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DLN: 93493137050060

Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public Inspection

| A Fo | r the : | 2008 ca | lendar yea | | 07-01-2008 and ending | 06-30-2009 | | D F! | |
|---|---|--|-----------------------|---|--|----------------|--------------|-----------------------------|----------------------------|
| | | pplicable | Please | C Name of organization JEWISH FEDERATION OF C | MAHA FOUNDATION | | | | ntification number |
| _ | lress ch | _ | use IRS label or | Doing Business As | | | | 20-112351 E Telephone nu | |
| | me cha | _ | print or type. See | | | | | (402) 334-6 | |
| | ial retu | | Specific Instruc- | Number and street (or P O 333 SOUTH 132ND STREET | box if mail is not delivered to | street address |) Room/suite | G Gross receipt | |
| Ter | mınatıd | on | tions. | 333 SOUTH 132ND STREET | | | | | ,,, |
| ☐ Am | ended | return | | City or town, state or cour OMAHA, NE 68154 | try, and ZIP + 4 | | | | |
| App | olication | pending | | | | | | | |
| | | | | ne and address of Princip | oal Officer | | | s a group return | |
| | | | | ampschneider DUTH 132ND STREET | | | affilia | tes? | ⊤Yes ▼ No |
| | | | | A,NE 68154 | | | H(b) Are all | affiliates include | d? |
| I Ta | x-exem | npt status | ✓ 501(c) |)(3) ◀ (insert no) | 17(a)(1) or 527 | | • | • | See instructions) |
| J W | eb sit | e: ► N/A | | | | | H(c) Grou | p Exemption Nui | nber ► |
| К Тур | e of org | janization | Corporat | ion trust association | other 📂 | | L Year of Fo | mation 2004 M | State of legal domicile NE |
| Pa | rt I | Sumi | marv | | | | | | |
| | 1 | | • | e organization's mission | or most significant activi | ties | | | |
| e e | | To cond | luct and su | ipport activities for the b | enefit of the Jewish Feder | ation of 0 m | aha | | |
| Governance | | | | | | | | | |
| Ē | _ | C - 4 | | .6.1b | -t | 4 4 . 6 | | T.O | |
| 90.5 20.5 | | | , | | ntinued its operations or | | | | 16 |
| | 3 | | _ | members of the governin Ident voting members of | | | 16 | | |
| Activities & | - | | | nployees (Part V, line 2a | | | 0 | | |
| Ĭ | 6 | | | olunteers (estimate if nec | | | 6 | 30 | |
| Ş A | 7a | | | ted business revenue fro | umn (C) | | 7a _ | 0 | |
| | | | | | n Form 990-T, line 34 | | | 7b | 0 |
| | | | | | Prio | r Year | Current Year | | |
| | 8 | Contri | butions and | d grants (Part VIII, line | lh) | | | 9,689,277 | 4,994,453 |
| anue | 9 | Progra | m service | revenue (Part VIII, line | | | | 0 | |
| Reveni | 10 | | | me (Part VIII, column (A | | | 4,688,730 | -13,447,713 | |
| _ | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), l | | | | | | | | 0 |
| | 12 | 12) | evenue—a | ad lines 8 through 11 (m | min (A), iine | | 14,378,007 | -8,453,260 | |
| | 13 | Grants | and simila | ar amounts paid (Part IX | column (A), lines 1-3) | | | 15,133,942 | 10,196,964 |
| | 14 | | • | or for members (Part IX, | | | 0 | | |
| 82 | 15 | Salarıe 10) | es, other co | ompensation, employee t | enefits (Part IX, column | (A), lines 5- | | | 0 |
| Expenses | 16a | • | sional fund | raising fees (Part IX, co | umn (A). line 11e) | | | | 0 |
| ÷ | ь | | | penses, Part IX, column (D), I | | 1 | | | |
| ш | 17 | • | _ | (Part IX, column (A), line | | | | 52,943 | 64,239 |
| | 18 | Totale | expenses— | add lines 13-17 (must o | equal Part IX, line 25, col | umn (A)) | | 15,186,885 | 10,261,203 |
| | 19 | Reven | ue less exp | oenses Subtract line 18 | from line 12 | | | -808,878 | -18,714,463 |
| 26.8 6.8 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8.0 8 | | | | | | | Beginni | ng of Year | End of Year |
| Net Assets or Fund Balances | 20 | Total a | assets (Par | rt X, line 16) | | | | 69,039,279 | 49,484,942 |
| A AS | 21 | Totall | ıabılıtıes (F | Part X, line 26) | | | | 5,014,220 | 3,751,807 |
| E E | 22 | Net as | sets or fun | nd balances Subtract line | 21 from line 20 | | | 64,025,059 | 45,733,135 |
| Pai | t II | Sign | ature Blo | ock | | | | | |
| | | | | | amined this return, including a tion of preparer (other than of | | | | |
| Plea | se | **** | | sometic because | and preparer (outer than or | is based | 1 | 05-17 | any knowledge |
| Sign | 1 | I III | ature of office | er | | | Date | 03 17 | |
| Here | 2 | | | NEIDER CONTROLLER | | | | | |
| | | Туре | or print nam | ne and title | | | | | |
| | | Preparer' | | | Date | Ch se | eck if | Preparer's PTIN (| See Gen Inst) |
| Paid | | signature | • 🖊 | | | | npolyed 🕨 🦵 | | |
| Prepa | | | ame (or yours | SEIM JOHNSON SESTAK | EIN Þ | | | | |
| Use (| Jnly | if self-employed), address, and ZIP + 4 8807 INDIAN HILLS DRIVE SUITE 300 | | | | | | | |
| | | <u></u> _ | | OMAHA, NE 681144123 | | | | Phone no 🕨 (40 | 02) 330-2660 |
| May | he IR | S discus | s this retu | · | vn above? (See instructio | ns) | | | ▼ Yes |

Part III Statement of Program Service Accomplishments (See the instructions.)

| 1 | Briefly describe the organization's r to conduct and support activities fo | mission or the benefit of the jewish federation | on of omaha | | |
|-----------|---|--|---|--|--------------------|
| 2 | Did the organization undert the prior Form 990 or 990- | ake any significant program s | ervices during the year wh | ıch were not listed on | |
| | If "Yes," describe these nev | | | | J. 140 |
| 3 | | conducting or make significa | nt changes in how it conduc | | √ No |
| | If "Yes," describe these cha | anges on Schedule O | | | |
| 4 | Section 501(c)(3) and (4) of | | trusts are required to repo | gest program services by expens ort the amount of grants and alloc | |
| 4a | JEWISH FEDERATION OF OMAH INC AND OTHER ORGANIZATIO IRC SECTIONS 501(C)3 AND WI | NS OPERATED EXCLUSIVELY FOR CH | DNDUCT AND SUPPORT ACTIVITION HARITABLE, EDUCATIONAL, RELIG CEIVE SUPPORT FROM, THE JEW | 10,196,964) (Revenue \$ ES FOR THE BENEFIT OF THE JEWISH FE IOUS, OR SCIENTIFIC PURPOSES WHICH ISH FEDERATION OF OMAHA, INC OR A | H ARE DESCRIBED IN |
| | | | | | |
| 4b | (Code) | (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| 4c | (Code) | (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| 4d | Other program services (| Describe in Schedule O) | | | |
| | (Expenses \$ | ıncludıng grants | of\$ |) (Revenue \$ |) |
| 4e | Total program service exp | penses \$ 10,196,9 | 64 Must equal Part IX, Lin | ne 25, column (B). | |

| Part IV | Checklist of | Required | Schedules |
|---------|--------------|----------|-----------|
| | | | |

| | | | Yes | No |
|-----|---|-----|-----|----|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | Yes | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? 🕏 | 2 | Yes | |
| 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 | 3 | | No |
| 4 | Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 4 | | Νo |
| 5 | Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I | 6 | Yes | |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II | 7 | | Νο |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | Νο |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Νο |
| 10 | Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | Yes | |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | 11 | Yes | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII . | 12 | | No |
| 13 | Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | Νο |
| 14a | Did the organization maintain an office, employees, or agents outside of the U S ? | 14a | | Νo |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I | 14b | | Νο |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | Yes | |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | Νο |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | No |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | No |
| 19 | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | Νο |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | 20 | | Νο |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | Yes | |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | No |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | | Νο |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25 | 24a | | No |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | No |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | No |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | | No |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | | No |

