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Form GAO	Under section :

Department of the Treasury

rn of Organization Exempt From Income Tax

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

2009 Open to Public

nte	mal Revenue	Service I ne organization may have to use a copy of this return to sati	isiy state repo	orung require	ments	Inspection
<u>A</u>	For the 200	calendar year, or tax year beginning , and ending				
В	Check if applica	inc l			D Emplo	yer identification number
	Address change	use IRS Donor Directed Depository				
_	Name change	print or Doing Business As			36-	3789990
	·	type Number and street (or P O box if mail is not delivered to street address)	Ro	om/suite	E Teleph	one number
$\frac{1}{2}$	海雪型	See 302 S 36th St	1	00	402	-342-3458
\mathcal{N}	Termination	Specific City or town, state or country, and ZIP + 4			G Gross recei	pts \$ 45,995,102
7	Ameneed return	Instructions Omaha NE 68131				
; =	V - 1				H(a) Is this a	a group return for
-;-	Application pen	Michael Leighton			affiliate	
∜/ }	<i></i>	302 S 36th ST			H(b) Are all	affiliates
Ŋ	3 /				include	•
#—			•		It "No,"	attach a list (see instructions)
- ∰	Tax-exempt					
9-	-Website:-	www.omahafoundation.org	1			exemption number
<u> </u>	Type of organi	X Corporation Trust Association Other ►	L Year	of formation		M State of legal domicile NE
	<u> </u>	Summary				
	I Brie	y describe the organization's mission or most significant activities				
	s	pport Omaha Community Foundation's Mission				
	_					
	2 Che	k this box > [if the organization discontinued its operations or disposed of more	than 25% of i	ts net assets		
	3 Num	per of voting members of the governing body (Part VI, line 1a)			3	20
	4 Num	per of independent voting members of the governing body (Part VI, line 1b)			4	20
		number of employees (Part V, line 2a)			5	0
		number of volunteers (estimate if necessary)			6	
		•			7a	
		gross unrelated business revenue from Part VIII, column (C), line 12				0
	b Net	nrelated business taxable income from Form 990-T, line 34		Prior Yea	7b	Current Year
	8 Con	ributions and grants (Part VIII, line 1h)		22,87		23,636,611
91	0 001	- ,	<u> </u>		0,022	23,000,011
Revenue	9 Prog	ram service revenue (Part VIII, line 2g)	-	12	6,194	342,962
Ŗ	10 Inve	tment income (Part VIII, column (A), lines 3, 4, and 7d)	-		100	2,546
		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u> </u>	00 00		
	· ·	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		23,00		23,982,119
	13 Gra	ts and similar amounts paid (Part IX, column (A), lines 1–3)		21,97	6,092	22,944,246
	14 Ben	fits paid to or for members (Part IX, column (A), line 4)				
Ś	15 Sala	ies, other compensation, employee benefits (Part IX, column (A), lines 5–10)				
Expenses	16a Prof	ssional fundraising fees (Part IX, column (A), line 11e)			ľ	
ē	b Tota	fundraising expenses (Part IX, column (D), line 25) ▶				
ŭ	17 Othe	expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		54	6,206	377,846
		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		22,52		23,322,092
	ł	nue less expenses Subtract line 18 from line 12			2,317	660,027
5	13 1/64	ride less expenses Subtract line 10 from line 12		eginning of Cur		End of Year
ets	20 Tota	assets (Part X, line 16)		19,88	5.860	16,170,593
Ass	21 Tota	liabilities (Part X, line 26)	-	 	8,798	506,717
Net Assets or	22 Not	ssets or fund balances Subtract line 21 from line 20		19,14		15,663,876
					7,002	15,005,010
	Part II	Signature Block				,
		Under penalties of perjury, I declare that I have examined this return, including accompanying si	chedules and s	tatements, and	to the best of	of my knowledge
		and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based	on an informati	on of which pre	eparer nas an	ly knowledge
Si	gn	Muhiel 2 Lentin			\\	110/0
He	ere	Signature of officer			Date	,
		Michael E. Deighton	Preside	nt/CEC)	
		Type or prnt name and title		-	•	
-			Date	Check	ıf	Preparer's identifying number
Pa	id	Preparer's		self-		(see instructions)
	eparer's	signature	07/14/	10 employ	/ed ▶	<u>.l</u>
	se Only	Firm's name (or yours			EIN D	<u> </u>
US	e Omy	ıf self-employed),			Phone	
		address, and ZIP + 4			no 🕨	<u>· </u>
Ma	v the IRS di	cuss this return with the preparer shown above? (see instructions)				Yes No

01111 000 (2000				
Part III	Statement	of Program	Service	Accomplishment

Part III S	tatement of Program Serv	ice Accomplishments		
	the organization's mission			
Support	Omaha Community	Foundation's Mission		
0 D.d.th.				
		rogram services during the year which were not lis	sted on	v
	m 990 or 990-EZ?			Yes X No
	cribe these new services on Sched			
-	nization cease conducting, or make	significant changes in how it conducts, any progra	am	Yes X No
services?				Yes A No
·	cribe these changes on Schedule C			
		each of the organization's three largest program s		
		nd section 4947(a)(1) trusts are required to report	the amount or grants and	
anocations to	o others, the total expenses, and re	venue, if any, for each program service reported		
4a (Code)(Expenses \$ 23,3	13,192 including grants of \$ 22,5	944,246) (Revenue \$	
		organizational purpose		,
		ts and donations from do		
		the direction of the do		
		ucational, civil, and re		
organiza		ucational, civil, and le	:IIgious	
Organiza	actons.			
4h /Cada	\/F	and does a sector of O	\ \(\(\frac{1}{2} \)	
4b (Code) (Expenses \$	including grants of \$) (Revenue \$)
4- (0-4-) (5			
4c (Code)(Expenses \$	including grants of \$) (Revenue \$)
· -	m services (Describe in Schedule	0)		
(Expenses			Revenue \$	
4e Total progra	ım service expenses ▶	23,313,192		

Form 990 (2009) Omaha Community Foundation Partit 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,"		x	
_	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
4	candidates for public office? If "Yes," complete Schedule C, Part I	3	 -	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		x
5	Schedule C, Part II	-		
J	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 similar funds or accounts where donors have	1	<u> </u>	
٠	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	İ		
	complete Schedule D, Part I	6	x	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		l	
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		1	
•	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or			
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			<u> </u>
	VII, VIII, IX, or X as applicable	11		х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	-		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	- [
•	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets	']	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	ŀ		
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		 	
	Schedule D, Parts XI, XII, and XIII	12	ļ	X
12A		No		Ī
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	_		٠
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	1	X
14a		14a	+	X
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	1		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	+	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any	1 4 5		v
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	-	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance	40		x
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	+	A
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services	47		х
18	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	+	A
.0	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	+	1
	If "Yes," complete Schedule G, Part III	19		х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	<u> </u>	X
	Did the digenization operate one of more negations. If it is, complete occidente in	20		

Form 990 (2009) Omaha Community Foundation Part V Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the			
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	x	
24a	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 lines	1 .		
	24b through 24d and complete Schedule K. If "No," go to line 25	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	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		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
26	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		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	1		
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			l
	Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related	ļ		
	organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	}		
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		\	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	(2000)
		Ecr	~ 4411	(2000)

Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable 1a	, Pa	Statements Regarding Other IRS Filings and Tax Compliance	-		·			
U.S. Information Returns. Enter -0- if not applicable Enter the number of Forme W.S. Or included in line is. Enter -0- if not applicable Different the number of enterophy with biasity withholding rules for reportable payments to vendors and reportable payment granting (among to gree winners? 2. Enter the number of enterophy with biasity withholding rules for reportable payments to vendors and reportable payment granting (among to gree vendors) and reportable payments to vendors and reportable payment the reportable payments the reportable payments and reportable payments the payments the reportable payments the payments th	4.	Establish a washes assessed to Day 2 of Form 1000. Appeal Common and Transmittel of			_	+	res	No
b Enter the number of Forms W-20 excluded an ine 1a. Enter-0-d not applicable c Did he organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 2a. Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fluid or the cateriotry ever ending with or within the year covered by this return b II at least one is reported on hie 2a, did the organization file all required federal employment lax returns? Note. If the sum of lines 1 and 25 ag diset from 250, you may be required to effect this return (see instructions) 3a. X. If "Yes," has t filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3b. If "Yes," has t filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3c. If "Yes," has t filed a Form 990-T for this year? If "No," provide an explanation in Schedule 0 3c. If yes, "enter the name of the foreganization have an interest in," or a signature or other authority over, a financial account in a foreganization have an interest in, or a signature or other authority over, a financial account in a foreganization have an interest in, or a signature or other authority over, a financial account in a foreganization have an interest in, or a signature or other financial account)? 4a. If "Yes," enter the name of the foreganization file for more TD F 90-22.1, Report of Foreign Bank and Financial Accounts 4b. If "Yes," enter the name of the foreign country (see the manufaction and properties of the schedule or a protection of the capital country in the foreign of the properties of the schedule or a protection of the capital country in the foreign of the schedule or generation have an annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductable or generation in the distribution of the visition of the visition of the schedule or the schedule or the schedule or the schedu	ıa	·	12	n			1	
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) writings to prax writings. Enter the number of employees reported in Fig. 1 Statements, flied for the calendar year ending with or within the year covered by this return. If all less one is exported on the 2a did the organization file all required flowers and property. Note, if the sum of lines is and 2 as greater han 250, you may be required to e-file this return (see instructions). If all less one is exported on the 2a did the organization file all required to e-file this return (see instructions). If the organization have unrelated bunness gross income of \$1,000 or more during the year covered by this return. 3a	h	· ·		_			1	
gamming (gambling) winnings to prize winners? 2 Enfeit the number of employees reported on Form W-3. Transcribtal of Wage and Tax 5 Statements, field for the calendar year ending with or within the year covered by this return 5 If all beast one is reported on her 2a, did the organization file all required federal employment tax returns? 7 Note. If the sum of lines 1 and 3 is greater than 25,0,0 umay be required to e-file this return flow in the return of the comparation have unrelated business gross income of \$1,000 or more during the year covered by this return? 8 A X If If Yea, 1 has if filed a Form 990-T for this year? If Yos, 1 provide an explanation in Schedule O 8 A A any time during the cliendar year, did the organization have an interest in, or a agenature or other authority over, a filterional account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country (such as a bank account, securities account, or other financial account in a foreign country? 8 If Yes, 2 ment the name of the foreign country 9 See the instructions for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank accounts? 9 If Yes, 2 ment the name of the foreign country 9 See the matriculation for exceptions and filing requirements for Form TD F 90.22 1, Report of Foreign Bank and Firancial Accounts. 9 If Yes, 3 files and 5 th, 3 of the organization has few associal and prohibed tax sheller transaction? 9 If Yes, 4 files and 5 th, 3 of the organization and few members of Form TD F 90.22 1, Report of Foreign Bank and Firancial Accounts. 9 If Yes, 5 files and 5 th, 3 of the organization and few members by Trac-Expred Entity Regarding 9 Prohibided Tax Sheller Transaction? 9 If Yes, 5 files and 5 th, 3 of the organization and expresses statement that such contributions or office were not fax deductible? 9 Organization should any orothibutions that were not tax deductible? 9 Organization should any orothibutions that were not tax deductible?							- 1	
2a	C		2010		1,	.	- 1	
Sistements, fised for the calendary year ending with or within the year covered by this return. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see institutions). Note if the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see institutions). Old the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? If 1'Yes, 'hast if lited a Form 990-T for this year? If 'No.' provide an explanation in Schedule O. 3a	22		[+		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) and the organization have unrelated business gross income of \$1,000 or more during the return of the third organization have unrelated business gross income of \$1,000 or more during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account)? A As my time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account)? See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts We the organization a party to a prohibited tax shelter fransaction at any time during the tax year? 5a West the organization and party to a prohibited tax shelter fransaction? 5b Was the organization and party to a prohibited tax shelter fransaction? 5c If "Yes," to line 5 or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 7 as Shelter Transaction? 5c If "Yes," to line 5 or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 7 as Shelter Transaction? 5c If "Yes," to line 5 or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 7 as Shelter Transaction? 5c If "Yes," to lite organization metude with every solicitation and express statement that such contributions or grid were not lax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 5d Did the organization metude with every solicitation and express statement that such contributions or grid tax or contributions or form 8282? 5c Organizations that may r	20		2a	0			I	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a bit the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X If 'Yes,' has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O 3b If 'Yes,' has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O 3b If 'Yes,' has it filed a Form 990-T for this year? If 'No.' provide an explanation in Schedule O 3c Alay time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country IP See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts Was the organization and yet to a prohibited tax shelter transaction of any time during the tax year? 5c Was the organization and the organization file Form 8885-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5b If 'Yes,' the line face for 5th, diff the organization file Form 8885-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5c If 'Yes,' the file organization indude with every solicitation an express statement that such contributions or gifts were not tax deductible? 6a X X X To organization state aductible in a suppression include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organization state aductible in a suppression face that a suppression and services provided to the payor? 7c Tyganizations that may receive deductible contributions under section 170(c). 8d If 'Yes,' did the organization index a suppression and services provided to the payor? 7e Did the organization and the suppression and section of the provided property or the value of the goods or services provided? 7c If Yes,' divides the number of Forms 8282 filed during the year. 9	h				21	, [- 1	
an intructions) ab Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? by this return? ab If "Yes," has if filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	-					+		
3a Difference of the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a X b If Yes, has it filled a Form 990-T for this year? If You,* provide an explanation in Schedule O 3b If Yes,* this it filled a Form 990-T for this year? If You,* provide an explanation in Schedule O 3b If Yes,* this it filled a Form 990-T for this year? If You,* provide an explanation in Schedule O 3c count)? 5b If Yes,* either the name of the foreign country ▶ 5ce the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts 5c Was the organization apply to a prohibited tax shelter transaction at any time during the tax year? 5c If Yes,* time is 5c of 5t, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* time is 5c of 5t, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* time is 5c of 5t, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* time is 5c of 5t, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* time is 5c of 5t, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes,* did the organization include with every solicitation an express statement that such contributions or girls were not tax deductible? 5c If Yes,* did the organization include with every solicitation an express statement that such contributions or girls were not tax deductible? 5c If Yes,* did the organization include with every solicitation an express statement that such contributions or girls were not tax deductible? 5c If Yes,* did the organization shell a may receive deductible contributions under section 170(c). 5c If Yes,* did the organization shell a may receive deductible contributions under section 170(c). 5c If Yes,* did the organization self. exchange, or otherwise dispose of t							Ī	
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c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7c		· · · · · · · · · · · · · · · · · · ·						
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12a Section 4947(a)(1) non-exempt charitable trusts Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	b	·	44.		}			
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	40	•		I		,		
				1	1.	La		
	0	ii res, enter the amount of tax-exempt interest received of accided during the year	<u>, 120</u>	1		-orm	990	(2009)

