**Return of Organization Exempt From Income Tax** 

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

OMB No. 1545-0047 2023 Open to Public Inspection

Department of the Treasury Internal Revenue Service

<u>A</u>	For the 2	2023 calendar year, or tax year beginning , and ending												
В	Check if appli	licable: C Name of organization			D Employe	r identification number								
	Address chan	nge Platte PEER Group												
$\Box$	Name change	Doing business as			56-2	425104								
$\equiv$	•	Number and street (or P.O. box if mail is not delivered to street address)		Room/suite	E Telephon									
	Initial return	PO Box 164			308-	986-2522								
	Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code	_ · · · · · · · · · · · · · · · · · · ·											
	Amended retu	Chapman NE 68827												
믬		F Name and address of principal officer:		H(a) Is this a grou	in roturn for a	subordinates? Yes X No								
	Application p	ending John Boeder		H(a) is this a grot	up return for s									
		2227 Q Street		H(b) Are all subo	ordinates inc	luded? Yes No								
		Aurora NE 68818		If "No,"	attach a list.	See instructions								
ī	Tax-exempt	status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) or 527												
	Website:	N/A		H(c) Group exem	nption numbe	er								
<u> </u>	Form of orga		L Y	ear of formation: 20		M State of legal domicile:								
	Part I	Summary												
_		efly describe the organization's mission or most significant activities:												
-		See Schedule O												
S		bee bonedure o												
Governance	• • • • •													
š														
တိ	2 Ch	eck this box if the organization discontinued its operations or disposed of more that				_								
∞ಶ	3 Nui	mber of voting members of the governing body (Part VI, line 1a)			. 3	9								
Activities	4 Nu	mber of independent voting members of the governing body (Part VI, line 1b)			. 4	9								
₹	5 Tot	tal number of individuals employed in calendar year 2023 (Part V, line 2a)			. 5	6								
ţ		tal number of volunteers (estimate if necessary)				50								
1	<b>7a</b> Tot	tal unrelated business revenue from Part VIII, column (C), line 12			7a	0								
	<b>b</b> Net	et unrelated business taxable income from Form 990-T, Part I, line 11			7b	0								
	1	tandada zaanoo tanaza moone non com ooo iji arii, mo ii		Prior Year		Current Year								
	8 Coi	ontributions and grants (Part VIII, line 1h)		44	,125	26,196								
Ę	9 Pro	annon coming revenue (Dont \ /III line On)			,637	109,497								
Revenue	10 Inv	restricted to a constant of the second (A) lines (A) lines (A)			,450	1,270								
Re	14 0#		· · · · · ⊢		, 150	1,270								
		ther revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		126	,212	136,963								
		tal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		130	, 414	130,903								
		ants and similar amounts paid (Part IX, column (A), lines 1–3)				0								
		nefits paid to or for members (Part IX, column (A), line 4)	-			0								
es	<b>15</b> Sal	laries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $\dots$		68	,501	65,527								
us	<b>16a</b> Pro	ofessional fundraising fees (Part IX, column (A), line 11e)				0								
Expenses	<b>b</b> Tot	tal fundraising expenses (Part IX, column (D), line 25)												
Ш	<b>17</b> Oth	her expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	L	65	,480	62,037								
	<b>18</b> Tot	tal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		133	,981	127,564								
	1	evenue less expenses. Subtract line 18 from line 12	· · · · Г	2	2,231	9,399								
50	3			Beginning of Curr		End of Year								
Net Assets or	<b>20</b> Tot	tal assets (Part X, line 16)		385	,313	394,608								
ASS	21 Tot	tal liabilities (Part X, line 26)		1	,193	1,089								
E.E.	22 Net	et assets or fund balances. Subtract line 21 from line 20	· · · · ·	384	,120	393,519								
	Part II	Signature Block			,	,								
		ties of perjury, I declare that I have examined this return, including accompanying schedules and	etatemer	nte and to the hea	et of my kr	nowledge and helief it is								
		, and complete. Declaration of preparer (other than officer) is based on all information of which pr				lowicage and boller, it is								
	<u> </u>		•	, ,	$\Box$									
O: -		Signature of officer			Date									
Się	J.,				Date									
He		Hannah Clark Treasur	<u>er</u>											
		Type or print name and title												
		Print/Type preparer's name Preparer's signature		Date	Check	if PTIN								
Pai	d $ _{\mathbb{J}_6}$	ennifer L. Dvorak, CPA		05/07/	24 self-em	ployed P00167095								
Pre	naror 🗀	im's name Dohman, Akerlund & Eddy, LLC		Fir	m's EIN	47-0585450								
Use	e Only	P.O. Box 470												
		Firm's address Aurora, NE 68818-0470		DL	none no.	402-694-6404								
Ma'		discuss this return with the preparer shown above? See instructions		į Pr	IOITE IIU.	X Yes No								

Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III	X
1		
-	loo Gebodulo O	
~	see scriedure o	
	•	
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 X 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 X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	
	the total expenses, and revenue, if any, for each program service reported.	
4-	(Cada: ) (Canada (C. 110 OE1 institution areats of (C. ) (Canada (C. )	100 407 \
4a	(Code: ) (Expenses $\$$ 119,051 including grants of $\$$ ) (Revenue $\$$ [anagement and preservation of Bader Park and Dark Island Trail a	109,497)
	development of lands/water for public education and recreation	iia ciie
U		
	•	
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	•	
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	J/A	
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4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	)
	J/A	/
_	**	
	***************************************	
	······································	
	•	
4.1		
40	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		21	
•	condidates for public office? If "Vos." complete School de C. Dout I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			3.7
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
_	VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	11a	Х	
b	complete Schedule D, Part VI  Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more		Λ	
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more			22
·	of its total assets reported in Part V. line 462 H. "Vos." complete Schodule D. Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			3.7
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	40		v
47	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17		v
18	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
10	Port VIII lines to and 0c2 If "Voc " complete Cabadula C. Port II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
13	If "Yes," complete Schedule G, Part III	19		Х
20a	Did the appropriation appropriate and an appropriate facilities 2 if (1)/as " appropriate Calcadyda II	20-		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	206		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II.	21		Х

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	31 1			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		22
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
	to defeace any tay exempt hands?	24c		
d		24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
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?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	27		<sub>v</sub>
28	persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business transaction with one of the following parties? (See the Schedule	27		X
20	L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Vas." complete Schodule I. Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			3,7
• •	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	1		<sub>V</sub>
250	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
35a b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	33a		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	000		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Pa	art 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		<u></u>	<u>Ш</u>
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	4-		

Pa	Int V Statements Regarding Other IRS Filings and Tax Compliance (continu	ued)			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	6			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a					
	a financial account in a foreign country (such as a bank account, securities account, or other financial	acco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country					
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A			_		37
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction for a p	tion?		5b		Α_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution			Oa		22
	gifts were not tax deductible?	113 01		6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for o	oods				
_	and convices provided to the pover?			7a		Х
b	If "Vee" did the constitution patify the depart of the value of the goods or continuously defeat			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	required to file Form 8282?			7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontrac	?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file For	m 889	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiza	tion file	e a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	d by th	ne			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
а				9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:	l.				
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		4		
. b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		4		
11	Section 501(c)(12) organizations. Enter:	ـ مدا				
a	Gross income from members or shareholders	11a		1		
D	Gross income from other sources. (Do not net amounts due or paid to other sources	11b				
12a	against amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1	<b>.</b>	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120		1		
а	le the experientian licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which					
	the organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c		1		
14a	Did the experimentary receive any neumants for indeer tenning convices during the tay year?			14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation	or			
	excess parachute payment(s) during the year?			15		X
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	incom	ie?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, any disqualified or other person engage in any activ	ities				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

56-2425104 Form 990 (2023) Platte PEER Group Page 6 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent ..... 9 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 any other officer, director, trustee, or key employee? Χ Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Χ 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O..... Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Χ b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? **b** Describe on Schedule O the process, if any, used by the organization to review this Form 990. Χ Did the organization have a written conflict of interest policy? If "No," go to line 13 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c Did the organization have a written whistleblower policy? Χ 13 13 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Χ 15a Χ Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? Χ 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None 17 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 20

424 E Depot Street

308-986-2522 NE 68831 Form **990** (2023)

Hannah Clark

Dannebrog

# 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

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

(A) (B)  Name and title Average hours per week				Pos check ess pe	c) ition more rson i	than o s both or/truste	ne an ee)	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1)Sarah Bailey	1.00									
Board Member	0.00	X						0	0	0
(2) Jackie Beaver	1 00									
Board Member	1.00	Х						0	0	0
(3)Mike Hansen	1 00									
Board Member	1.00	Х						0	0	0
(4) Cynthia McClella										
Board Member	1.00	Х						0	0	0
(5) Ruth Simmons	1 00									
Board Member	1.00	Х						0	0	0
(6) Tom Weller	1 00									
Board Member	1.00	Х						0	0	0
(7) John Boeder										
President	3.00			Х				0	0	0
(8) Jason Buss										
Vice President	3.00			Х				0	0	0
(9) Hannah Clark										
	3.00			3,7					0	
Treasurer (10) Carol Quandt	0.00	-		X				0	0	0
(io) caror guariae	3.00									
Secretary	0.00			Х				0	0	0
(11)										