Part VI

Part IV Checklist of Required Schedules (Continued)

| | | | 1 63 | 140 |
|----|--|-----|------|-----|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee | | | |
| а | Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part | | | |
| | IV | 28a | | Νo |
| b | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV | 28b | | Νο |
| С | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> . | 28c | | Νo |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏 | 29 | | Νo |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | | Νο |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | Νo |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | | Νo |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I | 33 | | Νo |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 | Yes | |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 | | Νο |
| 36 | 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | | Νο |
| 37 | Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. | 37 | | Νo |

| Pa | rt V Statements Regarding Other IRS Filings and Tax Complian | ice | | | | |
|---------|---|--------------|----------------------------|--------------|-----|-------|
| | | | | | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmitta | <i>i</i> | | | | |
| | of U.S. Information Returns. Enter -0- if not applicable | | | | | |
| | | 1a | 1 | | | |
| b | Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable | 1b | 0 | | | |
| c | Did the organization comply with backup withholding rules for reportable payments | to ven | dors and reportable | | | |
| _ | gaming (gambling) winnings to prize winners? | ; · | | 1c | | |
| 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 | | 0 | | | |
| h | If at least one is reported in 2a, did the organization file all required federal emplo | | | | | |
| _ | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file to | | | 2b | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more dur return? | ing the | year covered by this | 3a | | Νο |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in So | hedule | 0 | 3b | | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a over, a financial account in a foreign country (such as a bank account, securities a account)? | _ | - | 4a | | No |
| b | If "Yes," enter the name of the foreign country | | | | | |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Financial Accounts. | Report c | of Foreign Bank and | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time du | rıng the | etax year? | 5a | | Νο |
| b | Did any taxable party notify the organization that it was or is a party to a prohibite | d tax sl | helter transaction? | 5b | | Νο |
| c | If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exen</i> Tax Shelter Transaction? | npt Enti | ty Regarding Prohibited | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | | | 6a | | N o |
| ь | If "Yes," did the organization include with every solicitation an express statement | | | | | |
| | were not tax deductible? | | | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | | | |
| а | Did the organization provide goods or services in exchange for any quid pro quo comore? | ntrıbut | ion of \$75 or | 7a | | N o |
| b | If "Yes," did the organization notify the donor of the value of the goods or services | provide | ed? | 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal prop | erty fo | r which it was required to | 7c | | NI - |
| لد | file Form 8282? | 7d | | /ς | | N o |
| u | The rest, indicate the number of Forms 6262 med during the year | /u | | | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to p | | niums on a personal | 7e | | Νο |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a pe | rsonal b | enefit contract? | 7f | | Νο |
| g | For all contributions of qualified intellectual property, did the organization file Forn | 18899 | as required? | 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization | ı fıle a F | orm 1098-C as | _ | | |
| _ | required? | | | 7h | | |
| 8 | Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds supporting organizations. Did the supporting organization, or a fund maintained by a excess business holdings at any time during the | | | 8 | | Νο |
| | year? | | | <u> </u> | | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds | | | _ | | NI - |
| a | , | | | 9a | | No No |
| ь 10 | , | on / . | | 9b | | N o |
| 10 | Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12 | 10a | I | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club | 10a | | | | |
| b | facilities | 100 | | | | |
| 11 | Section 501(c)(12) organizations Enter | | | | | |
| а | Gross income from members or shareholders | 11a | | | | |
| b | Gross income from other sources (Do not net amounts due or paid to other source against amounts due or received from them) | s 11b | | | | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 | ın lıeu | of Form 1041? | 12a | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information

| | about | policies i | not requ | ired by th | e Internal | <i>Revenue</i> | Ćode.) | | | |
|---|-------|------------|----------|------------|------------|----------------|--------|--|--|--|
| Section A Governing Body and Management | | | | | | | | | | |

| | | | | | Yes | No | | |
|----|---|--------|-------------------------|-----|-----|----|--|--|
| | For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions. | , desc | ribe the circumstances, | | | | | |
| 1a | Enter the number of voting members of the governing body | 1a | 16 | | | | | |
| Ь | Enter the number of voting members that are independent | 1b | 16 | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee? | | | 2 | Yes | | | |
| 3 | Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management co | | | . 3 | | No | | |
| 4 | Did the organization make any significant changes to its organizational documents stilled? $\ \ .$ | ince | the prior Form 990 was | 4 | | No | | |
| 5 | Did the organization become aware during the year of a material diversion of the organization | anızat | ıon's assets? | 5 | | No | | |
| 6 | Does the organization have members or stockholders? | | | 6 | | No | | |
| 7a | Does the organization have members, stockholders, or other persons who may elect governing body? | | 7a | Yes | | | | |
| Ь | Are any decisions of the governing body subject to approval by members, stockhold | ers, o | rother persons? | 7b | | Νo | | |
| 8 | Did the organization contemporaneously document the meetings held or written active year by the following | ons u | ndertaken during the | | | | | |
| а | the governing body? | | | 8a | Yes | | | |
| Ь | each committee with authority to act on behalf of the governing body? | | | 8b | | Νo | | |
| 9a | Does the organization have local chapters, branches, or affiliates? | | | 9a | | Νo | | |
| b | b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | | | | | | | |
| 10 | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 | | | | | | | |
| 11 | cannot be reached at e O | 11 | | No | | | | |

Section B. Policies

| | | | Yes | No |
|-----|--|-----|-----|----|
| 12a | Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot . | 12a | Yes | |
| b | Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | Yes | |
| c | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | Yes | |
| 13 | Does the organization have a written whistleblower policy? | 13 | Yes | |
| 14 | Does the organization have a written document retention and destruction policy? | 14 | Yes | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision | | | |
| а | The organization's CEO, Executive Director, or top management official? | 15a | Yes | |
| b | Other officers or key employees of the organization? | 15b | | Νo |
| | Describe the process in Schedule O | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | | Νo |
| b | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | | |

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply

own website another's website upon request

- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

DAVID KAMPSCHNEIDER 333 SOUTH 132ND STREET OMAHA, NE 68154 (402) 334-6438

Part VII

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

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

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

| Check this box if the organization did no | t compens | ate any | OHIC | ei, u | mec | ισι, τι | uste | e of key employee | | | |
|---|---------------------------------|-----------------------------------|---------------------|---------|--------------|---------------------------|--------|---|---|--|--|
| Check this box if the organization did no | (B) | Posii t | tion (| cheo | ck a | | uste | (D) Reportable | (E) Reportable | (F) Estimated amount of other | |
| (A) Name and Title | Average hours per week | Individual Trustee or Director | stitutional Trustee | Officei | Ke) emplojee | nest compensated Notee | Former | compensation from the organization (W- 2/1099MISC) | compensation from related organizations (W- 2/1099- MISC) | compensation from the organization and related organizations | |

Part VIII Continued

| | | (C) Position (check all that apply) | | | | | | | | (F) |
|------------------------------|--|-------------------------------------|-----------------------|--|--------------|------------------------------|--------|--|---|--|
| (A) Name and Title | (B) Average hours per week | Individual Trustee or Director | Institutional Trustee | | Key employee | Highest compensated employee | Former | (D) Reportable compensation from the organization (W- 2/1099MISC) | (E) Reportable compensation from related organizations (W- 2/1099-MISC) | Estimated amount of other compensation from the organization and related organizations |
| 1b Total | | | | | | • | ۲ | | 0 125,938 | 17,600 |

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►0

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

| (A) Name and business address | (B) Description of services | (C) Compensation |
|--|-----------------------------|---------------------|
| | | |
| | | |
| | | |
| 2 Total number of independent contractors (including those in 1) who received more than \$ | 100,000 in compensation | 0 |

| | | | | | (A) Total Revenue | (B) Related or Exempt Function Revenue | (C) Unrelated Business Revenue | (D) Revenue Excluded from Tax under IRC 512, 513, or 514 |
|--|----------|---|--|---------------------------------------|----------------------|--|---|--|
| 22 | 1a | Federated camp | paigns 1a | 1 | | | | |
| Contributions, gifts, grants and other similar amounts | ь | Membership du | es | | | | | |
| ಕ್ಷ | c | Fundraising eve | ents 1c | | | | | |
| ĭ ∓a | d | Related organiz | ations 1d | 2,553,218 | | | | |
| % <u>=</u> | e | Government grants | | | | | | |
| Si, | f | All other contribution | ons, gifts, grants, and 1f | | | | | |
| 声声 | ' | sımılar amounts no | t included above | | | | | |
| 事品 | g | | butions included in | | | | | |
| ŠΕ | h | | s 1a-1f) | | 4,994,453 | | | |
| <u> </u> | - | | | 1 | | | | |
| aune | 2a | | | Business Code | | | | |
| Program Serwce Revenue | b | | | | | | | |
| | | | | | | | | |
| M C | c | | | | | | | |
| Ž. | d | | | | | | | |
| Ē | e | | | | | | | |
| ×978 | f | All other progra | m service revenue | | | | | |
| Ě | g | Total. Add lines | 2a-2f | \$ | | | | |
| | 3 | | ome (including dividen | | | | | |
| | | | nounts) | | 1,580,433 | | | 1,580,433 |
| | 4 | Income from inves | tment of tax-exempt bond | proceeds 🕨 | | | | |
| | 5 | Royalties | | | | | | |
| | | | (ı) Real | (11) Personal | | | | |
| | 6a | Gross Rents | | | | | | |
| | b | Less rental expenses | | | | | | |
| | c | Rental income | | | | | | |
| | d | or (loss) | me or (loss) | . | | | | |
| | <u> </u> | Net rental incol | (ı) Securities | (II) O ther | | | | |
| | 7a | Gross amount | 62,727,614 | (ii) o thei | | | | |
| | | from sales of assets other | | | | | | |
| | ١. | than inventory Less cost or | 77,755,760 | | | | | |
| | Ь | other basis and | 77,733,700 | | | | | |
| | c | sales expenses Gain or (loss) | -15,028,146 | | | | | |
| | d | Net gain or (los | s) | | -15,028,146 | | | -15,028,146 |
| | 8a | Gross income fi | | | | | | |
| Other Revenue | ь | See Part IV, lin Attach Schedule \$15,000 | reported on line 1c) e 18 G if total exceeds a | | | | | |
| <u> </u> | c | | penses b loss) from fundraising | events 🕨 | | | | |
| δ | 9a | Gross income fi See part IV, lin | rom gaming activities | | | | | |
| | ь | Less directexi | penses b | | | | | |
| | С | | loss) from gamıng actı | vities | | | | |
| | 10a | Gross sales of | inventory, less | | | | | |
| | b | returns and allo | wances . a pods sold b | | | | | |
| | С | Net income or (| loss) from sales of inv | entory 🟲 | | | | |
| | | Miscellaneous | Revenue | Business Code | | | | |
| | 11a | | | | | | | |
| | ь | | | | | | | |
| | c | | | | | | | |
| | . | Δ II other royan | ne | | | | | |
| | d e | | ie s 11a-11d | \$ | | | | |
| | 12 | | Add lines 1h, 2g, 3, 4, | · · · · · · · · · · · · · · · · · · · | -8,453,260 | 0 | | 0 -13,447,713 |
| | | | le | | | | | Form 990 (2008) |

