	NE	Father Flanagan	Trust					X
(6) -----									
(7) -----									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.**Note:** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> 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?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity . . . . .		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	X	
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .		X
<b>f</b> Dividends from related organization(s) . . . . .		X
<b>g</b> Sale of assets to related organization(s) . . . . .		X
<b>h</b> Purchase of assets from related organization(s) . . . . .		X
<b>i</b> Exchange of assets with related organization(s) . . . . .		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	X	
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	X	
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .		X
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .		X
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	X	
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .		X
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	X	

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1) Boys Town California, Inc.	b	570,780	FMV-Cash
(2) Boys Town Central Florida, Inc.	b	3,699,904	FMV-Cash
(3) Boys Town Louisiana, Inc.	b	3,736,853	FMV-Cash
(4) Boys Town Nevada, Inc.	b	2,535,825	FMV-Cash
(5) Boys Town New England, Inc.	b	3,504,762	FMV-Cash
(6) Boys Town New York, Inc.	c	902,207	FMV-Cash

**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)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) .....													
(2) .....													
(3) .....													
(4) .....													
(5) .....													
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(14) .....													
(15) .....													
(16) .....													

**Part VII****Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

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**Part II Continuation of Identification of Related Tax-Exempt Organizations**

(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 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(8) Boys Town North Florida, Inc. 20-0655144 3555 Commonwealth Blvd. Tallahassee, FL 32203	Youth Assistance	FL	501(c)(3)	7	Father Flanagan's	X	
(9) Boys Town Washington, DC, Inc. 41-2220810 4801 Sargent Rd N.E. Washington, DC 20017	Youth Assistance	DC	501(c)(3)	7	Father Flanagan's	X	
(10) Boys Town South Florida, Inc. 26-3965524 1655 Palm Beach Lakes Blvd. Ste 300 West Palm Beach, FL 33401	Youth Assistance	FL	501(c)(3)	7	Father Flanagan's	X	
(11) Lied Learning and Technology Center 47-0841263 14100 Crawford Street Boys Town, NE 68010	Support of FFBH	NE	501(c)(3)	12 TYPE 1	Father Flanagan's	X	
(12) Nebraska Families Collaborative 26-4436716 2110 Papillion Parkway Omaha, NE 68164	Service Coordination	NE	501(c)(3)	7	Father Flanagan's	X	
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
(19)							
(20)							
(21)							
(22)							
(23)							
(24)							
(25)							

**Part V Continuation of Transactions With Related Organizations**

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7) Boys Town North Florida, Inc.	b	3,632,865	FMV-Cash
(8) Boys Town Washington D.C., Inc.	b	1,485,118	FMV-Cash
(9) Boys Town South Florida, Inc.	b	3,054,706	FMV-Cash
(10) Father Flanagan's Fund for Needy Children	c	46,274,000	FMV-Cash
(11) Boys Town New England, Inc.	d	1,119,577	FMV-Cash
(12) Boys Town North Florida, Inc.	d	435,549	FMV-Cash
(13) Lied Learning and Technology Center	k	932,464	FMV-Cash
(14) Lied Learning and Technology Center	l	871,374	FMV-Cash
(15) Father Flanagan's Fund for Needy Children	o	793,879	FMV-Cash
(16) Father Flanagan's Fund for Needy Children	q	793,879	FMV-Cash
(17) Perpetual Trusts (4)	s	2,087,455	FMV-Cash
(18) Charitable Remainder trust (1)	s	89,023	FMV-Cash
(19) Nebraska Families Collaborative	b	12,409	FMV-Cash
(20)			
(21)			
(22)			
(23)			
(24)			