Pa	rt VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	es, a	and Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week	bo	x, unle	Pos check ess pe nd a	rson i	than o s both or/trust	an ee)	( <b>D</b> ) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated al of othel		er	
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		from the anization do organ	n and	S
(12)														
(13)														
(14)														
(15)														
(16)														
(17)														
(18)														
(19)														
1b c d	Subtotal  Total from continuation sheet  Total (add lines 1b and 1c)	ets to Part VII,	Secti	ion A	<b>4</b>		· · · · · ·							
2	Total number of individuals (in reportable compensation from			d to	thos	e list	ted a	bov	e) who received more than	\$100,000 of				
3	Did the organization list any fe	armar officer dir	ooto	r tru	otoo	kov	, om	nlov	on or highest components	4	Г		Yes	No
	Did the organization list any for employee on line 1a? If "Yes,"	" complete Sche	dule	J for	suc	h inc	dividi	ıal .				3	_	X
4	For any individual listed on lin- organization and related organ													
5	individual	1a receive or ac	 crue		 pens	ation	 n fror	 m ar	 nv unrelated organization or	· r individual		4		X
	for services rendered to the o	rganization? If "\										5		Χ
<u>Sect</u>	cion B. Independent Contractor  Complete this table for your fire		ensa	ated	inder	pend	ent o	contr	ractors that received more t	than \$100,000 of				
	compensation from the organi	zation. Report co (A) I business address	ompe	ensat	ion f	or th	ie ca	lenc		in the organization's tax ye (B) Ition of services	ear.		(C)	
	Name and	business address							Descript	tion of services		Con	npensatio	on
											+			
2	Total number of independent received more than \$100,000								se listed above) who	0				

Pa	rt V	'III Stateme Check if		f Revenue edule O conta	ains a	a respor	nse or note	to any line in this	s Part VIII		
								(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated camp	paigns		1a						
irar our	b	Membership du			1b						
S, G	С	Fundraising eve	ents		1c						
3ifts  ar	d	Related organiz			1d						
s, c	е	Government grants (c	ontributio		1e		6,000				
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, and similar amounts no	ot include	ed above	1f		20,196				
흡형	g	Noncash contributions lines 1a-1f			1g	\$					
Son	h	Total. Add lines						26,196			
<u> </u>		Totali 7 taa iirloo	10 11				Business Code	20,250			
(I)	2a	Park Recei	nts					109,497	109,497		
Program Service Revenue	b							·	,		
Sel	С										
am	d										
	е										
Д	f	All other program									
		Total. Add lines						109,497			
	3	Investment inco									
		other similar am	nounts)	١				1,270			1,270
	4	Income from inv	estme								
	5	Royalties	<u></u>								
				(i) Real		(ii)	Personal				
	6a	Gross rents	6a								
	b	Less: rental expenses	6b								
	С	Rental inc. or (loss)	6c								
	d	Net rental incom	ne or (	loss)		<u></u>					
	/a	Gross amount from sales of assets		(i) Securities		(ii	) Other				
		other than inventory	7a								
ine	b	Less: cost or other									
Revenue		basis and sales exps.	7b								
		Gain or (loss)	7с								
Other		Net gain or (loss			<u></u>						
ŏ	8a	Gross income from		aising events							
		(not including \$									
		of contributions rep		on line							
	١.	1c). See Part IV, lii			8a						
		Less: direct exp			8b						
	l	Net income or (		_	events						
	9a	Gross income fr			00						
	L	activities. See P Less: direct exp			9a 9b						
		Net income or (					+				
	l	Gross sales of i			niies .	T					
	IUa	returns and allo		•	10a						
	h	Less: cost of go			10a						
	l .	Net income or (									
		. vot moonie of (i	1000) 11	OTT GAICS OF ITTE	or nor y		Business Code				
Snc	11a										
ne	b										
Miscellaneous Revenue	C										
lisc Re	d	All other revenu									
2		Total. Add lines									
		Total revenue.						136,963	109,497	0	1,270

## Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon	-		plete column (A).	П
Do r	not include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
	Pb, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
	Grants and other assistance to domestic organizations		0.42.000	general expenses	
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	60.070	60.070		
7	Other salaries and wages	60,870	60,870		
8	Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9 10	Other employee benefits  Payroll taxes	4,657	4,657		
11	Fees for services (nonemployees):	±,037	4,037		
a	, , , , ,				
b	Management				
c	Accounting	2,200		2,200	
d	Lobbying			= 7 = 3 3	
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	497		497	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	649	649		
13	Office expenses	5,816		5,816	
14	Information technology				
15	Royalties	10.00	10.00		
16	Occupancy	12,839	12,839		
17	Travel				
18	Payments of travel or entertainment expenses				
4.0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates  Depreciation, depletion, and amortization	19,375	19,375		
23		3,683	3,683		
24	Insurance Other expenses. Itemize expenses not covered	37003	3,003		
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	Repairs/Maintenance	10,062	10,062		
b	Supplies	4,450	4,450		
С	Workman Compensation Ins	2,466	2,466		
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	127,564	119,051	8,513	0
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 if				
	following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

		Check if Schedule O contains a response or note	to any line	in this Part X			П		
			•		(A)		(B)		
					Beginning of year		End of year		
	1	Cash—non-interest-bearing				1			
	2	Savings and temporary cash investments			19,098	2	30,040		
	3	Pledges and grants receivable, net	dges and grants receivable, net						
	4	Accounts receivable, net				4			
	5	Loans and other receivables from any current or former							
		trustee, key employee, creator or founder, substantial of							
		controlled entity or family member of any of these person	ons			5			
	6	Loans and other receivables from other disqualified per							
S		under section 4958(f)(1)), and persons described in sec				6			
Assets	7	Notes and loans receivable, net				7			
As	8	Inventories for sale or use				8			
	9	Prepaid expenses and deferred charges				9			
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	480,991					
	Ь	Less: accumulated depreciation	10b	138,433	336,918	10c	342,558		
	11	Investments—publicly traded securities	1922		29,297	11	22,010		
	12	Investments—other securities. See Part IV, line 11				12			
	13	Investments—program-related. See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets. See Part IV, line 11				15			
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 3			385,313	16	394,608		
	17	Accounts payable and accrued expenses			1,193	17	1,089		
	18	Grants payable		1,100	18	± / 000			
	19	Grants payable			19				
	20	Deferred revenue			20				
	21	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of	of Schedule			21			
	22	Loans and other payables to any current or former office				Z1			
Liabilities	**	trustee, key employee, creator or founder, substantial of							
ij		controlled entity or family member of any of these person				22			
Lia	23	Secured mortgages and notes payable to unrelated thir				23			
	24	Unsecured notes and loans payable to unrelated third p				24			
	25	Other liabilities (including federal income tax, payables				24			
	23	parties, and other liabilities not included on lines 17-24)							
		•				25			
	26	of Schedule D  Total liabilities. Add lines 17 through 25			1,193		1,089		
	20	Organizations that follow FASB ASC 958, check her			1,175	20	Ξ,002		
S		and complete lines 27, 28, 32, and 33.	22						
ü	27	All a grant and a			373,120	27	389,130		
3ala	28	Net assets with donor restrictions			11,000	28	4,389		
Ā	-0	Organizations that do not follow FASB ASC 958, ch	ock here	<del></del>	11,000		1,307		
Fun		and complete lines 29 through 33.	cok nere [	_					
or Fund Balances	29	Conital stock or trust principal or surrent funds				29			
	30	Paid-in or capital surplus, or land, building, or equipmer				30			
Assets	31	Retained earnings, endowment, accumulated income, or				31			
¥	32				384,120	32	393,519		
Net	33	Total liabilities and net assets/fund balances			385,313	33	394,608		
		Total habilition and flot association balances	<u> </u>		505,515	3	371,000		

Form **990** (2023)

Pa	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response or note to any line in this Part XI					Ш
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13	36,9	<u> 963</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		12	27,5	<u> 564</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			9,3	<u> 399</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		38	34,1	120
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10		39	3,5	519
Pa	rt XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII					
			_		Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on					
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a	Χ	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both.					
	Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain on					
	Schedule O.					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		····· [			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2023)

### SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number Platte PEER Group 56-2425104 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions Th

		Reason for I able Sharty Status: (All organizations must complete this part.) See instructions.
ne o	orga	inization is not a private foundation because it is: (For lines 1 through 12, check only one box.)
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)
3		A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,
		city, and state:
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in
	_	section 170(b)(1)(A)(iv). (Complete Part II.)
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7		An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
8		A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
9		An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college
	_	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
0	X	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.)
1		An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
2		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 <b>section 509(a)(1)</b> or <b>section 509(a)(2)</b> . See <b>section 509(a)(3)</b> . Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
	а	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.
	С	Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV Sections A. D. and F.

that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s)

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))		organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

Part II

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

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

Sec	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	.3	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
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)							
6	Public support. Subtract line 5 from line 4							
	tion B. Total Support		•	•	•			
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 202	3	(f) Total
7	Amounts from line 4							
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc.	(see instructions)					12	
13	First 5 years. If the Form 990 is for the o	rganization's first,				:)(3)		
	organization, check this box and stop her	e						
Sec	tion C. Computation of Public Se	upport Percer	ntage					
14	Public support percentage for 2023 (line 6	, column (f) divide	d by line 11, colun	nn (f))			14	%
15	Public support percentage from 2022 Scho	edule A, Part II, lir	ne 14				15	%
16a	33 1/3% support test — 2023. If the orga	nization did not ch	neck the box on lin	e 13, and line 14 i	s 33 1/3% or more	, check this		
	box and stop here. The organization qual			ation				
b	33 1/3% support test — 2022. If the orga	nization did not ch	neck a box on line					
	this box and <b>stop here.</b> The organization	qualifies as a pub	licly supported org	anization				
17a	10%-facts-and-circumstances test — 20	<b>)23.</b> If the organiza	ation did not check					
	10% or more, and if the organization mee	ts the facts-and-ci	rcumstances test,	check this box and	d <b>stop here.</b> Expla	in in		
	Part VI how the organization meets the fa organization		_					
b	10%-facts-and-circumstances test — 20							
	15 is 10% or more, and if the organization	=						
	in Part VI how the organization meets the				-	•		
	organization							
18	Private foundation. If the organization did							
	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.)