Form 990 (2008) Part IX Statement of Functional Expenses

| | Section 501(c)(3) and 501(c)(4) orga All other organizations must complete column (A) but are not re | | | |). |
|----|---|-----------------------|---|---|--|
| | not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 | Grants and other assistance to governments and organizations in the U S $$ See Part IV, line 21 $$ | 10,191,364 | 10,191,364 | | |
| 2 | Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16 | 5,600 | 5,600 | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$ | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | 64,239 | | 64,239 | |
| b | Legal | | | | |
| c | Accounting | | | | |
| d | Lobbying | | | | |
| e | Professional fundraising See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | | | | |
| 13 | Office expenses | | | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses for any Federal, state or local public officials | | | | |
| 19 | Conferences, conventions and meetings | | | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | | | | |
| 23 | Insurance | | | | |
| 24 | Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below) | | | | |
| 1 | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 10,261,203 | 10,196,964 | 64,239 | (|
| 26 | Joint Costs. Check I if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation | | | | |

| Part X | Balance | Sheet |
|--------|----------|-------|
| | Dalalice | SHEEL |

| | | | | (A) | | (B) |
|-------------|-------|---|----------|-------------------|-----------------|-------------|
| | • | | | Beginning of year | | End of year |
| | 1 | Cash—non-interest-bearing | | | 1 | |
| | 2 | Savings and temporary cash investments | | 3,787,797 | 2 | 9,016,744 |
| | 3 | Pledges and grants receivable, net | | | 3 | |
| | 4 | Accounts receivable, net | | | 4 | |
| | 5 | Receivables from current and former officers, directors, trustees, key emplother related parties <i>Complete Part II of Schedule L</i> | oyees or | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 495 persons described in section 4958(c)(3)(B) Complete Part II of Schedule L | | | 6 | |
| | 7 | Notes and loans receivable, net | . [| | 7 | |
| | 8 | Inventories for sale or use | | | 8 | |
| 2 | 9 | Prepaid expenses and deferred charges | | | 9 | |
| Assets | 10a | Land, buildings, and equipment cost basis | | | | |
| • | b | Less accumulated depreciation Complete Part VI of Schedule D | | | 10c | |
| | 11 | Investments—publicly traded securities | | 55,225,571 | | 38,544,191 |
| | 12 | Investments—other securities See Part IV, line 11 Complete Part VII of | • | 10,002,147 | 12 | 1,921,611 |
| | 13 | Schedule D Investments—program-related See Part IV, line 11 Complete Part VIII | | | | |
| | | of Schedule D | - | | 13 | |
| | 14 | Intangible assets | | 22.704 | 14 | 2 202 |
| | 15 | Other assets See Part IV, line 11 Complete Part IX of Schedule D | 23,764 | 15 | 2,396 | |
| | 16 | Total assets. Add lines 1 through 15 (must equal line 34) | | 69,039,279 | 16 | 49,484,942 |
| | 17 | Accounts payable and accrued expenses . | | 17 | | |
| | 18 | Grants payable | | 18 | | |
| | 19 | Deferred revenue | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | 20 | |
| <u>@</u> | 21 | Escrow account liability Complete Part IV of Schedule D | | | 21 | |
| Liabilities | 22 | Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified | | | | |
| Ę | | persons Complete Part II of Schedule L | | | 22 | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | | 23 | |
| | 24 | Unsecured notes and loans payable | | | 24 | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 5,014,220 | 25 | 3,751,807 |
| | 26 | Total liabilities. Add lines 17 through 25 | | 5,014,220 | 26 | 3,751,807 |
| es | | Organizations that follow SFAS 117, check here ▶ ▽ and complete lines 2 through 29, and lines 33 and 34. | 27 | | | |
| 3UC | 27 | Unrestricted net assets | ŀ | 42,192,207 | 27 | 28,111,938 |
| Balance | 28 | Temporarily restricted net assets | ŀ | 8,817,607 | 28 | 4,927,738 |
| | 29 | Permanently restricted net assets | ŀ | 13,015,245 | \vdash | 12,693,459 |
| Fund | | Organizations that do not follow SFAS 117, check here ▶ ┌ and complete | : | · · · | | <u></u> |
| ō | 30 | lines 30 through 34. Capital stock or trust principal, or current funds | } | | 30 | |
| eţs | 31 | Paid-in or capital surplus, or land, building or equipment fund | | | 31 | |
| Assets | 32 | Retained earnings, endowment, accumulated income, or other funds | · · | | 32 | |
| | 33 | Total net assets or fund balances | ŀ | 64,025,059 | | 45,733,135 |
| Net | 34 | Total liabilities and net assets/fund balances | ŀ | 69,039,279 | | 49,484,942 |
| | | , otal madmitted and net addets/land datances | l | 55,555,279 | _ _ | 70,707,072 |
| Pa | rt XI | Financial Statements and Reporting | | | | |

| ParitXI | Financial | Statements | and Reporting |
|---------|-----------|------------|---------------|

| | | | Yes | No |
|----|---|----|-----|----|
| 1 | Accounting method used to prepare the Form 990 | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | Νο |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | | Νο |
| С | If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? | 2c | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | No |
| b | If "Yes," did the organization undergo the required audit or audits? | 3b | | |

DLN: 93493137050060

Public Charity Status and Public Support

Department of the Treasury Internal Revenue Service

h

SCHEDULE A

(Form 990 or 990EZ)

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

| | | ne organization Eration of omaha foundation | Employer Identif | ımber | | | | | | | |
|-------------|-----------|--|---------------------------|-------------|---------|----------------|--|--|--|--|--|
| J L V V I S | JII I EDI | ENTITION OF OTTAIN FOOTBALLON | 20-1123519 | | | | | | | | |
| Pa | rt I | Reason for Public Charity Status (to be completed by all organizations) (| | 5) | | | | | | | |
| | | zation is not a private foundation because it is (Please check only one organization) | | | | | | | | | |
| 1 | Г | A church, convention of churches, or association of churches described in Section 170(b |)(1)(A)(i). | | | | | | | | |
| 2 | Г | A school described in Section 170(b)(1)(A)(ii). (Attach Schedule E) | | | | | | | | | |
| 3 | Г | A hospital or a cooperative hospital service organization described in Section 170(b)(1)(A)(iii). (Attach Schedule H) | | | | | | | | | |
| 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 | Г | An organization operated for the benefit of a college or university owned or operated by a | governmental unit | describe | d ın | | | | | | |
| | | Section 170(b)(1)(A)(iv). (Complete Part II) | | | | | | | | | |
| 6 | Г | 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 governmen | | e general | public | | | | | | |
| | | described in Section 170(b)(1)(A)(vi) (Complete Part II) | | - | | | | | | | |
| 8 | \sqcap | A community trust described in Section 170(b)(1)(A)(vi) (Complete Part II) | | | | | | | | | |
| 9 | Γ | An organization that normally receives (1) more than 331/3% of its support from contrib | utıons, membershı | ıp fees, aı | nd gros | ss | | | | | |
| | | receipts from activities related to its exempt functions—subject to certain exceptions, ar | nd (2) no more thai | n 331/3% | of | | | | | | |
| | | its support from gross investment income and unrelated business taxable income (less s | ection 511 tax) fro | om busine | esses | | | | | | |
| | | acquired by the organization after June 30, 1975 See Section 509(a)(2). (Complete Part | III) | | | | | | | | |
| 10 | Г | An organization organized and operated exclusively to test for public safety. See Section | 509(a)(4). (See in | struction | s) | | | | | | |
| 11 | 굣 | An organization organized and operated exclusively for the benefit of, to perform the func- | tions of, or to carry | out the | ourpos | ses of | | | | | |
| | | one or more publicly supported organizations described in section 509(a)(1) or section 5 | | t ion 509(| a)(3). | Check | | | | | |
| | | the box that describes the type of supporting organization and complete lines 11e through | | - | . 0 +1 | | | | | | |
| | <u>_</u> | a ▼ Type I | • | Type III | | | | | | | |
| е | <u> </u> | By checking this box, I certify that the organization is not controlled directly or indirectly other than foundation managers and other than one or more publicly supported organizati | • | • | • | | | | | | |
| | | section 509(a)(2) | | | 5 (4)(5 | _, | | | | | |
| f | | If the organization received a written determination from the IRS that it is a Type I, Type | II or Type III sup | porting o | rganız | atio <u>n,</u> | | | | | |
| | | check this box | £ 1.1 | | | ı | | | | | |
| g | | Since August 17, 2006, has the organization accepted any gift or contribution from any of following persons? | ortne | | | | | | | | |
| | | (i) a person who directly or indirectly controls, either alone or together with persons desc | rıbed ın (ıı) | | Yes | No | | | | | |
| | | and (III) below, the governing body of the the supported organization? | | 11g(i) | | No | | | | | |
| | | (ii) a family member of a person described in (i) above? | | 11g(ii) | | No | | | | | |
| | | (iii) a 35% controlled entity of a person described in (i) or (ii) above? | | 11g(iii) | | Νο | | | | | |

| (i) Name of Supported Organization | (ii) EIN | (iii) Type of organization (described on lines 1-9 above or IRC section (See Instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | organization in col (i) listed in your governing | | organization in col (i) listed in your governing document? | | organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | on in the organization ted in in col (i) of your rning support? | | the organization (i) listed in in col (i) of your support? | | organization in col (i) organized | | (vii) A mount of support? |
|--|-----------|--|--|----|--|----|---|----|---|--|--|--|---|--|--|--|-----------------------------------|--|---------------------------|
| | | | Yes | No | Yes | No | Yes | No | | | | | | | | | | | |
| JEWISH FEDERATION OF OMAHA INC | 470384659 | 7 | Yes | | Yes | | Yes | | 8580236 | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | |
| Total | | | | | | | | | 8,580,236 | | | | | | | | | | |