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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			:
b	Enter the number of voting members that are independent		1	· :
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
þ	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X	
	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	renue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the		7.5	
	form?	11	X	
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990	ļ	77	
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	<u>X</u>	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give		77	
	rise to conflicts?	12b	X	_
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"		7.7	
	describe in Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
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?			v
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		
40	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a		40-		x
	with a taxable entity during the year?	16a		
Ь	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	46h		1
500	the organization's exempt status with respect to such arrangements? tion C. Disclosure	16b	L	L
			-	
17 18	List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
10	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website \overline{X} 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			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
_0	organization Omaha Community Foundation 302 S 36th St			
Or	*· J *· · · · · · · · · · · · · · · · · · ·	2-34	2-3	458

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. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Pos	ition	•	C) kalli	that app	اردار	(D) Reportable	(E) Reportable	(F) Estimated
Name and The	hours per week	or director				Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Michael Fahey										
Chairman	4.00	X		X				0	0	0
John Scott		Ì								
Vice Chair	4.00	X		X				0	0	0
Mary S. Jones										
Board Member	1.00	X						0	0	0
John Maginn						1				
Treasurer	6.00	X		X				0	0	0
Michael Piechoski										
Board Member	1.00	X						0	0	0
Constance M. Ryan										
Board Member	1.00	X						0	0	0
Deryl Hamann						-				
Board Member	1.00	X						0	0	0
Richard Kelley										
Board Member	1.00	X		<u> </u>				0	0	0
Jane Weekly										
Board Member	1.00	X	<u> </u>	ļ				0	0	0
Jerry M Bartee						1				
Board Member	1.00	X						0	0	0
Carol Gendler										
Board Member	1.00	X						0	0	0
John Hancock										
Board Member	1.00	X		<u> </u>				0	0	. 0
Paul Jessen						1 1				
Secretary	4.00	X		X				0	0	0
John Nelson										
Board Member	1.00	X		ļ			_	0	0	0
Todd Simon										
Board Member	1.00	X				<u> </u>		0	0	0
Maria Vazquez					ĺ					
Board Member	1.00	X	<u> </u>		<u> </u>			0	0	
Eric Keen										
Board Member	1.00	X						0	0	5 990 (2000

Part VII Section A Officers	, Directors, Trus	tees	, Ke	y Em	ploy	ees,	and	Highest Compensated Er	nployees (continued)				
(A) Name and Title	(B) Average	Pos	ition :	(Chec	C) kalit	hat a	pply)	(D) Reportable	(E) Reportable		(F) timated		
•	hours per week	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	comp fro orga and	nount on the pensation the anization the anization inization iniza	ion on ed	
Susan Strauss Lei	ens 1.00	x						0	O				0
Board Member Thomas Nichting	1.00	^					-						
Board Member	1.00	x						0	o				0
Paul Smith													
Board Member	1.00	X		-				0	0				0
Michael Leighton CEO/Pres	40.00			x				o	233,749		2.	1,6	5 <i>4</i> O
Sara Boyd	40.00			<u> </u>	-	-	-		233,149			Ι, Ο	740
VP	40.00			x				0	121,245		1.	3,1	133
Hillary Nater-De													
Dir Donor	40.00	<u> </u>		X	_			0	66,909		19	9,4	131
					i								
		•											
			-				-						
1b Total							•		421,903		5.	4,2	204
2 Total number of individuals (in	cluding but not lin	nited	to th	ose l	isted	abo	·	I				-,-	- 0 -
reportable compensation from							,						
											Y	'es	No
3 Did the organization list any fo employee on line 1a? If "Yes,"							oloye	e, or highest compensated		ļ.	3	1	х
4 For any individual listed on line							ion a	and other compensation fror	n		+	1	
the organization and related or	ganizations great	ter th	an \$	150,0	0007	If "Y	es,"	complete Schedule J for su	ch		4	х	
individual 5 Did any person listed on line 1.	a receive or accru	ie co	mpe	nsatı	on fr	om a	any L	unrelated organization for			+		
services rendered to the organ		com	olete	Sch	edule	e J fo	or su	ch person			5		X
Section B. Independent Contractor 1 Complete this table for your five		acato	d in	dono	ndon	ıt cor	atrac	tors that recoved more than	\$100,000 of				
compensation from the organiz	zation				iluei		III ac						
Name and	(A) business address							Descrip	(B) tion of services		Сопр	(C) ensati	on
					•								
Total number of independent of more than \$100,000 in competition.		_				to th	ose	listed above) who received			0		

rt VI	III Statement of Reve			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
	<u>-</u>	 			revenue	revenue	512, 513, or 514
1a	Federated campaigns	1a					1
b	Membership dues	1b					
С	Fundraising events	1c		1			1
d	Related organizations	1d		Ī			
e	Government grants (contributions)	1e		Ī	•		1
1	All other contributions, gifts, grants, and similar amounts not included above		22 626 611	[
_			23,636,611				
	Noncash contributions included in lines 1a- Total. Add lines 1a-1f	-11 3	14,104,408	23,636,611			
	rotal. Add lines 1a-11		Busn Code	23,030,011			
2a			Busin Code				-
b							
Č							
ď							
e							
f	All other program service rever	nue					
	Total. Add lines 2a-2f		•				
3	Investment income (including of	ividends, int	erest, and				
	other similar amounts)		> _	372,654			372,65
4	Income from investment of tax	exempt bone	d proceeds 🕨				
5	Royalties		>				
	(ı) Real		(ii) Personal	1			
6a	Gross Rents			1			
b	Less rental exps						
ľ	Rental inc or (loss)						
	Net rental income or (loss) Gross amount from (4) Securities		(1)011				
	sales of assets (1) Securities		(II) Other				
١.	other than inventory 21,983	,291		1			
ם	Less cost or other basis & sales exps 22,012	003	į	1	,		
		,692		1			
l	Gain or (loss)	,092	-	-29,692		ĺ	-29,69
	Gross income from fundraising eve	onte -		23,032			23/05.
""	(not including \$,1113		1			
ļ	of contributions reported on line 1c	. l					
	See Part IV, line 18	'a	1				
b	Less direct expenses	ь					
	Net income or (loss) from fund	raising event	s 🕨	Ţ			
	Gross income from gaming activities						
	See Part IV, line 19	a					
b	Less direct expenses	b			- 181 - E 18 - E 1		
c	Net income or (loss) from gam	ing acti <u>vities</u>	>				
10a	Gross sales of inventory, less			1			1
	returns and allowances	a		1			
	Less cost of goods sold	ь		-			1
_ <u>c</u>	Net income or (loss) from sale			<u>_</u>			
-	Miscellaneous Revenu	e	Busn. Code	2 - 4 -			1
11a	Other - Refund			2,546			2,54
ь			<u> </u>			 	
С							
	All other revenue			2 540			
	Total. Add lines 11a-11d		▶	2,546		Į.	1

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 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		ехрепаез	general expenses	· ·
•	organizations in the U.S. See Part IV, line 21	22,944,246	22,944,246		
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				
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				<u> </u>
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	368,946	368,946		
þ	Legal				
	Accounting				
	Lobbying				
е	Professional fundraising services See Part IV, line 17	0.100		8,192	
f	Investment management fees	8,192		8,192	
g	Other				
12	Advertising and promotion	708		708	
13	Office expenses	708	·	700	
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses				
10	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	1			
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed	1			
	5% of total expenses shown on line 25 below)				
а					
b					
С					
đ	<u></u>				
е			·		
f	All other expenses				
25	Total functional expenses.Add lines 1 through 24f	23,322,092	23,313,192	8,900	<u> </u>
26	Joint costs. Check here ► If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
DAA	fundraising solicitation	<u></u>	·	<u> </u>	Form 990 (2009)
					ronn 330 (2009)

			(A) Beginning of year		(B) End of year
Τ.	Cook and released because		Degining of year	4	Life of year
1	Cash—non-interest bearing Savings and temporary cash investments		8,035,343	2	3,885,325
2	. ,		8,033,343	3	3,003,323
3	Pledges and grants receivable, net				
4	Accounts receivable, net	.1 . 1.		4	
5	Receivables from current and former officers, directors, tru			Ī	
	employees, and highest compensated employees Comple	ete Part II of	ŀ	‡ ـ	
	Schedule L			5	
6	Receivables from other disqualified persons (as defined un				
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete	İ		
_ يو	Part II of Schedule L			6	-
5 7 S	Notes and loans receivable, net			7	·
ASSetS	Inventories for sale or use			8	
` 9	Prepaid expenses and deferred charges	r r	· · · · · · · · · · · · · · · · · · ·	9	
10a	Land, buildings, and equipment cost or		<u> </u>	1	
	other basis Complete Part VI of Schedule D	10a		ľ	
þ	Less accumulated depreciation	10b	11 707 747	10c	10 101 70
11	Investments—publicly traded securities		11,707,747	11	12,191,720
12	Investments—other securities See Part IV, line 11		64,641	12	46,49
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11		78,129	15	47,05
16	Total assets Add lines 1 through 15 (must equal line 34)		19,885,860	16	16,170,59
17	Accounts payable and accrued expenses		536,072	17	303,99
18	Grants payable		202,726	18	202,72
19	Deferred revenue			19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV of S	Schedule D		21	
	Payables to current and former officers, directors, trustees	s, key		1	
<u> </u>	employees, highest compensated employees, and disqual	ıfied		1	
ן בֿ	persons Complete Part II of Schedule L			22	
23	Secured mortgages and notes payable to unrelated third p	parties		23	
24	Unsecured notes and loans payable to unrelated third part	ties		24	
25	Other liabilities Complete Part X of Schedule D			25	
26	Total liabilities. Add lines 17 through 25		738,798	26	506,71
S	Organizations that follow SFAS 117, check here > X	and		1	
27 28	complete lines 27 through 29, and lines 33 and 34.		 	1	
27	Unrestricted net assets		19,147,062	27	15,663,87
28 מ	Temporarily restricted net assets			28	
29	Permanently restricted net assets	_		29	
[Organizations that do not follow SFAS 117, check here	≥ ▶ <u> </u>			
29	and complete lines 30 through 34.		,	1	
	Capital stock or trust principal, or current funds			30	
31	Paid-in or capital surplus, or land, building, or equipment for	und		31	
30 31 32 33 34	Retained earnings, endowment, accumulated income, or o	other funds		32	
33	Total net assets or fund balances		19,147,062	33	15,663,87
Ž 34	Total liabilities and net assets/fund balances		19,885,860	34	16,170,593