	tion A. Public Support			T			
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	9,379	32,577	125,427	44,125	26,196	237,704
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	70,648	58,626	59,496	90,637	109,497	388,904
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	80,027	91,203	184,923	134,762	135,693	626,608
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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
Sec	tion B. Total Support						626,608
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	<b>(e)</b> 2023	(f) Total
9	Amounts from line 6	80,027	91,203	184,923	134,762	135,693	626,608
10a	Gross income from interest, dividends,	00,027	71,203	101,023	131,702	133,033	020,000
	payments received on securities loans, rents, royalties, and income from similar sources	54,429	9,740	3,851	1,450	1,270	70,740
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	54,429	9,740	3,851	1,450	1,270	70,740
11	Net income from unrelated business activities not included on 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.)	134,456	100,943	188,774	136,212	136,963	697,348
14	First 5 years. If the Form 990 is for the o	•		•	, ,	• •	
500	organization, check this box and stop her tion C. Computation of Public So						
15	Public support percentage for 2023 (line 8			up (f))		15	89.86%
16	Public support percentage from 2022 Sche						77.21 %
	tion D. Computation of Investme						77.21 70
17	Investment income percentage for 2023 (I			s. column (f))		17	10%
	Investment income percentage from 2022		lin = 47			40	23%
19a	<b>33 1/3% support tests — 2023.</b> If the org						
	17 is not more than 33 1/3%, check this be						<u>X</u>
b	<b>33 1/3% support tests — 2022.</b> If the org	anization did not ch	eck a box on line	14 or line 19a, and	l line 16 is more th	nan 33 1/3%, and	
	line 18 is not more than 33 1/3%, check the		=			=	
20	Private foundation. If the organization did	d not check a box o	n line 14, 19a, or	19b, check this bo	x and see instructi	ons	

### Part IV **Supporting Organizations**

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

## Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a		
	3b		
	3с		
	4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	J		
	7		
	8		
	9a		
	9b		
	9с		
	10a		
	·va		
Sche	10b dule A	(Form 9	990) 2023

Page 5

_ Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
	provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	ion C. Type II Supporting Organizations		-	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	ion 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		100	110
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI			
•	how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have			
	a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Socti	supported organizations played in this regard.  ion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions,	1.		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instru	uctions) ]		NI-
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in 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.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's			
	involvement, one or more of the organization's supported organization(s) would have been engaged in? If			
	"Yes," explain in 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organic	<u>aniza</u>	itions	
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov	v. 20,	1970 (explain in Part VI). S	iee
	instructions. All other Type III non-functionally integrated supporting organizations must	t comp	olete Sections A through E	
Sect	ion A – Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		(001.01.0.)
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
	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		
<del></del>	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B – Minimum Asset Amount	0	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C – Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally integrated	Type I	II supporting organization	

Schedule A (Form 990) 2023

(see instructions).

	le A (Form 990) 2023 PLATTE PEER GYOU		56-24		.U4 Page
Par	t V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organiza	tions (continued)	)	
Sect	ion D – Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exempt pu	rposes		1	
2	Amounts paid to perform activity that directly furthers exempt purpo	•			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purposes of su	upported organizations		3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required—provide	details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.	,		6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the organ	nization is responsive		8	
	(provide details in Part VI). See instructions.	·			
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Sect	ion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistribution	s	Distributable
	,		Pre-2023		Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023				
	(reasonable cause required-explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
	From 2019				
	From 2020				
d	From 2021				
	From 2022				
	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
-	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 2023

d Excess from 2022 e Excess from 2023

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

# Schedule B (Form 990)

### Schedule of Contributors

0000

Schedule B (Form 990) (2023)

Employer identification number

56-2425104

Department of the Treasury Internal Revenue Service

Name of the organization

Platte PEER Group

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

2023

OMB No. 1545-0047

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

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Employer identification number 56-2425104

Part I	Contributors (see instructions). Use duplicate copies of Pa	art I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
.1		\$ 7,500	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
. 2		\$ 6,000	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

## SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public

Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number 56-2425104 Platte PEER Group

Pa	rt I Organizations Maintaining Donor Advised Fu Complete if the organization answered "Yes" on		Accounts
	Complete if the organization answered Tes on	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at and of year	(4)	(b) I dids and other accounts
2	Total number at end of 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 the		_
•	funds are the organization's property, subject to the organization's exc		☐ Yes ☐ No
6	Did the organization inform all grantees, donors, and donor advisors in		
-	only for charitable purposes and not for the benefit of the donor or dor		
			Yes No
Pa	rt 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	call that apply).	
	Preservation of land for public use (for example, recreation or edu	cation) Preservation of a historically	important land area
	Protection of natural habitat	Preservation of a certified his	storic structure
	Preservation of open space		
2	1 0 1	ervation contribution in the form of a conse	ervation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure inc		2c
d	·	•	
_	on a historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, released, ex	ktinguished, or terminated by the organizat	tion during the
	tax year	In color d	
4	Number of states where property subject to conservation easement is		
5	Does the organization have a written policy regarding the periodic mo		☐ Yes ☐ No
6	violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling		
U	Stan and volunteer hours devoted to monitoring, inspecting, nanding	or violations, and emorning conservation ea	asements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of vio	plations, and enforcing conservation easem	nents during the year
	3, 1 3,	, G	,
8	Does each conservation easement reported on line 2d above satisfy t	he 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 easen	nents in its revenue and expense statemen	nt and balance
	sheet, and include, if applicable, the text of the footnote to the organization	zation's financial statements that describes	the
_	organization's accounting for conservation easements.		
Pa	rt III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on		Similar Assets
_	· •		and and according
1а	If the organization elected, as permitted under FASB ASC 958, not to of art, historical treasures, or other similar assets held for public exhib	•	
	service, provide in Part XIII the text of the footnote to its financial state		or public
h	If the organization elected, as permitted under FASB ASC 958, to repo		neet works of
	art, historical treasures, or other similar assets held for public exhibition		
	provide the following amounts relating to these items.	n, education, or recourse in runtilerance of	public convice,
	(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	r other similar assets for financial gain, pro	ovide the
	following amounts required to be reported under FASB ASC 958 relati		
а	Revenue included on Form 990, Part VIII, line 1	_	\$
	Assets included in Form 990, Part X		

Pa	rt III Organizations Maintaining	Collections of	Art, Hi	storical Tr	easures, d	or Other	Simil	ar A	ssets	(conti	nuec	d)	
3	Using the organization's acquisition, accession collection items (check all that apply).	n, and other records	s, check a	any of the foll	lowing that m	ake signifi	cant use	e of its	1				
a	Public exhibition			exchange pro									
b	Scholarly research	e	Other										
C	Preservation for future generations												
4	Provide a description of the organization's col	lections and explair	n how the	y further the	organization's	s exempt p	ourpose	in Par	t				
5	XIII.  During the year, did the organization solicit or	roccivo donations	of art his	etorical traceu	roe or other	cimilar							
3	assets to be sold to raise funds rather than to									$\Box$	'es	٦,	No
Pa	rt IV Escrow and Custodial Arra		part or tir	o organization	10 conconorr.						00		<u></u>
	Complete if the organization 990, Part X, line 21.	•	on For	m 990, Pa	rt IV, line 9	), or repo	orted a	n am	ount c	n For	m		
1a	Is the organization an agent, trustee, custodia		•									_	
	included on Form 990, Part X?									Y	'es	!	٥V
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing ta	able.			1			A	- 1		_
	B									Amou	nt		_
C	Beginning balance							1c					_
d	Additions during the year							1d					_
e	Distributions during the year							1e 1f					-
1 2a	Ending balance	orm 000 Part Y line		ecrow or cus	todial accour	t liability?				$\Box$	'es	٦,	– No
	If "Yes," explain the arrangement in Part XIII.											╡.	••
	rt V Endowment Funds	<u> </u>	, , , , , , , , , , , , , , , , , , ,										_
	Complete if the organization	answered "Yes"	on For	m 990, Pa	rt IV, line 1	0.							
		(a) Current year	(b)	Prior year	(c) Two yea	ırs back	<b>(d)</b> Thr	ee years	s back	<b>(e)</b> Fo	ur yea	rs bac	ĸ
1a	Beginning of year balance												
	Contributions												
	Net investment earnings, gains, and losses												
d	Grants or scholarships												
	Other expenditures for facilities and												
	programs												
f	Administrative expenses												
g	End of year balance												
2	Provide the estimated percentage of the curre	•	e (line 1g	, column (a))	held as:								
	Board designated or quasi-endowment	%											
	Permanent endowment %												
С	Term endowment %												
2-	The percentages on lines 2a, 2b, and 2c should be a sh	•			and and a factor and								
за	Are there endowment funds not in the posses	ssion of the organiza	ation that	are neid and	administered	for the					Yes		lo
	organization by:									3a(i)	+	<b>-</b> "	0
	<ul><li>(i) Unrelated organizations?</li><li>(ii) Related organizations?</li></ul>									2-/::		+	_
h	If "Yes" on line 3a(ii), are the related organiza	tions listed as requi	ired on S	hedule R?							+	+	_
	Describe in Part XIII the intended uses of the									0.0	1		_
	rt VI Land, Buildings, and Equi		OWINGING IN	<u> </u>									
	Complete if the organization		on For	m 990, Pa	rt IV, line 1	1a. See	Form	990,	Part X	(, line	10.		
	Description of property	(a) Cost or other		(b) Cost or o			ccumulate			(d) Boo		)	
		(investment)		(othe	er)	de	preciation						
1a	Land				48,725						48		
b	Buildings			1	73,553		55	,514	1	1	18	, 03	9
	Leasehold improvements							0.7.	_				_
	Equipment			1	58,713		82	,919	_		75	, '/ 9	4
	Other  Add lines 1a through 1e. (Column (d) must e		4 V lina 1	100 001:100 //	0			(	)	າ	42	E	. 0
ı otal.	- Auu iiiles Ta tiliouyii Te. (C <i>olulliii (u) Must</i> e	yuai Fuiii 990, Pär	ιΛ, IIIIE i	oo, colullii (L	<i>ارر</i>					- 3	44	, ນວ	0

