

Form **990**
Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047
2016
Open to Public Inspection

A For the 2016 calendar year, or tax year beginning 01-01-2016, and ending 12-31-2016

- 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

Number and street (or P O box if mail is not delivered to street address) Room/suite
14100 CRAWFORD STREET

City or town, state or province, country, and ZIP or foreign postal code
BOYS TOWN, NE 68010

D Employer identification number
47-0376606

E Telephone number
(531) 355-3127

G Gross receipts \$ 432,749,707

F Name and address of principal officer
Rev Steven E Boes
14100 Crawford Street
Boys Town, NE 68010

H(a) Is this a group return for subordinates? Yes No

H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ [http //www boystown org](http://www.boystown.org)

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1917

M State of legal domicile NE

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Changing the way America cares for children, families and communities by providing and promoting an Integrated Continuum of Care that instills Boys Town values to strengthen body, mind and spirit

2 Check this box 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)	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	14
5 Total number of individuals employed in calendar year 2016 (Part V, line 2a)	3,837
6 Total number of volunteers (estimate if necessary)	300
7a Total unrelated business revenue from Part VIII, column (C), line 12	135,334
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	121,785,578	130,881,300
9 Program service revenue (Part VIII, line 2g)	156,890,088	159,017,331
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,162,863	9,559,236
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	5,523,113	2,368,347
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	291,361,642	301,826,214
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	30,248,689	28,328,260
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	148,393,943	157,566,592
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 30,830,314		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	86,672,313	92,699,351
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	265,314,945	278,594,203
19 Revenue less expenses Subtract line 18 from line 12	26,046,697	23,232,011

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,320,060,670	1,339,925,358
21 Total liabilities (Part X, line 26)	147,375,746	149,770,752
22 Net assets or fund balances Subtract line 21 from line 20	1,172,684,924	1,190,154,606

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: _____ Date: 2017-11-13

Judy F Rasmussen CPA Treasurer
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: Donald Neal Jr
Preparer's signature: Donald Neal Jr
Date: 2017-11-13
Check if self-employed
PTIN: _____

Firm's name: KPMG LLP
Firm's address: 1212 North 96th Street Suite 300
Omaha, NE 68114
Firm's EIN: _____
Phone no: (402) 348-1450

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission
 Changing the way America cares for children, families and communities by providing and promoting an Integrated Continuum of Care that instills Boys Town values to strengthen body, mind and spirit

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 \$ 56,322,482 including grants of \$ 2,844,133) (Revenue \$ 20,012,747)
 See Additional Data

4b (Code) (Expenses \$ 119,609,150 including grants of \$ 196,273) (Revenue \$ 121,342,331)
 See Additional Data

4c (Code) (Expenses \$ 30,640,252 including grants of \$ 25,144,857) (Revenue \$ 3,768,844)
 See Additional Data

4d Other program services (Describe in Schedule O)
 (Expenses \$ 20,442,712 including grants of \$ 142,997) (Revenue \$ 13,893,409)

4e Total program service expenses ▶ 227,014,596

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
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? <i>If "Yes," complete Schedule D, Part VII</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	Yes	
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No

Part IV Checklist of Required Schedules (continued)

		Yes	No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	Yes	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		No
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>		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
32	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>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		No
34	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>	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
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>	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	Yes	

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 5 columns: Question ID, Question Text, Answer Box, Yes, No. Rows include 1a (15), 1b (14), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 5 columns: Question ID, Question Text, Answer Box, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed AK, AL, AR, AZ, CA, CO, CT, DC, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, NY, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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 Judy F Rasmussen CPA 14100 Crawford Street Boys Town, NE 68010 (531) 355-3131

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
See Additional Data Table										

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)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(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			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	5,481,922		692,510

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 ▶ 186

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3	Yes	No
4 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? If "Yes," complete Schedule J for such individual	4	Yes	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	Yes	No

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
Envoy Inc 3317 North 107th Street Omaha, NE 68134	Advertising and Marketing	1,694,673
Innovative Urology Services 7710 Mercy Road Ste 406 Omaha, NE 68124	Flouroscopy and Lithotripsy	1,231,642
UNMC Physicians 987137 Nebraska Medical Center Omaha, NE 68198	Pathology	1,006,089
ABM Onsite Services - Midwest Inc 5300 s 73rd Street Bay 1 Ralson, NE 68127	Janitorial services	593,985
Creghton Medical Laboratories 4955 F Street Omaha, NE 68117	Medical Lab Testing	520,160

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 40

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	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	298,776				
	d Related organizations	1d	44,782,000				
	e Government grants (contributions)	1e	9,796,840				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	76,003,684				
	g Noncash contributions included in lines 1a-1f \$ _____		8,269,947				
	h Total. Add lines 1a-1f		130,881,300				
Program Service Revenue			Business Code				
	2a Nebraska/Iowa Services		623990	20,012,747	20,012,747		
	b Boys Town National Research Hospital		900099	121,342,331	121,342,331		
	c Home Town Educational		611600	11,947,789	11,947,789		
	d Programs Across America		624100	3,768,844	3,768,844		
	e National Hotline and Public Services		624100	1,945,620	1,945,620		
	f All other program service revenue						
g Total. Add lines 2a-2f		159,017,331					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			4,484,069		4,484,069	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			96,015		96,015	
	6a Gross rents	(i) Real	(ii) Personal				
			185,003				
		b Less rental expenses					
		c Rental income or (loss)	185,003				
	d Net rental income or (loss)			185,003		185,003	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
			135,621,066	156,247			
		b Less cost or other basis and sales expenses	130,565,064	137,082			
		c Gain or (loss)	5,056,002	19,165			
	d Net gain or (loss)			5,075,167		5,075,167	
	8a Gross income from fundraising events (not including \$ 298,776 of contributions reported on line 1c) See Part IV, line 18	a					
		b Less direct expenses		159,401			
c Net income or (loss) from fundraising events			221,347	-61,946		-61,946	
9a Gross income from gaming activities See Part IV, line 19	a						
	b Less direct expenses						
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances	a						
	b Less cost of goods sold		135,334				
	c Net income or (loss) from sales of inventory			135,334		135,334	
Miscellaneous Revenue		Business Code					
11a Refunds and Insurance Recoveries		900099	580,811	580,811			
b Mailing list fees		900099	445,777	445,777			
c Food Service		900099	197,242	197,242			
d All other revenue			790,111	790,111			
e Total. Add lines 11a-11d			2,013,941				
12 Total revenue. See Instructions			301,826,214	161,031,272	135,334	9,778,308	

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.	25,144,857	25,144,857		
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	3,183,403	3,183,403		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	2,550,976	667,687	1,883,289	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	120,296,605	109,115,788	7,909,553	3,271,264
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions).	5,025,461	4,413,889	447,041	164,531
9 Other employee benefits.	20,839,179	17,983,590	2,196,695	658,894
10 Payroll taxes.	8,854,371	7,953,924	668,499	231,948
11 Fees for services (non-employees):				
a Management.	0			
b Legal.	1,176,245	327	1,175,918	
c Accounting.	170,020		170,020	
d Lobbying.	328,824	154,352	174,390	82
e Professional fundraising services. See Part IV, line 17.				
f Investment management fees.	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	16,818,248	14,265,750	1,696,830	855,668
12 Advertising and promotion.	3,300,089	2,515,428	752,638	32,023
13 Office expenses.	41,923,462	15,998,677	1,521,456	24,403,329
14 Information technology.	3,593,389	2,763,854	778,649	50,886
15 Royalties.	0			
16 Occupancy.	7,954,737	7,643,070	274,921	36,746
17 Travel.	2,176,785	1,935,083	127,611	114,091
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	245,945	208,908	28,154	8,883
20 Interest.	2,010,144	1,334,793	48,623	626,728
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	9,466,475	8,643,870	606,103	216,502
23 Insurance.	1,042,623	988,995	44,569	9,059
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a Equipment rental and maintenance.	1,413,716	1,270,642	44,457	98,617
b Corporate dues/memberships.	403,460	337,721	60,522	5,217
c				
d				
e All other expenses.	675,189	489,988	139,355	45,846
25 Total functional expenses. Add lines 1 through 24e.	278,594,203	227,014,596	20,749,293	30,830,314
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720).	26,661,569	895,363	349,332	25,416,874

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	14,383,326	1	9,775,844
	2 Savings and temporary cash investments	22,534,982	2	21,971,819
	3 Pledges and grants receivable, net	5,043,855	3	4,651,341
	4 Accounts receivable, net	26,938,683	4	26,704,708
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net	64,963	7	53,463
	8 Inventories for sale or use	2,129,020	8	1,990,729
	9 Prepaid expenses and deferred charges	54,454,936	9	57,219,881
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 284,339,850		
	b Less accumulated depreciation	10b 171,485,775	99,059,584	10c 112,854,075
	11 Investments—publicly traded securities	48,032,477	11	49,783,937
	12 Investments—other securities See Part IV, line 11	62,244,120	12	77,713,107
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	985,174,724	15	977,206,454
16 Total assets. Add lines 1 through 15 (must equal line 34)	1,320,060,670	16	1,339,925,358	
Liabilities	17 Accounts payable and accrued expenses	41,162,169	17	48,821,277
	18 Grants payable		18	
	19 Deferred revenue	9,038	19	9,105
	20 Tax-exempt bond liabilities	47,741,964	20	47,278,456
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	58,462,575	25	53,661,914
	26 Total liabilities. Add lines 17 through 25	147,375,746	26	149,770,752
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	1,062,276,391	27	1,068,592,484
	28 Temporarily restricted net assets	38,494,217	28	44,779,435
	29 Permanently restricted net assets	71,914,316	29	76,782,687
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,172,684,924	33	1,190,154,606
	34 Total liabilities and net assets/fund balances	1,320,060,670	34	1,339,925,358

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	301,826,214
2	Total expenses (must equal Part IX, column (A), line 25)	2	278,594,203
3	Revenue less expenses Subtract line 2 from line 1	3	23,232,011
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,172,684,924
5	Net unrealized gains (losses) on investments	5	-26,849
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-5,735,480
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,190,154,606