Form **990** (2009)

orm	990 (2009) Omaha Community Foundation	36-3789990		Pa	ge 12
Par	t-XI Financial Statements and Reporting				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Acc	rual Other			
	If the organization changed its method of accounting from a prior year or checken	ed "Other," explain in			
	Schedule O				
2a	Were the organization's financial statements compiled or reviewed by an indepe	endent accountant?	2a		X
ь	Were the organization's financial statements audited by an independent accoun	itant?	2b	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes it	responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an i	ndependent accountant?	2c	X	
	If the organization changed either its oversight process or selection process dur	ring the tax year, explain in	1		
	Schedule O		-		1
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial stat	ements for the year were		1	
	issued on a consolidated basis, separate basis, or both				1
	Separate basis Consolidated basis X Both consolidated and se	eparate basis			1
3a	As a result of a federal award, was the organization required to undergo an aud	lit or audits as set forth in			ŀ
	the Single Audit Act and OMB Circular A 1332		32		x

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Form **990** (2009)

SCHEDULE A _(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Omaha Community Foundation Donor Directed Depository

Pa	art I	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	tructio	ons.		
he	orgar	nization is not a	private foundation because	it is (For lines 1 through 11, che	ck only on	e box)				-			
1				ciation of churches described in			\)(i)						
2	_		cribed in section 170(b)(1)(A										
3				e organization described in section	on 170(b)	(1)(A)(iu).							
4		-		in conjunction with a hospital des				(A)(iii)	Enter th	e hospit	al's name.		
-		city, and state	•	,			- (- /(/	. ,. ,		•	·		
5	-	•		a college or university owned or	operated	hv a gove	rnmenta	Lunit de	scribed	ın			
Ů			b)(1)(A)(iv). (Complete Part I		ороликов	by a gove			00000				
6				vernmental unit described in sec	tion 170/	-)(1)(A)(v	`						
7	_			ubstantial part of its support from		,, ,, ,,	•	the gen	eral nul	alic			
•		_	•		a governi	nentai un	t or morn	i ilie gei	iciai pui	Jiic			
	$\overline{\mathbf{x}}$		section 170(b)(1)(A)(vi). (Co		,								
8	_	-		'0(b)(1)(A)(vi) (Complete Part II		-te-bt	- mamb	seabin fo	00 and	aross			
9	ш	_	• • • • • • • • • • • • • • • • • • • •	more than 33 1/3 % of its suppo									
				t functions—subject to certain ex						RS			
				unrelated business taxable inco			i tax) irc	m busin	esses				
			-	, 1975 See section 509(a)(2). (0									
10	$\vdash \vdash$	•	•	xclusively to test for public safety		•							
11		-	•	xclusively for the benefit of, to pe				-		•			
				d organizations described in sect						tion			
		<u> </u>		e type of supporting organization			Tie thro	 i					
		a Type		c Type III–Functiona	-		ď		e III–Oth	ner			
е			•	nization is not controlled directly									
				nd other than one or more public	ly support	ed organi	zations o	describe	d in sec	tion			
			ection 509(a)(2)										
f				mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III si	nbbortini	9				,
		-	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from ar	ny of the							
		following per											
		(i) A persor	who directly or indirectly cor	itrols, either alone or together wil	th persons	describe	d ın (ıı)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g(ı)	↓	
		(ii) A famıly	member of a person describe	ed in (i) above?							11g(ii)	└	
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(in)	Ш	
h		Provide the f	ollowing information about the	e supported organization(s)									
(ı)		e of supported	(II) EIN	(iii) Type of organization		rganization	(v) Did y	-		s the	(vii) Am		
	org	anization		(described on lines 1–9 above or IRC section		sted in your document?	the organ	nization in of your	organizat (i) organi	zed in the	supp	ort	
				(see instructions))	governing	document.		ort?		S ?			
		<u> </u>			Yes	No	Yes	No	Yes	No			
					ļ				ļ				
					ļ				-				
					 				ļ				
•													
					ļ				ļ				
					1								
ota	<u> </u>		<u> </u>		<u>}</u>		L	L	<u> </u>	1			

17a 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

10%-facts-and-circumstances test—2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

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

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

Schedule A (Form 990 or 990-EZ) 2009

18

363789990 07/14/2010 1 07 PM Schedule A (Form 990 or 990-EZ) 2009 Omaha Community Foundation 36-3789990 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 7a received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year Add lines 7a and 7b С Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (d) 2008 (e) 2009 (f) Total Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b С 11 Net income from unrelated business activities not included in line 10b. whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)

First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) 15 16 Public support percentage from 2008 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

Total support. (Add lines 9, 10c, 11,

17 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) 18 18 Investment income percentage from 2008 Schedule A, Part III, line 17

33 1/3 % support tests—2009. 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 % support tests—2008 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 20

13

and 12)

Schedule A (Form 990 or 990-EZ) 2009 Omaha Community Foundation

36-3789990

Page 4

rt IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

SCHEDULÈ D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 **2009**

Open to Public Inspection

	e of the organization		Employer identification number
	maha Community Foundation		
	onor Directed Depository		36-3789990
Pa 	Organizations Maintaining Donor Advised Fun the organization answered "Yes" to Form 990, F	ds or Other Similar Funds or Ac Part IV, line 6.	ccounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	578	
2	Aggregate contributions to (during year)	23,636,611	
3	Aggregate grants from (during year)	22,944,246	
4	Aggregate value at end of year	16,170,593	
5	Did the organization inform all donors and donor advisors in writing that the	ne assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusi	ve legal control?	X Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wr	iting that grant funds can be	
	used only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other	
	purpose conferring impermissible private benefit?		X Yes N
Pa	art II Conservation Easements. Complete if the orga	nization answered "Yes" to Forn	m 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all	that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impo	ortant land area
	Protection of natural habitat	Preservation of certified historic st	tructure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	ition contribution in the form of a conservat	tion
	easement on the last day of the tax year		
			Held at the End of the Tax Ye
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic structure include	ed ın (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06		2d
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization	during
	the taxable year		
4	Number of states where property subject to conservation easement is local	ated >	
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes N
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year	
	>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	servation easements during the year	,
	▶s		
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes N
9	In Part XIV, describe how the organization reports conservation easemen	its in its revenue and expense statement, a	and
	balance sheet, and include, if applicable, the text of the footnote to the org	ganization's financial statements that descr	ribes
	the organization's accounting for conservation easements		
Pa	Organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" to		imilar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet v	works of
	art, historical treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of put	blic service,
	provide, in Part XIV, the text of the footnote to its financial statements tha	t describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its r	evenue statement and balance sheet work	ks of art,
	historical treasures, or other similar assets held for public exhibition, educ	ation, or research in furtherance of public s	service,
	provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures, or ot	her sımılar assets for financıal gaın, provide	e the
	following amounts required to be reported under SFAS 116 relating to the	- · · · · · · · · · · · · · · · · · · ·	
а	Revenues included in Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X		▶ s

c Leasehold improvements

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

d Equipment e Other

Schedule D (Form 990) 2009 Omaha Community Four		36-3789990	Page 3
Part VII Investments—Other Securities. See Form	990, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuat	ion
(including name of security)		Cost or end-of-year mark	et value
Financial derivatives			
Closely-held equity interests			
Other			
 			
			
			
	-		-
	_		
Fotal. (Column (b) must equal Form 990, Part X, col (B) line 12)	•		
Part VIII Investments—Program Related. See Form			
(a) Description of investment type	(b) Book value	(c) Method of valua	hon
(a) Description of investment type	(b) Book value	Cost or end-of-year mark	
		South of the cryptal man	
			· · · · · · · · · · · · · · · · · · ·
_ 			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	>		
Part IX Other Assets. See Form 990, Part X, line 1	5		
(a) Description	1		(b) Book value
· · · · · · · · · · · · · · · · · · ·			
Fotal (Column (b) must equal Form 990, Part X, col (B) line 15)		>	
Part X Other Liabilities. See Form 990, Part X, line	e 25.		
(a) Description of liability	(b) Amount		
Federal income taxes		7	
		7	
		-	
		1	
		+	
		1 ,	
		-	
		-{	
		4	
		4	
		_	
· · · · · · · · · · · · · · · · · · ·		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	•		
2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the org	ganization's financial statements	s that reports the	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 Omaha Community Foundation	36-37899	990	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to	Audited Financial Stater	ments	
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 through 8		9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		10	
	rt XII Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per Re	eturn	
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
– a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b	┦	
	Recoveries of prior year grants	2c	┦	
ч С	Other (Describe in Part XIV)	2d	-	
d	Add lines 2a through 2d	20		
е 3	Subtract line 2e from line 1		3	
J 4) [3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b	\dashv \parallel	
b	Other (Describe in Part XIV)	40	⊢ , 1	
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) art XIII Reconciliation of Expenses per Audited Financial Statement	ents With Expanses per		
		ents with Expenses per		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	l n= 1		
a	Donated services and use of facilities	2a	\dashv 1	
b	Prior year adjustments	2b	-	
С.	Other losses	2c	-	
d	Other (Describe in Part XIV)	2d	\dashv \square	
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1) (3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a	- 1	
	Other (Describe in Part XIV)	4b	\dashv .	
С	Add lines 4a and 4b		4c	
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	.,,	5	
	rt XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines			
and 2	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines	s 2d and 4b Also complete		
this p	art to provide any additional information			
	. 			
	- 			
	- 			
				-
		_		.
_				
	 		_	

Schedule D (F	orm 990) 2(009	Omal	ha (Com	nun:	ity	Fo	und	lat:	ior	ı			3	6-3	789	99	0			Page 5
Part XIV	Supple	menta	al Info	rma	tion	(cont	inue	d)														
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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22 Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public OMB No 1545-0047

ŝ Inspection X Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Youth Development Educational Inst. Educational Inst (h) Purpose of grant Human Services Human Services Human Services or assistance Arts, Culture Arts, Culture Public Safety Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to 250 **Employer identification number** (g) Description of non-cash assistance 36-3789990 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of non-cash assistance ► Attach to Form 990. (d) Amount of cash grant 2,733,125 250,000 273,035 9,995,950 417,918 259,059 222,650 265,817 315,250 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed (c) IRC section if applicable ო ო ო ന ო ന ന ന ന 47-0376605 47-0379839 43-1758998 47-0467350 47-0376583 47-0731254 47-0832480 91-1829974 47-0390618 General Information on Grants and Assistance Omaha Community Foundation (p) EIN Donor Directed Depository the selection criteria used to award the grants or assistance? Nebraska Foundation MO 64111 NE 68131 68508 68105 68178 68114 68501 NE 68102 Nebraska Children and Families (a) Name and address of organization Omaha Performing Arts Society Ä United Way of the Midlands Ä 뛷 Ä Heartland Family Services Veterans of Foreign Wars or government 2500 Calıfornia Plaza Creighton University 8805 Indian Hills Dr 215 Centennial Mall Heritage Services Boys & Girls Club 1200 Douglas St 2101. S 42nd St 1805 Harney St University of 406 W 34th St 2610 Hamilton Name of the organization PO Box 82555 Kansas Cıty Lincoln Lincoln Part II Omaha Omaha Omaha Omaha Omaha Omaha

Enter total number of section 501(c)(3) and government organizations

Enter total number of other organizations

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

Schedule I (Form 990) 2009

Part III

36-3789990 Schedule | (Form 990) 2009 Omaha Community Foundation

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22

Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

:

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

Due diligence is conducted to ensure grants are made to qualified charities that are not private non-operating foundations, non-functionally integrated Type III supporting organization, not to be used by individuals for private benefit, and that no portion of a grant is in exchange for goods and Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds The process is monitored by the board. services.

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SCHEDULE I-1 (Form 990)

Continuation Sheet for Schedule I (Form 990)

► Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III.

