

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2023

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

A For the 2023 calendar year, or tax year beginning, and ending

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Platte PEER Group. D Employer identification number: 56-2425104. E Telephone number: 308-986-2522. G Gross receipts: 136,963.

F Name and address of principal officer: John Boeder, 2227 Q Street, Aurora, NE 68818. H(a) Is this a group return for subordinates? Yes [X] No. H(b) Are all subordinates included? Yes [ ] No.

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527. J Website: N/A. H(c) Group exemption number.

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other. L Year of formation: 2003. M State of legal domicile:

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1 Briefly describe the organization's mission or most significant activities: See Schedule O. 2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets. 3-6 Governing body and employee/volunteer counts. 7a-b Revenue and taxable income. 8-12 Revenue breakdown. 13-19 Expenses breakdown. 20-22 Net assets or fund balances.

Part II Signature Block

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

Sign Here: Signature of officer Hannah Clark, Treasurer. Date.

Paid Preparer Use Only: Print/Type preparer's name Jennifer L. Dvorak, CPA. Preparer's signature, Date 05/07/24, Check self-employed [X] if PTIN P00167095. Firm's name Dohman, Akerlund & Eddy, LLC. Firm's EIN 47-0585450. Firm's address Aurora, NE 68818-0470. Phone no. 402-694-6404.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [ ] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

See Schedule 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.

4a (Code: ) (Expenses \$ 119,051 including grants of \$ ) (Revenue \$ 109,497 ) Management and preservation of Bader Park and Dark Island Trail and the development of lands/water for public education and recreation

4b (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) N/A

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ ) N/A

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 119,051

**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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		X
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		X
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		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		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		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? If "Yes," complete Schedule D, Part V		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.		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII		X
c	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		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		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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		X

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational reporting requirements.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Part V check

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding.

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

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

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (9), 1b (9), 2 (X), 3 (X), 4 (X), 5 (X), 6 (X), 7a (X), 7b (X), 8a (X), 8b (X), 9 (X).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a (X), 10b, 11a (X), 11b, 12a (X), 12b, 12c, 13 (X), 14 (X), 15a (X), 15b (X), 16a (X), 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed None
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records.

Hannah Clark 424 E Depot Street NE 68831 308-986-2522 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.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Sarah Bailey Board Member	1.00 0.00	X						0	0	0
(2) Jackie Beaver Board Member	1.00 0.00	X						0	0	0
(3) Mike Hansen Board Member	1.00 0.00	X						0	0	0
(4) Cynthia McClellan Board Member	1.00 0.00	X						0	0	0
(5) Ruth Simmons Board Member	1.00 0.00	X						0	0	0
(6) Tom Weller Board Member	1.00 0.00	X						0	0	0
(7) John Boeder President	3.00 0.00			X				0	0	0
(8) Jason Buss Vice President	3.00 0.00			X				0	0	0
(9) Hannah Clark Treasurer	3.00 0.00			X				0	0	0
(10) Carol Quandt Secretary	3.00 0.00			X				0	0	0
(11)										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(12) .....										
(13) .....										
(14) .....										
(15) .....										
(16) .....										
(17) .....										
(18) .....										
(19) .....										

<b>1b Subtotal</b> .....			
<b>c Total from continuation sheets to Part VII, Section A</b> .....			
<b>d Total (add lines 1b and 1c)</b> .....			