	(a) Description of security or category	(b) Book value	e 11b. See Form 990, Part X, line 12.  (c) Method of valuation:
	(including name of security)		Cost or end-of-year market value
Financial	derivatives		
Closely h	neld equity interests		
O41			
(A)			
(C)			
(E)			
(F)			
(G) (H)			
	nn (b) must equal Form 990, Part X, line 12, col. (B))		
art VIII			
ui ( V III	Complete if the organization answered "Ye	s" on Form 990 Part IV lin	e 11c See Form 990 Part X line 13
	(a) Description of investment	(b) Book value	(c) Method of valuation:
	``		Cost or end-of-year market value
1			
)			
)			
	nn (b) must equal Form 990, Part X, line 13, col. (B))		
Part IX	Other Assets	o" on Form 000 Dort IV lin	a 11d Can Farm 000 Part V line 15
	Complete if the organization answered "Ye		(b) Book value
			(b) Book value
<b>\</b>	(-)		
	(-)		
)	(-)		
)	(4)		
)	(-)		
) ) ) )	(-)		
) ) )			
) ) ) )			
) ) ) )			
) ) ) ) )	nn (b) must equal Form 990, Part X, line 15, col. (B))		
) ) ) ) )			
) ) ) ) ) al. (Colum	nn (b) must equal Form 990, Part X, line 15, col. (B))		e 11e or 11f. See Form 990, Part X,
) ) ) ) al. (Colum	nn (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities		e 11e or 11f. See Form 990, Part X,
al. (Colum	nn (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Ye	s" on Form 990, Part IV, lin	1
al. (Columnart X	onn (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Ye line 25.	s" on Form 990, Part IV, lin	1
al. (Colur art X	onn (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Ye line 25.  (a) Description of	s" on Form 990, Part IV, lin	1
al. (Colur art X	onn (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Ye line 25.  (a) Description of	s" on Form 990, Part IV, lin	1
al. (Colur art X	onn (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Ye line 25.  (a) Description of	s" on Form 990, Part IV, lin	1
al. (Columnate X	onn (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Ye line 25.  (a) Description of	s" on Form 990, Part IV, lin	1
al. (Columnia X	onn (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Ye line 25.  (a) Description of	s" on Form 990, Part IV, lin	1
) ) ) ) ) al. (Colur art X  ) Federa	onn (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Ye line 25.  (a) Description of	s" on Form 990, Part IV, lin	1
) ) ) ) ) al. (Colur Part X   Federa ) ) ) )	onn (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Ye line 25.  (a) Description of	s" on Form 990, Part IV, lin	e 11e or 11f. See Form 990, Part X,  (b) Book value
) ) ) ) ) ) al. (Colur Part X  ) ) (Colur) (Co	onn (b) must equal Form 990, Part X, line 15, col. (B))  Other Liabilities  Complete if the organization answered "Ye line 25.  (a) Description of	s" on Form 990, Part IV, lin	1

Pa	rt XI Reconciliation of Revenue per Audited Financial States  Complete if the organization answered "Yes" on Form 990,		nue per Return	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а		2a		
b		2b		
С		2c		
d		2d		
е			2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
Pa	art XII Reconciliation of Expenses per Audited Financial State		enses per Return	
	Complete if the organization answered "Yes" on Form 990,	Part IV, line 12a.		
1			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1		
а				
b	* * * * * * * * * * * * * * * * * * * *	2b		
С				
d				
е	• • • • • • • • • • • • • • • • • • • •		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-		
a	, , , , , , , , , , , , , , , , , , , ,			
b	,	4b	4c	
_	Add lines 40 and 46			
	Add lines 4a and 4b  Total expenses Add lines 3 and 4c (This must equal Form 990 Part I line 18)			
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information		5	
<b>5</b> <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Art XIII Supplemental Information  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b and 2b; Pa	5 art V, line 4; Part X, line	
<b>5</b> <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  art XIII Supplemental Information	t IV, lines 1b and 2b; Pade any additional inform	art V, line 4; Part X, line nation.	
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<b>5</b> <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Art XIII Supplemental Information  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	t IV, lines 1b and 2b; Pade any additional inform	art V, line 4; Part X, line nation.	
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<b>5</b> <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Art XIII Supplemental Information  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	t IV, lines 1b and 2b; Pade any additional inform	art V, line 4; Part X, line nation.	
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<b>5</b> <b>Pa</b> Provi	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  Art XIII Supplemental Information  ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provi	t IV, lines 1b and 2b; Pade any additional inform	art V, line 4; Part X, line nation.	
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Schedule D (Form 990) 202	3 Platte	PEER	Group		56-2425104	Page	<b>5</b>
Schedule D (Form 990) 202 Part XIII Supplem	ental Inform	ation (cor	ntinued)				_
		,	,				_
				 			• • •

# SCHEDULE O (Form 990)

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization Attach to Form 990 or Form 990-EZ.

Go to <a href="https://www.irs.gov/Form990">www.irs.gov/Form990</a> for the latest information.

Open to Public Inspection

Employer identification number

56-2425104 Platte PEER Group Form 990 - Organization's Mission To manage and preserve Bader Park and Dark Island Trail, manage and develop lands and water for public education and recreation, foster and promote public recreation and education for the Platte River and associated environs, and to promote sound stewardship and community participation. Form 990, Part I, Line 6 Volunteers assist in maintenance projects and special events hosted at the Park and Trail. Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters Outlined in Organization and governing documents Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The return is reviewed by entire board at monthly meeting Form 990, Part VI, Line 15a - Compensation Process for Top Official Wages comparable with like experience and education Form 990, Part VI, Line 15b - Compensation Process for Officers Wages comparable with like experience and education Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Available upon request

**Depreciation and Amortization** 

(Including Information on Listed Property)

Attach to your tax return. Go to www.irs.gov/Form4562 for instructions and the latest information. OMB No. 1545-0172

Internal Revenue Service Name(s) shown on return

Platte PEER Group

Identifying number

56-2425104 Business or activity to which this form relates Indirect Depreciation Part I Election To Expense Certain Property Under Section 179 **Note:** If you have any listed property, complete Part V before you complete Part I. 1,160,000 Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 2,890,000 3 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions .... 5 (a) Description of property (b) Cost (business use only) Listed property. Enter the amount from line 29 7 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 9 Carryover of disallowed deduction from line 13 of your 2022 Form 4562 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 ...... Carryover of disallowed deduction to 2024. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions Property subject to section 168(f)(1) election 15 Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property. See instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2023 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2023 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (business/investment use (e) Convention (f) Method (a) Depreciation deduction service only-see instructions) 19a 3-year property b 5-year property C 7-year property 10-year property е 15-year property 20-year property 25-year property 25 yrs. Residential rental 27.5 yrs. MM S/L property 27.5 yrs. MM S/L MM S/L 39 yrs. i Nonresidential real property MM S/L Section C-Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12-year S/L 12 yrs. 30-year 30 yrs. MM S/L 40-year MM S/L

**Summary** (See instructions.) Listed property. Enter amount from line 28

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

For assets shown above and placed in service during the current year, enter the

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions ......