OMB No 1545-0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service		► Attach to Forn Schedule	 Attach to Form 990 to list additional information for Schedule I (Form 990), Part II or Part III. 	al information for or Part III.			Open to Public Inspection
Omaha Community	Foundation	E				Emp	Employer identification number
Donor Directed D	Depository	Y				36	36-3789990
rants and Oth	r Assistance t	o Governments	and Organizatio	ons in the Unite	d States (Sch	edule I (Form 990)	, Part II.)
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See attached	-						
			8,211,442				
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instruc	tions for Form 990.					Schedule I-1 (Form 990) 2009

Continuation Sheet for Schedule I (Form 990)

Name of organization: Omaha Community Foundation Donor Directed

Part I - Continuation of Grants and Other Assitance to Governments	overnments	and Organ	and Organizations in the US				
)Non- ash	oi	(g)Desc Non- Cash Assistan	
(a)Name, address, and zip	(b)EiN	(c)IRC Code	(d)Cash Grant	Grant	n Method	8	(h)Purpose of Grant or Assistance
Donors Trust, c/o Heritage Services 8805 Indian Hills Dr., #175 Omaha, NE 68114	26-2515785	501(C)3	220,000.00	0	į		Community Improvement, Capacity Building
Creighton Preparatory School, 7400 Western Avenue Omaha, NE 68114	47-0438012	501(C)3	214,725.00	0		- "	Educational Institutions
University of Nebraska at Omaha,for Business & Finance 6001 Dodge Street Omaha, NE 68182	47-0049123	501(C)3	201,412.00	0			Educational Institutions
CEC Seabee Historical Foundation, P.O. Box 657 Gulfport, MS 39502-0657	58-1998577	501(C)3	201,000.00	0			Arts, Culture, Humanities
Children's Hospital & Medical Center Foundation,8401 West Dodge Road, #160 Omaha, NE 68114	47-6105603	501(C)3	199,325.00	0			Health - General & Rehabilitative
Country Care Center Corporation, P. O. Box 351 Harlan, IA 51537	42-1295331	501(C)3	187,500.00	0			Human Services
Joslyn Art Museum, 2200 Dodge Street Office of the Director Omaha, NE 68102-1292	47-0384577	501(C)3	178,734.38	0			Arts, Culture, Humanıties
Salvation Army,715 N. 16th Street Council Bluffs, IA 51501-0105	22-2406433	501(C)3	166,928.42	0			Human Services
Omaha Symphony Association, 1605 Howard Street Omaha, NE 68102-2705	47-6039304	501(C)3	145,500.00	0			Arts, Culture, Humanities
Omaha Zoo Foundation,3701 So. 10th Street Omaha, NE 68107	36-3297716	501(C)3	144,400.00	0			Animal Related
Omaha Botanical Center Inc Lauritzen Gardens, 100 Bancroft St. Omaha, NE 68108-1736	47-0659701	501(C)3	143,230.00	0			Environmental Quality Protection, Beautification
Catholic Charities, 3300 North 60th Street Omaha, NE 68104	47-0376612	501(C)3	139,125.00	0			Human Services
Fire Fighters Memorial Foundation Inc.,6005 Grover St Omaha, NE 68106	47-0783606	501(C)3	135,000.00	0			Arts, Culture, Humanities
City of Omaha/Parks Department, 1819 Farnam Street Omaha, NE 68102	47-6006304	501(C)3	105,000.00	0			Human Services
Educare of Omaha, Kellem Elementary 2123 Paul St. Omaha, NE 68102	80-0015385	501(C)3	101,000.00	0			Educational Institutions
YWCA,222 South 29th Street Omaha, NE 68131-3577	47-0376585	501(C)3	82,350.00	0			Human Services
Big Brothers Big Sisters of the Midlands, 10831 Old Mill Road, Suite 400 Omaha, NF 68154	47-0466144	501(C)3	81,550.00	0			Youth Development
Duchesne Academy, 3601 Burt Street Omaha, NE 68131	47-0376614	501(C)3	81,500.00	0			Educational Institutions
Westside Community Schools Foundation, 1101 South 90th Street Omaha, NE 68124	47-0560469	501(C)3	81,491.00	0			Educational Institutions
St. Anthony Foundation,311 South Clark St. Carroll, IA 51401	42-1419695	501(C)3	75,000.00	0			Human Services
Jesurt Middle School, 2311 No. 22nd Street Omaha, NE 68110	47-0792128	501(C)3	71,700.00	0			Educational Institutions
Omaha Community Playhouse,6915 Cass Street Omaha, NE 68132-2696	47-0399856	501(C)3	69,000.00	-0			Arts, Culture, Humanities

Continuation Sheet for Schedule I (Form 990)

Name of organization: Omaha Community Foundation Donor Directed

Part I - Continuation of Grants and Other Assitance to Government		and Organiz	s and Organizations in the US	SI			
						(g)Desc Non-	
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(a)Name, address, and zip	(b)EIN	(c)IRC Code	(d)Cash Grant	Grant	n Method	çe	(h)Purpose of Grant or Assistance
Lutheran Family Service of Nebraska,124 South 24th Street Suite 230 Omaha, NE 68102	23-7267972	501(C)3	66,700.00	0			Human Services
Marian High School,7400 Military Avenue Omaha, NE 68134-3351	05-0664529	501(C)3	62,750.00	0			Educational Institutions
CUES, Sacred Heart School 2207 Wirt Street Omaha, NE 68110-2055	47-0415808	501(C)3	61,600.00	0			Educational Institutions
Christ The King Catholic School, 831 So. 88th Street Christ the King Catholic Church Omaha, NE 68114-4200	47-0399849	501(C)3	59,850.00	0			Religion, Spiritual Development
Siena/Francis House, P.O. Box 217 Downtown Station Omaha, NE 68101-0217	47-0601005	501(C)3	55,825.00	0			Housing, Shelter
St. Augustine Indian Mission, P. O. Box GG Winnebago, NE 68071-0766	47-0398898	501(C)3	54,550.00	0			Religion, Spiritual Development
Father Flanagan's Boys Home/Boys Town,14100 Crawford Street P. O. Box 7000 Boys Town, NE 68010-9907	47-0376606	501(C)3	54,450.00	0			Educational Institutions
West Hills Presbyterian Church,3015 So. 82nd Avenue Omaha, NE 68124	47-6036265	501(C)3	52,922.28	0			Religion, Spiritual Development
Opera Omaha, 1625 Farnam, # 100 Omaha, NE 68102	47-6032795	501(C)3	52,000.00	0			Arts, Culture, Humanities
St. Plus the Tenth Church, 6905 Blondo Street Omaha, NE 68104	47-0424937	501(C)3	51,322.00	0			Religion, Spiritual Development
Heisey Collectors of America, 169 W Church Street Endowment Fund Newark, OH 43055	23-7178364	501(C)3	50,241.00	0			Human Services
University of Iowa Foundation, P. O Box 4550 Iowa City, IA 52244-4550	42-0796760	501(C)3	50,200.00	0			Health - General & Rehabilitative
Elkhorn Hills United Methodist Church, 20227 Veteran's Drive Elkhorn, NE 68022	47-0678208	501(C)3	45,000.00	0			Religion, Spiritual Development
St. Margaret Mary Church, 6116 Dodge Street Attn: Bookkeeping Dept. Omaha, NE 68132-2114	47-0429417	501(C)3	43,850.00	0			Cycle of Life III "Sustanning the Future"
Dundee Presbyterian Church,5312 Underwood Avenue Omaha, NE 68132	47-0378988	501(C)3	43,503.46	0			Religion, Spiritual Development
College of Saint Mary, 7000 Mercy Road Omaha, NE 68106	47-0424785	501(C)3	41,950.00	0			Educational Institutions
Harrison County Board of Supervisors,111 North 2nd Avenue Logan, IA 51546	42-1076163	501(C)3	41,872.00	0			Community Improvement, Capacity Building
Archdiocese of Omaha, P. O. Box 4130 3212 North 60th Street Omaha, NE 68104-0130	47-0376538	501(C)3	41,810.00	0			Religion, Spiritual Development
Child Saving Institute, 4545 Dodge Street Omaha, NE 68132	45-0489204	501(C)3	41,800 00	0			Human Services
Grameen America Inc., 5002 S. 24th Street Suite 201 Omaha, NE 68107	20-8497991	501(C)3	40,000.00	0			Community Improvement, Capacity Building
Madonna School, 6402 North 71st Plaza Omaha, NE 68104-4674	47-0491332	501(C)3	39,300.00	0			Educational Institutions
First United Methodist Church, 7020 Cass Street Omaha, NE 68132	47-0408262	501(C)3	38,825.00	0			Religion, Spiritual Development

Continuation Sheet for Schedule I (Form 990)

Name of organization: Omaha Community Foundation Donor Directed

				(e)Non- Cash	(g)Desc Non- Cash (f)FValuatio Assistan	(g)Desc Non- Cash Assistan	
(a)Name, address, and zip	(b)EIN	(c)IRC Code	(c)IRC Code (d)Cash Grant	Grant	n Method	9	(h)Purpose of Grant or Assistance
Open Door Mission, P.O. Box 8340 2828 North 23rd St. East Omaha, NE 68108-0340	47-0411375	501(C)3	37,702.94	0			Human Services
University of Notre Dame. P. O. Box 519 1100 Grace Hall Notre Dame. IN 46556	35-0868188	501(C)3	36,000.00	0			Educational Institutions
Camp Fire USA, 2566 St. Marys Avenue Omaha, NE 68105	47-0401232	501(C)3	35,300.00	0			Youth Development
Shelby County Chris A. Myrtue Memorial Hospital, 1213 Garfield Avenue Harlan, IA 51537	42-6037826	501(C)3	35,118.88	0			Community Improvement, Capacity Building
Nishna Valley Trails, Inc., P. O. Box 496 Atlantic, IA 50022	42-1377218	501(C)3	35,000 00	0			Community Improvement, Capacity Building
Children's Scholarship Fund, P. O. Box 4130 Omaha, NE 68104-0130	47-0822724	501(C)3	33,850.00	0			Educational Institutions
Teammates Mentoring Program, 6801 O Street Lincoln, NE 68510	47-0840990	501(C)3	33,100.00	0			Crime, Legal Related
Omaha Hearing School for Children, Inc., 1110 No. 66th Street Omaha, NE 68132	47-0399857	501(C)3	33,050.00	0			Educational Institutions
Durham Museum, 801 S. 10th Street Omaha, NE 68108-3299	47-0556061	501(C)3	32,200.00	0			Arts, Culture, Humanıties
First Central Congregational Church, 421 South 36th Street Omaha, NE 68131	47-0384059	501(C)3	32,196.00	0			Religion, Spiritual Development
Juvenile Diabetes Research Foundation,9202 West Dodge Road, Ste 304 Omaha, NE 68114	23-1907729	501(C)3	31,900.00	0			Disease, Disorders, Medical Disciplines
KVSS - Spirit Catholic Radio,5829 N. 60th Street VSS Catholic Communications Omaha, NE 68104-1140	91-1857425	501(C)3	30,985.00	0			Religion, Spiritual Development
St. Robert Bellarmine Church, 11802 Pacific Street Omaha, NE 68154	05-0782718	501(C)3	30,955.00	0			Religion, Spiritual Development
Nebraska Food Bank Network, 6824 J Street Food Bank of the Heartland Omaha, NE 68117-1016	47-0637701	501(C)3	30,900.00	0			Agrıculture, Food, Nutrition
Boomer Esiason Foundation, 417 5th Avenue, 2nd Floor Cystic Fibrosis Foundation New York, NY 10016	11-3142753	501(C)3	30,000.00	0		-	Disease, Disorders, Medical Disciplines
MACCH,115 South 49th Avenue Omaha, NE 68132	11-3788955	501(C)3	30,000.00	0			Human Services
Midland Lutheran College, 900 North Clarkson Street Institutional Advancement Fremont, NE 68025	47-0376551	501(C)3	29,000.00	0			Educational Institutions
Girls Incorporated-Omaha, 2811 N. 45th Street Omaha, NE 68104-4518	47-0562184	501(C)3	26,425.00	0			Youth Development
St. Andrew's United Methodist Church,15050 West Maple Road Omaha, NE 68116	47-0761542	501(C)3	26,200.00	0			Religion, Spiritual Development
Knights of Ak-Sar-Ben Foundation,8707 West Center Road Suite 101 Omaha, NE 68124	47-0447496	501(C)3	25,700.00	0			Human Services
Methodist Hospital Foundation,8401 W. Dodge Road, #225 Omaha, NE 68114	47-0595345	501(C)3	25,450.00	0			Health - General & Rehabilitative

Continuation Sheet for Schedule I (Form 990)