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

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

**Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**



**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	6,000			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	20,196			
	g	Noncash contributions included in lines 1a-1f	1g \$				
	<b>h Total.</b> Add lines 1a-1f			26,196			
	<b>Program Service Revenue</b>	2a Park Receipts		Business Code	109,497	109,497	
b							
c							
d							
e							
f		All other program service revenue					
<b>g Total.</b> Add lines 2a-2f			109,497				
<b>Other Revenue</b>	3			1,270		1,270	
	4						
	5						
	6a	Gross rents	(i) Real				
			(ii) Personal				
			6a				
	b	Less: rental expenses	6b				
	c	Rental inc. or (loss)	6c				
	d		Net rental income or (loss)				
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
			7a				
	b	Less: cost or other basis and sales exps.	7b				
	c	Gain or (loss)	7c				
	d		Net gain or (loss)				
8a		Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a				
b	Less: direct expenses	8b					
c		Net income or (loss) from fundraising events					
9a		Gross income from gaming activities. See Part IV, line 19	9a				
b	Less: direct expenses	9b					
c		Net income or (loss) from gaming activities					
10a		Gross sales of inventory, less returns and allowances	10a				
b	Less: cost of goods sold	10b					
c		Net income or (loss) from sales of inventory					
<b>Miscellaneous Revenue</b>	11a		Business Code				
	b						
	c						
	d	All other revenue					
	e		Total. Add lines 11a-11d				
<b>12 Total revenue.</b> See instructions			136,963	109,497	0	1,270	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	60,870	60,870		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes	4,657	4,657		
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	2,200		2,200	
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	497		497	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
<b>12</b> Advertising and promotion	649	649		
<b>13</b> Office expenses	5,816		5,816	
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	12,839	12,839		
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	19,375	19,375		
<b>23</b> Insurance	3,683	3,683		
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> Repairs/Maintenance	10,062	10,062		
<b>b</b> Supplies	4,450	4,450		
<b>c</b> Workman Compensation Ins	2,466	2,466		
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	127,564	119,051	8,513	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> 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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1	Cash—non-interest-bearing		1
	2	Savings and temporary cash investments	19,098	2 30,040
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net		4
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
	7	Notes and loans receivable, net		7
	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	480,991	
	10b	Less: accumulated depreciation	138,433	10c 342,558
			336,918	11 22,010
	11	Investments—publicly traded securities	29,297	12
	12	Investments—other securities. See Part IV, line 11		13
	13	Investments—program-related. See Part IV, line 11		14
	14	Intangible assets		15
15	Other assets. See Part IV, line 11		16 394,608	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 33)	385,313	17 1,089	
<b>Liabilities</b>	17	Accounts payable and accrued expenses	1,193	18
	18	Grants payable		19
	19	Deferred revenue		20
	20	Tax-exempt bond liabilities		21
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		22
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		23
	23	Secured mortgages and notes payable to unrelated third parties		24
	24	Unsecured notes and loans payable to unrelated third parties		25
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		26 1,089
	26	<b>Total liabilities.</b> Add lines 17 through 25	1,193	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	27	Net assets without donor restrictions	373,120	27 389,130
	28	Net assets with donor restrictions	11,000	28 4,389
	<b>Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.</b>			
	29	Capital stock or trust principal, or current funds		29
	30	Paid-in or capital surplus, or land, building, or equipment fund		30
	31	Retained earnings, endowment, accumulated income, or other funds		31
	32	<b>Total net assets or fund balances</b>	384,120	32 393,519
33	<b>Total liabilities and net assets/fund balances</b>	385,313	33 394,608	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	136,963
2	Total expenses (must equal Part IX, column (A), line 25)	2	127,564
3	Revenue less expenses. Subtract line 2 from line 1	3	9,399
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	384,120
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	393,519

**Part 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both. <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		
3a	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?		X
3b	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		

**SCHEDULE A**  
(Form 990)

**Public Charity Status and Public Support**

OMB No. 1545-0047

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

**2023**

Department of the Treasury  
Internal Revenue Service

**Attach to Form 990 or Form 990-EZ.**

**Open to Public Inspection**

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

Name of the organization

Platte PEER Group

Employer identification number

56-2425104

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

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

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

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

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

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

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 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; 10 Other income. Do not include gain or loss from the sale of capital assets; 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 organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f) divided by line 11, column (f)) 14 %
15 Public support percentage from 2022 Schedule A, Part II, line 14 15 %
16a 33 1/3% support test — 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
b 33 1/3% support test — 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization
17a 10%-facts-and-circumstances test — 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
b 10%-facts-and-circumstances test — 2022. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> 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
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	70,648	58,626	59,496	90,637	109,497	388,904
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	80,027	91,203	184,923	134,762	135,693	626,608
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						626,608

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>9</b> Amounts from line 6	80,027	91,203	184,923	134,762	135,693	626,608
<b>10a</b> Gross income from interest, dividends, 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>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	54,429	9,740	3,851	1,450	1,270	70,740
<b>11</b> Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)	134,456	100,943	188,774	136,212	136,963	697,348
<b>14 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <input type="checkbox"/>						

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

<b>15</b> Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f))	<b>15</b>	89.86 %
<b>16</b> Public support percentage from 2022 Schedule A, Part III, line 15	<b>16</b>	77.21 %

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

<b>17</b> Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	<b>17</b>	10 %
<b>18</b> Investment income percentage from 2022 Schedule A, Part III, line 17	<b>18</b>	23 %

- 19a 33 1/3% support tests — 2023.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- b 33 1/3% support tests — 2022.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization
- 20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box 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**

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



**Part IV Supporting Organizations (continued)**

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

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

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

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

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

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

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

<b>Section A – Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B – Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> 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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C – Distributable Amount</b>			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	<b>Distributable Amount.</b> 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 III supporting organization (see instructions).