19,375

21

21

Part IV

56-2425104

# Federal Asset Report Form 990, Page 1

		Doto		Bus Sec	Paois			
Asset	Description	Date In Service	Cost	% 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Other	Depreciation:							
1	PICNIC TABLES	3/29/04	432		432	7 HY S/L	432	0
2	CHAIN SAW	5/24/04	358		358	7 HY S/L	358	0
3	2 PRESSURE TANKS	9/01/04	1,294		1,294	7 HY S/L	1,294	0
5	PICNIC TABLES	8/14/07	927		927	7 HY S/L	927	0
6 7	RIVER RESTORATION BATHHOUSE	7/31/07 12/26/07	5,660 77,215		5,660 77,215	0 Memo 40 HY S/L	0 29,921	0 1,930
8	WELL	6/06/07	4,094		4,094		3,173	205
9	COMPUTER	3/01/08	959		959	5 HY S/L	959	0
11	DR MOWER	5/01/08	2,824		2,824	7 HY S/L	2,824	0
12	JD MOWER	8/01/08	2,532		2,532	7 HY S/L	2,532	0
13	BATHHOUSE	2/01/08	7,000		7,000		2,538	175
14	PLANTINGS	5/15/09	5,441		5,441	0 Memo	1,000	0
15 16	DECK TOOLEY SIGN	4/01/10 5/01/10	1,000 1,000		1,000 1,000	7 HY S/L 7 HY S/L	1,000 1,000	$\begin{array}{c} 0 \\ 0 \end{array}$
17	GRILLS	6/21/10	579		579	7 HY S/L	579	0
18	ELECTRICAL HOOKUPS	8/16/10	3,856		3,856	7 HY S/L	3,856	ő
20	PICNIC TABLES	7/01/10	1,400		1,400	7 HY S/L	1,400	0
21	REFRIGERATOR	4/19/11	387		387	7 HY S/L	387	0
23	SHELTER	4/15/12	38,025		38,025	40 HY S/L	9,982	950
24	JD GATOR	10/15/13	13,657		13,657	7 HY S/L	13,657	0
25 26	PICNIC TABLES COMPUTER	6/18/13 1/18/14	1,715 1,087		1,715 1,087	7 HY S/L 5 HY S/L	1,715 1,087	$\begin{array}{c} 0 \\ 0 \end{array}$
27	REMODEL	10/21/14	9,360			40 HY S/L	1,989	234
28	Refrigerator	4/15/15	528		528	7 HY S/L	528	0
29	Shop /Shelters	12/31/15	22,055		22,055	39 HY S/L	3,959	565
30	Shop / Shelters	2/24/16	24,803		24,803	39 HY S/L	4,134	636
31	Electrical Hookups	4/01/16	8,473		8,473	7 HY S/L	7,868	605
32	Deck	6/01/16	3,500		3,500	7 HY S/L	3,250	250
33 34	Picnic Tables TV for Office	5/17/16 9/20/16	834 633		834 633	7 HY S/L 7 HY S/L	774 588	60 45
35	Mower	5/17/16	3,111		3,111	7 HY S/L	2,889	222
36	Dark Island Trail Development	6/01/16	83,328		83,328	0 Land	2,009	0
37	Fence	6/10/17	850		850	15 HY S/L	312	56
38	Office flooring/remodel	3/08/17	4,455		4,455	40 HY S/L	613	111
39	Bader Sign	10/17/17	770		770	7 HY S/L	605	110
40	Dark Island Trail Development	5/15/18	4,295		4,295	0 Memo	4 220	1 206
41 42	Boardwalk Electrical Hookups for Campground	7/01/19 3/25/21	8,440 9,000		8,440 9,000	7 HY S/L 7 HY S/L	4,220 1,929	1,206 1,285
43	Campground dirt work, seed, trees	6/15/21	9,547		9,547	0 Land	0	0
44	Picnic Tables	6/01/21	2,902		2,902	7 HY S/L	622	414
45	Mower	4/14/22	4,864		4,864	7 HY S/L	347	695
46	Campground Electric, Water & Septic	1/30/22	61,142		61,142	7 HY S/L	4,367	8,735
47	Campground Rock Base	2/17/22	15,438		15,438	0 Land	0	0
48 49	Office HVAC Trail Improvements	9/08/22 6/30/23	6,202 17,517		6,202 17,517	7 HY S/L 0 Land	443 0	886 0
	Camper Park Asphault	8/10/23	7,500		7,500	0 Land 0 Land	0	0
	Total Other Depreciation		480,989	•	480,989		119,058	19,375
	Total Onici Depreciation	-	700,707		700,707			17,313
	Total ACRS and Other Depr	aciation	480,989		480,989		119,058	19,375
	Total ACRS and Other Depr	=	400,707	:	400,709		119,038	17,373
	Count Track		400 000		400.000		110.050	10 275
	Grand Totals Less: Dispositions and Trans	fers	480,989 0		480,989 0		119,058 0	19,375 0
	Less: Dispositions and Trans Less: Start-up/Org Expense	1613	0		0		0	0
		_						
	Net Grand Totals	=	480,989	:	480,989		119,058	19,375

# NE Asset Report Form 990, Page 1

Asset	Description	Date In Service	Cost	Basis for Depr	NE Prior	NE Current	Federal Current	Difference Fed - NE
Other	Depreciation:	2/20/04						
1	PICNIC TABLES	3/29/04	432	432	432	0	0	0
2 3	CHAIN SAW 2 PRESSURE TANKS	5/24/04 9/01/04	358 1,294	358 1,294	358 1,294	$0 \\ 0$	0	$0 \\ 0$
5	PICNIC TABLES	8/14/07	927	927	927	0	0	0
6	RIVER RESTORATION	7/31/07	5,660	5,660	0	Ő	Ö	ő
7	BATHHOUSE	12/26/07	77,215	77,215	29,921	1,930	1,930	0
8	WELL	6/06/07	4,094	4,094	3,173	205	205	0
9	COMPUTER	3/01/08	959	959	959	0	0	0
11 12	DR MOWER	5/01/08 8/01/08	2,824	2,824 2,532	2,824 2,532	$0 \\ 0$	0	$0 \\ 0$
13	JD MOWER BATHHOUSE	2/01/08	2,532 7,000	2,332 7,000	2,532 2,538	175	175	0
	PLANTINGS	5/15/09	5,441	5,441	2,330	0	0	ő
15	DECK	4/01/10	1,000	1,000	1,000	Ő	Ö	ő
16	TOOLEY SIGN	5/01/10	1,000	1,000	1,000	0	0	0
17	GRILLS	6/21/10	579	579	579	0	0	0
18	ELECTRICAL HOOKUPS	8/16/10	3,856	3,856	3,856	0	0	0
20 21	PICNIC TABLES	7/01/10 4/19/11	1,400	1,400	1,400	0	0	$0 \\ 0$
23	REFRIGERATOR SHELTER	4/19/11	387 38,025	387 38,025	387 9,982	950	950	0
24	JD GATOR	10/15/13	13,657	13,657	13,657	0	0	0
25	PICNIC TABLES	6/18/13	1,715	1,715	1,715	ő	ő	ŏ
26	COMPUTER	1/18/14	1,087	1,087	1,087	0	0	0
27	REMODEL	10/21/14	9,360	9,360	1,989	234	234	0
28	Refrigerator	4/15/15	528	528	528	0	0	0
29	Shop /Shelters	12/31/15	22,055	22,055	4,241	566	565	-1
30 31	Shop / Shelters	2/24/16 4/01/16	24,803 8,473	24,803 8,473	4,134 7,868	636 605	636 605	$0 \\ 0$
32	Electrical Hookups Deck	6/01/16	3,500	3,500	3,250	250	250	0
33	Picnic Tables	5/17/16	834	834	774	60	60	ő
34	TV for Office	9/20/16	633	633	588	45	45	Õ
35	Mower	5/17/16	3,111	3,111	2,889	222	222	0
36	Dark Island Trail Development	6/01/16	83,328	83,328	0	0	0	0
37	Fence	6/10/17	850	850	312	56	56	0
38 39	Office flooring/remodel	3/08/17 10/17/17	4,455 770	4,455 770	613 605	111 110	111 110	$0 \\ 0$
40	Bader Sign Dark Island Trail Development	5/15/18	4,295	4,295	003	0	0	0
41	Boardwalk	7/01/19	8,440	8,440	4,220	1,206	1,206	ő
42	Electrical Hookups for Campground	3/25/21	9,000	9,000	1,929	1,285	1,285	Õ
43	Campground dirt work, seed, trees	6/15/21	9,547	9,547	0	0	0	0
44	Picnic Tables	6/01/21	2,902	2,902	622	414	414	0
45	Mower	4/14/22	4,864	4,864	347	695	695	0
46 47	Campground Electric, Water & Septic Campground Rock Base	1/30/22 2/17/22	61,142 15,438	61,142 15.438	4,367 0	8,735 0	8,735 0	$0 \\ 0$
48	Office HVAC	9/08/22	6,202	6,202	443	886	886	0
49	Trail Improvements	6/30/23	17,517	17,517	0	0	0	ő
	Camper Park Asphault	8/10/23	7,500	7,500	0	0	0	0
	Total Other Depreciation	_	480,989	480,989	119,340	19,376	19,375	-1
		_	100,505					
	Total ACRS and Other Depr	ociation	480,989	480,989	119,340	10 376	19,375	1
	Total ACKS and Other Depr	=	400,707	400,707	117,340	19,376	19,373	-1
	Count Track		400 000	100 000	110.240	10.277	10.275	1
	Grand Totals Less: Dispositions		480,989 0	480,989 0	119,340 0	19,376 0	19,375 0	-1 0
	Less: Dispositions Less: Start-up/Org Expense		0	0	0	0	0	0
	Net Grand Totals	-	480,989	480,989	119,340	19,376	19,375	-1
	THE GIME LUMB	=	.00,707		117,540	17,570	17,313	