Name of organization: Omaha Community Foundation Donor Directed

Part 1 - Continuation of Grants and Other Assitance to Governmen	overnments	and Organi	ts and Organizations in the US	SI			
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(a)Name, address, and zip	(b)EIN	(c)IRC Code	(d)Cash Grant	Grant	n Method	8	(h)Purpose of Grant or Assistance
Cedar County Catholic Schools, P.O. Box 654 Hartington, NE 68739	47-0482832	501(C)3	25,000.00	0			Educational Institutions
Dana College, 2848 College Drive Blair, NE 68008	47-0376526	501(C)3	25,000.00	0			Educational Institutions
Phoenix Gospel Mission, dba, Phoenix Rescue Mission, 1468 N. 26th Avenue	86-6057771	501(0)3	25.000.00	0			Religion, Spiritual Development
רווטנווא, אל טיטטי							
Sarasota Opera Association, 50 Central Avenue, Suite 820 Sarasota, FL 34236	23-7089047	501(C)3	25,000.00	0			Arts, Culture, Humanities
Conference for Inclusive Communities, 6901 Dodge St Ste 104 Omaha, NE 68132-2759	20-3290755	501(C)3	24,675.00	0			Civil Rights, Social Action, Advocacy
Scottsdale Bible Church, 7601 East Shea Blvd. Scottsdale, AZ 82260	86-0179808	501(C)3	24,000.00	0			Religion, Spiritual Development
Habitat for Humanity of Omaha.2204 Ames Avenue Omaha, NE 68110-0104	36-3283625	501(C)3	23,925.00	0	•		Housing, Shelter
TELISTON CONTRACT 1223E Inductrial Boad Suite 101 Omaha NF 68137	47-0718409	501/Cl3	23.500.00	0			Human Services
Diniert Interfaith PO Box 6037 Omaha NE 68106	33-1211909	501(C)3	23,492.00	0			Religion, Spiritual Development
Jewish Community Center, 333 S. 132nd Street Jewish Foundation Omaha, NE 68154	47-0384659	501(C)3	23,058.00	0			Philanthropy, Voluntarism, Grantmaking
City of Stanton P. O. Box 189 Stanton, IA 51573	42-1370201	501(C)3	23,000.00	0			Community Improvement, Capacity Building
Holy Name Catholic Church 3014 No. 45th Street Omaha. NE 68104-4594	47-0378993	501(C)3	22,600.00	0			Religion, Sprrtual Development
st stephen the Martyr Catholic Church 16701 "S" Street Omaha. NE 68135	47-0730264	501(C)3	22,250.00	0			Religion, Spiritual Development
Mid-America Council, Boy Scouts of America, 12401 West Maple Road Omaha, NF 68164-1853	47-0376545	501(C)3	21,786.77	0			Youth Development
Omaha Children's Museum 500 South 20th Street Omaha. NE 68102	47-0594056	501(C)3	21,748.00	0			Arts, Culture, Humanities
cs Datar Claver Crieto Rev High School 5301 South 36th Street Omaha. NE 68107	30-0348099	501(C)3	21,600.00	0			Educational Institutions
lustice for Our Neighbors 2414 F Street Omaha. NE 68107	74-3195841	501(C)3	21,000.00	0			Human Services
Nebraska Humane Society, 8929 Fort Street Omaha, NE 68134	47-0378997	501(C)3	20,650.00	0			Animal Related
St. Wenceslaus Catholic Church, 15353 Pacific Street Omaha, NE 68154	47-0647888	501(C)3	20,500.00	0			Religion, Spiritual Development
Thankseiving Lutheran Church 3702 370th Plaza Bellevue, NE 68123-1206	47-0664528	501(C)3	20,500.00	0			Religion, Spiritual Development
Central High School Foundation.P. O. Box 31610 Omaha, NE 68131-0610	91-1771983	501(C)3	20,487.10	0			Educational Institutions
Daniel 1 Gross Catholic High School 7700 S. 43rd Street Omaha. NE 68147	47-0522441	501(C)3	20,130.00	0			Educational Institutions
המוובן ז' סוסט כפנווסוול וווקוו ספוסטון ז' ככ כי יכיב כי כייביין							

Continuation Sheet for Schedule I (Form 990)

Name of organization: Omaha Community Foundation Donor Directed

Part I - Continuation of Grants and Other Assitance to Governments and Organizations in the US	overnments	and Organi	zations in the L	Sí			
	,			(e)Non- Cash	(g)Desc Non- Cash (f)FValuatio Assistan	(g)Desc Non- Cash Assistan	
(a)Name, address, and zip	(b)EIN	(c)IRC Code	(d)Cash Grant	Grant	n Method	es es	(h)Purpose of Grant or Assistance
Uta Halee Girls Village, P. O. Box 12034 Omaha, NE 68112	47-0384338	501(C)3	20,050.00	0			Human Services
City of Red Oak, P. O. Box 475 Red Oak, IA 51566	42-6005142	501(C)3	20,000.00	0			Arts, Culture, Humanities
Princeton University, 330 Alexander Street Princeton, NJ 08544	21-0634501	501(C)3	20,000.00	0			Educational Institutions
Southwest lowa Family Services Center, Inc., P. O. Box 262 Atlantic, IA 50022	20-2158803	501(C)3	20,000.00	0			Youth Development
St. John Church, 2500 California Street Creighton University Omaha, NE 68178	47-0376537	501(C)3	20,000.00	0			Religion, Spiritual Development
Montgomery County Family YMCA, 101 East Cherry Street Red Oak, IA 51566	42-1433436	501(C)3	19,932.00	0			Health, Wellness, and Fitness Equipment
Nature Conservancy, 303 Locust St., Surte 402 The Homestead Building Des Moines, IA 50309	53-0242652	501(C)3	19,500.00	0		-	Environmental Quality Protection, Beautification
St. Leo's Catholic Church, 1920 No. 102nd Street Omaha, NE 68114	47-0609520	501(C)3	19,500.00	0			Religion, Spiritual Development
City of Denison,111 North Main Denison, IA 51442	42-6004497	501(C)3	19,234.97	0			Anımal Related
American Red Cross/Heartland Chapter, 2912 S. 80th Avenue Omaha, NE 68124	47-0376593	501(C)3	19,100.00	0			Public Safety, Disaster Preparedness & Rellef
Community Alliance, 4001 Leavenworth Street Omaha, NE 68105	47-0637493	501(C)3	19,000.00	0			Human Services
All Saints Episcopal Church, 9302 Blondo Street Omaha, NE 68134	47-0399847	501(C)3	18,875.00	0			Religion, Spiritual Development
Omaha Public Library Foundation, 215 South 15th Street Omaha, NE 68102	36-3411575	501(C)3	18,300.00	0			Youth Development
Northwest Hills United Church of Christ,9334 Fort Street Omaha, NE 68134-1700	47-6027830	501(C)3	18,200.00	0			Religion, Spiritual Development
Stephen Center, 2723 Q Street Omaha, NE 68107	36-3363994	501(C)3	18,000.00	0			Housing, Shelter
St. Timothy's Lutheran Church,510 North 93rd Street Omaha, NE 68114	47-6045615	501(C)3	17,731.00	0			Religion, Spiritual Development
Ak-Sar-Ben Scholarship Fund,8707 West Center Road Suite 101 Omaha, NE 68124	47-0447496	501(C)3	17,100.00	0			Philanthropy, Voluntarism, Grantmaking
Sacred Heart Church, 2207 Wirt Street Omaha, NE 68110	47-0415808	501(C)3	16,750.00	0			Religion, Spiritual Development
World-Herald Goodfellows Charities, Inc.,1314 Douglas Street Suite 125 Omaha, NE 68102	47-6000559	501(C)3	16,750.00	0			Human Services
Hospital Foundation of Crawford County, 2020 1st Avenue South Denison, IA 51442	42-1402336	501(C)3	16,723.96	0			Health - General & Rehabilitative
Bellevue University Foundation, 1000 Galvin Road Bellevue, NE 68005	47-0491571	501(C)3	16,600.00	٥			Educational Institutions
Bemis Center For Contemporary Arts,724 S. 12th Street Omaha, NE 68102-3202	47-0653927	501(C)3	16,600.00	0			Arts, Culture, Humanities

Continuation Sheet for Schedule I (Form 990)

Name of organization: Omaha Community Foundation Donor Directed

Part I - Continuation of Grants and Other Assitance to Governments		and Organi	and Organizations in the US	S			
(a) Mame address and zin		(c)IRC Code	(d)Cash Grant	(e)Non- Cash Grant	(g)Desc Non- Cash (f)FValuatio Assistan n Method ce	(g)Desc Non- Cash Assistan	(h)Purpose of Grant or Assistance
				1			
Rockbrook United Methodist Church, 9855 West Center Road Omaha, NE 68124	05-0775932	501(C)3	16,416.00				Keligion, Spiritual Development
City of Logan, P. O. Box 127 Logan, IA 51546	42-6004891	501(C)3	16,159.00	0			Human Services
Mercy High School, 1501 S. 48th Street Omaha, NE 68106	47-0424786	501(C)3	16,075.00	0			Educational Institutions
Woodbine Community Foundation, P. O. Box 7 Woodbine, 1A 51579	31-1575176	501(C)3	15,930.00	0			Human Services
YMCA of Omaha/Council Bluffs,430 South 20th Street Omaha, NE 68102	47-0376586	501(C)3	15,900.00	0			Youth Development
City of Denison,111 North Main Denison, IA 51442		501(C)3	15,234.97	0			Youth
St. Vincent de Paul Catholic Church,14330 Eagle Run Drive Omaha, NE 68164	47-0748573	201(C)3	15,125.00	0			Religion, Spiritual Development
Good News Jail & Prison Ministry,710 S. 17th Street Omaha, NE 68102	54-0703077	501(C)3	15,070.00	0			Religion, Spiritual Development
AMVC Cares, Inc., 508 Market Street Audubon, IA 50025	20-2911280	501(C)3	15,000.00	0			Environmental Quality Protection, Beautification
Glenn Miller Birthplace Society, P. O. Box 61 Clarinda, IA 51632	42-1369451	501(C)3	15,000.00	0			Arts, Culture, Humanities
Mount View Presbyterian Church,5308 Hartman Avenue Omaha, NE 68104	47-0421455	501(C)3	15,000.00	0			Religion, Spiritual Development
Province of St. Mary of the Capuchin Order, Capuchin Mission Office 210 West 31st Street New York, NY 10001	929009-50	E(C)105	15,000.00	0			Human Services
SportsLeader/Mission Network USA Inc.,16729 X Street Omaha, NE 68135-2371	51-0423864	501(C)3	15,000.00	0			Youth Development
City of Exira, P. O. Box 187 Exira, IA 50076	42-6004652	501(C)3	14,869.21	0			Human Services
Fontenelle Nature Association,1111 N. Bellevue Blvd. Bellevue, NE 68005-4000	47-6026109	501(C)3	14,850.00	0			Environmental Quality Protection, Beautification
University of Nebraska Lincoln, Office of Scholarships/Finance P.O. Box 880411 Lincoln, NE 68588-0411	47-0049123	501(C)3	14,807.00	0			Educational Institutions
American Heart Association,10100 "J" Street, Suite A Omaha, NE 68127	13-5613797	501(C)3	13,375.00	0			Disease, Disorders, Medical Disciplines
Greek Orthodox Church of Greater Omaha, 9012 Q Street Omaha, NE 68127-3549	13-1632516	501(C)3	13,140.00	0			Religion, Spiritual Development
City of Villisca, 318 South 3rd Avenue Villisca, 1A 50864	42-6005298	501(C)3	13,000.00	0			Human Services
Merrymakers Association, 11213 Davenport Street, #201 Omaha, NE 68154	47-0692363	501(C)3	12,900.00	0			Health - General & Rehabilitative
City of Sidney, P. O. Box 335 Sidney, IA 51652	42-6005213	501(C)3	12,675.00	0			Human Services
Behavioral Health Support Foundation, 1044 North 115th Street Suite 400 Omaha, NE 68154	20-5322440	501(C)3	12,500.00	0			Health - General & Rehabilitative
Grandparents Gifts Foundation, 4072 325th Street Shelby, IA 51570	42-1508372	501(C)3	12,500.00	0			Community Improvement, Capacity Building

Continuation Sheet for Schedule I (Form 990)