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

Section D – Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	1
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4 Amounts paid to acquire exempt-use assets	4
5 Qualified set-aside amounts (prior IRS approval required—provide details in Part VI)	5
6 Other distributions (describe in Part VI). See instructions.	6
7 <b>Total annual distributions.</b> Add lines 1 through 6.	7
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9 Distributable amount for 2022 from Section C, line 6	9
10 Line 8 amount divided by line 9 amount	10

Section E – Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable 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			
a From 2018 .....			
b From 2019 .....			
c From 2020 .....			
d From 2021 .....			
e From 2022 .....			
f <b>Total</b> 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2023 distributable amount			
c 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 <b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2019 .....			
b Excess from 2020 .....			
c Excess from 2021 .....			
d Excess from 2022 .....			
e Excess from 2023 .....			



Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

2023

Name of the organization

Employer identification number

Platte PEER Group

56-2425104

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 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ .....

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

Name of organization

Platte PEER Group

Employer identification number

56-2425104

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	..... ..... .....	\$ 7,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	..... ..... .....	\$ 6,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	..... ..... .....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (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. Attach to Form 990.

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

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

Platte PEER Group

Employer identification number

56-2425104

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

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?, 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year, 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year, 4 Number of states where property subject to conservation easement is located, 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?, 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year, 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items. a Revenue included on Form 990, Part VIII, line 1. b Assets included in Form 990, Part X.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange program
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements**

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table.
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance .....             |        |
| <b>1d</b> Additions during the year .....     |        |
| <b>1e</b> Distributions during the year ..... |        |
| <b>1f</b> Ending balance .....                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds**

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance .....					
<b>b</b> Contributions .....					
<b>c</b> Net investment earnings, gains, and losses .....					
<b>d</b> Grants or scholarships .....					
<b>e</b> Other expenditures for facilities and programs .....					
<b>f</b> Administrative expenses .....					
<b>g</b> End of year balance .....					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ..... %
  - b** Permanent endowment ..... %
  - c** Term endowment ..... %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |   | Yes | No |
|---|-----|----|
| <b>(i)</b> Unrelated organizations? ..... |     |    |
| <b>(ii)</b> Related organizations? .....  |     |    |
- b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land .....		148,725		148,725
<b>b</b> Buildings .....		173,553	55,514	118,039
<b>c</b> Leasehold improvements .....				
<b>d</b> Equipment .....		158,713	82,919	75,794
<b>e</b> Other .....		0	0	
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B)) .....				342,558



**Part VII Investments – Other Securities**

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

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

**Part VIII Investments – Program Related**

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

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

**Part IX Other Assets**

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	

**Part X Other Liabilities**

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

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

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





**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**2023**

**Open to Public  
Inspection**

Name of the organization

Platte PEER Group

Employer identification number

56-2425104

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)

Department of the Treasury Internal Revenue Service

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

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.

Table with 5 main rows for Part I. Line 1: 1,160,000; Line 2: Total cost; Line 3: 2,890,000; Line 4: Reduction; Line 5: Dollar limitation; Line 6-7: Description and cost of listed property; Line 8: Total elected cost; Line 9: Tentative deduction; Line 10: Carryover; Line 11: Business income limitation; Line 12: Section 179 expense deduction; Line 13: Carryover to 2024.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Part II. Line 14: Special depreciation allowance; Line 15: Property subject to election; Line 16: Other depreciation (19,375).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for Section A. Line 17: MACRS deductions (0); Line 18: Grouping election checkbox.

Section B—Assets Placed in Service During 2023 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification, (b) Month/year, (c) Basis, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i list property types and their depreciation details.

Section C—Assets Placed in Service During 2023 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) 12-year, (c) 30-year, (d) 40-year, (e) Recovery period, (f) Method, (g) Depreciation deduction. Rows 20a-d list class lives and their details.

Part IV Summary (See instructions.)

Table with 3 rows for Part IV. Line 21: Listed property; Line 22: Total depreciation (19,375); Line 23: Section 263A costs.

For Paperwork Reduction Act Notice, see separate instructions.