# AMT Asset Report Form 990, Page 1

		Date		Bus Sec	Basis			
Asset	Description	In Service	Cost		for Depr	PerConv Meth	Prior	Current
	•							
Othor	Donwaiation							
Other 1	Depreciation: PICNIC TABLES	3/29/04	432		432	7 HY S/L	432	0
2	CHAIN SAW	5/24/04	358		358	7 HY S/L	358	ő
3	2 PRESSURE TANKS	9/01/04	1,294		1,294	7 HY S/L	1,294	0
5	PICNIC TABLES	8/14/07	927		927	7 HY S/L	927	0
6	RIVER RESTORATION	7/31/07	5,660		5,660	0 Memo	0	0
7 8	BATHHOUSE WELL	12/26/07 6/06/07	77,215 4,094		77,215 4,094	40 HY S/L 20 HY S/L	29,921 3,173	1,930
9	COMPUTER	3/01/08	959		959	5 HY S/L	959	205
11	DR MOWER	5/01/08	2,824		2,824	7 HY S/L	2,824	ŏ
12	JD MOWER	8/01/08	2,532		2,532	7 HY S/L	2,532	o l
13	BATHHOUSE	2/01/08	7,000		7,000	40 HY S/L	2,538	175
	PLANTINGS	5/15/09	5,441		5,441	0 Memo	0	0
15	DECK TOOLEY GION	4/01/10	1,000		1,000	7 HY S/L	1,000	0
16 17	TOOLEY SIGN GRILLS	5/01/10 6/21/10	1,000 579		1,000 579	7 HY S/L 7 HY S/L	1,000 579	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
18	ELECTRICAL HOOKUPS	8/16/10	3,856		3,856	7 HY S/L	3,856	0
20	PICNIC TABLES	7/01/10	1,400		1,400	7 HY S/L	1,400	ŏ
21	REFRIGERATOR	4/19/11	387		387	7 HY S/L	387	o l
23	SHELTER	4/15/12	38,025		38,025	40 HY S/L	9,982	950
24	JD GATOR	10/15/13	13,657		13,657	7 HY S/L	13,657	0
25	PICNIC TABLES	6/18/13	1,715		1,715	7 HY S/L	1,715	0
26 27	COMPUTER REMODEL	1/18/14 10/21/14	1,087 9,360		1,087 9,360	5 HY S/L 40 HY S/L	1,087 1,989	234
28	Refrigerator	4/15/15	528		528	7 HY S/L	528	0
29	Shop /Shelters	12/31/15	22,055		22,055	39 HY S/L	3,959	565
30	Shop / Shelters	2/24/16	24,803		24,803	39 HY S/L	4,134	636
31	Electrical Hookups	4/01/16	8,473		8,473	7 HY S/L	7,868	605
32	Deck	6/01/16	3,500		3,500	7 HY S/L	3,250	250
33	Picnic Tables	5/17/16	834		834	7 HY S/L	774	60
34 35	TV for Office Mower	9/20/16 5/17/16	633 3,111		633 3,111	7 HY S/L 7 HY S/L	588 2,889	45 222
36	Dark Island Trail Development	6/01/16	83,328		83,328	0 Land	2,007	0
37	Fence	6/10/17	850		850		312	56
38	Office flooring/remodel	3/08/17	4,455		4,455	40 HY S/L	613	111
39	Bader Sign	10/17/17	770		770	7 HY S/L	605	110
40	Dark Island Trail Development	5/15/18	4,295		4,295	0 Memo	0	0
41	Boardwalk	7/01/19	8,440		8,440	7 HY S/L	4,220	1,206
42 43	Electrical Hookups for Campground Campground dirt work, seed, trees	3/25/21 6/15/21	9,000 9,547		9,000 9,547	7 HY S/L 0 Land	1,929 0	1,285
44	Picnic Tables	6/01/21	2,902		2,902	7 HY S/L	622	414
45	Mower	4/14/22	0		2,702	0 HY	0	0
46	Campground Electric, Water & Septic	1/30/22	0		0	0 HY	0	0
47	Campground Rock Base	2/17/22	15,438		15,438	0 Land	0	0
48	Office HVAC	9/08/22	17.517		17.517		0	0
49 50	Trail Improvements Camper Park Asphault	6/30/23 8/10/23	17,517 7,500		17,517 7,500	0 Land 0 Land	$0 \\ 0$	$\begin{bmatrix} 0 \\ 0 \end{bmatrix}$
50	• •	0/10/23				0 Land		
	Total Other Depreciation	_	408,781		408,781		113,901	9,059
	Total ACRS and Other Depre	eciation	408,781		408,781		113,901	9,059
		=	,,	•	130,731			
	Grand Totals		408,781		408,781		113,901	9,059
	Less: Dispositions and Transf	ers _	0		0		0	0
	<b>Net Grand Totals</b>	_	408,781	·	408,781		113,901	9,059
		=	,	:				. , ,

56-2425104	Depreciation Adjustment Report All Business Activities	
Form Unit Asset		AMT Adjustments/ Preferences

56-2425104

# Future Depreciation Report FYE: 12/31/24 Form 990, Page 1

Asset	Description	Date In Service	Cost	Tax	AMT
Other I	Depreciation:				
	_	2/20/04	422	0	0
$\frac{1}{2}$	PICNIC TABLES	3/29/04	432 358	0	0
3	CHAIN SAW 2 PRESSURE TANKS	5/24/04 9/01/04	1,294	$0 \\ 0$	$0 \\ 0$
5	PICNIC TABLES	8/14/07	927	0	0
6	RIVER RESTORATION	7/31/07	5,660	0	0
7	BATHHOUSE	12/26/07	77,215	1,931	1,931
8	WELL	6/06/07	4,094	204	204
9	COMPUTER	3/01/08	959	0	0
11	DR MOWER	5/01/08	2,824	0	Õ
12	JD MOWER	8/01/08	2,532	0	0
13	BATHHOUSE	2/01/08	7,000	175	175
14	PLANTINGS	5/15/09	5,441	0	0
15	DECK	4/01/10	1,000	0	0
16	TOOLEY SIGN	5/01/10	1,000	0	0
17	GRILLS	6/21/10	579	0	0
18	ELECTRICAL HOOKUPS	8/16/10	3,856	0	0
20	PICNIC TABLES	7/01/10	1,400	0	0
21	REFRIGERATOR	4/19/11	387	0	0
23	SHELTER	4/15/12	38,025	951	951
24 25	JD GATOR	10/15/13	13,657	0	0
23 26	PICNIC TABLES COMPUTER	6/18/13 1/18/14	1,715	$0 \\ 0$	0
27	REMODEL	10/21/14	1,087 9,360	234	234
28	Refrigerator	4/15/15	528	0	0
29	Shop /Shelters	12/31/15	22,055	566	566
30	Shop / Shelters	2/24/16	24,803	636	636
31	Electrical Hookups	4/01/16	8,473	0	0
32	Deck	6/01/16	3,500	Ö	ő
33	Picnic Tables	5/17/16	834	0	0
34	TV for Office	9/20/16	633	0	0
35	Mower	5/17/16	3,111	0	0
36	Dark Island Trail Development	6/01/16	83,328	0	0
37	Fence	6/10/17	850	57	57
38	Office flooring/remodel	3/08/17	4,455	111	111
39	Bader Sign	10/17/17	770	55	55
40	Dark Island Trail Development	5/15/18	4,295	0	0
41	Boardwalk	7/01/19	8,440	1,205	1,205
42	Electrical Hookups for Campground	3/25/21	9,000	1,286	1,286
43 44	Campground dirt work, seed, trees Picnic Tables	6/15/21	9,547	0 415	0 415
45	Mower	6/01/21 4/14/22	2,902 4,864	415 695	415 0
46	Campground Electric, Water & Septic	1/30/22	61,142	8,734	0
47	Campground Rock Base	2/17/22	15,438	0,734	ő
48	Office HVAC	9/08/22	6,202	886	ő
49	Trail Improvements	6/30/23	17,517	0	ő
50	Camper Park Asphault	8/10/23	7,500	0	0
	Total Other Depreciation		480,989	18,141	7,826
	TEALLACING LOAD DO LO	•	400,000	10 141	7.00
	Total ACRS and Other Depreciat	aon	480,989	18,141	7,826
	Grand Totals		480,989	18,141	7,826