Name of organization: Omaha Community Foundation Donor Directed

(b) E (c) (Part I - Continuation of Grants and Other Assitance to Governments		and Organi	and Organizations in the US	SI			
(e)Non- Cash							osəg(ß)	
(b)EIN (c)IRC Code (d)Cash Grant Grant Infertod Generalio						(AFValuatio	Non- Cash Assistan	
oad Suite 100 35-2301280 501(C)3 12,200.00 0 nue St. Louis, 143-1272049 501(C)3 12,100.00 0 o Springs, CO 72-1422559 501(C)3 12,000.00 0 o Springs, CO 72-1551621 501(C)3 11,000.00 0 102 47-0494912 501(C)3 11,000.00 0 102 20-083902 501(C)3 11,500.00 0 102 20-2549448 501(C)3 11,500.00 0 e Omaha, NE 20-2549448 501(C)3 11,500.00 0 e Omaha, NE 47-0376590 501(C)3 11,500.00 0 g 47-0376590 501(C)3 11,350.00 0 naha, NE 47-0376574 501(C)3 11,350.00 0 A 47-0404644 501(C)3 11,350.00 0 A 47-04051506 501(C)3 11,300.00 0 A 47-040644 501(C)3 11,000.00 0 A 47-0451518 501(C)3 11	(a)Name, address, and zip	(b)EIN	(c)IRC Code	(d)Cash Grant		n Method	ce	(h)Purpose of Grant or Assistance
nue St. Louis, 35-2301280 501(C)3 12,200.00 0 43-1272049 501(C)3 12,100.00 0 50 Springs, CO 72-1551621 501(C)3 12,000.00 0 3. NE 68102 47-0494912 501(C)3 11,800.00 0 3. NE 68102 47-0494912 501(C)3 11,800.00 0 3. NE 68102 47-0494912 501(C)3 11,500.00 0 4. NE 68102 47-0494912 501(C)3 11,500.00 0 8 47-0376590 501(C)3 11,350.00 0 1. See 3499348 501(C)3 11,350.00 0 1. See 34076574 501(C)3 11,350.00 0 1. See 3407657229 501(C)3 11,275.00 0 1. See 3407657229 501(C)3 11,000.00 0 3. NE 68102 47-04081518 501(C)3 11,000.00 0 3. NE 68102 47-04081518 501(C)3 11,000.00 0 3. NE 68102 47-04081518 501(C)3 11,000.00 0 3. NE 68102 47-04081518 501(C)3 11,000.00 0 3. NE 68102 47-04081518 501(C)3 11,000.00 0 47-046840 501(C)3 11,000.00 0 47-046840 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-045684 501(C)3 11,000.00 0 47-046840 501(C)3 11,000.00 0 47-046840 501(C)3 11,000.00 0 47-046840 501(C)3 11,000.00 0 47-046840 501(C)3 11,000.00 0 47-046840 501(C)3 11,000.00 0 47-046840 501(C)3 11,000.00 0 47-046840 501(C)3 11,000.00 0 47-046840 501(C)3 11,000.00 0 47-046840 501(C)3 11,000.00 0 47-046840 501(C)3 11,000.00 0 47-046840 501(C)3 11,000.00 0 47-046840 501(C)3 11,000.00 0 47-046840 501(C)3 11,000.00 0 47-046840 501(C)3 11,000.00 0 47-0476840 501(C)3 1	Nebraska Coalition for Lifesaving Cures *****,8401 West Dodge Road Suite 100							
nue St. Louis, 43-1272049 501(C)3 12,100.00 0 10 10.00	Omaha, NE 68114	35-2301280	501(C)3	12,200.00	٥			Educational Institutions
to Springs, CO to Springs, CO to Springs, CO to Springs, CO to Condition of the State of the	Society of the Sacred Heart - Provincial House, 4120 Forest Park Avenue St. Louis, MO 63108	43-1272049	501(C)3	12,100.00	0			Educational Institutions
a, NE 68102	Audubon County Hospital Foundation, 515 Pacific Avenue Audubon, IA 50025	42-1422559	501(C)3	12,000.00	0			Health - General & Rehabilitative
a, NE 68102 47-0494912 501(C)3 11,800.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Joy to the World Foundation,4570 Hilton Parkway Suite 203 Colorado Springs, CO 80907	72-1551621	501(C)3	12,000.00	0			Philanthropy, Voluntarism, Grantmaking
102 20-0033902 501(C)3 11,750.00 0 133rd Street 23-7122088 501(C)3 11,665.00 0 0 20-2549448 501(C)3 11,600.00 0 0 20-2549448 501(C)3 11,500.00 0 0 20-2549448 501(C)3 11,500.00 0 0 26-3499345 501(C)3 11,500.00 0 0 26-3499345 501(C)3 11,350.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Omaha Theater Company/Rose Theater,2001 Farnam Street Omaha, NE 68102	47-0494912	501(C)3	11,800.00	0			Arts, Culture, Humanities
33rd Street 23-7122088 501(C)3 11,665.00 0 20-2549448 501(C)3 11,665.00 0 47-0376590 501(C)3 11,500.00 0 re Omaha, NE 26-3499345 501(C)3 11,500.00 0 se Omaha, NE 47-0376574 501(C)3 11,480.00 0 maha, NE 47-0376574 501(C)3 11,350.00 0 NOIO-8644 42-1143702 501(C)3 11,350.00 0 IA 51653 42-6037856 501(C)3 11,000.00 0 O48 47-0391518 501(C)3 11,000.00 0 A7-0446840 501(C)3 11,000.00 0 A7-0446840 501(C)3 10,950.00 0 A7-0436650 501(C)3 10,800.00 0	The Hot Shops Art Foundation, 1301 Nicholas Street Omaha, NE 68102	20-0033902	501(C)3	11,750.00	0			Arts, Culture, Humanities
20-2549448 501(C)3 11,600.00 0 re Omaha, NE 26-3499345 501(C)3 11,535.00 0 se Omaha, NE 26-3499345 501(C)3 11,500.00 0 se A7-0376574 501(C)3 11,380.00 0 maha, NE 47-0571096 501(C)3 11,328.00 0 no10-8644 42-1143702 501(C)3 11,328.00 0 lA 51653 42-6037856 501(C)3 11,000.00 0 lA 51653 47-0391518 501(C)3 11,000.00 0 od8 47-0391518 501(C)3 11,000.00 0 od8 47-0391518 501(C)3 11,000.00 0 od8 47-0446840 501(C)3 10,950.00 0 od8 47-0446840 501(C)3 10,950.00 0 od8 47-0446840 501(C)3 10,950.00 0 od9 0 0 0 0 od9 0 0 0 0 <	NET Foundation for Television, Nebraskans for Public TV 1800 North 33rd Street Lincoln. NE 68503-1409	23-7122088	501(C)3	11,665.00	0			Arts, Culture, Humanities
re Omaha, NE 47-0376590 501(C)3 11,535.00 0 re Omaha, NE 26-3499345 501(C)3 11,500.00 0 8 47-0376574 501(C)3 11,480.00 0 8 47-0376574 501(C)3 11,350.00 0 95-192279 501(C)3 11,350.00 0 naha, NE 47-0671096 501(C)3 11,350.00 0 1010-8644 42-1143702 501(C)3 11,328.00 0 1A 51653 42-6037856 501(C)3 11,000.00 0 1A 51653 42-6037856 501(C)3 11,000.00 0 048 47-0391518 501(C)3 11,000.00 0 048 47-0446840 501(C)3 11,000.00 0 048 47-0446840 501(C)3 10,950.00 0 05 06 0 0 0 06 0 0 0 0 07 0 0 0 0	Film Streams, P.O. Box 8485 Omaha, NE 68108-4701	20-2549448	501(C)3	11,600.00	0			Arts, Culture, Humanities
Re Omaha, NE 26-3499345 501(C)3 11,500.00 0 8 47-0376574 501(C)3 11,480.00 0 8 47-0376574 501(C)3 11,350.00 0 naha, NE 47-0671096 501(C)3 11,350.00 0 0010-8644 42-1143702 501(C)3 11,328.00 0 1A 51653 42-6037856 501(C)3 11,000.00 0 1, GA 30075 26-1102557 501(C)3 11,000.00 0 048 47-0458158 501(C)3 11,000.00 0 47-0446840 501(C)3 10,950.00 0 47-0433563 501(C)3 10,800.00 0 47-0437655 501(C)3 10,800.00 0	Temple Israel, 7023 Cass Street Omaha, NE 68132	47-0376590	501(C)3	11,535.00	O			Religion, Spiritual Development
8 47-0376574 501(C)3 11,480.00 0 0	Firefighter and Police Appreciation Foundation, 12927 Heavenly Drive Omaha, NE 68154		501(C)3	11,500.00	0			Public Safety, Disaster Preparedness & Relief
8 47-0376574 501(C)3 11,350.00 0 naha, NE 47-0671096 501(C)3 11,350.00 0 0010-8644 42-1143702 501(C)3 11,328.00 0 1A 51653 42-6037856 501(C)3 11,000.00 0 1, GA 30075 26-1102557 501(C)3 11,000.00 0 048 47-0391518 501(C)3 11,000.00 0 47-0446840 501(C)3 10,950.00 0 rrifield, VA 13-162388 501(C)3 10,800.00 0	World Vision, 1534 Solano Avenue Albany, CA 94707	95-1922279	501(C)3	11,480.00	0			Human Services
maha, NE 47-0671096 501(C)3 11,350.00 0 0010-8644 42-1143702 501(C)3 11,328.00 0 I A 51653 42-6037856 501(C)3 11,275.00 0 I, GA 30075 26-1102557 501(C)3 11,000.00 0 048 47-0391518 501(C)3 11,000.00 0 048 47-046840 501(C)3 10,950.00 0 rrifield, VA 13-162388 501(C)3 10,800.00 0	Christ Child Society of Omaha, 1248 S. 10th Street Omaha, NE 68108	47-0376574	501(C)3	11,350.00	0			Human Services
1010-8644 42-1143702 501(C)3 11,328.00 0 1A 51653 42-6037856 501(C)3 11,275.00 0 1, GA 30075 26-1102557 501(C)3 11,000.00 0 048 47-0391518 501(C)3 11,000.00 0 47-04557229 501(C)3 11,000.00 0 rrifield, VA 13-1623888 501(C)3 10,800.00 0	Make-A-Wish Foundation of Nebraska,11926 Arbor Street, #102 Omaha, NE 68144	47-0671096	501(C)3	11,350.00	0			Human Services
1, GA 30075 26-1102557 501(C)3 11,000.00 0 048 47-0391518 501(C)3 11,000.00 0 048 47-0557229 501(C)3 11,000.00 0 047-046840 501(C)3 11,000.00 0 047-046840 501(C)3 10,950.00 0 047-046840 501(C)3 10,950.00 0 047-046840 501(C)3 10,800.00 0	lowa State University Foundation, 2505 University Blvd. Ames, 1A 50010-8644	42-1143702	501(C)3	11,328.00	0			Educational Institutions
1, GA 30075 26-1102557 501(C)3 11,000.00 0 048 47-0391518 501(C)3 11,000.00 0 47-04557229 501(C)3 11,000.00 0 rrifield, VA 13-1623888 501(C)3 10,800.00 0 rst 47-0335505 501(C)3 10,800.00 0	Fremont Mills Community School District,1114 Highway 275 Tabor, IA 51653	42-6037856	501(C)3	11,275.00	0			Educational Institutions
048 47-0391518 501(C)3 11,000.00 0 47-0557229 501(C)3 11,000.00 0 rrifield, VA 47-0446840 501(C)3 10,950.00 0 rrifield, VA 13-1623888 501(C)3 10,800.00 0	Catholics Come Home Inc., 560 W. Crossville Road Suite 101 Roswell, GA 30075	26-1102557	501(C)3	11,000.00	0			Religion, Spiritual Development
rrifield, VA 13-1623888 501(C)3 11,000.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Church of the Holy Spirit, 520 South 18th Street Plattsmouth, NE 68048	47-0391518	E(O)105	11,000.00	0			Religion, Spiritual Development
rrifield, VA 13-1623888 501(C)3 10,950.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	St. John Vianney Church, 5801 Oak Hills Drive Omaha, NE 68137	47-0557229	501(C)3	11,000.00	0			Religion, Spiritual Development
rrifield, VA 13-1623888 501(C)3 10,800.00 0	St. Gerald Catholic Church, 7859 Lakeview Street Ralston, NE 68127	47-0446840	501(C)3	10,950.00	0			Religion, Spiritual Development
47-0376595 501(C)3 10 800 00 0	American Diabetes Association, Serving Nebraska P.O. Box 1833 Merrifield, VA 22116-8033	13-1623888	501(C)3	10,800.00	0			Medical Research
	Brownell Talbot School, 400 N. Happy Hollow Blvd. Omaha, NE 68132	47-0376595	501(C)3	10,800.00	0			Educational Institutions

Continuation Sheet for Schedule I (Form 990)