Part XII Financial Statements and Reporting

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

		Yes	No
<p>1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O</p>			
<p>2a Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2a		No
<p>b Were the organization's financial statements audited by an independent accountant?</p> <p>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</p> <p><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>	2b	Yes	
<p>c 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?</p> <p>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O</p>	2c	Yes	
<p>3a 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?</p>	3a	Yes	
<p>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 in Schedule O and describe any steps taken to undergo such audits</p>	3b	Yes	

Additional Data

Software ID: 16000333

Software Version: 17.2.1.0

EIN: 47-0376606

Name: FATHER FLANAGAN'S BOYS' HOME

Form 990 (2016)

Form 990, Part III, Line 4a:

NEBRASKA/IOWA - See Schedule O for complete description

Form 990, Part III, Line 4b:

BOYS TOWN NATIONAL RESEARCH HOSPITAL - See Schedule O for complete description

Form 990, Part III, Line 4c:

PROGRAMS ACROSS AMERICA - See Schedule O for complete description

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
Gregory S McMillan Chairman of the Board	3 00	X		X				0	0	0
Kevin P Mohan JD Chairman Elect	2 00	X		X				0	0	0
Robert A Batt Director	2 00	X						0	0	0
Mogens C Bay Director	2 00	X						0	0	0
LD Britt MD Director	2 00	X						0	0	0
William M Bryant Director	2 00	X						0	0	0
Sharon Carleton Director	2 00	X						0	0	0
Kate Dodge Director	2 00	X						0	0	0
Judith E Favell PhD Director	2 00	X						0	0	0
Laurine M Garrity Director	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
W Gary Gates Director	2 00	X						0	0	0
William Gerber CPA Director	2 00	X						0	0	0
Gerald B Healy MD Director	2 00	X						0	0	0
James M Lauerman Director	2 00	X						0	0	0
Kathy Nieland CPA Director	2 00	X						0	0	0
Mark C Tilden JD Director to 4/2016	2 00	X						0	0	0
Edward G Warn JD Director to 4/2016	2 00	X						0	0	0
Father Steven E Boes President and National Executive Director	35 00	X		X				115,499	0	63,610
John Passarelli Director	2 00	X						0	0	0
Philip J Ruden Executive Vice President, Investments Chief Investment Officer	5 00 35 00			X				353,810	0	174,415

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										(D)	(E)	(F)
(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)						Reportable compensation from the organization (W- 2/1099-MISC)	Reportable compensation from related organizations (W- 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations		
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former					
John K Arch Executive Vice President of Health Care and Director of Boys Town National Research Hospital	40 00			X				391,715	0	35,822		
Judy F Rasmussen CPA Executive Vice President Finance Administration, Treasurer and CFO	35 00 5 00			X				334,799	0	19,445		
Dan Daly Ph D Executive Vice President, Director of Youth Care	40 00			X				277,112	0	18,174		
Michael J Eglseder Vice President, Investments and Assistant Treasurer	5 00 35 00			X				222,915	0	137,833		
Barbara J Vollmer Senior Vice President, Governance Strategy, Corporate Advancement, Secretary	40 00			X				175,014	0	12,072		
Dana E Washington Senior Vice President and General Council	35 00 5 00			X				67,252	0	8,173		
Andrew M Bath Executive Vice President and General Counsel	35 00 5 00			X				340,448	0	13,872		
Victor F LaPuma JD Assistant General Counsel and Assistant Corporate Secretary	35 00 5 00			X				256,266	0	33,603		
Kelli Jo Shidler MD Physician	40 00					X		876,454	0	44,186		
Mara P Paradis MD Physician	40 00					X		539,331	0	12,145		

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(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)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(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			
Jane M Emanuel MD Physician	40 00					X		538,375	0	41,569
Don-Kyoo Richard Kang MD Physician	40 00					X		530,294	0	37,522
Richard M Tempero MD PhD Physician	40 00					X		462,638	0	40,069

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 or 990-EZ))
- 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 **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 in 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 _____
 - 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		
Total						

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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	103,654,422	101,516,384	110,684,550	121,785,578	130,881,300	568,522,234
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	103,654,422	101,516,384	110,684,550	121,785,578	130,881,300	568,522,234
5 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)						205,363,754
6 Public support. Subtract line 5 from line 4						363,158,480

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
7 Amounts from line 4	103,654,422	101,516,384	110,684,550	121,785,578	130,881,300	568,522,234
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	5,295,999	4,926,662	7,584,554	3,939,813	4,765,087	26,512,115
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	1,415,496	3,086,461	10,683,919	4,972,736	2,013,941	22,172,553
11 Total support. Add lines 7 through 10						617,206,902
12 Gross receipts from related activities, etc. (see instructions)					12	705,936,021

13 First five years. 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 **stop here**

Section C. Computation of Public Support Percentage

14 Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	14	58.840%
15 Public support percentage for 2015 Schedule A, Part II, line 14	15	57.550%

16a 33 1/3% support test—2016. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2015. 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 **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2015. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

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

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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	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						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. 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 stop here ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	15	0 %
16	Public support percentage from 2015 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	0 %
18	Investment income percentage from 2015 Schedule A, Part III, line 17	18	
19a	33 1/3% support tests—2016. 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 ► <input type="checkbox"/>		
b	33 1/3% support tests—2015. 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 ► <input type="checkbox"/>		
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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? <i>If "Yes," then in Part VI 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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

- Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **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	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

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)	1	
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 Total (add lines 1a, 1b, and 1c)	1d	
e Discount claimed for blockage or other factors (explain in detail in Part VI)		
2 Acquisition indebtedness applicable to non-exempt use assets	2	
3 Subtract line 2 from line 1d	3	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2 Enter 85% of line 1	2	
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4 Enter greater of line 2 or line 3	4	
5 Income tax imposed in prior year	5	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
<input type="checkbox"/> 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	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2016 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2016			
a			
b			
c From 2013.			
d From 2014.			
e From 2015.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2016 from Section D, line 7			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7			
a			
b Excess from 2013.			
c Excess from 2014.			
d Excess from 2015.			
e Excess from 2016.			

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).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

OMB No 1545-0047
2016
Open to Public Inspection

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 the 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
2 Political expenditures ▶ \$ _____
3 Volunteer hours _____

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 ▶ \$ _____
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-
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
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	328,824	337,824
c Total lobbying expenditures (add lines 1a and 1b)	328,824	337,824
d Other exempt purpose expenditures	278,265,379	415,818,525
e Total exempt purpose expenditures (add lines 1c and 1d)	278,594,203	416,156,349
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	1,000,000
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	250,000
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

- j** 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? Yes 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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a Lobbying nontaxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	293,070	288,661	400,594	337,824	1,320,149
d Grassroots nontaxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

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			
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 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).	2a	
a Current year	2b	
b Carryover from last year	2c	
c Total	3	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	4	
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?	5	
5 Taxable amount of lobbying and political expenditures (see instructions)		

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

Return Reference	Explanation
II-A	Father Flanagan's Boys Home, 14100 Crawford Street, Boys Town, NE 68010, 47-0376606, 278,594,203, 328,824 Father Flanagan's Fund For Needy Children, 14100 Crawford Street, Boys Town, NE 68010, 36-3680258, 1,344,709, -0- Boys Town California, Inc , 14100 Crawford Street, Boys Town, NE 68010, 76-0720675, 11,709,125, -0- Boys Town Central Florida, Inc , 975 Oklahoma Street, Oviedo, FL 32765, 20-0654235, 5,733 804, -0- Boys Town Louisiana, Inc , 300 North Broad Street Ste 106, New Orleans, LA 70119, 41-2220807, 6,041,665, -0- Boys Town Nevada, Inc , 821 N Mojave Rd , Las Vegas, NV 89101, 20-0654472, 6,047,281, -0- Boys Town, New England, Inc , Bazarsky Campus 58 Flanagan Rd , Portsmouth, RI 02871, 20-0655240, 6,287,355, -0- Boys Town New York, Inc , 14100 Crawford Street, Boystown, NE 68010, 20-5960877, 9,994,975, -0- Boys Town North Florida, Inc , 3555 Commonwealth Blvd Tallahassee, FL 32303, 20-0655144, 5,601,527, -0- Boys Town Texas, Inc , 14100 Crawford Street, Boys Town, NE 68010, 41-2181898, 2,691,072, -0- Boys Town Washington, DC Inc , 4801 Sargent Rd N E , Washington, DC 20017, 41-2220810, 7,815,812, -0- Father Flanagan's Boys Town Florida, Inc , 1655 Palm Beach Lakes Blvd Ste 300, West Palm Beach, FL 33401, 26-3965524, 8,898,670, -0- Lied Learning and Technology Center for Childhood Deafness and Vision Disorders, 14100 Crawford Street, Boys Town, NE 68010, 47-0841263, 906,485, -0- Nebraska Families Collaborative, 2110 Papillion Parkway, Omaha, NE 68164, 26-4436716, 64,489,666, 9,000

TY 2016 Affiliated Group Schedule

Name: FATHER FLANAGAN'S BOYS' HOME

EIN: 47-0376606

Software ID: 16000333

Software Version: 17.2.1.0

Affiliated Group Business Name: Father Flanagan's Boy's Home

Address. Either US or Foreign Type: 14100 Crawford Street
Boys Town, NE 68010

EIN: 46-0376606

Electing Organization Checkbox:

Total Grassroots Lobbying: 0

Total Direct Lobbying: 328,824

Total Lobbying Expenditures: 328,824

Other Exempt Purpose Expenditures: 278,265,379

Total Exempt Purpose Expenditures: 278,594,203

Lobbying Nontaxable Amount: 669,446

Grassroots Nontaxable Amount: 167,362

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0

Affiliated Group Business Name: Father Flanagan's Fund For Needy Children

Address. Either US or Foreign Type: 14100 Crawford Street
Boys Town, NE 68010

EIN: 36-3680258

Electing Organization Checkbox:

Total Grassroots Lobbying: 0

Total Direct Lobbying: 0

Total Lobbying Expenditures: 0

Other Exempt Purpose Expenditures: 1,344,709

Total Exempt Purpose Expenditures: 1,344,709

Lobbying Nontaxable Amount: 3,231

Grassroots Nontaxable Amount: 808

Tot Lobbying Grassroot Minus Non Tx: 0

Tot Lobby Expend Mns Lobbying Non Tx: 0

Share Of Excess Lobbying: 0

Affiliated Group Business Name: Boys Town California Inc
Address. Either US or Foreign Type: 14100 Crawford Street
Boys Town, NE 68010
EIN: 76-0720675

Electing Organization Checkbox:

Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 11,709,125
Total Exempt Purpose Expenditures: 11,709,125
Lobbying Nontaxable Amount: 28,136
Grassroots Nontaxable Amount: 7,034
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: Boys Town Central Florida Inc
Address. Either US or Foreign Type: 975 Oklahoma Street
Oveido, FL 32765
EIN: 20-0654235

Electing Organization Checkbox:

Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 5,733,804
Total Exempt Purpose Expenditures: 5,733,804
Lobbying Nontaxable Amount: 13,778
Grassroots Nontaxable Amount: 3,445
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: Boys Town Louisiana Inc
Address. Either US or Foreign Type: 300 North Broad Street Ste 106
New Orleans, LA 70119
EIN: 41-2220807
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 6,041,665
Total Exempt Purpose Expenditures: 6,041,665
Lobbying Nontaxable Amount: 14,518
Grassroots Nontaxable Amount: 3,630
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: Boys Town Nevada Inc
Address. Either US or Foreign Type: 821 N Mojave Rd
Las Vegas, NV 89101
EIN: 20-0654472
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 6,047,281
Total Exempt Purpose Expenditures: 6,047,281
Lobbying Nontaxable Amount: 14,531
Grassroots Nontaxable Amount: 3,633
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: Boys Town New England Inc
Address. Either US or Foreign Type: Bazarsky Campus 58 Flanagan Rd
Portsmouth, RI 02871
EIN: 20-0655240
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 6,287,355
Total Exempt Purpose Expenditures: 6,287,355
Lobbying Nontaxable Amount: 15,108
Grassroots Nontaxable Amount: 3,777
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: Boys Town New York Inc
Address. Either US or Foreign Type: 14100 Crawford Street
Boys Town, NE 68010
EIN: 20-5960877
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 9,994,975
Total Exempt Purpose Expenditures: 9,994,975
Lobbying Nontaxable Amount: 24,017
Grassroots Nontaxable Amount: 6,004
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: Boys Town North Florida Inc
Address. Either US or Foreign Type: 3555 Commonwealth Blvd
Tallahassee, FL 32303
EIN: 20-0655144
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 5,601,527
Total Exempt Purpose Expenditures: 5,601,527
Lobbying Nontaxable Amount: 13,460
Grassroots Nontaxable Amount: 3,365
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: Boys Town Texas Inc
Address. Either US or Foreign Type: 14100 Crawford Street
Boys Town, NE 68010
EIN: 41-2181898
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 2,691,072
Total Exempt Purpose Expenditures: 2,691,072
Lobbying Nontaxable Amount: 6,466
Grassroots Nontaxable Amount: 1,617
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: Boys Town Washington DC Inc
Address. Either US or Foreign Type: 4801 Sargent Rd NE
Washington, DC 20017
EIN: 41-2220810
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 7,815,812
Total Exempt Purpose Expenditures: 7,815,812
Lobbying Nontaxable Amount: 18,781
Grassroots Nontaxable Amount: 4,695
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: Father Flanagan's Boys Town Florida Inc
Address. Either US or Foreign Type: 1655 Palm Beach Lakes Blvd Ste 300
West Palm Beach, FL 33401
EIN: 26-3965524
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 8,898,670
Total Exempt Purpose Expenditures: 8,898,670
Lobbying Nontaxable Amount: 21,383
Grassroots Nontaxable Amount: 5,346
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: Lied Learning and Technology Center For Childhood Deafness
Address. Either US or Foreign Type: 14100 Crawford Street
Boys Town, NE 68010
EIN: 47-0841263
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 0
Total Lobbying Expenditures: 0
Other Exempt Purpose Expenditures: 906,485
Total Exempt Purpose Expenditures: 906,485
Lobbying Nontaxable Amount: 2,178
Grassroots Nontaxable Amount: 545
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

Affiliated Group Business Name: Nebraska Families Collaborative
Address. Either US or Foreign Type: 2110 Papillion Parkway
Omaha, NE 68164
EIN: 26-4436716
Electing Organization Checkbox:
Total Grassroots Lobbying: 0
Total Direct Lobbying: 9,000
Total Lobbying Expenditures: 9,000
Other Exempt Purpose Expenditures: 64,480,666
Total Exempt Purpose Expenditures: 64,489,666
Lobbying Nontaxable Amount: 154,965
Grassroots Nontaxable Amount: 38,741
Tot Lobbying Grassroot Minus Non Tx: 0
Tot Lobby Expend Mns Lobbying Non Tx: 0
Share Of Excess Lobbying: 0

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2016

Open to Public Inspection

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

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

Department of the Treasury
Internal Revenue Service

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? Yes 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? Yes 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)

Preservation of land for public use (e g , recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the 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 8/17/06, 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? Yes 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)? Yes 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 SFAS 116 (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 SFAS 116 (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 SFAS 116 (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 are a significant use of its collection items (check all that apply)
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 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 |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 in 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
1a Beginning of year balance	877,086,921	926,793,229	942,521,042	852,818,569	793,408,629
b Contributions	1,102,181	188,465	478,557	195,302	33,345
c Net investment earnings, gains, and losses	37,597,541	-3,772,036	30,802,931	133,257,934	103,145,849
d Grants or scholarships	44,782,000	44,405,000	43,147,006	42,659,566	42,714,320
e Other expenditures for facilities and programs	310,624	454,730	540,094	106,584	95,602
f Administrative expenses	1,344,709	1,263,007	3,322,201	984,613	959,332
g End of year balance	869,349,310	877,086,921	926,793,229	942,521,042	852,818,569

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 98 000 %
 - b** Permanent endowment ▶ 1 000 %
 - c** Temporarily restricted endowment ▶ 1 000 %
- 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 | Yes | No |
| 3a(i) | Yes | |
| (ii) related organizations | Yes | No |
| 3a(ii) | Yes | |
- b** If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? **3b** Yes
- 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
1a Land	669,094	2,546,226		3,215,320
b Buildings		184,522,329	95,805,830	88,716,499
c Leasehold improvements				
d Equipment		96,602,201	75,679,945	20,922,256
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				112,854,075

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		
(2) Closely-held equity interests	77,713,107	F
(3) Other _____ (A) Financial derivatives and other financial products		
(B) Closely-held equity interests (B)	77,713,107	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	77,713,107	

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)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		

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	79,980,815
(2) Accrued investment income	82,258
(3) Other assets	471,704
(4) Interest in Father Flanagans Fund For Need Children	852,733,184
(5) Interest in Subordinate Affiliated and Controlled Organizations	40,122,040
(6) Interest in Lied Learning and Technology Center	3,816,453
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	977,206,454

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	
Federal income taxes	
Postretirement Benefit Obligation	53,661,914
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	53,661,914

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	431,272,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a		-26,849
b	Donated services and use of facilities	2b		23,457,135
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		112,282,877
e	Add lines 2a through 2d		2e	135,713,163
3	Subtract line 2e from line 1		3	295,558,837
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		6,267,377
c	Add lines 4a and 4b		4c	6,267,377
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	301,826,214

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.

1	Total expenses and losses per audited financial statements		1	407,958,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		23,457,135
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		131,875,681
e	Add lines 2a through 2d		2e	155,332,816
3	Subtract line 2e from line 1		3	252,625,184
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		25,969,019
c	Add lines 4a and 4b		4c	25,969,019
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	278,594,203

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID: 16000333

Software Version: 17.2.1.0

EIN: 47-0376606

Name: FATHER FLANAGAN'S BOYS' HOME

Supplemental Information

Return Reference	Explanation
V 4	The intended uses of the organizations endowment funds are to support the activities of Father Flanagans Boys Home in fulfilling its mission in compliance with donor intent

Supplemental Information

Return Reference	Explanation
X 2	Boys Town and its affiliates are exempt from federal income taxes under Section 501c3 of the Internal Revenue 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, 2016, Boys Town had no uncertain tax positions accrued.

Supplemental Information

Return Reference	Explanation
XI 2d	Change in value of beneficial interest in external trusts of 1,771,497 and pension income of 399,224 included in audited consolidated financial statements reclassified to other changes in net assets for Form 990 Special event expenses of 221,347 included in expenses for audited consolidated financial statements, deducted from revenue for Form 990 Affiliate revenue of 109,890,078 included in audited consolidated financial statements eliminated for Form 990 Included 731 to round to thousand for consolidated financial statements eliminated for Form 990

Supplemental Information

Return Reference	Explanation
XI 4b	Revenue of 6,267,377 from business between Central organization and Affilliate organizations eliminated for audited consolidated financial statements, reinstated and included in revenue for Form 990

Supplemental Information

Return Reference	Explanation
XII 2d	Affiliate expenses in the amount of 131,654,244 included in audited consolidated financial statements, eliminated for Form 990 Special event expenses of 221,347 included in total expenses for audited consolidated financial statements offset against special event revenue for Form 990 Included 90 to round to thousands for consolidated financial statements eliminated for Form 990

Supplemental Information

Return Reference	Explanation
XII 4b	Support to affiliates of 25,144,857 and rental payments to affiliate of 824,162 eliminated for audited consolidated financial statements reinstated and included in expenses for Form 990

SCHEDULE E
(Form 990 or 990-EZ)

Schools

OMB No 1545-0047

2016

Open to Public Inspection

▶ **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.**

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

Department of the Treasury

Name of the organization

FATHER FLANAGAN'S BOYS' HOME

Employer identification number

47-0376606

Part I

	YES	NO
1 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?	Yes	
2 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?	Yes	
3 Has the organization publicized its racially nondiscriminatory policy 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.	Yes	
4 Does the organization maintain the following?		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	Yes	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	Yes	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	Yes	
d 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.	Yes	
5 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		No
b Admissions policies?		No
c Employment of faculty or administrative staff?		No
d Scholarships or other financial assistance?		No
e Educational policies?		No
f Use of facilities?		No
g Athletic programs?		No
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.		No
6a Does the organization receive any financial aid or assistance from a governmental agency?	Yes	
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either line 6a or line 6b, explain on Part II.		No
7 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.	Yes	

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).