# Federal Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
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	RIVER RESTORATION	7/31/07	5,660			5,660	0 -- Memo	0	0
7	BATHHOUSE	12/26/07	77,215			77,215	40 HY S/L	29,921	1,930
8	WELL	6/06/07	4,094			4,094	20 HY S/L	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	40 HY S/L	2,538	175
14	PLANTINGS	5/15/09	5,441			5,441	0 -- Memo	0	0
15	DECK	4/01/10	1,000			1,000	7 HY S/L	1,000	0
16	TOOLEY SIGN	5/01/10	1,000			1,000	7 HY S/L	1,000	0
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	0
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	PICNIC TABLES	6/18/13	1,715			1,715	7 HY S/L	1,715	0
26	COMPUTER	1/18/14	1,087			1,087	5 HY S/L	1,087	0
27	REMODEL	10/21/14	9,360			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	Picnic Tables	5/17/16	834			834	7 HY S/L	774	60
34	TV for Office	9/20/16	633			633	7 HY S/L	588	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	0	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	0	0
41	Boardwalk	7/01/19	8,440			8,440	7 HY S/L	4,220	1,206
42	Electrical Hookups for Campground	3/25/21	9,000			9,000	7 HY S/L	1,929	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	Office HVAC	9/08/22	6,202			6,202	7 HY S/L	443	886
49	Trail Improvements	6/30/23	17,517			17,517	0 -- Land	0	0
50	Camper Park Asphalt	8/10/23	7,500			7,500	0 -- Land	0	0
<b>Total Other Depreciation</b>			<b>480,989</b>			<b>480,989</b>		<b>119,058</b>	<b>19,375</b>
<b>Total ACRS and Other Depreciation</b>			<b>480,989</b>			<b>480,989</b>		<b>119,058</b>	<b>19,375</b>
<b>Grand Totals</b>			<b>480,989</b>			<b>480,989</b>		<b>119,058</b>	<b>19,375</b>
<b>Less: Dispositions and Transfers</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Less: Start-up/Org Expense</b>			<b>0</b>			<b>0</b>		<b>0</b>	<b>0</b>
<b>Net Grand Totals</b>			<b>480,989</b>			<b>480,989</b>		<b>119,058</b>	<b>19,375</b>

# 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
<b>Other Depreciation:</b>								
1	PICNIC TABLES	3/29/04	432	432	432	0	0	0
2	CHAIN SAW	5/24/04	358	358	358	0	0	0
3	2 PRESSURE TANKS	9/01/04	1,294	1,294	1,294	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	0	0	0
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	DR MOWER	5/01/08	2,824	2,824	2,824	0	0	0
12	JD MOWER	8/01/08	2,532	2,532	2,532	0	0	0
13	BATHHOUSE	2/01/08	7,000	7,000	2,538	175	175	0
14	PLANTINGS	5/15/09	5,441	5,441	0	0	0	0
15	DECK	4/01/10	1,000	1,000	1,000	0	0	0
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	PICNIC TABLES	7/01/10	1,400	1,400	1,400	0	0	0
21	REFRIGERATOR	4/19/11	387	387	387	0	0	0
23	SHELTER	4/15/12	38,025	38,025	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	0	0	0
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	Shop / Shelters	2/24/16	24,803	24,803	4,134	636	636	0
31	Electrical Hookups	4/01/16	8,473	8,473	7,868	605	605	0
32	Deck	6/01/16	3,500	3,500	3,250	250	250	0
33	Picnic Tables	5/17/16	834	834	774	60	60	0
34	TV for Office	9/20/16	633	633	588	45	45	0
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	Office flooring/remodel	3/08/17	4,455	4,455	613	111	111	0
39	Bader Sign	10/17/17	770	770	605	110	110	0
40	Dark Island Trail Development	5/15/18	4,295	4,295	0	0	0	0
41	Boardwalk	7/01/19	8,440	8,440	4,220	1,206	1,206	0
42	Electrical Hookups for Campground	3/25/21	9,000	9,000	1,929	1,285	1,285	0
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	Campground Electric, Water & Septic	1/30/22	61,142	61,142	4,367	8,735	8,735	0
47	Campground Rock Base	2/17/22	15,438	15,438	0	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	0
50	Camper Park Asphalt	8/10/23	7,500	7,500	0	0	0	0
<b>Total Other Depreciation</b>			<u>480,989</u>	<u>480,989</u>	<u>119,340</u>	<u>19,376</u>	<u>19,375</u>	<u>-1</u>
<b>Total ACRS and Other Depreciation</b>			<u>480,989</u>	<u>480,989</u>	<u>119,340</u>	<u>19,376</u>	<u>19,375</u>	<u>-1</u>
<b>Grand Totals</b>			480,989	480,989	119,340	19,376	19,375	-1
<b>Less: Dispositions</b>			0	0	0	0	0	0
<b>Less: Start-up/Org Expense</b>			0	0	0	0	0	0
<b>Net Grand Totals</b>			<u>480,989</u>	<u>480,989</u>	<u>119,340</u>	<u>19,376</u>	<u>19,375</u>	<u>-1</u>