Name of organization: Omaha Community Foundation Donor Directed

Employer Identification Number: 36-3738990

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	(g)Desc Non- Cash Assistan (h)Purpose of Grant or Assistance	Religion, Spiritual Development	Human Services	Arts, Culture, Humanıties	Religion, Spiritual Development	Educational Institutions	Religion, Spiritual Development	Religion, Spiritual Development	Arts, Culture, Humanities	Educational Institutions	Youth	Youth Development	Environmental Quality Protection, Beautification	Economic Dev	Human Services	Arts, Culture, Humanities	Health - General & Rehabilitative	Human Services	Community Improvement, Capacity Building	Youth Development	Human Services	Religion, Spiritual Development	Human Services	Human Services
	(g)Desc Non- Cash (f)FValuatio Assistan n Method ce																							
ents and Organizations in the US	(e)Non- Cash d)Cash Grant Grant	10,800.00	10,500.00	10,400.00 0	10,300.00	10,100.00	10,100.00	10,100.00	10,085.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00	10,000.00 0	10,000.00	10,000.00	10,000.00	10,000.00	10.000.00		
ind Organiz	(c)IRC Code (d)Cash Grant	S01(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3	501(C)3
vernments a	(b)EIN	47-0379757	47-0378996	06-1839109	05-0393517	42-0707124	47-0550142	47-0376579	47-0699092	47-0832598	42-6004257	42-6078263	42-6004256	42-6005193	47-0736322	42-0955851	42-1335348	75-3259517	42-1331888	31-1472094	36-3412688	47-0408258	42-6004707	42-1231366
Part I - Continuation of Grants and Other Assitance to Governm	(a)Name, address, and zip	Kountze Memorial Lutheran Church.2650 Farnam Street. Omaha. NE 68131	Goodwill Industries, Inc., 1111 S. 41st Street Omaha, NE 68105-1853	YFC, Inc., 1124 N. Happy Hollow Blvd Omaha, NE 68132	St. Augustine of Canterbury Episcopal Church, 285 South 208th Street Omaha, NE 68022	Briar Cliff University, 3303 Rebecca Street Sioux City, IA 51104	Presbyterian Church of the Master, 2815 No. 108th Street Omaha, NE 68164	United Methodist Community Centers, 2001 North 35th Street Wesley House Omaha, NE 68111	Nebraska Shakespeare Festival, Fine Arts Dept 2500 California Plaza Omaha, NE 68178	Apollos Preparatory School, 3223 North 45th Street Omaha, NE 68104	Audubon County Board of Supervisors,318 Leroy Street Audubon, IA 50025	Cass County Agricultural and Educational Association,805 West 10th Street Atlantic, IA 50022	City of Audubon, 410 North Park Place Audubon, IA 50025	City of Shelby, P. O. Bos 186 Shelby, IA 51570	Columbus Community Foundation Inc., P.O. Box 515 764 33rd Avenue Columbus, NE 68602-0515	Fremont County Historical Society, P. O. Box 671 Sidney, IA 51652	Grape Hospital Foundation, P. O. Box 9 Hamburg, IA 51640	Haiti Share Inc., PO Box 9208 Horseshoe Bay, TX 78657	Hamburg Economic Development, P. O. Box 11 Hamburg, IA 51640	Leadership 100,Olympic Tower 645 5th Avenue, Room 906 New York, NY 10126- 2190	Presbyterian Outreach Inc./HELP Adult Services,8447 Lake Street Omaha, NE 68134	United Methodist Nebraska Conference, 2641 North 49th Street P.O. Box 4553	City of Glenwood 107 South Locust Glenwood. IA 51534	City of Northboro, 207 North Main Street Northboro, IA 51647

Continuation Sheet for Schedule I (Form 990)

Name of organization: Omaha Community Foundation Donor Directed

Part I - Continuation of Grants and Other Assitance to Governments		and Organ	and Organizations in the US	S			
				(e)Non- Cash	(g)Desc Non- Cash (f)FValuatio Assistan	(g)Desc Non- Cash Assistan	
(a)Name, address, and zip	(b)EIN	(c)IRC Code	(c)IRC Code (d)Cash Grant	Grant	n Method	9	(h)Purpose of Grant or Assistance
Assumption-Guadalupe Catholic School, 5602 So. 22nd Street 3rd - 6th Grades Omaha. NE 68107	05-0597317	501(C)3	9,500.00	0 .			Education
Clarında Foundation, P. O. Box 273 Clarında, IA 51632	42-1285187	501(C)3	9,500.00	0			Community Improvement, Capacity Building
Nishna Productions, Inc., P. O. Box 70 Shenandoah, IA 51601	42-1025042	501(C)3	9,300.00	٥			Human Services
Shenandoah Community Schools, 304 West Nishna Road Shenandoah, IA 51601	42-6038087	501(C)3	9,200.00	0			Human Services
Omaha Street School, 3223 No. 45th Street Omaha, NE 68104	47-0811597	501(C)3	9,150.00	0			Educational Institutions
Navigators, P. O. Box 6000 Colorado Springs, CO 80934	84-6007896	501(C)3	9,100.00	0			Religion, Spiritual Development
City Sprouts, P.O. Box 31593 Omaha, NE 68131	47-0791737	501(C)3	00'000'6	0			Community Improvement, Capacity Building
Crossroads Connections, 1804 Collins Drive Bellevue, NE 68005	51-0571493	501(C)3	00.000,6	0			Human Services
Red Oak Heritage Foundation, Houghton State Bank 116 Coolbaugh Red Oak, IA							-
51566	42-1393844	501(C)3	9,000.00	0 0			Human Services
Heart Ministry Center, 2222 Binney Street Omana, NE 08110	81-0014816	201(C)3	0,300.00	5 (numan services
Anti-Defamation League, 605 Third Avenue New York, NY 10158	13-1818723	501(C)3	8,667.00	0			Civil Rights, Social Action, Advocacy
Visiting Nurse Health Services,12565 West Center Rd, Ste 100 Omaha, NE 68144	47-0690286	501(C)3	8,600.00	0			Health - General & Rehabilitative
Arthritis Foundation, 600 North 93rd Street Suite 206 Omaha, NE 68114	47-0483544	501(C)3	8,525.00	0			Disease, Disorders, Medical Disciplines
Southwest lowa Community Betterment Association, P. O. Box 107 Glenwood, IA 51534	42-1453266	501(C)3	8,500.21	0			Community Improvement, Capacity Building
Anita Foundation, Inc., P. O. Box 425 Anita, IA 50020	42-1490010	501(C)3	8,000.00	0			Health - General & Rehabilitative
Cass County Historical Museum and Society, P. O. Box 254 Griswold, IA 51535	42-1113145	E()105	8,000.00	0			Arts, Culture, Humanities
Mission for All Nations, 5210 South 21st Street Omaha, NE 68107	14-1869352	501(C)3	8,000.00	0			Human Services
Phoenix Academy Day School, 11060 Oak Street Omaha, NE 68144	02-0732028	501(C)3	8,000.00	0			Educational Institutions
Servants of Mary, 7400 Military Ave. Omaha, NE 68134-3398	47-0399859	501(C)3	8,000.00	0			Religion, Spiritual Development
Ted E. Bear Hollow, 347 N. 76th Street Omaha, NE 68114	47-0838482	501(C)3	7,820.00	0			Human Services
Essential Pregnancy Services (EPS), 6220 Maple Street Omaha, NE 68104	23-7300162	501(C)3	7,604.00	0			Health - General & Rehabilitative
Nebraska Humanities Council, 215 Centennial Mall S. Suite 330 Lincoln, NE 68508-							
1836	23-7359778	501(C)3	7,575.00	0			Arts, Culture, Humanities
Audubon Community School System, 800 3rd Avenue Audubon, IA 50025	42-6000735	501(C)3	7,500.00	0			Youth
City of Schleswig, P. O. Box 549 Schleswig, IA 51461	42-6005187	501(C)3	7,500.00	٥			Human Services
Concordia Lutheran Schools of Omaha, Inc.,15656 Fort Street WIDER Omaha Lutheran School Omaha. NE 68116	91-1759397	501(C)3	7,500.00	ō	_		Philanthropy, Voluntarism, Grantmaking
Farragut Community Schools.907 Hartford Avenue Farragut, IA 51639	42-6036024	501(C)3	7,500.00	0			Educational Institutions
רמון מפתר ביייים ביייים ביייים ביייים ביייים ביייים ביייים ביייים ביייים ביייים ביייים ביייים ביייים ביייים בי		-/- 1-22					

Continuation Sheet for Schedule I (Form 990)

Name of organization: Omaha Community Foundation Donor Directed

Part I - Continuation of Grants and Other Assitance to Governments		and Organi	and Organizations in the US				
						(g)Desc Non-	
is live address and vin	(b)EIN	(c)IRC Code	(d)Cash Grant	(e)Non- Cash Grant	(f)FValuatio Assistan	Cash Assistan ce	(h)Purpose of Grant or Assistance
ity Square Erie, PA 16541-0001	25-0496976	501(C)3	8.	0			Educational Institutions
Gloria Dei Lutheran Church,8301 Aurora Avenue Urbandale, 1A 50322	42-0949558	501(C)3	7,500.00	0			Religion, Spiritual Development
Mid-American Arts Alliance, 2018 Baltimore Avenue Kansas City, MO 64108	23-7303693	501(C)3	7,500.00	0			Arts, Culture, Humanities
Oak Township, P. O. Box 220 Mills County Treasurer Mineola, IA 51554	76-0724840	501(C)3	7,500.00	0			Human Services
Campus Crusade for Christ, P. O. Box 628222 Orlando, FL 32862-8222	95-6006173	501(C)3	7,320.00	0			Religion, Spiritual Development
Blessed Sacrament Church, 3020 Curtis Avenue Omaha, NE 68111	47-0390012	501(C)3	00'667'	0			Religion, Spiritual Development
City of Panama, 111 Main Panama, IA 51562	42-1234670	501(C)3	2,000.00	0			Human Services
Roncallı High School, 6401 Sorensen Parkway Omaha, NE 68152	47-0486481	501(C)3	00'000'2	0			Educational Institutions
Project Harmony,7110 F Street Omaha, NE 68117	47-0789054	501(C)3	00'058'9	0			Crime, Legal Related
Brain Injury Association of Illinois, P.O. Box 64420 Chicago, IL 60664	36-3962297	501(C)3	00:005'9	0			Health - General & Rehabilitative
Nebraska Children's Home Society, 4939 South 118th Street Omaha, NE 68137	47-0378995	501(C)3	6,450.00	0			Human Services
Nebraska Golf Foundation, 6618 South 118th Street Omaha, NE 68137	20-0910737	501(C)3	6,400.00	0			Educational Institutions
First Unitarian Church of Omaha, 3114 Harney Street Omaha, NE 68131	05-0891517	501(C)3	6,200.00	0			Religion, Spiritual Development
Partnership for Our Kids, 1004 Farnam St., # 400 All Our Kids, Inc. Omaha, NE							
68102	47-0762798	501(C)3	6,175.00	0			Educational Institutions
Douglas County Historical Society,5730 N. 30th, #11B Historical Fort Omaha Omaha. NE 68111-1657	47-0467467	501(C)3	6,100.00	0			Arts, Culture, Humanities
First Lutheran Church, 1434 North 30th Road Avoca, NE 68307	47-0666236	501(C)3	6,100.00	0			Religion, Spiritual Development
Nebraska Advanced Manufacturing Coalition, 4025 East 23rd Street Columbus, NE							
68601	20-5544866	501(C)3	6,100.00	0			Educational Institutions
Archipelago Books, 232 3rd Street #A111 Brooklyn, NY 11215	61-1423856	501(C)3	6,000.00	0			Arts, Culture, Humanities
Center for the Advancement of Self Sufficiency (CASS Incorporated, 1406							
Southwest 7th Street P. O. Box 431 Atlantic, IA 50022	42-10/2/88	501(C)3	6,000.00				Tourn Development
Essex Child Center Inc., P. O. Box 4.21 Essex, IA 5.1638	47-1129198	201(0)3	0,000,0				בתתכשווסוושו וווסמונתמוסווס
Iowa Lions Foundation, 2300 S. Duff Avenue Ames, IA 50010	42-6062682	501(C)3	6,000.00	0			Community Improvement, Capacity Building
Music in Catholic Schools, P. O. Box 4130 Omaha, NE 68104-0130	47-0618242	501(C)3	6,000.00	0			Educational Institutions
Skutt Catholic High School,3131 So. 156th Street Omaha, NE 68130-1907	47-0753834	501(C)3	5,750.00	0			Educational Institutions
City of Woodbine, 517 Walker Street Woodbine, IA 51579	42-6005386	501(C)3	5,715.00	0			Human Services
Millard Athletic Association, 4871 S. 136th Street Omaha, NE 68137	47-0544755	501(C)3	5,700.00				Youth Development

Continuation Sheet for Schedule I (Form 990)

Name of organization: Omaha Community Foundation Donor Directed

Part I - Continuation of Grants and Other Assitance to Governments and Organizations in the US	overnments	and Organi	zations in the L	Sſ			
				;		(g)Desc Non-	
				(e)Non- Cash	Cash (f)FValuatio Assistan	Cash Assistan	
(a)Name, address, and zip	(p)EIN	(c)IRC Code	(c)IRC Code (d)Cash Grant	Grant	n Method	ce	(h)Purpose of Grant or Assistance
UNO Alumni Association, 6705 Dodge Street Thompson Alumni House Omaha, NE							
68182	47-6027511	501(C)3	5,554.44	0			Educational Institutions
GESU Housing, Inc., 4308 Grant Street Omaha, NE 68111	04-3617019	501(C)3	5,500.00	0			Housing, Shelter
lowa 4-H Foundation, Extension 4-H Youth Bldg Iowa State University Ames, IA							
50011-3630	42-6061606	501(C)3	5,450.00	0			Youth Development
Orphan Grain Train, P.O. Box 1466 Norfolk, NE 68702	31-1614650	501(C)3	5,300.00	0			Human Services
St. James Catholic Church, 9025 Larimore Avenue Omaha, NE 68134	47-0491004	501(C)3	5,300.00	0			Religion, Spiritual Development
Love's Jazz & Arts Center, 2510 North 24th St. Omaha, NE 68111	04-3752590	501(C)3	5,250.00	0			Arts, Culture, Humanities
		,	1				
Stanton Child Resource Center, 622 North Halland Avenue Stanton, 1A 51573	33-1120226	501(C)3	5,200.00	0			Youth Development
Museum of Nebraska Art, 2401 Central Avenue Kearney, NE 68847	47-0608588	501(C)3	5,148.96	0			Arts, Culture, Humanıties
Cancer Research and Prevention Foundation, Nebraska State Fair 1600 Duke							
Street Alexandria, VA 22314	52-1429544	501(C)3	5,100.00	0			Medical Research
Chro Lord Line	JOE0130 14	0107100	1				Calculate Control In the Calculate Control
Miliard Public Schools Foundation, 5225 S. 159th Avenue Ornalia, NE 00135-5179	47-00/07	C/D)TAC	2,100.00	2			בתתקמוותו וווזמונתמוווז
Together, Inc., 1616 Cass Street Omaha, NE 68102	47-0589290	501(C)3	5,100.00	0			Human Services
KVNO/UNO,60th & Dodge Streets Omaha, NE 68182-0234	47-0491233	501(C)3	5,043.00	0			Arts, Culture, Humanities
Omaha Community Foundation, 302 S 36th St Omaha, NE 68131	36-3789990	501(C)3	101,275.00	0			Philanthropy, Voluntarism, Grantmaking
Omaha Community Foundation 302 S 36th St Omaha, NE 68131	47-0645958	501(C)3	140,120.00	0			Philanthropy, Voluntarism, Grantmaking