Return Reference	Explanation
6a	Father Flanagans Boys Home received financial aid or assistance and program fees from the following agencies US Department of Health Human Services, US Department of Defense, US Department of Agriculture, US Department of Education, and the State of Nebraska

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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

OMB No 1545-0047

2016

Open to Public Inspection

Name of the organization
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.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 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 ten 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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		Athletic Recognition (event type)	Memorial Day Run (event type)	1 (total number)	Total events (add col (a) through col (c))
1	Gross receipts	270,861	82,946	104,370	458,177
2	Less Contributions	184,520	37,033	77,223	298,776
3	Gross income (line 1 minus line 2)	86,341	45,913	27,147	159,401
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	58,985	887	15,904	75,776
	8 Entertainment	25,272		3,023	28,295
	9 Other direct expenses	68,537	30,544	18,195	117,276
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				-61,946

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.

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	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) ▶				
8	Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

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 | % |
| b | An outside facility | % |

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 ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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 complete this part to provide any additional information (see instructions).

Return Reference	Explanation
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SCHEDULE H (Form 990)
 Department of the Treasury
 Internal Revenue Service

Hospitals

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization
 FATHER FLANAGAN'S BOYS' HOME

Employer identification number
 47-0376606

OMB No 1545-0047
2016
Open to Public Inspection

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b If "Yes," was it a written policy?	1b	Yes	
2 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 checked="" 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			
3 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			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for <i>free</i> care <input checked="" type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	3a	Yes	
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> 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 type="checkbox"/> 400% <input checked="" type="checkbox"/> Other _____ 24000 0000000000 %	3b	Yes	
c 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			
4 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"?	4		No
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c 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?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a		No
b If "Yes," did the organization make it available to the public?	6b		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

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
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			105,155		105,155	0.040 %
b Medicaid (from Worksheet 3, column a)			25,484,596	17,554,650	7,929,946	2.850 %
c Costs of other means-tested government programs (from Worksheet 3, column b)			7,198,125	5,133,935	2,064,190	0.740 %
d Total Financial Assistance and Means-Tested Government Programs			32,787,876	22,688,585	10,099,291	3.630 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			4,084		4,084	
f Health professions education (from Worksheet 5)			24,791		24,791	0.010 %
g Subsidized health services (from Worksheet 6)			7,524,659	5,102,268	2,422,391	0.870 %
h Research (from Worksheet 7)			5,064,050	1,804,018	3,260,032	1.170 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			152,654		152,654	0.050 %
j Total. Other Benefits			12,770,238	6,906,286	5,863,952	2.100 %
k Total. Add lines 7d and 7j			45,558,114	29,594,871	15,963,243	5.730 %

Part III 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						
2 Economic development						
3 Community support			109,874		109,874	0.040 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building			21,516		21,516	0.010 %
7 Community health improvement advocacy			29,309		29,309	0.010 %
8 Workforce development						
9 Other						
10 Total			160,699		160,699	0.060 %

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?		No
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.		
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.		
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	2,255,587
6 Enter Medicare allowable costs of care relating to payments on line 5.	6	2,687,217
7 Subtract line 6 from line 5. This is the surplus (or shortfall).	7	-431,630
8 Describe in Part VI the extent to which any shortfall reported in 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	Yes
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	Yes

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?

2

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)

See Additional Data Table	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group

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 _____ A _____

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): _____ 1 _____

		Yes	No
Community Health Needs Assessment			
1	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?	1	No
2	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	2	No
3	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 If "Yes," indicate what the CHNA report describes (check all that apply)	3	Yes
a	<input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b	<input checked="" type="checkbox"/> Demographics of the community		
c	<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		
d	<input checked="" type="checkbox"/> How data was obtained		
e	<input checked="" type="checkbox"/> The significant health needs of the community		
f	<input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g	<input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h	<input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i	<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)		
j	<input type="checkbox"/> Other (describe in Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA 20 <u>16</u>		
5	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 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	5	Yes
6 a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
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	6b	No
7	Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply)	7	Yes
a	<input checked="" type="checkbox"/> Hospital facility's website (list url) <u>https://www.boystownhospital.org/AboutUs/Pages/Community-Health-Needs-Assessment.aspx</u>		
b	<input type="checkbox"/> Other website (list url) _____		
c	<input type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	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	8	Yes
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 <u>16</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website? <u>https://www.boystownhospital.org/AboutUs/Pages/Community-Health-Needs-Assessment.aspx</u>	10	Yes
a	If "Yes" (list url) <u>Assessment.aspx</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11	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		
12a	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)?	12a	No
b	If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c	If "Yes" on 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)

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that			
13	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	Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 0000000100 000000000000 % and FPG family income limit for eligibility for discounted care of 0000000240 000000000000 %		
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 discount		
g	<input checked="" type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	Yes	
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)	Yes	
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)	Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url) <u>www.boystownhospital.org</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url) <u>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>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 LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

A

Name of hospital facility or letter of facility reporting group _____

		Yes	No
17	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 non-payment?	Yes	
18	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		
19	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? 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)		No
20	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 b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input type="checkbox"/> Made presumptive eligibility determinations 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

21	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? 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)	Yes	
-----------	--	-----	--

Part V Facility Information *(continued)*

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

A

Name of hospital facility or letter of facility reporting group _____

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
23		No
24		No

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, 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.

Form and Line Reference	Explanation
See Add'l Data	

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? 12

Name and address	Type of Facility (describe)
1 See Additional Data Table	
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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part I Line 3c	Boys Town National Research Hospital uses Federal Poverty Guidelines in determining free or discounted care The patients income is the primary factor used in determining free or discounted care However, the patients assets and/or liabilities are also reviewed on an individual basis and taken into consideration under special circumstances
Part I Line 6a	N/A

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 expense
Part III Line 3	Used cost to charge ratio To determine amount of bad debt that would have actually qualified as charity care but didnt due to lack of information, this organization used information obtained from their outside collections agency to estimate the amount

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part III Line 4	The footnote for this organizations bad debt expense is on pages 18 and 19 of the 2016 audited financial statements
Part III Line 8	Used cost to charge ratio This organizations Medicare shortfall should not be considered a Community Benefit

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
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 through requests from community organizations and community residents The hospital participates in events such as corporate health fairs, minority health fairs, hearing screenings, developmental resource fairs and support groups The hospital also offers community and corporate lunch and learns, 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 The hospital has conducted a Child Adolescent Community Health Needs Assessment with Childrens Hospital Medical Center to help determine the health status, behaviors, and needs of children in the Omaha metropolitan area

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 3	Patients are notified through signage, brochures and notes on health care statements as to how to obtain information about financial assistance. If applicable, prior to being considered for financial assistance, the patient/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 patients health care.
Part VI Line 4	Boys Town National Research Hospital serves a nine county Greater Omaha Metropolitan area, with an estimated population of 999,677 in 2016, and an additional 1.3 million who live within a 60 mile radius of Omaha Greater Omaha Economic Development Partnership, 2016. The two highest populated counties in the Greater Omaha area are Douglas County, population 554,995, and Sarpy County, population 179,023 U.S. Census, 2016. The geographic design of both counties is mainly suburban areas with few designated urban areas. In Douglas County, the median household income is 56,659 U.S. Census, 2015. The percentage of residents in poverty is 14.5, one percent higher than the national average U.S. Census, 2015. The percentage of residents without healthcare insurance, under the age of 65, is 9.4 U.S. census 2015. The number of hospitals serving the Douglas County community is 14. North and South Omaha are federally-designated medically underserved areas. Currently, there are two federally qualified health care centers in these communities HRSA.gov. In Sarpy County, the median household income is 70,543 U.S. Census, 2015. The percentage of residents below the poverty line is 5.8 U.S. Census, 2015. The number of hospitals serving the Sarpy County community is two. Currently, there are no records of federally qualified health care centers in the Sarpy County community HRSA.gov.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
Part VI Line 5	<p>Boys Town National Research Hospital hosts continuing education conferences and courses for physician, nurse practitioners, nurses, researchers, audiologists and speech-language pathologists, to disseminate best practices to other professionals in otolaryngology, vestibular and hearing healthcare. The hospital provides free or subsidized services locally and nationally to hard of hearing children and their families through the following community programs:</p> <ul style="list-style-type: none">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 opportunitiesEducational Programs - Home based early intervention, day care consultation services, preschool education, speech and language therapy, school counseling services, classroom listening technology training and consultationOutreach - auditory consulting school district advisement, parent and professional seminars, parent and professional seminars, parent and professional web-based education <p>The hospital is governed by the board of directors of Father Flanagans Boys Home</p>

Additional Data

Software ID: 16000333

Software Version: 17.2.1.0

EIN: 47-0376606

Name: FATHER FLANAGAN'S BOYS' HOME

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities <small>(list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? <u>2</u></small>		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Boys Town National Research Hospital West 14080 Boys Town Hospital Road Boys Town, NE 68010 www.boystownhospital.org H000107	X	X	X							A
2	Boys Town National Research Hospital - East 555 N 30th Street Omaha, NE 68131 www.boystownhospital.org 260004	X	X	X			X				A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
Group Boys Town National Research Hospital West Line Part V, Section B, Line 5	To solicit input from key informants, an online key informant survey was used to obtain information from those individuals who have a broad interest in the health of the community. A list of recommended participants was provided by the sponsors of the study. The 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, as well as of the community overall.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
Group Boys Town National Research Hospital West Line Part V, Section B, Line 6a	Childrens Hospital Medical Center - Omaha, Nebraska

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, 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.