56-2425104

# NE Future Depreciation Report FYE: 12/31/24 Form 990, Page 1

Description	Accet	Description	Date In Service	Cost	NE	
PICNIC TABLES   3/29/04   432   0	<u>Asset</u>	Description	Service		INE	
PICNIC TABLES   3/29/04   432   0						
CHAIN SAW   572404   358   0   3   2 PRESSURE TANKS   901/04   1,294   0   0   5   PICNIC TABLES   8/14/07   927   0   6   RIVER RESTORATION   7/31/07   5,666   0   0   7   BATHHOUSE   12/26/07   77.215   1,931   8   WELL   6/06/07   4/094   20	<u>Other</u>	<u>Depreciation:</u>				
CHAIN SAW   572404   358   0   3   2 PRESSURE TANKS   901/04   1,294   0   0   5   PICNIC TABLES   8/14/07   927   0   6   RIVER RESTORATION   7/31/07   5,666   0   0   7   BATHHOUSE   12/26/07   77.215   1,931   8   WELL   6/06/07   4/094   20	1	PICNIC TARI ES	3/29/04	432	0	
2 PRESSURE TANKS						
Section   Pichic Tables   Section   Section						
7         BATHHOUSE         12/26/07         77,215         1,931           8         WELL         606/07         4,094         204           9         COMPUTER         3/01/08         959         0           11         DR MOWER         5/01/08         2,824         0           12         JD MOWER         8/01/08         2,532         0           13         BATHHOUSE         201/08         7,000         175           14         PLANTINGS         5/15/09         5,441         0           15         DECK         4/01/10         1,000         0           16         TOOLEY SIGN         5/01/10         1,000         0           17         GRILLS         6/21/10         579         0           18         ELECTRICAL HOOKUPS         8/16/10         3,856         0           20         PICNIC TABLES         7/01/10         1,400         0           21         REFRIGERATOR         4/19/11         387         0           23         SHELTER         4/15/12         38,025         951           24         JD GATOR         10/15/13         13,657         0           25         PICNI				,		
WELL	6	RIVER RESTORATION	7/31/07	5,660	0	
9 COMPUTER			12/26/07	77,215	1,931	
11 DR MOWER						
12	-					
13   BATHHOUSE   201/08   7,000   175     14   PLANTINGS   5715/09   5,441   0     15   DECK   4/01/10   1,000   0     16   TOOLEY SIGN   5/01/10   1,000   0     17   GRILLS   6/21/10   579   0     18   ELECTRICAL HOOKUPS   8/16/10   3,856   0     20   PICNIC TABLES   7/01/10   1,400   0     21   REFRIGERATOR   4/15/11   387   0     23   SHELTER   4/15/12   38,025   951     24   JD GATOR   10/15/13   13,657   0     25   PICNIC TABLES   6/18/13   1,715   0     26   COMPUTER   1/18/14   1,087   0     27   REMODEL   10/21/14   9,360   234     28   Refrigerator   4/15/15   528   0     29   Shop /Shelters   12/31/15   22,055   565     30   Shop / Shelters   12/31/15   22,055   565     30   Shop / Shelters   2/24/16   24,803   636     31   Electrical Hookups   4/01/16   8,473   0     32   Deck   6/01/16   3,500   0     33   Picnic Tables   5/17/16   3,111   0     34   TV for Office   9/20/16   633   0     35   Mower   5/17/16   3,111   0     36   Dark Island Trail Development   6/01/16   83,328   0     37   Fence   6/10/17   850   57     38   Office flooring/remodel   3/08/17   4,455   111     39   Bader Sign   10/17/17   770   55     40   Dark Island Trail Development   5/15/18   4,295   0     41   Boardwalk   7/01/19   8,440   1,205     42   Electrical Hookups for Campground   3/25/21   9,000   1,286     43   Campground Electric, Water & Septic   1/30/22   61,142   8,734     44   Picnic Tables   6/30/23   17,517   0     45   Campground Rock Base   2/17/22   15,438   0     46   Campground Rock Base   2/17/22   15,438   0     47   Camper Park Asphault   8/10/23   7,500   0				, -		
14   PLANTINGS						
15   DECK	_					
16						
17   GRILS   6/21/10   579   0     18   ELECTRICAL HOOKUPS   8/16/10   3,856   0     20   PICNIC TABLES   7/01/10   1,400   0     21   REFRIGERATOR   4/19/11   387   0     23   SHELTER   4/15/12   38,025   951     24   JD GATOR   10/15/13   13,657   0     25   PICNIC TABLES   6/18/13   1,715   0     26   COMPUTER   1/18/14   1,087   0     27   REMODEL   10/21/14   9,360   234     28   Refrigerator   4/15/15   528   0     29   Shop /Shelters   12/23/15   52,055   565     30   Shop / Shelters   2/24/16   24,803   636     31   Electrical Hookups   4/01/16   8,473   0     32   Deck   6/01/16   8,473   0     33   Picnic Tables   5/17/16   834   0     34   TV for Office   9/20/16   633   0     35   Mower   5/17/16   83,111   0     36   Dark Island Trail Development   6/01/16   83,328   0     37   Fence   6/10/17   850   57     38   Office flooring/remodel   3/08/17   4,455   111     39   Bader Sign   10/17/17   770   55     40   Dark Island Trail Development   5/15/18   4,295   0     41   Boardwalk   7/01/19   8,440   1,205     42   Electrical Hookups for Campground   3/25/21   9,000   1,286     43   Campground dirt work, seed, trees   6/15/21   9,547   0     44   Picnic Tables   6/01/21   2,902   415     45   Mower   4/14/22   4,864   695     46   Campground Electric, Water & Septic   1/30/22   6,122   886     49   Trail Improvements   6/30/23   17,517   0     50   Camper Park Asphault   8/10/23   7,500   0      Total Other Depreciation   480,989   18,140						
RECTRICAL HOOKUPS						
20						
21 REFRIGERATOR	_					
24						
25	23	SHELTER	4/15/12	38,025	951	
COMPUTER	24	JD GATOR	10/15/13	13,657	0	
27         REMODEL         10/21/14         9,360         234           28         Refrigerator         4/15/15         528         0           29         Shop /Shelters         12/31/15         22,055         565           30         Shop / Shelters         2/24/16         24,803         636           31         Electrical Hookups         4/01/16         8,473         0           32         Deck         6/01/16         3,500         0           34         TV for Office         9/20/16         633         0           34         TV for Office         9/20/16         633         0           35         Mower         5/17/16         83,428         0           36         Dark Island Trail Development         6/01/17         850         57           38         Office flooring/remodel         3/08/17         4,455         111           39         Bader Sign         10/17/17         770         55           40         Dark Island Trail Development         5/15/18         4,295         0           41         Boardwalk         7/01/19         8,440         1,205           42         Electrical Hookups for Campground         3/25/	25	PICNIC TABLES	6/18/13	1,715	0	
28         Refrigerator         4/15/15         528         0           29         Shop / Shelters         12/31/15         22,055         565           30         Shop / Shelters         2/24/16         24,803         636           31         Electrical Hookups         4/01/16         8,473         0           32         Deck         6/01/16         3,500         0           33         Picnic Tables         5/17/16         834         0           34         TV for Office         9/20/16         633         0           35         Mower         5/17/16         3,111         0           36         Dark Island Trail Development         6/01/16         83,328         0           37         Fence         6/10/17         850         57           38         Office flooring/remodel         3/08/17         4,455         111           39         Bader Sign         10/17/17         770         55           40         Dark Island Trail Development         5/15/18         4,295         0           41         Boardwalk         7/01/19         8,440         1,205           42         Electrical Hookups for Campground         3/25/21 </td <td></td> <td></td> <td>1/18/14</td> <td></td> <td></td>			1/18/14			
29						
Shop / Shelters						
Signary						
32   Deck   6/01/16   3,500   0						
33   Picnic Tables   5/17/16   834   0   34   TV for Office   9/20/16   633   0   0   35   Mower   5/17/16   3,111   0   0   0   0   0   0   0   0   0						
34         TV for Office         9/20/16         633         0           35         Mower         5/17/16         3,111         0           36         Dark Island Trail Development         6/01/16         83,328         0           37         Fence         6/10/17         850         57           38         Office flooring/remodel         3/08/17         4,455         111           39         Bader Sign         10/17/17         770         55           40         Dark Island Trail Development         5/15/18         4,295         0           41         Boardwalk         7/01/19         8,440         1,205           42         Electrical Hookups for Campground         3/25/21         9,000         1,286           43         Campground dirt work, seed, trees         6/15/21         9,547         0           44         Picnic Tables         6/01/21         2,902         415           45         Mower         4/14/22         4,864         695           46         Campground Electric, Water & Septic         1/30/22         61,142         8,734           47         Campground Rock Base         2/17/22         15,438         0           48						
Mower						
36         Dark Island Trail Development         6/01/16         83,328         0           37         Fence         6/10/17         850         57           38         Office flooring/remodel         3/08/17         4,455         111           39         Bader Sign         10/17/17         770         55           40         Dark Island Trail Development         5/15/18         4,295         0           41         Boardwalk         7/01/19         8,440         1,205           42         Electrical Hookups for Campground         3/25/21         9,000         1,286           43         Campground dirt work, seed, trees         6/15/21         9,547         0           44         Picnic Tables         6/01/21         2,902         415           45         Mower         4/14/22         4,864         695           46         Campground Electric, Water & Septic         1/30/22         61,142         8,734           47         Campground Rock Base         2/17/22         15,438         0           48         Office HVAC         9/08/22         6,202         886           49         Trail Improvements         6/30/23         17,517         0						
37         Fence         6/10/17         850         57           38         Office flooring/remodel         3/08/17         4,455         111           39         Bader Sign         10/17/17         770         55           40         Dark Island Trail Development         5/15/18         4,295         0           41         Boardwalk         7/01/19         8,440         1,205           42         Electrical Hookups for Campground         3/25/21         9,000         1,286           43         Campground dirt work, seed, trees         6/15/21         9,547         0           44         Picnic Tables         6/01/21         2,902         415           45         Mower         4/14/22         4,864         695           46         Campground Electric, Water & Septic         1/30/22         61,142         8,734           47         Campground Rock Base         2/17/22         15,438         0           48         Office HVAC         9/08/22         6,202         886           49         Trail Improvements         6/30/23         17,517         0           50         Camper Park Asphault         8/10/23         7,500         0 <td r<="" td=""><td></td><td></td><td></td><td></td><td></td></td>	<td></td> <td></td> <td></td> <td></td> <td></td>					
38       Office flooring/remodel       3/08/17       4,455       111         39       Bader Sign       10/17/17       770       55         40       Dark Island Trail Development       5/15/18       4,295       0         41       Boardwalk       7/01/19       8,440       1,205         42       Electrical Hookups for Campground       3/25/21       9,000       1,286         43       Campground dirt work, seed, trees       6/15/21       9,547       0         44       Picnic Tables       6/01/21       2,902       415         45       Mower       4/14/22       4,864       695         46       Campground Electric, Water & Septic       1/30/22       61,142       8,734         47       Campground Rock Base       2/17/22       15,438       0         48       Office HVAC       9/08/22       6,202       886         49       Trail Improvements       6/30/23       17,517       0         50       Camper Park Asphault       8/10/23       7,500       0         Total Other Depreciation						
39       Bader Sign       10/17/17       770       55         40       Dark Island Trail Development       5/15/18       4,295       0         41       Boardwalk       7/01/19       8,440       1,205         42       Electrical Hookups for Campground       3/25/21       9,000       1,286         43       Campground dirt work, seed, trees       6/15/21       9,547       0         44       Picnic Tables       6/01/21       2,902       415         45       Mower       4/14/22       4,864       695         46       Campground Electric, Water & Septic       1/30/22       61,142       8,734         47       Campground Rock Base       2/17/22       15,438       0         48       Office HVAC       9/08/22       6,202       886         49       Trail Improvements       6/30/23       17,517       0         50       Camper Park Asphault       8/10/23       7,500       0         Total Other Depreciation         480,989       18,140						
40       Dark Island Trail Development       5/15/18       4,295       0         41       Boardwalk       7/01/19       8,440       1,205         42       Electrical Hookups for Campground       3/25/21       9,000       1,286         43       Campground dirt work, seed, trees       6/15/21       9,547       0         44       Picnic Tables       6/01/21       2,902       415         45       Mower       4/14/22       4,864       695         46       Campground Electric, Water & Septic       1/30/22       61,142       8,734         47       Campground Rock Base       2/17/22       15,438       0         48       Office HVAC       9/08/22       6,202       886         49       Trail Improvements       6/30/23       17,517       0         50       Camper Park Asphault       8/10/23       7,500       0         Total Other Depreciation         480,989       18,140						
42       Electrical Hookups for Campground       3/25/21       9,000       1,286         43       Campground dirt work, seed, trees       6/15/21       9,547       0         44       Picnic Tables       6/01/21       2,902       415         45       Mower       4/14/22       4,864       695         46       Campground Electric, Water & Septic       1/30/22       61,142       8,734         47       Campground Rock Base       2/17/22       15,438       0         48       Office HVAC       9/08/22       6,202       886         49       Trail Improvements       6/30/23       17,517       0         50       Camper Park Asphault       8/10/23       7,500       0         Total Other Depreciation         480,989       18,140			5/15/18	4,295	0	
43       Campground dirt work, seed, trees       6/15/21       9,547       0         44       Picnic Tables       6/01/21       2,902       415         45       Mower       4/14/22       4,864       695         46       Campground Electric, Water & Septic       1/30/22       61,142       8,734         47       Campground Rock Base       2/17/22       15,438       0         48       Office HVAC       9/08/22       6,202       886         49       Trail Improvements       6/30/23       17,517       0         50       Camper Park Asphault       8/10/23       7,500       0         Total Other Depreciation     Total ACRS and Other Depreciation  480,989  18,140	41		7/01/19	8,440	1,205	
44       Picnic Tables       6/01/21       2,902       415         45       Mower       4/14/22       4,864       695         46       Campground Electric, Water & Septic       1/30/22       61,142       8,734         47       Campground Rock Base       2/17/22       15,438       0         48       Office HVAC       9/08/22       6,202       886         49       Trail Improvements       6/30/23       17,517       0         50       Camper Park Asphault       8/10/23       7,500       0         Total Other Depreciation     Total ACRS and Other Depreciation  480,989  18,140						
45 Mower 4/14/22 4,864 695 46 Campground Electric, Water & Septic 1/30/22 61,142 8,734 47 Campground Rock Base 2/17/22 15,438 0 48 Office HVAC 9/08/22 6,202 886 49 Trail Improvements 6/30/23 17,517 0 50 Camper Park Asphault 8/10/23 7,500 0  Total Other Depreciation 480,989 18,140						
46       Campground Electric, Water & Septic       1/30/22       61,142       8,734         47       Campground Rock Base       2/17/22       15,438       0         48       Office HVAC       9/08/22       6,202       886         49       Trail Improvements       6/30/23       17,517       0         50       Camper Park Asphault       8/10/23       7,500       0         Total Other Depreciation         Total ACRS and Other Depreciation						
47       Campground Rock Base       2/17/22       15,438       0         48       Office HVAC       9/08/22       6,202       886         49       Trail Improvements       6/30/23       17,517       0         50       Camper Park Asphault       8/10/23       7,500       0         Total Other Depreciation         Total ACRS and Other Depreciation						
48 Office HVAC 9/08/22 6,202 886 49 Trail Improvements 6/30/23 17,517 0 50 Camper Park Asphault 8/10/23 7,500 0  Total Other Depreciation 480,989 18,140  Total ACRS and Other Depreciation 480,989 18,140					, ,	
49       Trail Improvements       6/30/23       17,517       0         50       Camper Park Asphault       8/10/23       7,500       0         Total Other Depreciation       480,989       18,140         Total ACRS and Other Depreciation       480,989       18,140						
50       Camper Park Asphault       8/10/23       7,500       0         Total Other Depreciation       480,989       18,140         Total ACRS and Other Depreciation       480,989       18,140						
Total Other Depreciation480,98918,140Total ACRS and Other Depreciation480,98918,140						
Total ACRS and Other Depreciation 480,989 18,140	30		0/10/23			
•		Total Other Depreciation		480,989	18,140	
•						
Grand Totals 480,989 18,140		<b>Total ACRS and Other Depreciation</b>		480,989	18,140	
Grand Totals 480,989 18,140						
Granu Totals 400,709 10,140		Grand Totals		480 080	18 140	
		Giana Iotais		700,707	10,140	