SCHEDULE J (Form 990) Compensation Information

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

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Omaha Community Foundation Donor Directed Depository

Questions Regarding Compensation

Employer identification number 36-3789990

No Yes 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b explain Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 2 3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a X b Any related organization? 5b If "Yes" to line 5a or 5b, describe in Part III For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of X The organization? 6a X 6b b Any related organization? If "Yes" to line 6a or 6b, describe in Part III 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed X payments not described in lines 5 and 6? If "Yes," describe in Part III 7 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe X 8 in Part III If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2009

363789990 07/14/2010 1 07 PM

Schedule J (Form 990) 2009

Part

990) 2009 Omaha Community Foundation 36–3789990 Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

Page 2

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

	(B)	Breakdown o	(B) Breakdown of W-2 and/or 1099-MISC compensation	compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(А) Мапіе	compe	(i) Base compensation	(ii) Bonus & incentive compensation	(III) Other reportable compensation	other deferred compensation	benefits		reported in prior Form 990 or Form 990-EZ
Michael Leighton	3	0	0	0			0	0
	(11)	192,369	41,380	0	8,813	12,827	255,389	0
)	(1)							
	(II)							
	8				•			
	(E)							
	(3)			•	•			
	(II)							
	8				•			
	(11)							
	(C)		,	•	. ,			
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	(3)							
	(ii)							
	© (I	•			•			
0)	(ii)							
	(0)							
	(iii)							
7	(E) (E)		-		•			
<u>)</u>	€ €				,			
)	(E) (E)				•			
2	② ③	•			•			
	(ii)				•			
				<u>.</u>			Schedu	Schedule J (Form 990) 2009

Omaha Community Foundation Schedule J (Form 990) 2009

36-3789990

7

Supplemental Information Part III

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part

for any additional information

SCHEDULE M (Form 990)

Noncash Contributions

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990

OMB No 1545-0047

2009

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization Omaha Community Foundation
Donor Directed Depository

Employer identification number 36-3789990

Pa	Part I Types of Property								
		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues				
1	Art—Works of art					_			
2	Art—Historical treasures					_			
3	Art—Fractional interests					_			
4	Books and publications					_			
5	Clothing and household		· · · · · · · · · · · · · · · · · · ·			_			
-	goods								
6	Cars and other vehicles					_			
7	Boats and planes				,	_			
8	Intellectual property					_			
9	Securities—Publicly traded	X	146	13,953,488	Market	_			
10	Securities—Closely held stock	X	5	99,820	Market				
11	Securities—Partnership, LLC,								
	or trust interests					_			
12	Securities—Miscellaneous					_			
13	Qualified conservation								
	contribution—Historic								
	structures					_			
14	Qualified conservation								
	contribution—Other					—			
15	Real estate—Residential					—			
16	Real estate—Commercial	-				—			
17	Real estate—Other					—			
18	Collectibles					—			
19 20	Food inventory	-				—			
21	Drugs and medical supplies Taxidermy					—			
22	Historical artifacts								
23	Scientific specimens					_			
24	Archeological artifacts					_			
25	Other ▶ (Insurance)	X	1	51,100	Market	_			
26	Other ►(,		_			
27	Other ►(_			
28	Other ► (
29	Number of Forms 8283 received by the	ne organiza	tion during the tax year f	or contributions for					
	which the organization completed For	rm 8283, Pa	art IV, Donee Acknowled	gement	29 1				
					Yes No	0			
30a	During the year, did the organization	receive by	contribution any property	reported in Part I, lines 1-2	8 that				
	it must hold for at least three years from	om the date	of the initial contribution	, and which is not required t	1 1 T	_			
	used for exempt purposes for the ent	ire holding	penod?		30a X	<u>-</u>			
b	If "Yes," describe the arrangement in								
31	Does the organization have a gift acc	eptance po	licy that requires the revi	ew of any non-standard		-			
	contributions?				31 X				
32a	Does the organization hire or use thin	d parties or	related organizations to	solicit, process, or sell nonc					
_	contributions?				32a X	—			
ь	If "Yes," describe in Part II								
33	If the organization did not report rever	nues in coli	umn (c) for a type of prop	erty for which column (a) is	checked,				
	describe in Part II								

Schedule M (Form 990) 2009 Omaha Community Foundation

36-3789990

Page 2

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.

Part I, Line 32b - Third Party Used to Process Noncash Contributions
Third parties are used to sell securities.

SCHEDULE O

- (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Omaha Community Foundation Name of the organization

Donor Directed Depository

Employer identification number 36-3789990

Form 990, Part VI, Line 9 - Officers Who Cannot Be Reached

Jerry M Bartee

3215 Cuming St

Omaha, NE 68131-2024

Deryl F Hamann

1500 Woodmen Tower

Omaha, NE 68102

John W Hancock

12829 W Dodge Rd #100

Omaha, NE 68154

Mary S. Jones

1400 Douglas St Stop 1920

Omaha, NE 68131-3376

Paul C Jessen

1125 S 103rd ST

Omaha, NE 68124

Eric L Keen

8404 Indian Hills Dr

Omaha, NE 68114

Name of the organization

Omaha Community Foundation

Employer identification number 36-3789990

Richard W Kelley

1120 S 101st St Ste 300

Omaha, NE 68124

Susan Strauss Lebens

6634 Burt St

Omaha, NE 68132

John Maginn

8805 Indian Hills Dr. Ste 375

Omaha, NE 68114

Michael Fahey

9304 Davenport St

Omaha, NE 68114

John P Nelson

11516 Miracle Hills Dr. #102

Omaha, NE 68154

Thomas K Nichting

7200 World Communications Dr

Omaha, NE 68122

Michael Piechoski

1403 Farnam St Ste 1006

Omaha, NE 68131

Name of the organization

Omaha Community Foundation

Employer identification number 36-3789990

Constance M Ryan

7002 S 109th St

LaVista, NE 68128

John A Scott

1316 N 138th St

Omaha, NE 68154

Todd D Simon

11030 "O" St

Omaha, NE 68137

Maria Vazquez

PO Box 3777

Omaha, NE 68103-0777

M. Jane Weekly

1402 S 78th St

Omaha, NE 68124

Carol Gendler

910 S 111th Plaza

Omaha, NE 68154

Paul G. Smith

1044 N 115th St Ste 400

Name of the organization

Omaha Community Foundation

Employer identification number 36–3789990

Omaha, NE 68154

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 A copy of the return is emailed to the auditing committee for review. Upon completion of the review and approval by the auditing committee, the return is filed. A copy of the filed return is emailed to all directors for their records.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

A conflict of interest letter is sent each year to all directors. Upon receipt of the letter, a form is filled out by the directors disclosing all conflict of interests. The form is then returned to the organization and kept on file for references.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

The governing documents are kept on file in our office at the location of

302 S 36th St, Omaha, NE and made available upon request.

Form 990, Part XI, Line 2c - Change in Financial Review Process

The organization is audited on a consolidated basis with the Omaha

Community Foundation's audit by an independent auditor. Oversight for the audit and selection of independent auditor is the responsibility of the Omaha Community Foundation's audit committee.

Schedule O - Additional Information

Information regarding donor advised funds: This information relates to our donor directed, not donor advised accounts, and is being provided in

Schedule O (Form 990) 2009

Page 2

Name of the organization

Omaha Community Foundation

Employer identification number 36-3789990

reponse to the interests we believe were intended with the Pension Protection Act.

363789990 07/14/2010 1 07 PM

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

2009

OMB No 15/15-0047

Open to Public Inspection

(f)
Direct controlling
entity Employer identification number 36-3789990 Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.) ► See separate instructions. ▶ Attach to Form 990. Omaha Community Foundation Donor Directed Depository Name of the organization Department of the Treasury Internal Revenue Service

(e) End-of-year assets

(d) Total income

(c)
Legal domicile (state
or foreign country)

(b) Primary activity

(a)
Name, address, and EIN of disregarded entity

Part

	Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it ing the tax year.)	(e) (f) Public charity status (f) Chrect controlling (if section 501(c)(3)) entity	6/7		
	"Yes" to Form 990,	(d) Exempt Code section	c	2	
	ınization answered	(c) Legal domicile (state or foreign country)	ME	an and an an an an an an an an an an an an an	
	Complete if the orgaing the tax year.)	(b) Primary activity		Grancing	
	Identification of Related Tax-Exempt Organizations (had one or more related tax-exempt organizations dur	(a) Name, address, and EIN of related organization	Community Foundati 36th St	4 4 4	
	Part		Omah: 302 :	Omana	

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 DAA

Schedule R (Form 990) 2009

Page 2	(J) (General or managing partner? Yes No	_				
,			Part IV,	(h) Percentage ownership		
Part IV, li	Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)		"Yes" to Form 990, Part IV) e of ir assets		
ırm 990,	(h) Disproportionate alloc ? Yes No		es" to Fo	(g) Share of end-of-year assets		
red "Yes" to Fo	(9) Share of end-of-year assets		vered	(f) Share of total income		
ganization answe tax year.)	(f) Share of total income		if the organizations desired in the tale	(e) Type of entity (C corp., S corp, or trust)		
990 mplete if the org ship during the	Predominant income (ealed-duck) with a section section section section section 512-514)		rust (Complete	(d) Direct controlling entity		
artnership (Compled as a partnership	Direct controlling entity or 1)		orporation or I	(c) Legal domicile (state or foreign country)		
as a P	(c) Legal domicile (state or foreign country)		as a Constitution	ıty		
undation ons Taxable organization	(b) Primary activity		ons Taxable elated orga	(b) Primary activity		
Schedule R (Form 990) 2009 Omaha Community Foundation 36-3789990 Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)	(a) Name, address, and EIN of related organization		Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	(a) Name, address, and EIN of related organization		
Schedule R (F			Part IV	Z Z		

Schedule R (Form 990) 2009 Page 3 140,120 368,946 122,831 ž × × × × × × × × × × × × × Yes × × × Amount involved Ŧ 티 19 9 10 19 그 19 무 9 <u>و</u> 4 ¥ + **=** Ξ = ŧ 9 Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) 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 Transaction type (a-r) Д O מ During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? 36-3789990 Performance of services or membership or fundraising solicitations for other organization(s) Performance of services or membership or fundraising solicitations by other organization(s) Omaha Community Foundation Omaha Community Foundation Omaha Community Foundation Name of other organization Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule j Lease of facilities, equipment, or other assets from other organization(s) Schedule R (Form 990) 2009 Omaha Community Foundation Lease of facilities, equipment, or other assets to other organization(s) Sharing of facilities, equipment, mailing lists, or other assets Other transfer of cash or property from other organization(s) c Gift, grant, or capital contribution from other organization(s) Other transfer of cash or property to other organization(s) b Gift, grant, or capital contribution to other organization(s) Reimbursement paid by other organization for expenses d Loans or loan guarantees to or for other organization(s) Reimbursement paid to other organization for expenses e Loans or loan guarantees by other organization(s) Purchase of assets from other organization(s) Sale of assets to other organization(s) Sharing of paid employees h Exchange of assets Part V 0 Ξ (2) (3 € (2) 9

Schedule R (Form 990) 2009 Omaha Community Foundation

Part VI

36-3789990

· Page 4

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Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Schedule R (Form 990) 2009 ž General or managing partner? Ξ Yes amount in box 20 of Schedule K-1 (Form 1065) Code V—UBI 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 (f)
Disproportionate
allocations? ž Yes (e) Share of end-of-year assets (d)
Are all partners section 501(c)(3) organizations? Yes No Legal domicile (state or foreign country) <u>©</u> Primary activity Name, address, and EIN of entity