Form and Line Reference	Explanation
<p>Group Boys Town National Research Hospital West Line Part V, Section B, Line 11</p>	<p>The Child and Adolescent 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 Community Health Needs Assessment identified priority health issues to be addressed. Boys Town National Research Hospital and Clinics has chosen to address seven issues. Sexual health will not be addressed in the BTNRH implementation plan. Boys Town National Research Hospital is rooted in a strong Catholic foundation. This foundation brings with it a commitment to abstinence-only implementation strategies when dealing with adolescents. Given the active work that the Douglas County Health Department and the Womens Fund of Omaha are doing with Charles Drew Community Health Center and other community partners in addressing sexual activity and sexually transmitted infections, Boys Town will not address this priority in its Implementation Plans. Priority 1 Access to Health Care Objective A Increase access to primary care and specialty care and to a regular source of care. Strategies Expand general pediatrics to one new location. Expand Same Day Pediatrics to a third location for same day sick visits for Boys Town and community pediatric patients to reduce utilization of Urgent Care and Emergency Room visits. Continue development and implementation of Primary Care Medical Home healthcare delivery model to assure a regular source of care and to address quality, safety, access and health outcomes. Identify patients without insurance and refer to appropriate Boys Town Hospital or community resources for assistance. Objective B Investigate opportunities to increase availability of selected pediatric specialty services to Boys Town pediatric patients. Strategies Evaluate the placement of select pediatric specialty services within existing Boys Town pediatric clinics. Collaborate with Childrens Hospital and Medical Center or other community provider to identify and implement a pediatric specialty service at Boys Town Hospital and Clinics. Continue efforts to recruit a pediatric neurologist. Priority 2 Mental Health Objective A Improve access to mental health services. Strategies Relocate the East Residential Treatment Facility to the West Hospital and Clinics Campus location. Relocate and expand Boys Town Pediatric Outpatient Psychiatry Clinic to the Residential Treatment Facility location at the West Hospital and Clinics Campus location. Recruit one additional pediatric psychiatrist. Objective B Integrate psychiatry/psychology services into existing pediatric general and specialty clinics. Strategies Integrate one Boys Town child psychiatrist into an existing Boys Town pediatric clinic location. Develop and implement a plan to integrate psychology into one Boys Town pediatric specialty clinic. Objective C Use the wo</p>

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, 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.

Form and Line Reference	Explanation
<p>Group Boys Town National Research Hospital West Line Part V, Section B, Line 11</p>	<p>rk of the Center for Neurobehavioral Research to improve clinical outcomes Strategies Adv ance the work of the Center for Neurobehavioral Research to address causes and treatment o f various behavioral, learning and emotional conditions Further develop research collabor ations between Boys Town National Research Hospital and the National Institute of Mental H ealth and local and national research programs Develop a plan to disseminate findings at the clinical level Priority 3 Allergy/Asthma Objective A Improve access to pediatric a llergy/asthma care Strategies Recruit pediatric allergist Provide pediatric allergy serv ices at West Omaha location Explore option of integrating pediatric allergy service into an existing BTNRH specialty clinic Objective B Work with BTNRH pediatricians to improve care and service to pediatric patients with allergy and asthma diagnoses Strategies Conti nue to use Uninet processes to improve percentages of children with Asthma Action Plans fo r home and school if appropriate Identify opportunities to track and improve clinical pro cesses and outcomes using data from EMR and participation in community initiatives such as Primary Care Medical Home initiatives Analyze information from clinic visits and Same Da y Pediatric visits to identify target areas for intervention with pediatric patients with asthma Objective C Better manage allergy/asthma in children through targeted health educ ation for children and parents Strategies Ensure parent education is written at a reading level to accommodate those parents with limited literacy skills and is widely available o n Boys Town pediatrics website and Knowledge Center Ensure parent education materials are available in English and Spanish Incorporate information/educational material in Health Kids Carnival on the topics of allergy/asthma Provide information on allergy/asthma throu gh the Boys Town Pediatrics Healthy Children Newsletter Priority 4 Vision and Hearing O bjective A Standardize vision screening for children Strategies Conduct vision screening at 3 year well check Implement standardized vision screening technology across all clini c locations to more accurately identify patients requiring referral Refer patients who fa il screening to Boys Town Pediatric Ophthalmologists Objective B Improve identification and management of patients with hearing loss Strategies Conduct hearing screening at kind ergarten well checks Refer patients 18 and younger who fail newborn screening or patient reporting or identified as having hearing loss to BTNRH East Hospital Hearing Loss Clinic Priority 5 Injuries and Safety Objective A Prevent common childhood injuries through m ulti-lingual education, parent/patient trainings on appropriate age based safety practices Strategies Increase linguistic access to educational materials on website Translate all Charting Your Progress, pediatric age-based education handouts into Spanish for distribut ion to parents at well-check v</p>

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, 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.

Form and Line Reference	Explanation
Group Boys Town National Research Hospital West Line Part V, Section B, Line 11	<p>isits Utilize website Healthy Kids newsletter, and Healthy Kids Carnival to provide education regarding helmet use, head injuries and concussions Objective B Promote use of car seats and seatbelt restraints for children Strategies Provide car seat for children dismissed from the Hospital if one not available in family vehicle Conduct car seat checks at West Hospital during Newborn Expo events Distribute information at Healthy Kids Carnival on car seat and seat belt safety Offer car seat/seat belt education through the Boys Town website Knowledge Center and through Kids Talk flyers distributed at Parent Talk classes and at Boys Town Clinic locations Objective C Promote access to information and resources for parents and teens related to age appropriate safety topics Strategies Promote awareness of offerings and resources on boystown.org regarding bullying and cyberbullying, internet/media safety, 24 hour hotline for parents and youth Provide links on boystownpediatrics.org to resources on boystown.org Promote awareness of yourlifeyourvoice.org for teens and parenting.org for parents</p>

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, 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.

Form and Line Reference	Explanation
<p>Group Boys Town National Research Hospital West Line Part V, Section B, Line 11</p>	<p>Continued Priority 6 Nutrition and Obesity Objective A Promote healthy eating and physical activity Strategies Collaborate with community agencies, merchants and restaurants to promote and conduct Healthy Kids Carnival emphasizing healthy nutrition, emphasis on fitness and offering healthy snacks Collaborate with Hy-Vee to offer education by BTNRH pediatricians and Hy-Vee dieticians on nutrition during pregnancy, toddler nutrition, and making baby food in 2017 Parent Talk classes Offer 2017 Parent Talk classes on breastfeeding conducted by Boys Town pediatricians and certified lactation consultants Conduct Memorial Day Run with community co-sponsors incorporating a Kids Fun Run, 1 mile Walk/Run and 5 mile Walk/Run to promote family participation and physical activity Objective B Increase awareness regarding resources related to nutrition, physical activity, and weight management programs Strategies Expand website parent education, videos, and Spanish captioning related to nutrition, childhood obesity and cultural norms/practices Address nutrition in Charting Your Progress provided to parents at each well-check visit and expand current information to address obesity and diabetes Promote awareness of existing Boys Town clinical dietician to provide education and counseling Refer appropriate clinically obese children and teen patients to Childrens Hospital Medical Center for weight management intervention, education and support Priority 7 Oral Health Objective A Identify strategies to improve oral health for Boys Town pediatric patients Strategies Assure topic of oral health is addressed at all well child encounters Provide written education material on oral health in English and Spanish in 9 month, 12 month, 15 month and 24 month well check packets Exp and application of fluoride varnish to all Boys Town pediatric primary care patients at 9 month, 18 month and 24 month visits Create Healthy Smile promotion in pediatric clinics with information on fluoride varnish Objective B Collaborate with community partners to promote oral health Strategies Identify and invite community partners to participate in Newborn Expos at the West Hospital location to discuss the importance of oral hygiene with expectant parents Identify and invite community partners to participate in the Healthy Kids Carnival at the West Hospital location to provide education and information regarding oral health to BTNRH and community patients/families Identify community dentists to partner with to further support oral health awareness and education in the Metro area Objective C Provide resources regarding oral health Strategies Provide information on Boys Town pediatrics website and Knowledge Center Address oral health through the Boys Town Pediatrics Healthy Children Newsletter Post oral health quick tips on Boys Town Pediatrics Facebook and Twitter pages Provide English and Spanish resource A Medical/Dental Home For Your Child Assist patients needing</p>

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, 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.

Form and Line Reference	Explanation
Group Boys Town National Research Hospital West Line Part V, Section B, Line 11	dental home by referral to pediatric dentistry clinics at University of Nebraska Medical Center or Childrens Hospital Medical Center or available community dental providers NEXT STEPS Boys Town National Research Hospitals is a research institution and a clinical community health care provider As such it is committed to be outcome-driven in its planning and programming Boys Town National Research Hospital - West will adapt this implementation as circumstances and new data warrant We anticipate that community health needs will evolve over time, requiring refinements to both strategies and objectives

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
Group Boys Town National Research Hospital West Line Part V, Section B, Line 13h	The Hospital requires documentation of denial for Medicaid assistance if applicable

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
Group Boys Town National Research Hospital - East Line Part V, Section B, Line 5	To solicit input from key informants, an online key informant survey was used to obtain information from those individuals who have a broad interest in the health of the community. A list of recommended participants was provided by the sponsors of the study. The 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, as well as of the community overall.

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
Group Boys Town National Research Hospital - East Line Part V, Section B, Line 6a	Childrens Hospital Medical Center - Omaha, Nebraska

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, 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.