Provide the following information about the organizations the organization supports

| Part II | Support Schedule for Organizations Described in IRC 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.) |

| Pι | ıblic Support | | , , | , | | | | |
|------|---|--------------------|-------------------|-------------------|------------------|--------------|----------|------------|
| Cale | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) | 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | | |
| | membership fees received (Do not | | | | | | | |
| | include any "unusual grants ") | | | | | | | |
| 2 | Tax revenues levied for the organization's | | | | | | | |
| | benefit and either paid to or expended on | | | | | | | |
| _ | its behalf The value of services or facilities | | | | | | | |
| 3 | furnished by a governmental unit to the | | | | | | | |
| | organization without charge | | | | | | | |
| 4 | Total. Add line 1-3 | | | | | 1 | | |
| 5 | The portion of total contribution by each | | | | | | | |
| 5 | person (other than a government unit or | | | | | | | |
| | publicly supported organization) included | | | | | | | |
| | on line 1 that exceed 2% of the amount | | | | | | | |
| | shown on line 11, column | | | | | | | |
| | · (f) | | | | | | | |
| 6 | Public Support subtract line 5 from line | | | | | | | |
| | 4 | | | | | | | |
| | otal Support | | 1 | | T | | | |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) : | 2008 | (f) Total |
| 7 | A mounts from line 4 | | | | | | | |
| 8 | Gross income from interest, dividends, | | | | | | | |
| | payments received on securities loans, | | | | | | | |
| | rents, royalties and income from similar | | | | | | | |
| _ | sources | | | | | | | |
| 9 | Net income from unrelated business | | | | | | | |
| | activities, whether or not the business is regularly carried on | | | | | | | |
| 10 | Other income Do not include gain or loss | | | | | | | |
| 10 | from the sale of capital assets (Explain in | | | | | | | |
| | Part IV) | | | | | | | |
| 11 | Total Support (Add lines 7 through 10) | | | | | | | |
| 12 | Gross receipts from related activities, etc | (See instructio | ns) | | • | 12 | | |
| 13 | First Five Years. If the Form 990 is for the | organization's f | irst second thu | d fourth or fifth | ntay vearas a F | | 3) | |
| | organization, check this box and stop here | | mat, second, tim | u, rouren, or mer | rtax year as a s | /O1(C)(C | • • | ▶ □ |
| | | | | | | | | • |
| Co | omputation of Public Support Perc | entage | | | | | | |
| 14 | Public Support Percentage for 2008 (line 6 | 5 column (f) dıvı | ded by line 11 c | olumn (f)) | | 14 | | |
| 15 | Public Support Percentage for 2007 School | dule A , Part IV - | A, line 26f | | | 15 | | |
| 16a | 33 1/3% Test - 2008. If the organization di | d not check the | box on line 13. | and line 14 is 3 | 3 1/3% or more. | | this box | |
| | and stop here. The organization qualifies a | | | | , | | | ▶ □ |
| b | 33 1/3% Test - 2007. If the organization d | | | | 15 is 33 1/3% d | r more, | check th | |
| | box and stop here. The organization qualifi | es as a publicly | supported orga | nızatıon | | | | ▶ □ |
| 17a | 10% Facts and Circumstances Test - 2008. | | | | | | | |
| | more, and if the organization meets the "fa | | • | | | | | · — |
| | organization meets the "facts and circums | | | | | | | ► □ |
| Ь | 10% Facts and Circumstances Test - 2007. | | | | | | | |
| | more, and if the organization meets the "fa | | • | | | | | _ |
| 4.0 | the organization meets the "facts and circu | | | | | | | n ▶ |
| 18 | Private Foundation. If the organization did | not check the b | oux on line 13, 1 | oa, 160, 1/a or | 1/D, check this | oox an | u see | ▶ □ |
| | ınstructions | | | | | | | F-1 |

| Pa | Support Schedule for On (Complete only if you ched | | | |)(2) | | |
|------|---|--------------------|-------------------|---------------------|------------------|-----------------|------------------|
| | ction A. Public Support | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| 2 | include any "unusual grants ") Gross receipts from admissions, | | | | | | |
| 2 | merchandise sold or services performed, | | | | | | |
| | or facilities furnished in any activity that | | | | | | |
| | is related to the organization's tax- | | | | | | |
| | exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are | | | | | | |
| | not an unrelated trade or business under | | | | | | |
| | section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| _ | organization without charge | | | | | | |
| 6 | Total Add lines 1-5 | | | | | | |
| 7a | A mounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons Amounts included on lines 2 and 3 | | | | | | |
| D | received from other than disqualified | | | | | | |
| | persons that exceed the greater of 1% of | | | | | | |
| | the total of lines 9, 10c, 11, and 12 for | | | | | | |
| | the year or \$5,000 | | | | | | |
| c | Total of lines 7a and 7b | | | | | | |
| 8 | Public Support (Substract line 7c from | | | | | | |
| · | line 6) | | | | | | |
| To | tal Support | | • | • | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | A mounts from line 6 | | | | | | |
| 10a | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, | | | | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after 30 June, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, | | | | | | |
| | whether or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or loss | | | | | | |
| 12 | from the sale of capital assets | | | | | | |
| | (Explain in Part IV) | | | | | | |
| 13 | Total Support (Add lines 9, 10c, 11 and | | | | | | |
| | 12) | | | | | | |
| 14 | First Five Years If the Form 990 is for the | organization's fi | rst, second, thir | d, fourth, or fifth | ntax year as a 5 | 01(c)(3) organı | zation, |
| | check this box and stop here | | | | | | ▶□ |
| | | | | | | | |
| | mputation of Public Support Perc | | | | | | |
| 15 | Public Support Percentage for 2008 (line | | • | olumn (f)) | | 15 | |
| 16 | Public Support Percentage for 2007 Sche | dule A , Part IV - | A, line 27g | | | 16 | |
| | | | | | | | |
| | mputation of Investment Income | | | | | | |
| 17 | Investment Income Percentage for 2008 (| | | - |)) | 17 | |
| 18 | Investment Income Percentage from 2007 | 'Schedule A , Pa | rt IV-A, line 27 | h | | 18 | |

19a 33 1/3% Tests - 2008. 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 **33 1/3% Tests - 2007.** 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

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

| Part IV | Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions) | | | | | | |
|---------|---|--|--|--|--|--|--|
| | | | | | | | |
| | Facts and Circumstances Test | | | | | | |
| | | | | | | | |

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Name of the organization **Employer identification number** JEWISH FEDERATION OF OMAHA FOUNDATION

| | | | 20-1123519 |
|-------------|---|--|---|
| Part | | | nds or Accounts. Complete if th |
| | organization answered "Yes" to Form 9 | 90, Part IV, line 6. (a) Donor advised funds | (b) Funds and other accounts |
| . т | Total number at end of year | 108 | (2) rando ana otner accounts |
| 2 4 | Aggregate Contributions to (during year) | 3,687,646 | |
| | Aggregate Grants from (during year) | 2,926,246 | |
| A | Aggregate value at end of year | 12,850,752 | |
| | Did the organization inform all donors and donor adv funds are the organization's property, subject to the | | radvised ∀Yes |
| ı | Did the organization inform all grantees, donors, and used only for charitable purposes and not for the be impermissible private benefit? | 5 5 | nay be ▽ Yes |
| | Conservation Easements. Complete | of the organization answered "Yes" to | Form 990, Part IV, line 7. |
|]]] | Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreated Protection of natural habitat Preservation of open space | tion or pleasure) Preservation of an h Preservation of cert | ustorically importantly land area rified historic structure |
| | Complete lines 2a–2d if the organization held a qua on the last day of the tax year | lined conservation contribution in the form o | |
| _ | | | Held at the End of the Yea |
| 3 | Total number of conservation easements | | 2a |
|) | Total acreage restricted by conservation easemen | | 2b |
| | Number of conservation easements on a certified h | | 2c |
| | Number of conservation easements included in (c) | • | 2d |
| | Number of conservation easements modified, transf the taxable year ► | erred, released, extinguished, or terminated | by the organization during |
| ı | Number of states where property subject to conserv | ation easement is located ► | |
| | Does the organization have a written policy regardir enforcement of the conservation easements it holds | | ions, and Yes No |
| 9 | Staff or volunteer hours devoted to monitoring, insp | ecting and enforcing easements during the y | rear ▶ - |
| , | A mount of expenses incurred in monitoring, inspect | ing, and enforcing easements during the yea | ır ► \$ |
| | Does each conservation easement reported on line 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? | 2(d) above satisfy the requirements of secti | on Yes No |
| I | In Part XIV, describe how the organization reports of balance sheet, and include, if applicable, the text of the organization's accounting for conservation ease | the footnote to the organization's financial s | |
| art | Organizations Maintaining Collection Complete if the organization answered | | r Other Similar Assets. |
| | If the organization elected, as permitted under SFA! art, historical treasures, or other similar assets heli provide, in Part XIV, the text of the footnote to its fi | d for public exhibition, education or research | ı ın furtherance of publıc service, |
| ١ | If the organization elected, as permitted under SFA! historical treasures, or other similar assets held for provide the following amounts relating to these item | public exhibition, education, or research in | • |
| (| (i) Revenues included in Form 990, Part VIII, line | 1 | ► \$ |
| (| (ii) Assets included in Form 990, Part X | | ► \$ |
|] | If the organization received or held works of art, his following amounts required to be reported under SFA | • | , |
| a p | Revenues included in Form 990, Part VIII, line 1 | | ► \$ |
| | · | | |