# AMT Asset Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	Bus %	Sec 179 Bonus	Basis for Depr	Per Conv Meth	Prior	Current
<b>Other Depreciation:</b>									
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	RIVER RESTORATION	7/31/07	5,660			5,660	0 -- Memo	0	0
7	BATHHOUSE	12/26/07	77,215			77,215	40 HY S/L	29,921	1,930
8	WELL	6/06/07	4,094			4,094	20 HY S/L	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	40 HY S/L	2,538	175
14	PLANTINGS	5/15/09	5,441			5,441	0 -- Memo	0	0
15	DECK	4/01/10	1,000			1,000	7 HY S/L	1,000	0
16	TOOLEY SIGN	5/01/10	1,000			1,000	7 HY S/L	1,000	0
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	0
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	PICNIC TABLES	6/18/13	1,715			1,715	7 HY S/L	1,715	0
26	COMPUTER	1/18/14	1,087			1,087	5 HY S/L	1,087	0
27	REMODEL	10/21/14	9,360			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	Picnic Tables	5/17/16	834			834	7 HY S/L	774	60
34	TV for Office	9/20/16	633			633	7 HY S/L	588	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	0	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	0	0
41	Boardwalk	7/01/19	8,440			8,440	7 HY S/L	4,220	1,206
42	Electrical Hookups for Campground	3/25/21	9,000			9,000	7 HY S/L	1,929	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	0			0	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	0			0	0 HY	0	0
49	Trail Improvements	6/30/23	17,517			17,517	0 -- Land	0	0
50	Camper Park Asphalt	8/10/23	7,500			7,500	0 -- Land	0	0
<b>Total Other Depreciation</b>			<u>408,781</u>			<u>408,781</u>		<u>113,901</u>	<u>9,059</u>
<b>Total ACRS and Other Depreciation</b>			<u>408,781</u>			<u>408,781</u>		<u>113,901</u>	<u>9,059</u>
<b>Grand Totals</b>			408,781			408,781		113,901	9,059
<b>Less: Dispositions and Transfers</b>			<u>0</u>			<u>0</u>		<u>0</u>	<u>0</u>
<b>Net Grand Totals</b>			<u>408,781</u>			<u>408,781</u>		<u>113,901</u>	<u>9,059</u>



# Depreciation Adjustment Report

## All Business Activities

Form Unit Asset

Description

Tax

AMT

AMT  
Adjustments/  
Preferences

**There are no assets that meet the criteria of this report**

Asset	Description	Date In Service	Cost	Tax	AMT
<b>Other Depreciation:</b>					
1	PICNIC TABLES	3/29/04	432	0	0
2	CHAIN SAW	5/24/04	358	0	0
3	2 PRESSURE TANKS	9/01/04	1,294	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	0
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	JD GATOR	10/15/13	13,657	0	0
25	PICNIC TABLES	6/18/13	1,715	0	0
26	COMPUTER	1/18/14	1,087	0	0
27	REMODEL	10/21/14	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	0	0
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	Campground dirt work, seed, trees	6/15/21	9,547	0	0
44	Picnic Tables	6/01/21	2,902	415	415
45	Mower	4/14/22	4,864	695	0
46	Campground Electric, Water & Septic	1/30/22	61,142	8,734	0
47	Campground Rock Base	2/17/22	15,438	0	0
48	Office HVAC	9/08/22	6,202	886	0
49	Trail Improvements	6/30/23	17,517	0	0
50	Camper Park Asphalt	8/10/23	7,500	0	0
<b>Total Other Depreciation</b>			<u>480,989</u>	<u>18,141</u>	<u>7,826</u>
<b>Total ACRS and Other Depreciation</b>			<u>480,989</u>	<u>18,141</u>	<u>7,826</u>
<b>Grand Totals</b>			<u>480,989</u>	<u>18,141</u>	<u>7,826</u>