Form and Line Reference	Explanation
<p>Group Boys Town National Research Hospital - East Line Part V, Section B, Line 11</p>	<p>The Child and Adolescent 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 Community Health Needs Assessment identified priority health issues to be addressed. Boys Town National Research Hospital and Clinics has chosen to address seven issues. Sexual health will not be addressed in the BTNRH implementation plan. Boys Town National Research Hospital is rooted in a strong Catholic foundation. This foundation brings with it a commitment to abstinence-only implementation strategies when dealing with adolescents. Given the active work that the Douglas County Health Department and the Womens Fund of Omaha are doing with Charles Dre w Community Health Center and other community partners in addressing sexual activity and sexually transmitted infections, Boys Town will not address this priority in its Implementation Plans. Priority 1 Access to Health Care Objective A Increase access to primary care and to a regular source of care Strategies Strengthen Same Day Pediatrics presence at 7 2nd Street Pediatric Clinic location for same day sick visits for BTNRH and community pediatric patients to decrease utilization of Urgent Care and Emergency Room visits Continue development and implementation of Primary Care Medical Home healthcare delivery model to assure a regular source of care and to address quality, safety, access and health outcomes Identify patients without insurance and refer to appropriate Boys Town Hospital or community resources for assistance Maximize role and availability of Parent Partner and Social Worker to assist patients in addressing obstacles related to their care including follow-up on referrals, reducing no-shows and obtaining transportation to improve access to care Objective B Increase availability of select pediatric specialty services to Boys Town and community pediatric patients Strategies Provide ENT pediatric specialty services at 72nd Street clinic location Provide Allergy/Asthma pediatric specialty services at 72nd Street clinic location Promote awareness of specialty service availability to Boys Town and community pediatric patients/families Priority 2 Mental Health Objective A Improve access to mental health services Strategies Promote psychology presence in ambulatory care clinics Recruit an additional child psychiatrist Maximize use of 24-hour crisis line and its multi-media and multi-lingual resources Use Access Center to increase timely interactions for youth with acute mental health problems and assist parents in crisis Involve Boys Town South Omaha office in Fiesta de Navidad, an event for Spanish speaking and bilingual families, to promote their programs related to Common Sense Parenting and Behavioral Health Services Invite Boys Town Sou</p>

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, 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.

Form and Line Reference	Explanation
<p>Group Boys Town National Research Hospital - East Line Part V, Section B, Line 11</p>	<p>th Omaha to promote behavioral health services with Boys Town Pediatrics primary care services at the Bi-National Health Fair for Spanish speaking families Objective B Identify opportunities to work with Boys Town providers and community partners to increase awareness of mental health services Strategies Use the work of the Center for Neurobehavioral Research to improve clinical outcomes Advance the work of the Center for Neurobehavioral Research to address causes and treatment of various behavioral, learning and emotional conditions Further develop research collaborations between Boys Town National Research Hospital and the National Institute of Mental Health and local and national research programs Develop a plan to disseminate findings at the clinical level Priority 3 Allergy/Asthma Objective A Improve access to pediatric allergy/asthma care Strategies Recruit pediatric allergist Provide pediatric allergy services at East Omaha clinic at 72nd and Center Promote availability of allergy services to Boys Town patients/families and to community providers Objective B Work with BTNRH pediatricians to improve care and service to pediatric patients with asthma diagnoses Strategies Continue to use Uninet processes to improve percentages of children with Asthma Action Plans for home and school if appropriate Identify opportunities to track and improve clinical processes and outcomes using data from EMR and participation in community initiatives such as Primary Care Medical Home Analyze information from clinic visits and Same Day Pediatric visits to identify target areas for intervention with pediatric patients with asthma Objective C Better manage allergy/asthma in children through targeted health education for children and parents Strategies Ensure parent education is written at a reading level to accommodate those parents with limited literacy skills and is widely available on Boys Town Pediatrics website and Knowledge Center Ensure education materials are available in English and Spanish Identify community based organizations to partner with in distributing asthma education materials Analyze information from Same Day Pediatric visits to identify target areas for intervention with pediatric patients with asthma, incorporating the bilingual parent consultant Priority 4 Vision and Hearing Objective A Standardize vision screening for children Strategies Conduct vision screening at 3 year well check Implement standardized vision screening technology across all clinic locations to more accurately identify patients requiring referral Refer patients who fail screening to Boys Town Pediatric Ophthalmologists Objective B Improve identification and management of patients with hearing loss Strategies Implement a multidisciplinary hearing loss clinic at East Hospital location for patients 18 and younger who fail newborn screening or patient reporting/diagnosed hearing loss Routinely conduct hearing screening at kindergarten well</p>

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, 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.

Form and Line Reference	Explanation
<p>Group Boys Town National Research Hospital - East Line Part V, Section B, Line 11</p>	<p>checks Refer patients who fail screening to East BTNRH Hearing Loss Clinic Promote East BTNRH Hearing Loss Clinic to community providers and agencies involved with children and adolescents Update babyhearing.org educational website for English and Spanish speaking families who have a child with hearing loss Priority 5 Injuries and Safety Objective A Prevent common childhood injuries through multi-lingual education and parent/patient trainings on appropriate age based safety practices Strategies Increase linguistic access to educational materials on website and at ambulatory care settings Translate all Charting Your Progress, pediatric age-based education handouts into Spanish for distribution to parents at well-check visits Utilize website Healthy Kids newsletter to provide education regarding head injuries and concussions Post safety quick tips on social media sites Objective B Promote use of car seats and seat belt restraints for children Strategies Conduct car seat checks at East Newborn Expo event Provide car seat for children dismissed from the East Hospital if one not available in family vehicle Provide printed car seat education in English and Spanish at car seat checks, Newborn Expo and appropriate Parent Talk classes Offer car seat/seat belt education through the Boys Town website Knowledge Center and through Kids Talk flyers distributed at Parent Talk classes and at Boys Town Clinic locations Provide bilingual education materials at Boys Town South and North Omaha offices for community residents Objective C Promote access to information and resources for parents and teens related to age appropriate safety topics Strategies Promote awareness of offerings and resources on boystown.org regarding bullying and cyberbullying, internet/media safety, 24 hour hotline for parents and youth Provide links on boystownpediatrics.org to resources on boystown.org</p>

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, 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.

Form and Line Reference	Explanation
<p>Group Boys Town National Research Hospital - East Line Part V, Section B, Line 11</p>	<p>Continued Promote awareness of yourlifeyourvoice.org for teens and parenting.org for parents Investigate opportunities to collaborate with community partners to further address safety needs of the community Priority 6 Nutrition and Obesity Objective A Promote healthy eating and physical activity Strategies Conduct height/weight measurements and provide information to families at annual Fiesta Navidad for Spanish speaking and bilingual families Promote attendance at the West Hospital Healthy Kids Carnival emphasizing healthy nutrition, emphasis on fitness and the offering of health snacks Collaborate with Hy-Vee to offer education by BTNRH pediatricians and Hy-Vee dietitians on nutrition during pregnancy, toddler nutrition, and making baby food in 2017 Parent Talk classes Provide 2017 Parent Talk classes on breastfeeding conducted by Boys Town pediatrician and certified lactation consultant at East location Promote participation in Memorial Day Run with community co-sponsors incorporating a Kids Fun Run, 1 mile walk/run and 5 mile walk/run to promote family participation and physical activity Since Childrens Hospital and Medical Center has an extensive community treatment effort in childhood obesity, strengthen the referral network between the institutions to ensure eligible children are referred Objective B Increase awareness regarding resources related to nutrition, physical activity, and weight management programs Strategies Expand parent access to website education and videos related to nutrition, childhood obesity and cultural norms/practices Address nutrition in Charting Your Progress provided to parents at each well-check visit and expand current information to address obesity and diabetes Refer appropriate clinically obese children and teen patients to Childrens Hospital Medical Center for weight management intervention, education and support Priority 7 Oral Health Objective A Identify strategies to improve oral health for Boys Town pediatric patients Strategies Assure topic of oral health is addressed at all well child encounters Provide written education material on oral health in English and Spanish in 9 month, 12 month, 15 month and 24 month well check packets Expand application of fluoride varnish to all Boys Town pediatric primary care patients at 9 month, 18 month and 24 month visits Create Healthy Smile promotion in pediatric clinics with information on fluoride varnish Objective B Collaborate with community partners to promote oral health Strategies Identify and invite community partners to participate in Newborn Expos at the East Hospital location to discuss the importance of oral hygiene with expectant parents Partner with community dentists to further support oral health awareness and education in the East Metro area Objective C Provide resources regarding oral health Strategies Provide information on Boys Town pediatrics website and Knowledge Center Address oral health through the Boys Town Pediatric</p>

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, 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.

Form and Line Reference	Explanation
Group Boys Town National Research Hospital - East Line Part V, Section B, Line 11	<p>trics Healthy Children Newsletter Post oral health quick tips on Boys Town Pediatrics Fac ebook and Twitter pages Provide English and Spanish resource A Medical/Dental Home For Yo ur Child Assist patients needing dental home by referral to pediatric dentistry clinics a t University of Nebraska Medical Center or Childrens Hospital Medical Center or available community dental providers NEXT STEPS Boys Town National Research Hospitals is a research institution and a clinical community health care provider As such it is committed to be outcome-driven in its planning and programming The implementation of an electronic health record will allow for much more targeted and planned attention to outcomes and baseline d ata in programming planning in the future Boys Town National Research Hospital - East wil I adapt this implementation as circumstances and new data warrant We anticipate that comm unity health needs will evolve over time, requiring refinements to both strategies and obj ectives</p>

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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, 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.

Form and Line Reference	Explanation
Group Boys Town National Research Hospital - East Line Part V, Section B, Line 13h	The Hospital requires documentation of denial for Medicaid assistance if applicable

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

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? _____

Name and address	Type of Facility (describe)
Pacific Street Medical Office Building - West 14080 Boys Town Hospital Road Boys Town, NE 68010	Outpatient Physician Clinic
Intensive Residential Treatment Center - East 555 N 30th Street Omaha, NE 68131	Child/Adolescent Residential Treatment Center
Pacific Street Medical Office Building - East 14040 Boys Town Hospital Road Boys Town, NE 68010	Outpatient Physician Clinic
Intensive Residential Treatment Center - West 14092 Boys Town Hospital Road Boys Town, NE 68010	Child/Adolescent Residential Treatment Center
Boys Town National Research Hospital Clinics 555 N 30th Street Omaha, NE 68131	Outpatient Physician Clinic Hearing Diagnostic Clinic
Boys Town Clinic 72nd & Center 7205 West Center Road Omaha, NE 68124	Outpatient Physician Clinic
Lakeside Pediatrics 16929 Frances Street Suite 102 Omaha, NE 68130	Outpatient Physician Clinic
Harrison Street Clinic 6715 South 180th Street Omaha, NE 68135	Outpatient Physician Clinic
Council Bluffs ENT 320 McKenzie Avenue Suite 202 Council Bluffs, IA 51503	Outpatient Physician Clinic Hearing Diagnostic Clinic
Boys Town Psychiatry Clinic 14100 Crawford Street Boys Town, NE 68010	Outpatient Physician Clinic
Lied Learning & Technology Center 425 N 30th Street Omaha, NE 68131	Outpatient Hearing Diagnostic Clinic
Boys Town Audiology 550 East 23rd Street Fremont, NE 68025	Hearing Diagnostic Center

Schedule I (Form 990)

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

OMB No 1545-0047

2016

Open to Public Inspection

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

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

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?
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.