Cat No 52283D

b Assets included in Form 990, Part X

| | Organizations Maintaining Co | nections of Art, | HIST | COLI | cai ileasui | es, or other | Sillillai AS | sets (| continuea) |
|---------|---|-------------------------------|--------------|----------|------------------------------------|---|-------------------|---------------|------------|
| 3 | Using the organization's accession and othe items (check all that apply) | r records, check any o | of the | e foll | owing that are | a sıgnıfıcant us | se of its collect | tion | |
| а | Public exhibition | | d | Γ | Loan or excha | nge programs | | | |
| b | Scholarly research | | e | Γ | Other | | | | |
| С | Preservation for future generations | | | | | | | | |
| 4 | Provide a description of the organization's co Part XIV | ollections and explain | how | the | / further the orç | ganızatıon's ex | empt purpose | ın | |
| 5 | During the year, did the organization solicit of assets to be sold to raise funds rather than t | | | | | | ılar | ┌ Yes | Г No |
| Par | Trust, Escrow and Custodial A Part IV, line 9, or reported an an | | | | | ızatıon answe | ered "Yes" to | Form | 990, |
| 1a | Is the organization an agent, trustee, custod included on Form 990, Part X? | ıan or other ıntermed | iary 1 | for c | ontributions or | other assets n | | ┌ Yes | ┌ No |
| b | If "Yes," explain why in Part XIV and comple | te the following table | | | | | | | |
| | | | | | | | An | nount | |
| с | Beginning balance | | | | | 1c | | | |
| d | Additions during the year | | | | | 1d | | | |
| e | Distributions during the year | | | | | 1e | | | |
| f | Ending balance | | | | | 1f | | | |
| 2a | Did the organization include an amount on Fo | orm 990, Part X, line : | 21? | | | | | │ Yes | ☐ No |
| | If "Yes," explain the arrangement in Part XIV | | | | | | | | |
| Pa | rt V Endowment Funds. Complete | | | | | | | | |
| ١. | Reginning of year balance | (a)Current Year 43,150,904 | (b) | Prior | Year (c) I wo | Years Back (d) | nree Years Back | (e)Four | Years Back |
| la L | Beginning of year balance | 3,486,225 | | | | | | | |
| b | | -8,958,753 | | | | | | | |
| ۲ C | Investment earnings or losses Grants or scholarships | 1,431,803 | | | | | | | |
| d | Other expenditures for facilities | 7,157,633 | | | | | | | |
| е | and programs | 7,137,033 | | | | | | | |
| f | Administrative expenses | 187,864 | | | | | | | |
| g | End of year balance | 28,901,076 | | | | | | | |
| 2 | Provide the estimated percentage of the yea | r end balance held as | | | | | | | |
| а | Board designated or quasi-endowment | 3 000 % | | | | | | | |
| ь | Permanent endowment > 97 000 % | | | | | | | | |
| c | Term endowment ► 0 % | | | | | | | | |
| 3a | Are there endowment funds not in the posses | ssion of the organizat | ıon t | hat a | re held and adı | mınıstered for t | the | | |
| | organization by | · | | | | | | Yes | No |
| | (i) unrelated organizations | | | | | | 3a(| | Νο |
| | (ii) related organizations | | | | | | 3a(| | No |
| | If "Yes" to 3a(II), are the related organizatio | • | | | | | 31 | b | |
| 4 | Describe in Part XIV the intended uses of th | | | | | | | | |
| Par | t VI Investments—Land, Buildings | s, and Equipment | t. Se | | | _ ′ | | <u> </u> | |
| | Description of investment | | | | a) Cost or other isis (investment) | (b)Cost or other basis (other) | (c) Depreciati | on (d) | Book value |
| 1a | Land | | | | | | - - | | |
| b | Buildings | | ı | | | | | | |
| c | Leasehold improvements | | | L | | | | | |
| d | Equipment | | | | | | | | |
| - | | | | | | | | | |
| | Other | <u> </u> | | | | | | | |

| Part VII Investments-Other Securities. See | Form 990, Part X, line 1 | 2. | |
|--|--------------------------|----|-------------------------------------|
| (a) Description of security or cateory (including name of security) | (b)Book value | | d of valuation year market value |
| Financial derivatives and other financial products | | | |
| Closely-held equity interests | | | |
| O ther | | | |
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| | | | |
| Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶ | | | |
| Part VIII Investments—Program Related. See | e Form 990, Part X, line | | |
| (a) Description of investment type | (b) Book value | | d of valuation year market value |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 13) | | | |
| Part IX Other Assets. See Form 990, Part X, lin | | | (1) P |
| (a) Descrip | otion | | (b) Book value |
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| Total. (Column (b) should equal Form 990, Part X, col.(B) line 1 | | | |
| Part X Other Liabilities. See Form 990, Part X (a) Description of Liability | (, line 25. (b) A mount | | |
| Federal Income Taxes | (b) Amount | | |
| Custodial Funds | 3,751,807 | | |
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| Total. (Column (b) should equal Form 990, Part X, col (B) line 25) | 3,751,807 | | |

| Pai | rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen | ts | |
|--------|--|--------|-------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | |
| 3 | Excess or (deficit) for the year Subtract line 2 from line 1 | 3 | |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV) | 8 | |
| 9 | Total adjustments (net) Add lines 4 - 8 | 9 | |
| 10 | Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 | 10 | |
| Par | t XII Reconciliation of Revenue per Audited Financial Statements With Revenue pe | er Ret | urn |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | |
| 2 | A mounts included on line 1 but not on Form 990, Part VIII, line 12 | | |
| а | Net unrealized gains on investments | | |
| ь | Donated services and use of facilities | | |
| c | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIV) 2d | | |
| e | Add lines 2a through 2d | 2e | |
| 3 | Subtract line 2e from line 1 | 3 | |
| 4 | A mounts included on Form 990, Part VIII, line 12, but not on line 1 | | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b . 4a | | |
| b | Other (Describe in Part XIV) | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) | 5 | |
| | Reconciliation of Expenses per Audited Financial Statements With Expenses | | eturn |
| 1 | Total expenses and losses per audited financial statements | 1 | |
| 2 | A mounts included on line 1 but not on Form 990, Part IX, line 25 | | |
| a | Donated services and use of facilities | | |
| Ь | Prior year adjustments | | |
| c d | Losses reported on Form 990, Part IX, line 25 | | |
| | Other (Describe in Part XIV) | 2e | |
| е 3 | Subtract line 2e from line 1 | 3 | |
| 4 | A mounts included on Form 990, Part IX, line 25, but not on line 1: | - | |
| 4 a | Investment expenses not included on Form 990, Part VIII, line 7b 4a | | |
| a b | Other (Describe in Part XIV) 4b | | |
| c | Add lines 4a and 4b | 4c | |
| 5 | Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18) | 5 | |
| | rt XIV Supplemental Information | | |
| | | | |

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and

| Description of Intended Use of Endowment Funds Description of Uncertain Tax Positions Under FIN 48 | TO CONTRIBUTE TO THE STABILITY AND CONTINUITY OF JEWISH LIFE AND TO SUPPORT COMMUNAL SERVICES IN THE OMAHA AREA The Federation is a not-for-profit corporation as described in Section 501(c)(3) of the Code and has received a determination letter that it is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code The Internal Revenue Service has established standards to be met to maintain the Federations tax exempt status. In general, such standards require the Federation to meet a community benefits standard and comply with various laws and regulations. In June 2006, the Financial Accounting Standards Board (FASB) issued |
|---|--|
| | Section 501(c)(3) of the Code and has received a determination letter that it is exempt from federal income taxes on related income pursuant to Section 501(a) of the Code The Internal Revenue Service has established standards to be met to maintain the Federations tax exempt status. In general, such standards require the Federation to meet a community benefits standard and comply with various laws and regulations. In June |
| | FASB Interpretation No. 48 (FIN 48), Accounting for Uncertainty in Income Taxes - an interpretation of FASB Statement 109 FIN 48 clarifies the accounting for uncertainty in income taxes recognized in an enterprise's financial statements in accordance with FASB Statement No. 109, Accounting for Income Taxes. FIN 48 prescribes a comprehensive model for recognizing, measuring, presenting and disclosing in the financial statements tax positions taken or expected to be taken on a tax return including positions that the organization is exempt from income taxes or not subject to income taxes on unrelated business income. If there are changes in net assets as a result of application of FIN 48 these will be accounted for as an adjustment to the opening balance of retained earnings. Additional disclosures about the amounts of such liabilities will be required also. The Federation presently discloses or recognizes income tax positions based on managements estimate of whether it is reasonably possible or probable, respectively, that a liability has been incurred for unrecognized income tax benefits by applying FASB Statement No. 5, Accounting for Contingencies. The Federation has elected to defer the application of Interpretation 48 in accordance with FASB Staff Position (FSP) FIN 48-3. This FSP defers the effective date of Interpretation 48 for nonpublic enterprises, such as the Federation, included within its scope to the annual financial statements for fiscal years beginning after December 15, 2008. The Federation will be required to adopt FIN 48 in its 2010 annual financial statements. Management is currently assessing the impact of FIN 48 on its financial position and results of operations and does not expect that the adoption of FIN 48 will have a material effect on its financial statements. |
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As Filed Data -

DLN: 93493137050060

OMB No 1545-0047

2008

SCHEDULE F (Form 990)