Form **990** 

# Two Year Comparison Report

ending

For calendar year 2023, or tax year beginning

Name

Taxpayer Identification Number

2022 & 2023

Ε	Platte PEER Group			56-2	2425104
			2022	2023	Differences
	1. Contributions, gifts, grants	1.	32,125	20,196	-11,929
	2. Membership dues and assessments	2.			
	3. Government contributions and grants	3.	12,000	6,000	-6,000
n e	4 Program contino revenue	4.	90,637	109,497	18,860
e n	15. Investment income	5.	1,450	1,270	-180
>		6.			
<b>&amp;</b>	7. Net gain or (loss) from sale of assets other than inventory				
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming				
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	136,212	136,963	751
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
e	<b>15.</b> Compensation of officers, directors, trustees, etc.	15.			
S	To Calarios, other compensation, and omproyee benefits		68,501	65,527	-2,974
<u> </u>	17. Professional fundraising fees	17.			
х	1 18. Other professional fees	18.	3,246	2,697	
Ш	<b>19.</b> Occupancy, rent, utilities, and maintenance	19.	12,045	12,839	
	20. Depreciation and Depletion	20.	15,440	19,375	·
	21. Other expenses		34,749	27,126	
	22. Total expenses. Add lines 13 through 21	22.	133,981	127,564	· ·
	23. Excess or (Deficit). Subtract line 22 from line 12	23.	2,231	9,399	
	24. Total exempt revenue	24.	136,212	136,963	751
_	25. Total unrelated revenue	25.			10.100
Information	<b>26.</b> Total excludable revenue	26.	92,087	110,767	
EU.	27. Total assets	27.	385,313	394,608	
亨	28. Total liabilities	28.	1,193	1,089	
=	, 23. Netained earnings	29.	384,120		9,399
the	<b>30.</b> Number of voting members of governing body	30.	9	9	
	$^{\prime}$ 31. Number of independent voting members of governing body $_{}$		9	9	
	32. Number of employees	32.	5	6	
	33. Number of volunteers	33.	50	50	

Form 990 Tax Return History 2023

Name

Platte PEER Group

Employer Identification Number 56-2425104

	2019	2020	2021	2022	2023	2024
Contributions, gifts, grants	9,379	32,577	125,427	44,125	26,196	
Membership dues						
Program service revenue	70,648	58,626	59,496	90,637	109,497	
Capital gain or loss						
Investment income		9,740	3,851	1,450	1,270	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue	134,456	100,943	188,774	136,212	136,963	
Grants and similar amounts paid						
Benefits paid to or for members						
Compensation of officers, etc						
Other compensation	80,851	78,360	81,560	68,501	65,527	
Professional fees	2,599	2,375	2,480	3,246	2,697	
Occupancy costs		9,780	10,073	12,045	12,839	
Depreciation and depletion		9,716	9,468	15,440	19,375	
Other expenses	52,609	33,292	34,038	34,749	27,126	
Total expenses		133,523	137,619	133,981	127,564	
Excess or (Deficit)	-21,190	-32,580	51,155	2,231	9,399	
<u> </u>						
Total exempt revenue	134,456	100,943	188,774	136,212	136,963	
Total unrelated revenue						
Total excludable revenue	125,077	68,366	63,347	92,087	110,767	
Total Assets	1,229,848	1,197,141	382,962	385,313	394,608	
Total Liabilities	1,330	1,203	1,073	1,193	1,089	
Net Fund Balances	1,228,518	1,195,938	381,889	384,120	393,519	

Total \$ 60 Total \$ 14 NE  Total \$ 100  Taxable Dividends from Securities  Description  Unrelated Exclusion Postal Acquired after US Business Code Code 6/30/75 Obs (\$ or %)	56-2425104	Fede	rai Stat	ements	1		
Amount Business Code Code Code 6/30/75 Obs (\$ or % or % other or Savings Accounts \$ 60 60 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		<u>Taxable Ir</u>	nterest on	Investme	<u>nts</u>		
Description  Unrelated Exclusion Postal Acquired after US Business Code Code 6/30/75 Obs (\$ or % or % on Investments \$ 1,210	interest on Savings Ad	ccounts \$ 60	Unrelated Business	_Code_	Code	Acquired after 6/30/75	US Obs (\$ or %)
Description  Unrelated Exclusion Postal Acquired after US Business Code Code 6/30/75 Obs (\$ or % or % on Investments \$ 1,210		Taxable Di	vidends fr	om Secur	rities		
ncome on Investments \$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Description						
\$ <u>1,210</u> 14 NE X		Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
	Income on Investments						
		·					

	Schedule A, Part III, Line 1	l <u>(e)</u>
	Description	Amount
Merrick County Donations Total		\$ 6,000 20,196 \$ 26,196
	Schedule A, Part III, Line 2	
	Description	Amount
Park Receipts Total		\$ 109,497 \$ 109,497
	Schedule A, Part III, Line 10	<u>)a(e)</u>
	Description	Amount
Interest on Savings Accoun	s	\$ 60
Income on Investments Total		\$1,210 \$1,270
10001		