Table with 7 columns: (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, (g) Description of non-cash assistance, (h) Purpose of grant or assistance.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table. 10
3 Enter total number of other organizations listed in the line 1 table.

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) Direct care of youth in various programs	11044		3,183,403	Book	Food, Clothing, Medical, Education
(1)					
(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.

Return Reference	Explanation
Part II Line 2	Father Flanagans Boys Home is the sole member of eleven affiliate organizations and has a controlling interest in another organization. Ten of these affiliates received financial assistance in 2016. All affiliates operate under an affiliation agreement with Father Flanagans 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 Flanagans Boys Home. Each month actual and budget financial results are reviewed by management on a consolidated and individual organization level basis. Any significant variances or fluctuations must be investigated and explained.

Additional Data

Software ID: 16000333
Software Version: 17.2.1.0
EIN: 47-0376606
Name: FATHER FLANAGAN'S BOYS' HOME

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Boys Town California Inc 14100 Crawford Street Boys Town, NE 68010	76-0720675	501c3	3,903,664				Program Support
Boys Town Central Florida Inc 975 Oklahoma Street Oviedo, FL 32765	20-0654235	501c3	2,328,318				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Boys Town Louisiana Inc 300 North Broad Street Ste 106 New Orleans, LA 70119	41-2220807	501c3	1,932,388				Program Support
Boys Town Nevada Inc 821 N Mojave Road Las Vegas, NV 89101	20-0654472	501c3	3,559,459				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Boys Town New England Inc Bazarsky Campus 58 Flanagan Road Portsmouth, RI 02871	20-0655240	501c3	1,936,122				Program Support
Boys Town New York Inc 14100 Crawford Street Boys Town, NE 68010	20-5960877	501c3	2,910,063				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Boys Town North Florida Inc 3555 Commonwealth Blvd Tallahassee, FL 32303	20-0655144	501c3	1,638,982				Program Support
Boys Town Texas Inc 14100 Crawford Street Boys Town, NE 68010	41-2181898	501c3	907,978				Program Support

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(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 non-cash assistance	(h) Purpose of grant or assistance
Boys Town Washington DC Inc 4801 Sargent Road NE Washington, DC 20017	41-2220810	501c3	2,401,544				Program Support
Father Flanagan's Boys Town Florida Inc 1655 Palm Beach Lakes Blvd Ste 300 West Palm Beach, FL 33401	26-3965524	501c3	3,626,339				Program Support

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

OMB No 1545-0047

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.**

2015
Open to Public Inspection

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

Name of the organization FATHER FLANAGAN'S BOYS' HOME	Employer identification number 47-0376606
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Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input 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 type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input 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 type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
b If any of the boxes in 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.	1b	Yes								
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes								
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input 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?	4a	Yes								
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Yes								
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.	4c	No								
Only 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?	5a	No								
b Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	5b	No								
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?	6a	No								
b Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	6b	No								
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No								
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.	8	No								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	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 are not 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 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				
See Additional Data Table							

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.

Return Reference	Explanation
Part I Line 1a	Discretionary spending account and housing allowance or residence for personal use Provided only to Fr Steven Boes, the CEO/Executive Director As the CEO for Father Flanagans 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 his 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 his employment, Fr Boes is required to live on the residential campus and is provided with a personal residence in the Village of Boys Town which is not included in his taxable compensation
Part I Line 4a	Severance payments Officers Andrew M Bath and Victor F LaPuma, J D received severance payments of 214,194 and 16,104 respectively These payments were included in their reportable/taxable compensation
Part I Line 4b	Supplemental nonqualified retirement plan Officer Philip J Ruden participated in a supplemental nonqualified retirement plan in the amount of 7,385 This participation is not included in his taxable compensation

Additional Data

Software ID: 16000333
Software Version: 17.2.1.0
EIN: 47-0376606
Name: FATHER FLANAGAN'S BOYS' HOME

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC 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 Father Steven E Boes President and National Executive Director	(i)	88,919		26,580	53,000	10,610	179,109	
	(ii)	-----	-----	-----	-----	-	-	-----
1 Philip J Ruden Executive Vice President, Investments Chief Investment Officer	(i)	350,054		3,756	144,072	30,343	528,225	
	(ii)	-----	-----	-----	-----	-	-	-----
2 John K Arch Executive Vice President of Health Care and Director of Boys Town National Research Hospital	(i)	386,715		4,998	15,900	19,922	427,535	
	(ii)	-----	-----	-----	-----	-	-	-----
3 Judy F Rasmussen CPA Executive Vice President Finance Administration, Treasurer and CFO	(i)	332,123		2,676	15,900	3,545	354,244	
	(ii)	-----	-----	-----	-----	-	-	-----
4 Dan Daly Ph D Executive Vice President, Director of Youth Care	(i)	265,269		11,843		18,174	295,286	
	(ii)	-----	-----	-----	-----	-	-	-----
5 Michael J Eglseder Vice President, Investments and Assistant Treasurer	(i)	219,604		3,311	108,651	29,182	360,748	
	(ii)	-----	-----	-----	-----	-	-	-----
6 Barbara J Vollmer Senior Vice President, Governance Strategy, Corporate Advancement, Secretary	(i)	172,986		2,027	10,512	1,560	187,085	
	(ii)	-----	-----	-----	-----	-	-	-----
7 Andrew M Bath Executive Vice President and General Counsel	(i)	124,860		215,588	6,736	7,136	354,320	
	(ii)	-----	-----	-----	-----	-	-	-----
8 Victor F LaPuma JD Assistant General Counsel and Assistant Corporate Secretary	(i)	233,099		23,167	14,292	19,311	289,869	
	(ii)	-----	-----	-----	-----	-	-	-----
9 Kelli Jo Shidler MD Physician	(i)	875,503		951	11,393	44,186	932,033	
	(ii)	-----	-----	-----	-----	-	-	-----
10 Mara P Paradis MD Physician	(i)	538,377		954	12,145		551,476	
	(ii)	-----	-----	-----	-----	-	-	-----
11 Jane M Emanuel MD Physician	(i)	536,413		1,962	15,900	25,669	579,944	
	(ii)	-----	-----	-----	-----	-	-	-----
12 Don-Kyoo Richard Kang MD Physician	(i)	528,101		2,193	15,900	21,622	567,816	
	(ii)	-----	-----	-----	-----	-	-	-----
13 Richard M Tempero MD PhD Physician	(i)	461,594		1,044	15,900	24,169	502,707	
	(ii)	-----	-----	-----	-----	-	-	-----

Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds
 ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
 ▶ Attach to Form 990.
 ▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2016
 Open to Public Inspection

Department of the Treasury
 Internal Revenue Service

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) Pool financing	
						Yes	No	Yes	No	Yes	No
A Hospital Authority No 2 of Douglas County Ne Healthcare Revenue Bonds	52-1440796	259230KU3	09-15-2008	6,603,582	Construct and Equip approximately 30,100 square foot hospital facility		X		X		X
B Nebraska Elementary and Secondary School Finance Auth Ed Fcity Rev Bds	47-0821671	639918BV2	09-15-2008	23,190,919	Capital repair, renovations, and improvements		X		X		X
C Nebraska Elementary and Secondary School Finance Auth Ed Fcity Rev Bds	47-0821671	639918BZ3	11-12-2010	10,170,183	Construct electrical distribution system and purchase of emergency alarm		X		X		X
D Village of Boys Town Nebraska Revenue Refunding Bond	47-0615594	000000000	09-01-2015	7,939,000	Refund Hospital Authority No 2 of Douglas County Series 2005 Bonds Issued 9/1/2005		X		X		X

Part II Proceeds

	A		B		C		D	
1 Amount of bonds retired								
2 Amount of bonds legally defeased								
3 Total proceeds of issue	6,621,838		23,624,399		10,171,334		7,939,000	
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds	99,695		303,550		113,795		119,000	
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds	6,522,143		23,320,849		10,057,539			
11 Other spent proceeds							7,820,000	
12 Other unspent proceeds								
13 Year of substantial completion	2009		2011		2013		2006	
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?		X		X		X	X	
15 Were the bonds issued as part of an advance refunding issue?		X		X		X		
16 Has the final allocation of proceeds been made?	X		X		X		X	
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X		X	

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		X
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		X

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		X
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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		X
d 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?								
4 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 ▶								
5 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 ▶								
6 Total of lines 4 and 5								
7 Does the bond issue meet the private security or payment test?		X		X		X		X
8a 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		X		X
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 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		X		X

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X		X		X		X
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?								
b Exception to rebate?							X	
c No rebate due?	X		X		X			
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X		X		X		X
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X		X		X
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		X
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		X
7 Has the organization established written procedures to monitor the requirements of section 148?		X		X		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 is not available under applicable regulations?		X		X		X		X

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

Return Reference	Explanation
Part II Line 3	For Bond issues A through C, total proceeds do not agree to the issue price in Part I, Column e due to investment earnings

Return Reference	Explanation
Part IV Line 2c	Rebate computations were performed on the following dates Issue A - 11/30/13, Issue B - 11/30/13, Issue C - 6/10/14

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2016

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
 ▶ **Attach to Form 990.**
 ▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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		117,645	Comparable Cost
6 Cars and other vehicles	X	1	9,000	Appraised Value
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests	X	11	8,021,863	Trustee Market Value
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	1,112	63,830	Resale Value
19 Food inventory	X	10	57,609	Comparable Cost
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
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 IV, Donee Acknowledgement 29 1

	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 is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	Yes	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b If "Yes," describe in Part II		
33 If the organization did not 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.