Department of the Treasury

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

Statement of Activities Outside the United States

Open to Public

| IIILEIII | ar Revenue Service | | | | | | Inspection | | |
|----------|---|-------------------------------------|---|--|---------------------------|--|---------------------------|--|--|
| | ne of the organization ISH FEDERATION OF O | MAHA FOLINDAT | TON | | | Employer ide | entification number | | |
| J | 1311 IEDERATION OF O | MANATOUNDAT | 10 N | | | 20-112351 | 9 | | |
| Pa | | ormation on Ac 990, Part IV, lir | | de the United States | s. Complete | e if the orgai | nızatıon answered | | |
| 1 | For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance | | | | | | | | |
| 2 | For grant makers. Desc United States | ribe in Part IV the | organization's pr | ocedures for monitoring th | ne use of grar | nt funds outsic | le the | | |
| 3 | Activites per Region (l | Use Schedule F-1 | (Form 990) If add | ditional space is needed) | | | | | |
| | (a) Region | (b) Number of offices in the region | (c) Number of employees or agents in region | (d) Activities conducted in region (by type) (i.e., fundraising, program services, grants to recipients located in the region) | ıs a progr describe sp | ty listed in (d) am service, pecific type of s) in region | (f) Total expenditures in | | |
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Totals.

| 1 | (a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of of non-cash assistance | (h) Description of non-cash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|---|--------------------------|---|---------------|------------------------|------------------------------|---------------------------------------|---|--|--|
| | | | NORTH AMERICA | SCHOLARSHIPS | 5,600 | CHECK | | | |
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| 2 | | | | ecognized as charities | | | | | 1 |

| | F-1 (Form 990) if a | | | tea States. Complete | if the organization a | inswered "Yes" to Form | 990, Part IV, line 16. |
|------------------------------------|---------------------|--------------------------|------------------------------|------------------------------------|---|--|--|
| (a) Type of grant or assistance | (b) Region | (c) Number of recipients | (d) A mount of cash grant | (e) Manner of cash disbursement | (f) A mount of non- cash assistance | (g) Description of non-cash assistance | (h) Method of valuation (book, FMV, appraisal, other) |
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Schedule F (Form 990) 2008

| Complete this part t | o provide the information required | ın Part I, line 2, and any other additional information. |
|----------------------|------------------------------------|--|
| Identifier | ReturnReference | Explanation |
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Grants and Other Assistance to Organizations, Governments and Individuals in the U.S.

OMB No 1545-0047

DLN: 93493137050060

Open to Public

Department of the Treasury

Schedule I

(Form 990)

| Internal Revenue Service Name of the organization | | | | 70, 1 ut 17, mes 21 of | | Employer identi | Inspection ification number |
|--|---|--|--------------------------------|---|---|----------------------|---------------------------------------|
| JEWISH FEDERATION OF OM | IAHA FOUNDATIO |) N | | | | 20-1123519 | |
| Does the organization m the selection criteria use Describe in Part IV the organization m Part II Grants and Ot Form 990, Part | aintain records to sed to award the grand organization's procential ther Assistance | nts or assistance? edures for monitoring the to Governments ny recipient that rece | t of the grants or assista | the United States in the United State | tes. Complete if the or no one recipient rec | organization answere | ed "Yes" on |
| | | • | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of | (h) Purpose of grant or assistance |
| See Additional Data Table | | | | | | | |
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| 2 Enter total number of sec | | - | - ' | | | • | 58 |
| organizations | | | | | <i>-</i> | | . . |

| art III | Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, F | Part IV, line 22. |
|---------|---|-------------------|
| | Use Schedule I-1 (Form 990) if additional space is needed. | |

| (a)Type of grant or assistance | (b) Number of recipients | (c)A mount of cash grant | (d)A mount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|----------------------------------|-----------------------------|--------------------------------------|---|---------------------------------------|
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Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

| Ident if ier | Return Reference | Explanation |
|---|------------------|--|
| Procedure for Monitoring Grants in the U S | | Schedule I, Part I, Line 2 Grants are disbursed after programs and services are provided, and receipts for the costs are submitted to the Foundation |
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Software ID: Software Version:

EIN: 20-1123519

Name: JEWISH FEDERATION OF OMAHA FOUNDATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

| | | 1 | | | | | |
|--|------------|---------------------------------------|------------------------------|---|---|--|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| A merican Forum for New Immigrants 1250 Connecticut A venue NW Suite 525 Washington, DC 20036 | 52-1562374 | 501(c)(3) | 5,000 | | | | General Support |
| Bellevue University1000 Galvin Road Omaha,NE 68005 | 47-0491571 | 501(c)(3) | 116,666 | | | | General Support |
| Bemis Center for Contemporary Arts724 S 12th Street Omaha,NE 68102 | 47-0653927 | 501(c)(3) | 6,000 | | | | General Support |
| Beth El Synagogue14506 California Street Omaha,NE 68154 | 47-0388140 | 501(c)(3) | 69,954 | | | | General Support |
| Beth Israel Synagogue 12604 Pacıfic Street Omaha,NE 68154 | 47-0388010 | 501(c)(3) | 9,714 | | | | General Support |
| Big Brothers Big Sisters of the Midlands4902 Hamilton Street Omaha,NE 68135 | 47-0466144 | 501(c)(3) | 16,000 | | | | General Support |
| Blue Barn Theatre614 S 11th Street Omaha,NE 68102 | 47-0742394 | 501(c)(3) | 11,100 | | | | General Support |
| B'naı Jeshurun2061 South 20th Street Lincoln, NE 68502 | 47-0498915 | 501(c)(3) | 8,265 | | | | General Support |
| Boys & Girls Club of the Midlands2610 Hamilton Street Omaha,NE 68131 | 47-0467350 | 501(c)(3) | 16,800 | | | | General Support |
| Brigit St Brigit Theatre Company614 S 11th Street Omaha, NE 68102 | 47-0772596 | 501(c)(3) | 10,000 | | | | General Support |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
|--|----------------|--|--------------------------------------|---|---|---|---------------------------------------|--|
| Brownell Talbot School 400 N Happy Hollow Blvd Omaha, NE 68132 | 47-0376595 | 501(c)(3) | 21,000 | | | | General Support | |
| Chabad House1866 S 120 Street Omaha,NE 68144 | 36-3552582 | 501(c)(3) | 32,810 | | | | General Support | |
| Christian Urban Education Services2207 Wirt Street Omaha,NE 68110 | 47-0415808 | 501(c)(3) | 6,500 | | | | General Support | |
| Colorado Mountain College FoundationPO Box 1763 Glenwood Springs, CO 86102 | 74-2393418 | 501(c)(3) | 10,000 | | | | General Support | |
| Creighton University 2500 California Plaza Omaha, NE 68178 | 47-0376583 | 501(c)(3) | 57,200 | | | | General Support | |
| Educare of O maha Inc 2123 Paul Street O maha, NE 68102 | 80-0015385 | 501(c)(3) | 15,000 | | | | General Support | |
| El Museo Latino4701 S 25th Street Omaha, NE 68107 | 47-0769493 | 501(c)(3) | 10,000 | | | | General Support | |
| Film StreamsPO Box 8485 Omaha, NE 68108 | 20-2549448 | 501(c)(3) | 10,856 | | | | General Support | |
| Firemen & Police Appreciation Foundation 12927 Heavenly Drive Omaha, NE 68154 | 26-3499345 | 501(c)(3) | 23,664 | | | | General Support | |
| Gratitude Fund535 West 110 Street Suite 6E New York, NY 10025 | 13-4015475 | 501(c)(3) | 5,000 | | | | General Support | |

| Form 990,Schedule I, | Part II, Gra | nts and Other A | ssistance to Gov | ernments and O | rganizations in | the United States | 5 |
|---|--------------|--|------------------|---|-----------------|---|----------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | | (e) A mount of non- cash assistance | | (g) Description of non-cash assistance | (h) Purpose of grant |
| Herzl Camp7204 West 27th Street 226 St Louis Park, MN 55426 | 83-0506393 | 501(c)(3) | 11,530 | | | | Scholarships |
| Iowa Western Community College2700 College Rd Council Bluffs,IA 51503 | | 501(c)(3) | 8,334 | | | | General Support |
| Jewish Federation of O maha333 S 132 Street O maha, NE 68154 | 47-0384659 | 501(c)(3) | 8,580,236 | | | | General Support |
| Jun Kaneko Museum1111 Jones Street Omaha,NE 68102 | 36-4261067 | 501(c)(3) | 12,500 | | | | General Support |
| Juvenile Diabetes Research Found9202 West Dodge Road 304 Omaha,NE 68114 | 23-1907729 | 501(c)(3) | 7,600 | | | | General Support |
| Larchmont Temple75 Larchmont Avenue Larchmont, NY 10538 | 13-1845456 | 501(c)(3) | 6,000 | | | | General Support |
| Make-A-Wish Foundation 11926 Arbor Street 102 Omaha,NE 68144 | 47-0671096 | 501(c)(3) | 5,200 | | | | General Support |
| Mosdos Toras Chesed Inc212 E Broadway 601 New York, NY 10002 | 20-5418174 | 501(c)(3) | 10,000 | | | | General Support |
| National Endowment for the Arts1100 Pennsylvania Ave NW Washington, DC 20506 | 52-1098587 | 501(c)(3) | 5,000 | | | | General Support |
| National Safety & Health Council11620 M Circle Omaha,NE 68137 | 47-0259720 | 501(c)(3) | 10,000 | | | | General Support |
| | | | | | | | |