# NE Future Depreciation Report

## Form 990, Page 1

Asset	Description	Date In Service	Cost	NE
<b>Other Depreciation:</b>				
1	PICNIC TABLES	3/29/04	432	0
2	CHAIN SAW	5/24/04	358	0
3	2 PRESSURE TANKS	9/01/04	1,294	0
5	PICNIC TABLES	8/14/07	927	0
6	RIVER RESTORATION	7/31/07	5,660	0
7	BATHHOUSE	12/26/07	77,215	1,931
8	WELL	6/06/07	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	2/01/08	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	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	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	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 Asphalt	8/10/23	7,500	0
	<b>Total Other Depreciation</b>		480,989	18,140
	<b>Total ACRS and Other Depreciation</b>		480,989	18,140
	<b>Grand Totals</b>		480,989	18,140

Form **990****Two Year Comparison Report****2022 & 2023**

For calendar year 2023, or tax year beginning , ending

Name

Taxpayer Identification Number

Platte PEER Group

56-2425104

		2022	2023	Differences	
<b>Revenue</b>	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	
	4. Program service revenue	4. 90,637	109,497	18,860	
	5. Investment income	5. 1,450	1,270	-180	
	6. Proceeds from tax exempt bonds	6.			
	7. Net gain or (loss) from sale of assets other than inventory	7.			
	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	<b>12. Total revenue.</b> Add lines 1 through 11	<b>12.</b>	<b>136,212</b>	<b>136,963</b>	<b>751</b>
<b>Expenses</b>	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
	15. Compensation of officers, directors, trustees, etc.	15.			
	16. Salaries, other compensation, and employee benefits	16. 68,501	65,527	-2,974	
	17. Professional fundraising fees	17.			
	18. Other professional fees	18. 3,246	2,697	-549	
	19. Occupancy, rent, utilities, and maintenance	19. 12,045	12,839	794	
	20. Depreciation and Depletion	20. 15,440	19,375	3,935	
	21. Other expenses	21. 34,749	27,126	-7,623	
	<b>22. Total expenses.</b> Add lines 13 through 21	<b>22.</b>	<b>133,981</b>	<b>127,564</b>	<b>-6,417</b>
	<b>23. Excess or (Deficit).</b> Subtract line 22 from line 12	<b>23.</b>	<b>2,231</b>	<b>9,399</b>	<b>7,168</b>
<b>Other Information</b>	24. Total exempt revenue	24. 136,212	136,963	751	
	25. Total unrelated revenue	25.			
	26. Total excludable revenue	26. 92,087	110,767	18,680	
	27. Total assets	27. 385,313	394,608	9,295	
	28. Total liabilities	28. 1,193	1,089	-104	
	29. Retained earnings	29. 384,120	393,519	9,399	
	30. Number of voting members of governing body	30. 9	9		
	31. Number of independent voting members of governing body	31. 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 .....	54,429	9,740	3,851	1,450	1,270	
Fundraising revenue (income/loss) .....						
Gaming revenue (income/loss) .....						
Other revenue .....						
<b>Total revenue</b> .....	<b>134,456</b>	<b>100,943</b>	<b>188,774</b>	<b>136,212</b>	<b>136,963</b>	
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 .....	9,263	9,780	10,073	12,045	12,839	
Depreciation and depletion .....	10,324	9,716	9,468	15,440	19,375	
Other expenses .....	52,609	33,292	34,038	34,749	27,126	
<b>Total expenses</b> .....	<b>155,646</b>	<b>133,523</b>	<b>137,619</b>	<b>133,981</b>	<b>127,564</b>	
<b>Excess or (Deficit)</b> .....	<b>-21,190</b>	<b>-32,580</b>	<b>51,155</b>	<b>2,231</b>	<b>9,399</b>	
<b>Total exempt revenue</b> .....	<b>134,456</b>	<b>100,943</b>	<b>188,774</b>	<b>136,212</b>	<b>136,963</b>	
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	

## Federal Statements

Taxable Interest on Investments

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Interest on Savings Accounts	\$ 60			14 NE		
Total	\$ <u>60</u>					

Taxable Dividends from Securities

Description	Amount	Unrelated Business	Exclusion Code	Postal Code	Acquired after 6/30/75	US Obs (\$ or %)
Income on Investments	\$ 1,210			14 NE	X	
Total	\$ <u>1,210</u>					

**Federal Statements****Schedule A, Part III, Line 1(e)**

Description	Amount
Merrick County Donations	\$ 6,000
Total	\$ 20,196
	\$ 26,196

**Schedule A, Part III, Line 2(e)**

Description	Amount
Park Receipts	\$ 109,497
Total	\$ 109,497

**Schedule A, Part III, Line 10a(e)**

Description	Amount
Interest on Savings Accounts	\$ 60
Income on Investments	1,210
Total	\$ 1,270