Return Reference	Explanation
Part I Line 6, 11, 18, 19	Column b The number of items donated are reported for cars and other vehicles The number of contributions are reported for Donated Securities - Partnership, LLC, or trust interest, collectibles and food inventory

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2016

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization
FATHER FLANAGAN'S BOYS' HOME

Employer identification number

47-0376606

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4a	<p>Nebraska/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, Parent Connectors, Care Coordination, and others. Boys Town operates approximately 60 family-style Family Homes on the Home Campus, which is in the incorporated Village of Boys Town, Nebraska the Village. These homes have a total capacity 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 Homes are not mixed by gender but are mixed by age, ethnic, and religious backgrounds. The program is also served by four Intervention and Assessment Homes, which provide short-term intervention and assessment services for youth. In addition to its residential program, the Home Campus also operates a Foster Family Services program, In-Home Family Services, and Community Support Services programs. The Nebraska/Iowa site operates a Center for Behavioral Health, which served over 4,500 youth and families with behavioral problems on an outpatient basis in 2016 and is a training center for doctoral-level psychologists.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4b	<p>Boys Town National Research Hospital BTNRH provides medical and surgical services at two hospital locations and six outpatient clinics in the Omaha, Nebraska, metropolitan area BTNRH 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 BTNRH clinical programs served nearly 47,000 children and adolescents in 2016 through a total of more than 216,000 patient visits Boys Town Pediatrics, BTNRHs group of pediatric physicians, provides primary care and specialty pediatric medical services at five clinic locations in the Omaha area BTNRH also provides medically directed behavioral health services These services include two residential treatment centers RTC The RTC East is located at the BTNRH downtown campus and has the capacity to serve up to 47 youth The RTC West has an additional 34 beds This program is attached to the BTNRH west Hospital Each of these RTCs is staffed with a multidisciplinary medical and behavioral health staff</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4c	<p>Programs across America directly served over 15,500 youth in Nebraska/Iowa and at 10 affiliated sites nationwide in 2016. These affiliated sites are Boys Town California, Boys Town Central Florida, Boys Town Louisiana, Boys Town Nevada, Boys Town New England, Boys Town New York, Boys Town North Florida, Boys Town Florida, Boys Town Texas, and Boys Town Washington, DC. 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, Parent Connectors, 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 Towns programs. The Training and Evaluation Departments provide technical training, evaluation, and quality/control/quality assurance of Boys Towns nationwide system of services. The Program Fidelity Department provides program monitoring, consultation, and staff and program development to all Boys Town sites across America. National Community Support Services provides training and resources to parents, childcare providers, and educators throughout the United States and internationally. Services are offered through Education and Common Sense Parenting training packages, and books from the Boys Town Press. In 2016, 6,500 parents, teachers, administrators, and professionals were trained allowing Boys Town to indirectly impact approximately 137,000 children through this training.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	<p>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 Towns schools are fully accredited by the state of Nebraska and the North Central Association. A full range of special education services is provided to all youth who require this type of assistance. The Boys Town Day School in the Village of Boys Town and the Duncan Day School in Duncan, Nebraska, serve youth who cannot receive educational services in a public or alternative school setting due to 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 212 students in day school services in 2016.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part III, Line 4d	<p>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, e-mail, and chat crisis service for troubled children and families. The Hotline received approximately 180,000 contacts in 2016. 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 Web site called yourlifeyourvoice.org. In 2016, the Web site had over 682,000 visits. In addition to operating the Hotline, Boys Town also operates the Nebraska Family Helpline, the Helpline. The 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 5,000 calls were made to the Helpline in 2016 from families seeking assistance.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, Line 2	Philip J Ruden and Michael J Eglseder - Business Relationship

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	<p>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 was requested to submit their comments and questions within 5 days. Upon satisfactory resolution of questions, an electronic copy of the final Form 990 was provided to all directors before it was filed.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 12c	Father Flanagans Boys Home regularly and consistently monitors and enforces compliance with its conflict of interest policy mainly through official annual affirmations, self reporting and observation. Directors are covered by a board of trustee policy and officers and employees are covered by a separate policy. Directors must report any perceived or actual conflict of interest to the Chairman of the Boards Executive Committee. A director in question must cooperate in a review by the Executive Committee and has no vote in determining whether a conflict exists. A board member may be disqualified from participating in certain deliberations and votes during and after any review. A board member may be required to resign if a conflict exists.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 15a 15b	The compensation of the CEO/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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, Line 19	Father Flanangans 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 State offices. Financial Statements are available to the public upon request and on its website at www.boystown.org

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XI, Line 9	Increase in value of beneficial interests in external trust assets 1,771,497, Transfer of assets from Affiliates 4,512,864 Decrease in beneficial interest in Father Flanagans Fund For Need Children 9,315,002, Decrease in interest in Affiliated organizations 6,575,384, Pension income 399,224, Pension related charges 3,471,321

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2016

Open to Public Inspection

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

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

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.

See Additional Data Table

(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

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	

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

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
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a Yes	
b Gift, grant, or capital contribution to related organization(s)	1b Yes	
c Gift, grant, or capital contribution from related organization(s)	1c Yes	
d Loans or loan guarantees to or for related organization(s)	1d Yes	
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o Yes	
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q Yes	
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
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Additional Data

Software ID: 16000333
Software Version: 17.2.1.0
EIN: 47-0376606
Name: FATHER FLANAGAN'S BOYS' HOME

Form 990, Schedule R, Part II - 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
(1) 14100 Crawford Street Boys Town, NE 68010 36-3680258	Support of FFBH	NE	501c3	12 Type 1	Father Flanagan's Bjoys' Home	Yes	
(1) 14100 Crawford Street Boys Town, NE 68010 76-0720675	Youth Assistance	CA	501c3	7	Father Flanagan's Bjoys' Home	Yes	
(2) 975 Oklahoma Street Oviedo, FL 32765 20-0654235	Youth Assistance	FL	501c3	7	Father Flanagan's Bjoys' Home	Yes	
(3) 14100 Crawford Street Boys Town, NE 68010 20-2137568	Youth Assistance	IL	501c3	7	Father Flanagan's Bjoys' Home	Yes	
(4) 300 North Broad Street Ste 106 New Orleans, LA 70119 41-2220807	Youth Assistance	LA	501c3	7	Father Flanagan's Bjoys' Home	Yes	
(5) 821 N Mojave Road Las Vegas, NV 89101 20-0654472	Youth Assistance	NV	501c3	7	Father Flanagan's Bjoys' Home	Yes	
(6) Bazarsky Campus 58 Flanagan Rd Portsmouth, RI 02871 20-0655240	Youth Assistance	RI	501c3	7	Father Flanagan's Bjoys' Home	Yes	
(7) 14100 Crawford Street Boys Town, NE 68010 20-5960877	Youth Assistance	NY	501c3	7	Father Flanagan's Bjoys' Home	Yes	
(8) 3555 Commonwealth Blvd Tallahassee, FL 32203 20-0655144	Youth Assistance	FL	501c3	7	Father Flanagan's Bjoys' Home	Yes	
(9) 14100 Crawford Street Boys Town, NE 68010 41-2181898	Youth Assistance	TX	501c3	7	Father Flanagan's Bjoys' Home	Yes	
(10) 4801 Sargent Rd NE Washington, DC 20017 41-2220810	Youth Assistance	DC	501c3	7	Father Flanagan's Bjoys' Home	Yes	
(11) 1655 Palm Beach Lakes Blvd Ste 300 West Palm Beach, FL 33401 26-3965524	Youth Assistance	FL	501c3	7	Father Flanagan's Bjoys' Home	Yes	
(12) 14100 Crawford Street Boys Town, NE 68010 47-0841263	Support of FFBH	NE	501c3	12 TYPE 1	Father Flanagan's Bjoys' Home	Yes	
(13) 2110 Papillion Parkway Omaha, NE 68164 26-4436716	Service Coordination	NE	501c3	7	Father Flanagan's Bjoys' Home	Yes	

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a)	(b)	(c)	(d)
	Name of related organization	Transaction type(a-s)	Amount Involved	Method of determining amount involved
(1)	Nebraska Families Collaborative	a	3,721	FMV - Cash
(1)	Boys Town California Inc	b	3,903,664	FMV - Cash
(2)	Boys Town Central Florida Inc	b	2,328,318	FMV - Cash
(3)	Boys Town Louisiana Inc	b	1,932,388	FMV - Cash
(4)	Boys Town Nevada Inc	b	3,559,459	FMV - Cash
(5)	Boys Town New England Inc	b	1,936,122	FMV - Cash
(6)	Boys Town New York Inc	b	2,910,063	FMV - Cash
(7)	Boys Town North Florida Inc	b	1,638,982	FMV - Cash
(8)	Boys Town Texas Inc	b	907,978	FMV - Cash
(9)	Boys Town Washington DC Inc	b	2,401,544	FMV - Cash
(10)	Father Flanagans Boys Town Florida Inc	b	3,626,339	FMV - Cash
(11)	Father Flanagan's Fund For Needy Children	c	44,782,000	FMV - Cash
(12)	Boys Town New England Inc	d	1,549,864	FMV - Cash
(13)	Boys Town North Florida Inc	d	765,535	FMV - Cash
(14)	Nebraska Families Collaborative	d	1,000,000	FMV - Cash
(15)	Lied Learning and Technology Center For Childhood Deafness	k	824,162	FMV - Cash
(16)	Lied Learning and Technology Center For Childhood Deafness	l	770,167	FMV - Cash
(17)	Nebraska Families Collaborative	l	458,379	FMV - Cash
(18)	Father Flanagan's Fund For Needy Children	o	1,096,616	FMV - Cash
(19)	Father Flanagan's Fund For Needy Children	q	1,096,616	FMV - Cash
(20)	Boys Town New York Inc	s	4,512,864	FMV - Cash
(21)	Perpetual Trusts (4)	s	1,857,917	FMV - Cash
(22)	Charitable remainder trust	s	1,081,595	FMV - Cash