| Form 990,Schedule I, | Part II, Gra | nts and Other A | ssistance to Gov | ernments and O | rganizations in | the United States | 5 |
|--|--------------|--|------------------------------|---|--|---|-----------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | |
| Nebraska Cultural Endowment1004 Farnam Street Omaha,NE 68102 | 47-0813703 | 501(c)(3) | 5,000 | | | | General Support |
| O maha Children's Museum500 S 20th Street O maha, NE 68102 | 47-0594056 | 501(c)(3) | 10,000 | | | | General Support |
| Omaha Conservatory of Music10525 Pacific Street Omaha,NE 68114 | 47-0834657 | 501(c)(3) | 7,500 | | | | General Support |
| O maha Symphony1605 Howard Street O maha, NE 68102 | 47-6039304 | 501(c)(3) | 6,900 | | | | General Support |
| Omaha Theatre Company 2001 Farnam Street Omaha,NE 68102 | 47-0494912 | 501(c)(3) | 7,600 | | | | General Support |
| Opera Omaha1625 Farnam Street Omaha,NE 68102 | 47-6032795 | 501(c)(3) | 136,400 | | | | General Support |
| Orange County Performing Arts Center 600 Town Center Drive Costa Mesa, CA 92626 | 23-7287150 | 501(c)(3) | 25,000 | | | | General Support |
| OSRUI555 Skokie Blvd Ste 333 Northbrook,IL 60062 | 36-2642286 | n/a | 5,800 | | | | Scholarships |
| PEF Israel Endowment Funds317 Madison Avenue New York, NY 10017 | 13-6104086 | 501(c)(3) | 16,250 | | | | General Support |
| Performing Arts from the Heart19 West Drive Larchmont, NY 10538 | | 501(c)(3) | 20,000 | | | | General Support |
| | | | | | | | |

| Form 990,Schedule I, | Part II, Gra | nts and Other A | ssistance to Gov | ernments and O | rganizations in | the United States | |
|--|--------------|--|------------------|---|---|--|----------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant |
| Planned Parenthood4610 Dodge Street Omaha, NE 68132 | 47-0391517 | 501(c)(3) | 13,118 | | | | General Support |
| RESPECT2820 S 75th Street Omaha, NE 68114 | 20-1469255 | 501(c)(3) | 10,100 | | | | General Support |
| Southern California Council for Soviet Jews PO Box 1542 Studio City, CA 91614 | 23-7093263 | 501(c)(3) | 5,000 | | | | General Support |
| Santa Fe Chamber Music FestivalPO Box 2227 Santa Fe, NM 87504 | 85-0224461 | 501(c)(3) | 12,000 | | | | General Support |
| Santa Fe OperaPO Box 2408 Santa Fe, NM 85704 | 85-0131810 | 501(c)(3) | 20,000 | | | | General Support |
| SCORE Foundation200 W Santa Ana Blvd 700 Santa Ana,CA 92701 | 52-1962712 | 501(c)(3) | 20,000 | | | | General Support |
| Shwayder51 Grape Street Denver, CO 80220 | 84-0402688 | n/a | 6,000 | | | | General Support |
| Soille San Diego Hebrew Day School3630 Afton Road San Diego, CA 92123 | 95-2305570 | 501(c)(3) | 12,500 | | | | General Support |
| Telluride Film Festival 800 Jones Street Berkeley,CA 94710 | 23-7426302 | 501(c)(3) | 12,500 | | | | General Support |
| Temple Bat Yam1011 Camelback Street Newport Beach, CA 92660 | 45-2875578 | 501(c)(3) | 12,000 | | | | General Support |
| | | | | | | | |

| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance | |
|--|----------------|--|------------------------------|---|---|--|---|--|
| Temple Israel7023 Cass Street Omaha,NE 68132 | 47-0376590 | 501(c)(3) | 106,831 | | | | General Support | |
| Trustees of the Univ of Penn3701 Locust Walk Philadelphia,PA 19104 | 23-1352685 | 501(c)(3) | 130,750 | | | | General Support | |
| United States Artists 5757 Wilshire Blvd 580 Los Angeles, CA 90036 | 22-3903993 | 501(c)(3) | 50,000 | | | | General Support | |
| United Way of the Midlands1805 Harney Street Omaha,NE 68102 | 47-0376605 | 501(c)(3) | 111,250 | | | | General Support | |
| Universal Cinema Services Inc1010 W Euless Blvd 240 Euless,TX 76040 | 75-2597741 | N/A | 11,987 | | | | grant for adding hearing-impaired equipment to theater | |
| University of Nebraska at Kearney905 W 25th Street Kearney, NE 68849 | 47-0049123 | 501(c)(3) | 6,000 | | | | General Support | |
| University of Nebraska at Omaha6001 West Dodge Road Omaha, NE 68182 | 47-0049123 | 501(c)(3) | 6,000 | | | | General Support | |
| University of Nebraska Foundation2285 S 67th Street 200 Omaha, NE 68106 | 47-0379839 | 501(c)(3) | 76,460 | | | | General Support | |
| University of Nebraska Medical Center42nd Emile Omaha, NE 68198 | 91-1858433 | 501(c)(3) | 6,500 | | | | General Support | |
| Wayne State University 1111 Main Street Wayne, NE 68787 | 47-0491233 | 501(c)(3) | 6,000 | | | | General Support | |

| Form 990,Schedule 1, | Part II, Grai | its and Other As: | sistance to Gove | ernments and Or | ganizations in t | ne United States | |
|--|---------------|--|-------------------------------------|---|---|---|---------------------------------------|
| (a) Name and address of organization or government | (b) EIN | (c) IRC Code section if applicable | (d) A mount of cash grant | (e) A mount of non- cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
| Westside Community Schools Foundation8701 Pacific Street Omaha,NE 68114 | 47-0560469 | 501(c)(3) | 15,900 | | | | General Support |

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DLN: 93493137050060

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Name of the organization JEWISH FEDERATION OF OMAHA FOUNDATION **Employer identification number**

| | 2. 2 | | | | 20-1123519 | | | |
|-----|---|----------------------------------|--------------------------------|---|-----------------------------------|--------|------|----|
| Pa | rt I Types of Property | | | <u> </u> | | | | |
| | | (a) Check ıf applıcable | (b) Number of Contributions | (c) Revenues reported on Form 990, Part VIII, line 1g | (d Method of d reven | etermı | nıng | |
| 1 | Art—Works of art | | | | | | | |
| 2 | Art—Historical treasures . | | | | | | | |
| 3 | Art—Fractional interests | | | | | | | |
| 4 | Books and publications | | | | | | | |
| 5 | Clothing and household | | | | | | | |
| | goods | | | | | | | |
| | Cars and other vehicles | | | | | | | |
| 7 | ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' | | | | | | | |
| | Intellectual property | | | | | | | |
| | Securities—Publicly traded . | X | 2 | 1,001,207 | FAIR MARKET VAL | UE | | |
| | Securities—Closely held stock . | | | | | | | |
| | Securities—Partnership, LLC, or trust interests | | | | | | | |
| 12 | Securities—Miscellaneous | | | | | | | |
| 13 | Qualified conservation contribution (historic structures) | | | | | | | |
| 14 | Qualified conservation contribution (other) | | | | | | | |
| 15 | Real estate—Residential . | | | | | | | |
| 16 | Real estate—Commercial | | | | | | | |
| 17 | Real estate—Other | | | | | | | |
| 18 | Collectibles | | | | | | | |
| 19 | Food inventory | | | | | | | |
| 20 | Drugs and medical supplies . | | | | | | | |
| 21 | Taxidermy | | | | | | | |
| 22 | Historical artifacts | | | | | | | |
| 23 | Scientific specimens | | | | | | | |
| 24 | Archeological artifacts | | | | | | | |
| 25 | Other (describe) | | | | | | | |
| 26 | Other (describe) | | | | | | | |
| 27 | Other (describe) | | | | | | | |
| 28 | Other (describe) | | | | | | | |
| 29 | Number of Forms 8283 received which the organization complete Acknowledgement | d Form 828 | | ar for contributions for | 29 | | | 0 |
| | - | | | | | | Yes | No |
| 30a | During the year, did the organization hold for at | ition receiv | e by contribution any prope | erty reported in Part I, lines | 1-28 that it must | | | |
| | least three years from the date o | of the initial | contribution, and which is | not required to be used for e | exempt purposes | | | |
| | for the entire holding period? $$. | | | | | 30a | | No |
| b | If "Yes", describe the arrangeme | ent in Part 1 | I | | | | | |
| 31 | Does the organization have a gif | tacceptand | ce policy that requires the i | review of any non-standard | contributions? | 31 | Yes | |
| 32a | Does the organization hire or us contributions? | e third part • • • | es or related organizations | to solicit, process, or sell i | non-cash | 32a | | Νo |
| b | If "Yes", describe in Part II | | | | | | | |
| 33 | If the organization did not report | revenues i | n Column (c) for a type of p | property for which Column (a | a)ıs | | | |
| | chacked describe in Part II | | | | | l | | |

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Identifier Explanation Part I, Column (b) Method for Determining Number of DEWISH FEDRATION OF OMAHA FOUNDATION RECEIVED Contributors TWO STOCK CONTRIBUTIONS THE FIRST CONTRIBUTION CONSISTED OF 1,059 52 SHARES OF AMERICAN FUNDS, 755 SHARES OF AMERICAN FUNDS CAPITAL, 3,495 40 SHARES OF FIDELITY CONTRAFUND INC, AND 983 SHARES OF AMERICAN FUNDS NEW PERSPECTIVE THE SECOND CONSISTED OF 3,151 SHARES OF BP PLC ADR, 7,555 SHARES OF AT&T, 5 SHARES OF BERKSHIRE HATHAWAY CLASS B, 1,056 SHARES OF ANADARKO PETRO, 304 SHARES OF DELTA AIRLINES, 667 SHARES OF GE, 8,390 SHARES OF UNION PACIFIC, AND 1,000 SHARES OF BARCLAYS BANK PLC

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Open to Public
Inspection

Name of the organization
JEWISH FEDERATION OF OMAHA FOUNDATION

Employer identification number

20-1123519

| ldentifier | Return Reference | Explanation |
|---|---------------------|---|
| Form 990, Part VI, Section A, line 2 | | jay noddle the vice president of the board and joseph kirshenbauma member of the board have a business relationship |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section A, line 7a | | THE JEWISH FEDERATION OF OMAHA, A RELATED ORGANIZATION, HAS THE ABILITY TO APPOINT AND APPROVE ALL BOARD MEMBERS OF THE JEWISH FEDERATION OF OMAHA FOUNDATION |

| ldentifier | Return Reference | Explanation | | | |
|--|---------------------|---|--|--|--|
| Form 990, Part VI, Section A, line 8b | | THERE IS NOT A COMMITTEE WITH THE ABILITY TO ACT ON BEHALF OF THE GOVERNING BODY, AND AS SUCH, THERE WOULD BE NO CONTEMPORARNEOUS DOCUMENTATION OF MEETINGS | | | |

| ldentifier | Return Reference | Explanation |
|---|---------------------|---|
| Form 990, Part VI, Section A, line 10 | | The Form 990 is prepared by an accounting firm with the assistance of the controller. When the 990 has been prepared, it is then reviewed by the controller. Copies of the return are made available to the Executive Director after the controller has reviewed the return. The return is approved by the Executive Director prior to submission to the IRS. |

| Identifier | Return Reference | Explanation |
|---|---------------------|--|
| Form 990, Part VI, Section B, Iine 12c | | Persons covered by this policy will annually disclose or update to the President of the Board of Directors on a form provided by the Organization their interests that could give rise to conflicts of interest, such as a list of family members, substantial business or investment holdings, and other transactions or affiliations with businesses and other organizations or those of family members. For each interest disclosed to the President of the Board of Directors, the President will determine whether to (a) take no action, (b) assure full disclosure to the Board of Directors and other individuals covered by this policy, (c) ask the person to recuse from participation in related discussions or decisions within the Organization, or (d) ask the person to resign from his or her position in the Organization or, if the person refuses to resign, become subject to possible removal in accordance with the Organization's removal procedures. The Organization's Executive Director willmonitor proposed or ongoing transactions for conflicts of interest and disclose them to the President of the Board of Directors in order to deal with potential or actual conflicts, whether discovered before or after the transaction has occurred |

| ldentifier | Return Reference | Explanation |
|---|---------------------|---|
| Form 990, Part VI, Section B, Ine 15 | | Policy on the Process for Determining Compensation This Policy on the Process for Determining Compensation of the Jew ish Federation of Omaha Foundation applies to the compensation of the following persons employed by the Organization Executive Director The process includes all of these elements (1) review and approval by the President of the Organization, (2) use of data as to comparable compensation, and (3) contemporaneous documentation and recordkeeping 1 Review and approval The compensation of the person is reviewed and approved by the President of the Organization, provided that persons with conflicts of interest with respect to the compensation arrangement at issue are not involved in this review and approval 2. Use of data as to comparable compensation. The compensation of the person is reviewed and approved using data as to comparable compensation for similarly qualified persons in functionally comparable positions at similarly situated organizations. 3. Contemporaneous documentation and recordkeeping. There is contemporaneous documentation and recordkeeping with respect to the deliberations and decisions regarding the compensation arrangement. |

| ldentifier | Return Reference | Explanation |
|--|---------------------|---|
| Form 990, Part VI, Section C, line 19 | | JEWISH FEDERATION OF OMAHA FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC |

| ldentifier | Return Reference | Explanation |
|---------------------------------|---------------------|--|
| FORM 990, PART XI, LINE 2 | | JEWISH FEDERATION OF OMAHA FOUNDATION HAS AN AUDIT COMPLETED AS PART OF A CONSOLIDATED GROUP THE CONSOLIDATED GROUP INCLUDES JEWISH FEDERATION OF OMAHA, JEWISH FEDERATION OF OMAHA FOUNDATION, PARDES FOUNDATION, AND FEDERATION MANOR, INC all of which are RELATED ENTITIES |

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

DLN: 93493137050060

OMB No 1545-0047 2008

Open to Public Inspection

Schedule R (Form 990) 2008

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37. See separate instructions.

Employer identification number Name of the organization JEWISH FEDERATION OF OMAHA FOUNDATION 20-1123519 **Identification of Disregarded Entities** (A) Name, address, and EIN of disregarded entity Legal domicile (state Total income End-of-year assets Direct controlling Primary activity or foreign country) entity Part II Identification of Related Tax-Exempt Organizations (C) Legal domicile (state Name, address, and EIN of related organization Primary activity Exempt Code section Public charity status Direct controlling or foreign country) (if section 501(c)(3)) entity JEWISH FEDERATION OF OMAHA INC N/A 333 S 132ND STREET NON-PROFIT SERVICES NE 501(C)(3) OMAHA, NE68154 47-0384659 PARDES FOUNDATION 333 S 132ND STREET MANAGE PROPERTY NE 501(C)(3) 11A N/A OMAHA, NE68154 47-0824776

Cat No 50135Y

| (A) Name, address, and EIN of related organization | Prim | (B) nary activity | (C) Legal domicile (state or foreign country) | (D) Direct controlling entity | (E) Predominant income(related, investment, unrelated) | | (F) Share of total income | | (G) Share of end-of- year assets | (H) Disproprtion allocations | | nate (I) Code V—UBI amount on Box 20 of K-1 | | ral o agıng ner? |
|---|---------|-----------------------------|---|---|--|----------------------------|-------------------------------------|--|---|------------------------------|--|---|-----|------------------------|
| | | | | | | | | | | Yes | No | | Yes | No |
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| Part IV Identification of R | Related | l Organizations | Taxable as | a Corporation | ı or Tr | ust | | | | | | | | |
| (A) Name, address, and EIN of related organ | | (B) Primary activity | | (C) Legal domicile (state or foreign country) | | (D) Direct contro | olling | (E) Type of entity (C corp, S corp or trust) | (F) Share of total income | end | (G) hare of l-of-yea assets | (H) Percentage r ownership | | |
| | | | | | | | | | | | | | | |
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(6)

| Dart V | Transactions | with | Dalatad | Organizations |
|--------|--------------|------|---------|---------------|
| Partv | iransactions | with | Kelateu | Organizations |

| Pa | rt V Transactions with Related Organizations | | | | | | | | |
|------------|---|----|-----|----|--|--|--|--|--|
| | Note. Complete line 1 if any entity is listed in Parts II, III or IV | | Yes | No | | | | | |
| 1 D | uring the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? | | | | | | | | |
| а | Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity | 1a | | No | | | | | |
| b | b Gift, grant, or capital contribution to other organization(s) | | | | | | | | |
| c | Gift, grant, or capital contribution from other organization(s) | 1c | Yes | | | | | | |
| d | d Loans or loan guarantees to or for other organization(s) | | | | | | | | |
| e | Loans or loan guarantees by other organization(s) | 1e | | No | | | | | |
| | | | | | | | | | |
| f | Sale of assets to other organization(s) | 1f | | No | | | | | |
| g | | | | | | | | | |
| h | Exchange of assets | 1h | | No | | | | | |
| i | Lease of facilities, equipment, or other assets to other organization(s) | 1i | | No | | | | | |
| | | | | | | | | | |
| j | Lease of facilities, equipment, or other assets from other organization(s) | 1j | Yes | | | | | | |
| k | k Performance of services or membership or fundraising solicitations for other organization(s) | | | | | | | | |
| I | I Performance of services or membership or fundraising solicitations by other organization(s) | | | | | | | | |
| m | m Sharing of facilities, equipment, mailing lists, or other assets | | | | | | | | |
| n | Sharing of paid employees | 1n | | No | | | | | |
| | | | | | | | | | |
| o | Reimbursement paid to other organization for expenses | 10 | Yes | | | | | | |
| р | Reimbursement paid by other organization for expenses | 1р | | No | | | | | |
| | | | | | | | | | |
| q | O ther transfer of cash or property to other organization(s) | 1q | Yes | | | | | | |
| r | O ther transfer of cash or property from other organization(s) | 1r | Yes | | | | | | |
| | | | | | | | | | |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds | | | | | | | | |
| | (A) (B) (C) Transaction Amount Involved | | | | | | | | |
| | Name of other organization(s) Transaction type(a-r) Amount Involved | | | | | | | | |
| (1) | | | | | | | | | |
| | | | | | | | | | |
| (2) | | | | | | | | | |
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| (3) | | | | | | | | | |
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| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (5) | | | | | | | | | |

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

| | | | | | | | | | _ | | | | | |
|--|--------------------------------|---|---|----|--|-----|--|---------|---|----------------------------------|--|--|---|--|
| (A) Name, address, and EIN of entity | (B) Primary activity | (C) Legal domicile (state or foreign country) | (D) Are all partners section 501(c)(3) organizations? | | partners section 501(c)(3) organizations? | | partners section 501(c)(3) organizations? | | (E) Share of end-of-year assets | (F) Disproprtionate allocations? | | (G) Code V—UBI amount on Box 20 of K-1 | (H) General or managing partner? | |
| | | | Yes | No | | Yes | No | | Yes | No | | | | |
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Software ID:

Software Version:

EIN: 20-1123519

Name: JEWISH FEDERATION OF OMAHA FOUNDATION

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

| (a) Name of organization | (b) IRS code section and EIN(if applicable) | (c) Region | (d) Purpose of grant | (e) A mount of cash grant | (f) Manner of cash disbursement | (g) A mount of non- cash assistance | (h) Description of non-cash assistance | (ı) Method of valuatıon (book, FMV, appraısal, other) |
|--------------------------|--|---------------|----------------------|------------------------------|------------------------------------|---|--|--|
| | | NORTH AMERICA | SCHOLARSHIPS | 5,600 | CHECK | | | |